

Outreach/Engagement to Reduce Stigma among API's:

What to Do

- During outreach and engagement efforts (whether in person or not) use terms like “wellness” and “mental health” rather than “mental illness” or “mental disorder”
- Tying outreach/engagement efforts to school or academic issues can be methods of sidestepping issues of stigma (e.g., “academic parenting” versus “mental illness” workshops)
- Ethnic media (e.g., television, radio) can be used as a vehicle for engaging this community and providing information and resources
 - The use of former/current consumers as speakers may be helpful in combating stigma against mental illness
- Pay attention to *change* or *when things are not right* (e.g., stomach aches, backaches, fatigue, weakness, choking sensation in the throat)
- Engagement efforts will differ across immigration status: 3rd generation individuals used services much more than 1st and 2nd generation individuals (62.6% vs. 30.4 or 28.8%, respectively)
- Shame and loss of face are significant barriers to engaging API's due to the stigma associated with mental illness
- When they do obtain help, Asians generally drop out of treatment sooner than other ethnic/racial groups; therefore follow-up is critical
- Collaboration with local community-based organizations and student ethnic/cultural specific student groups (e.g., a university's Chinese American Student Association) can improve outreach and engagement efforts and may provide a platform for providing education to these communities
 - Conferences centered around race/ethnicity (e.g., Intercollegiate Taiwanese American Student Association, Union of North American Vietnamese Student Associations) may be forms for providing education about student mental health issues and available resources in the community
- Asian Americans prefer information solutions for their mental health problems, seeking the support of friends or family, or working out problems on their own and delaying the decision to seek professional assistance until problems have gotten severe
- Asian Americans prefer contacting nonprofessional sources (e.g., online support, self-help), traditional healers/medicine providers, medical professionals, or other cultural resources
 - These contacts may serve as important intermediaries for outreach efforts. Also considering reaching out to the family in these situations.
- When engaging this population, one needs to be attentive of and address cultural, family, spiritual, immigration/refugee, and language issues.
 - Culturally and linguistically-appropriate services can help in ameliorating these potential issues.
- Cultural treatment adaptations do exist and have been found to be effective; examples from the research literature include:
 - Problem Solving Therapy for depressed Chinese older adults
 - Culturally-adapted one-session treatment for Asian Americans with phobia
 - A culturally-adapted CBT for PTSD symptoms in Cambodian refugees
 - A Cantonese language CBT for depressed Hong Kong immigrants in Vancouver
- Integrating cultural components in your program events and activities may help with outreach and engagement efforts
- Family and community support may be valuable to engage in suicide prevention efforts.
 - Cultural and spiritual leaders are also valuable allies to engage and educate. This is especially true in addressing cultural beliefs about suicide (e.g., seppuku, Buddhist beliefs regarding suicide, etc etc)
- Psychoeducation regarding wellness, mental health, and suicide is an important intervention for Asian Americans
 - Holding workshops (particularly linguistically appropriate ones) are also another useful form of outreach
- Support and use of non-traditional and complementary services (e.g., community-defined evidence) may also improve outreach and engagement efforts
- Collaborations between mental health providers with other care resources are that are less stigma-inducing and more commonly sought by Asian Americans may be an innovative approach to increasing Asian Americans' service access (e.g., primary care providers, healers, community organizations, and religious leaders)
 - Uniting teams of community organizations, schools, and family members with professionals to provide mental health and substance prevention treatments has proven useful previously (e.g., Southeast Asians in Minnesota)
- Effective use of social media platforms can be useful for outreach, engagement, and education of students regarding mental health
- As with any population, knowledge of the warning signs and risk factors for issues such as suicide is important during outreach, engagement, and initial assessment

Additional Resources

❖ Articles:

- Celotta, B (1995) The aftermath of suicide: Postvention in a school setting *Journal of Mental Health Counseling*, 17, 4, 397-412
- Celotta, B, Jacobs, G & Keys, S G (1987) Searching for suicidal precursors in the elementary school child *The American Mental Health Counselors Association Journal*, 9, 1, 38-50

❖ Book chapter:

- Celotta, B, Jacobs, G, Keys, S & Cannon, G (1988) Suicide Prevention: A Model Program Chapter in D Capuzzi & L Golden (Eds) *Preventing adolescent suicide*, Muncie: Accelerated Development Press

❖ Manuals and workbooks:

- Celotta, BK, Jacobs, G & Keys, S (1988) Suicide prevention program manual development guide Darnestown, MD: CJ
- Celotta, BK, Jacobs, G & Keys, S (1988) Programming for crisis management Darnestown, MD: CJ
- Celotta, BK, Jacobs, G & Keys, S (1986) Lifelines: Programming for suicide prevention Darnestown, MD: CJ
- Celotta, BK, Jacobs, G & Keys, S (1986) Developing suicide crisis intervention skills Darnestown, MD: CJ

❖ Links

- <http://www.suicideispreventable.org>
- <http://newamericamedia.org/2013/09/on-some-college-campuses-a-focus-on-asian-american-mental-health.php>
- <http://www.asianmentalhealth.org>
- http://www.huffingtonpost.com/andrew-lam/a-hidden-tragedy-mental-i_b_5359924.html?utm_hp_ref=college&ir=College

❖ Phone Numbers

- Asian LifeNet Hotline/LIFENET (1-877-990-8585)
 - Offers Cantonese, Mandarin, Japanese, Korean, and Fujianese