



AAPI YOUTH BEHAVIORAL HEALTH EQUITY IN BOSTON: CHALLENGES AND OPPORTUNITIES

A Resource for Future Education,
Initiatives, Programming, and Event
Planning

The Center for Behavioral Health and Wellness



MYTH

Behavioral health is less of a concern for AAPI youth than for youth from other racial groups.

KEY ASSUMPTIONS

Particularity does not equal exclusivity.

Size of a population does not determine need.

The broadest or most widely applicable approaches are not always equitable ones.

FACT

Underreporting and underdiagnosis is a significant concern in AAPI communities.



Further Reading

Artiga, S., & Panchal, N. (2023, February 2). *Gaps in Mental Health Care for Asian and Pacific Islander People and Other People of Color*. KFF.

<https://www.kff.org/policy-watch/gaps-in-mental-health-care-for-asian-and-pacific-islander-people-and-other-people-of-color/>

Iwamasa, G. (2012). *Recommendations for the Treatment of Asian-American/Pacific Islander Populations*. American Psychological Association.

<https://www.apa.org/pi/oema/resources/ethnicity-health/asian-american/psychological-treatment>

FACT

Across metrics and studies, AAPIs have the lowest rates of mental health service access of any racial/ethnic group.



Further Reading

Hu, C. (2019, May 20). *Fighting the Stigma: Mental Health among Asian Americans and Pacific Islanders*. Urban Institute.

<https://www.urban.org/urban-wire/fighting-stigma-mental-health-among-asian-americans-and-pacific-islanders>

McGarity-Palmer R., Saw A., Sun M., Huynh MP., & Takeuchi D. Mental Health Needs Among Asian and Asian American Adults During the COVID-19 Pandemic. *Public Health Reports*. 2023;138(3):535-545.
doi:10.1177/00333549231156566

FACT

According to 2021 CDC data, Asian American children ages 5-17 were the least likely to have received mental health treatment compared to kids of other racial/ethnic groups.



Further Reading

Gilligan, C. (2023, June 13). Asian Children Least Likely to Receive Mental Health Treatment, Report Shows. U.S. News.

<https://www.usnews.com/news/health-news/articles/2023-06-13/asian-children-least-likely-to-receive-mental-health-treatment-cdc-report>

FACT

Suicide is a leading cause of death for Asian Americans in Boston.



Further Reading

Boston CHNA-CHIP Collaborative. (2022). Community Health Needs Assessment.

https://www.bostonchna.org/wp-content/uploads/2022/07/BCCC-CHNA-Report_062922.pdf

(Data Source: Massachusetts Department of Public Health, Boston Resident Deaths, 2020)

FACT

Asian American high schoolers in Boston are more likely to consider suicide than their Black, Latinx, and White peers.



Further Reading

Tufts Medical Center. 2019 Community Health Needs Assessment.

<https://www.tuftsmedicalcenter.org/-/media/Brochures/TuftsMC/About-Us/2019-Tufts-Medical-Center-Community-Health-Needs-Assessment.ashx?la=en&hash=3030DD6A998C07B3DA1E280260B34DC56D8EC028>

Data Source: High School Youth Risk Behavior Survey: Massachusetts 2017 Results

FACT

In Boston, Asian Americans are less likely to receive treatment for depression than any other racial group.



Further Reading

Boston CHNA-CHIP Collaborative. (2022). Community Health Needs Assessment.

https://www.bostonchna.org/wp-content/uploads/2022/07/BCCC-CHNA-Report_062922.pdf

Data Source: Boston Public Health Commission, Boston Behavioral Risk Factor Surveillance System, 2015, 2017, and 2019 Combined

FACT

Research has shown that positive school climates can protect against Asian American youth victimization.

But in Boston, Asian American high schoolers reported the worst outcomes of any racial group across 9 of 15 metrics (pre-pandemic).



Further Reading

Wang, C., Do, K.A., Frese, K. et al. Asian Immigrant Parents' Perception of Barriers Preventing Adolescents from Seeking School-Based Mental Health Services. *School Mental Health* 11, 364–377 (2019).
<https://doi.org/10.1007/s12310-018-9285-0>

Sasaki, Go, & Tung, Rosann. (2023, March). *Truth from Youth: The Asian American Experience in Boston Public Schools High Schools*. Massachusetts Asian American Educators Association.
<https://sites.google.com/view/maaea/resources/truth-from-youth-report-2023>

Pan, D. (2023, March 20). 'Asians are an afterthought': Asian American students at BPS report feeling less safe, more undervalued. *The Boston Globe*.
<https://www.bostonglobe.com/2023/03/20/metro/asian-students-bps-report/>

TRUTH FROM YOUTH REPORT

	Asian	Black	Hispanic	White
Physical Safety	4	2*	2*	1
Sense of Belonging	4	2	3	1
Support Staff	4	2	3	1
Academic Stress	4	3	1	2
Cultural Relevance	4	2*	2*	1
Social Perspective Taking	4	3	2	1
Civic Participation	4	1	3	2
Academic Press	4	1	3	2
Teacher Interest in Students	4	3	2	1

Key: For each scale, each containing 3-5 questions, 1 = Best outcome, 4 = Worst outcome. * = Tied. For more details, visit:

<https://sites.google.com/view/maaea/resources/truth-from-youth-report-2023>

SENSE OF BELONGING

SAMPLE QUESTIONS

Overall, how much do you feel like you belong at your school?

How connected do you feel to the adults at your school?

	Asian	Black	Hispanic	White
Sense of Belonging	4	2	3	1



ACADEMIC STRESS

SAMPLE QUESTIONS

On a typical day in school, how stressed do you feel about your schoolwork?

When you take a test, how much do you worry about doing well?

How much do you think your grades and test scores will determine your future?

	Asian	Black	Hispanic	White
Academic Stress	4	3	1	2

TEACHER INTEREST IN STUDENTS

SAMPLE QUESTIONS

When this teacher asks how you are doing, how often do you feel that he/she is really interested in your answer?

If you walked into class upset, how concerned would this teacher be?

If you had something on your mind, how carefully would this teacher listen to you?

	Asian	Black	Hispanic	White
Teacher Interest in Students	4	3	2	1



CBHW BRINGS...

- **Fresh eyes** on long-standing problems
- **Expansive perspectives:** What are we doing? Why are we doing it? What aren't we doing? What else could we be doing?
- **Focus on values:** Equity, trauma-informed approaches, cultural responsiveness / sensitivity / inclusivity, anti-racism
- **Dedicated expertise** on behavioral health topics

EQUITY EVALUATION GUIDE FOR PARTNERS, PROGRAMS, EVENTS, & RESOURCES

All criteria are grounded in high-quality research on AAPIs.

1. Determine which criteria are not relevant (e.g., some programs are focused on youth, not providers).
2. Evaluate whether the remaining criteria are present in the partnership, program, event, resource, etc.
3. Arrive at a holistic assessment of whether the partnership, program, etc. is promising, or whether it needs extra work/support.

DOES THIS PARTNER, PROGRAM, EVENT, RESOURCE ...		Y, N, N/A
1	Use language that reflects common AAPI perceptions of/attitudes toward behavioral health experiences?*	
2	Demonstrate awareness of the diverse character of AAPI communities?	
3	Plan for a multiplicity of AAPI language needs?	
4	Acknowledge microaggressions as a type of racism/discrimination?*	
5	Display awareness of first-generation immigrant needs?	
6	Promote and support school-based resources as an important “front line?”	
7	Foster AAPI representation in the behavioral health field?	
8	Offer education to providers on cultural competence and adaption?	
9	Provide education and support to families, working with them vs. around them?	
10	Demonstrate understanding of how stereotypes mask identification and referral?*	
11	Account for insurance gaps?	
12	Work with communities of faith/spirituality, rather than around them?	
13	Elevate community-based sources of knowledge?	
14	Mention problem gambling?	
15	Avoid framing the needs of AAPI youth as less urgent than those of other groups?	
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LANGUAGE

Use language that reflects common AAPI perceptions of/attitudes toward behavioral health experiences.

- Many AAPIs perceive of mental health symptoms somatically, rather than psychologically.
- They may resonate more with words that reflect physical states, not mental or emotional ones.
- E.g., “I’m very tired and my bones hurt,” not “I’m worried.”
- Questions that fail to account for psycholinguistic differences produce poor data, which is then used to further marginalize needs.

FURTHER READING

Chu, J. P., & Sue, S. (2011). Asian American Mental Health: What We Know and What We Don't Know. *Online Readings in Psychology and Culture*, 3(1).
<https://doi.org/10.9707/2307-0919.1026>

Grover S., & Ghosh, A. Somatic symptom and related disorders in Asians and Asian Americans. *Asian Journal of Psychiatry*. 2014 Feb;7(1):77-9. doi: 10.1016/j.ajp.2013.11.014

Health Matters. “Mental Health in the AAPI Community: How to Overcome Barriers.” NewYork-Presbyterian.
<https://healthmatters.nyp.org/mental-health-in-the-aapi-community-how-to-overcome-barriers/>

Chea, C. (2022, May 06). “Understanding Warning Signs of Mental Illness in the AAPI Community.” *American Psychiatric Association*.
<https://www.psychiatry.org/news-room/apa-blogs/asian-american-community>



MICROAGGRESSIONS

Acknowledge microaggressions as a type of racism/discrimination.

Microaggressions have been shown to predict depression and suicidal ideation in AAPI youth.

Sample microaggressions:

- Asking young people “where they are from” (situating them as foreigners)
- Characterizing Asian Americans as inherently “smart”
- Failing to learn how to pronounce AAPI names correctly
- Expecting AAPI youth to adopt Western nicknames.
- Incorrectly assuming someone’s background, conflating AAPI ethnicities, or conflating race and ethnicity
- Treating “American” and “Asian” as separate categories (conflating race and nationality); equating Americanness with whiteness

FURTHER READING

“Advancing Best Practices in Behavioral Health for Asian American, Native Hawaiian, and Pacific Islander Boys and Men.” (2017). SAMHSA.

<https://store.samhsa.gov/product/Advancing-Best-Practices-Behavioral-Health-Asian-American-Native-Hawaiian-Pacific-Islander/SMA17-5032>

Keum BT., Wong MJ., Salim-Eissa R. Gendered racial microaggressions, internalized racism, and suicidal ideation among emerging adult Asian American women. *International Journal of Social Psychiatry*. 2023 Mar;69(2):342-350. doi: 10.1177/00207640221089536



IDENTIFICATION & REFERRAL

Demonstrate understanding of how stereotypes mask identification and referral.

- Teachers who expect Asian American youth to present as quiet, anxious, and perfectionistic can fail to identify depressive symptoms.
- Asian American youth have been shown to be less likely to be identified for suicide risk than Latino youth.
- Asian American students have been estimated to be 4x less likely to be referred to school-based mental health services than Latino students.

FURTHER READING

Lu W, Todhunter-Reid A, Mitsdarffer ML, Muñoz-Laboy M, Yoon AS, Xu L. Barriers and Facilitators for Mental Health Service Use Among Racial/Ethnic Minority Adolescents: A Systematic Review of Literature. *Front Public Health*. 2021 Mar 8;9:641605. doi: 10.3389/fpubh.2021.641605.

Kim, J. J., Kodish, T., Bear, L., El-Hendi, T., Duong, J., & Lau, A. S. (2018). Disparities in follow-up care for Asian American youth assessed for suicide risk in schools. *Asian American Journal of Psychology*, 9(4), 308–317. <https://doi.org/10.1037/aap0000136>

Guo, S., Kataoka, S. H., Bear, L., & Lau, A. S. (2014). Differences in school-based referrals for mental health care: Understanding racial/ethnic disparities between Asian American and Latino youth. *School Mental Health: A Multidisciplinary Research and Practice Journal*, 6(1), 27–39. <https://doi.org/10.1007/s12310-013-9108-2>

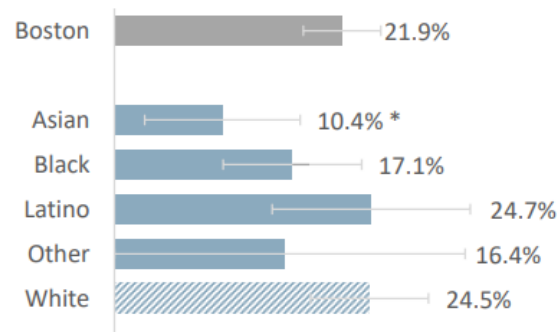


RESOURCE EVALUATION: EXAMPLES	NOTES
<p>“Data shows that in 2020, 52% of white individuals were likely to receive mental health services, compared to around 35% of Latinx individuals and 37% of Black individuals.” (Behavioral Health Communications/Public Awareness Campaign Request for Proposal, 2023)</p>	<p><i>Could reinforce perceptions that the needs of AAPI youth are less urgent than those of other groups. According to the same data source, mental health service rates for Asians was around 25%, much lower than any of the groups mentioned. Adding Asian statistics can help raise awareness about the needs within that community. Source:</i></p> <p>https://www.nimh.nih.gov/health/statistics/mental-illness</p>
<p>“The BPHC is seeking vendor(s) with extensive knowledge and experience working with Boston’s diverse communities with an ability to prioritize neighborhoods in Boston experiencing a behavioral health workforce shortage, and where disparities in mental health outcomes among Black, Latinx, and immigrant and otherwise historically marginalized residents have been indicated in available data.” (Improving Youth Behavioral Health Outcomes in Boston through Behavioral Health Workforce Expansion Request for Proposal, 2023)</p>	<p><i>Could reinforce perceptions that the needs of AAPI youth are less urgent than those of other groups. Mentioning Asian residents is a simple way of ensuring their needs are prioritized along with those of other groups.</i></p>
<p>“Focus group participants and key informants discussed the racial diversity of residents across Boston as a unique strength, highlighting Black/African American, African, Latino, Cape Verdean, Haitian, Asian, and other Caribbean communities in the Boston area.” (Boston CHNA-CHIP, 2022 Community Health Needs Assessment, pg. 5)</p>	<p><i>Does not demonstrate awareness of the diverse character of AAPI communities. This section thoughtfully disaggregates groups that are sometimes aggregated as “Black,” but does not do so for its Asian communities. Acknowledging that different ethnic groups within the broad “Asian” category have their own unique needs is an important step toward promoting health equity.</i></p>

RESOURCE EVALUATION: EXAMPLES

NOTES

Figure 15. Percent Adults Reporting Persistent Anxiety During the COVID-19 Pandemic, by Boston and Selected Indicators, December 2020-January 2021



Boston CHNA-CHIP, 2022 Community Health Needs Assessment, Pg. 30)

Does not use language that accurately reflects AAPI perceptions of/attitudes toward behavioral health experiences. Using terms like “anxiety” may not be an effective way of capturing the experiences of many Asian Americans. See note on language use.

“Question: During the last 2 weeks, how often have you felt down, depressed or hopeless? Would you say this happens never, for several days, for more than half the days, or nearly every day?” (Health of Boston Special Report: The COVID-19 Experience Among Boston Residents: Findings from the COVID-19 Health Equity Survey, 2021)

Does not use language that accurately reflects AAPI perceptions of/attitudes toward behavioral health experiences. Terms like “down,” “depressed,” or “hopeless,” may not capture the perceptions of Asian respondents. Including more accurate descriptors is an important act of cross-cultural translation.

“Question: During the last 2 weeks, how often have you felt nervous, anxious or on edge? Would you say this happens never, for serval days, for more than half the days, or nearly every day?” (Health of Boston Special Report: The COVID-19 Experience Among Boston Residents: Findings from the COVID-19 Health Equity Survey, 2021)

Does not use language that accurately reflects AAPI perceptions of/attitudes toward behavioral health experiences. Terms like “nervous,” “anxious,” or “on edge” are more examples of terms that may not be meaningful to many Asian American respondents.

RESOURCES

For future programming, information, and partnerships.

Many resources and organizations already exist to promote AAPI behavioral health in Boston and beyond. Here are some of the most promising.

RESOURCES	INFORMATION
AA&NH/PI Health Central	Web hub for tools, information, and data related to AA&NH/PI health issues. Most helpful for: Information for educational programming and comparisons to what other US localities have done. Boston-specific: No.
Addressing Disparities in Asian Populations through Translational Research	Community-academic partnership housed at within Tufts CTSI. Most helpful for: Local partnerships that involve an academic/research-based component, particularly partnerships aimed at raising awareness of Asian health disparities. Boston-specific: Yes. Contacts: Annie Chin-Louie (Project Manager): Yuen.Chin-Louie@tuftsmedicine.org , MyDzung Chu (Director): mchu1@tuftsmedicalcenter.org .
Asian Community Fund at the Boston Foundation	Local grantmaker. Most helpful for: Potential funding partner for AAPI-focused initiatives. Boston-specific: Yes.
Asian Mental Health Collective	Web hub for Asian mental health resources, including a national directory of Asian therapists. Most helpful for: Locating culturally-responsive providers. Boston-specific: No.
Asian Mental Health Concentration, William James College	Concentration for graduate students in William James’s psychology and counseling programs. Most helpful for: Excellent local partner whose work deserves amplification and more systemic support. Boston-specific: Yes. Contact: Dr. Catherine Vuky (outstanding resource for AAPI mental health efforts): Catherine_Vuky@williamjames.edu .
Asians for Mental Health Directory	Online directory of AAPI therapists. Most helpful for: Connecting community members to culturally-responsive providers. Boston-specific: No.
Asian Task Force Against Domestic Violence (ATASK)	Local group that provides support for Asian community members who are experiencing/have experienced domestic violence. Most helpful for: Good local group to amplify/partner with. Boston-specific: Yes. Contact: Dawn Sauma (Co-Executive Director): dawn@atask.org .
Asian Women for Health	Local nonprofit that works to build capacity for Asian-facing health providers. Most helpful for: Good local group to amplify/partner with. Boston-specific: Yes.
AWARE Lab at Boston School of Social Work	Research group and mental health program housed within BU. Most helpful for: Research/information; could offer useful support on BPHC-sponsored research. Boston-specific: No. Dr. Chris Hahm is a huge player in the AAPI behavioral health field and could be a good panelist or other resource.
Boston Asian Youth Essential Service	Local nonprofit providing programming for Asian youth. Most helpful for: Good local group to support/amplify/partner with. Boston-specific: Yes.
Boston Chinatown Neighborhood Center (BCNC)	Key nonprofit providing a vast range of services to Boston’s Asian American residents (particularly immigrants). Most helpful for: Good local group to amplify/partner with. Boston-specific: Yes. Contact: Grace Su (Director of Family Services): grace.su@bcnc.net .
Chinatown Access	Faith-based nonprofit that supports low-income, Chinese immigrant families. Most helpful for: Good local group to amplify/partner with. Boston-specific: Yes.
Kwong Kow Chinese School	Provider of after-school care and enrichment programming for Chinatown’s children. Most helpful for: Good local group to amplify/partner with. Boston-specific: Yes.

RESOURCE (CONT.)	INFORMATION
Massachusetts Asian American Educators Association (MAAEA)	Network of progressively-minded school staff with a focus on meeting educational needs in MA’s Asian American community; producers of “Truth from Youth” report. Most helpful for: Connecting with school-based providers for events, programming, partnerships. Boston-specific: Yes. Contacts: Dr. Rosann Tung (rosann.tung@gmail.com), Go Sasaki (sasaki47@gmail.com).
MGH Center for Cross Cultural Student Emotional Wellness	Consortium of clinicians, educators and researches aimed at understanding the emotional wellness issues faced by international students and promoting cross-cultural and international student emotional wellness. Most helpful for: Information, program partnerships. Boston-specific: Yes.
South Asian Mental Health Initiative & Network	Online directory of South Asian mental health providers. Most helpful for: Locating South Asian-specific care, which can be underrepresented in AAPI directories. Boston-specific: No.
South Cove Community Health Center	Outstanding local service provider that embodies many research-based interventions. Most helpful for: Local partnerships, expert consultation. Boston-specific: Yes. Contact: Dr. Catherine Vuky (Catherine_Vuky@williamjames.edu).
VietAID	Local organization that works with Vietnamese American residents of Fields Corner, in Dorchester. Most helpful for: Local partnerships, expert consultation on Vietnamese-specific issues. Boston-specific: Yes.

FOR FUTURE STUDY

How to replicate this resource for other racial/ethnic groups across Boston.

1. Conduct literature review: What are the particular risk factors for this population? What are the greatest barriers to accessing care? What are the most promising strategies for reaching this population and addressing its unique needs? (Credible gray literature can provide useful info; need not be strictly academic research.)
2. Create a research-based checklist, scorecard, or other tool for examining the promise of local resources.
3. Evaluate existing BPHC resources using this tool.
4. Conduct a landscape analysis of external resources in Boston via interviews and research, identifying organizations and other partners who are already embodying these strategies.
5. Share findings and recommendations.

ABOUT THE AUTHOR

This resource was developed by Matt Kamibayashi on behalf of the Center for Behavioral Health and Wellness.

Matt spent 6 years as a public school educator working closely with students and families in a majority-AAPI high school in the Atlanta metro area. During his time at Harvard, he served as a Managing Editor for the Kennedy School of Government's *Asian American Policy Review*, where he oversaw relationships with leading AAPI researchers, activists, and leaders around the country. Following his work as a Rappaport public policy fellow at the Boston Public Health Commission, Matt joined the data and research team at The Asian American Foundation (TAAF).



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