BACKGROUND

- The Centers for Disease Control and Prevention released data in 2022, which show that more than a third of high school students reported poor mental health including persistent feelings of sadness and suicide attempts, and minority groups, especially Asian Americans, reported the greater level of poor mental health.
- Past research studies on census have suggested the prevalence of suicidal behaviors in Asian American and Pacific Islanders is not different from the one in other racial groups but Asian Americans tend to underutilize mental health services due to their social and cultural perspectives.
- According to the 2019 census, Asian American comprises 4.5%, 6.7% and 6.5% of populations in DC, MD, VA respectively. Korean immigrants, especially, is one of the rapidly growing populations, approximately 1% of the total population in the Washington metropolitan area.
- Since the COVID pandemic, the Washington metropolitan area community have learned significant youth mental health issues including suicides, anxiety, and depression, and these have raised the significant amount of shame, guilt, and distress.
- Past studies on Korean American mental health show barriers for access to mental health care include language, different cultural perspectives and mental health literacy.
- The existing literature has proposed that community-based outreach projects may improve Korean American mental health as they tend to reach out to friends, families, or religious leaders first when facing mental health issues. Especially, religious or spiritual advisors are key resources for Asian Americans seeking for mental health disorder treatments.
- Currently there is little information on the use of systems of care for Korean American child/youth and family.

PURPOSE

- Assess the Korean American youth and family mental health needs to understand social conditions and cultural impacts on mental health.
- Identify different perspectives on mental health and barriers for Koreans Americans to seek appropriate mental health services.
- Maximize existing resources and create culturally sensitive and sustainable community outreach activities to improve mental health in the Korean American youth.

PROPOSED MODEL

- The proposed systems of care approach model suggests a child/youth- and family- driven ecological system that is accessible with support from various medical and socioeconomic systems.
- Consistent use of language services in all settings
- Appropriate referral to mental health professionals
- Collaborative: common presentations, needs and barriers
- Advocate for protective measures
- Foster care
- Community volunteer centers
- School
- Peer support
- Clubs

RECOMMENDATIONS

- Create a safe, non-judging and welcoming environment that can validate differences and promote diversity.
- Learn strengths and vulnerabilities of each child/youth and family.
- Understand factors impacting physical and psychological development of Korean American child/youth such as distinctive physical attributes, healthcare literacy, Eastern/Western cultural values and related acculturation of both child/youth and family, and legal status issues.
- Promote involvement of educators, community leaders, religious or spiritual advisors and policy/government. Serve as a liaison for these systems to provide psychoeducation and advocate for the child/youth and family.
- Learn available and appropriate resources in local communities.

LIMITATIONS

- Currently, there is little training in cultural understanding of Asian American mental health for mental health professionals/trainees.
- Due to stigmas, the access to systems of care, community collaboration, adherence and sustainability can be challenging.

REFERENCES


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