



## FACT SHEET:

### THE STATE OF SOUTHEAST ASIAN MENTAL HEALTH NEEDS & SERVICES IN NYC

For the Bronx's 10,000 Cambodian and Vietnamese refugees, Montefiore's Indochinese Mental Health Program in the Bronx has served as a critical community resource, providing holistic and culturally-sensitive mental health services to the community for over 20 years. Currently Montefiore is proposing cuts that will effectively eliminate the Program. We need your support to stop these cuts and preserve the Program and its needed services.

#### Unique Political and Social History of Southeast Asian Refugees

- There are about 10,000 Cambodian and Vietnamese refugees living in the Bronx. This community is part of a larger population of Southeast Asians ("SEA") who were forced to leave their homes as a result of the war in Southeast Asia (aka the Vietnam War) and the U.S.-led military campaign there. From 1975-1990, approximately 3 million people left Cambodia, Vietnam, and Laos, with 1.4 million SEA refugees resettled in the U.S.<sup>1</sup>
- Prior to their resettlement in other countries, SEA refugees experienced extreme conflict and violence: genocide including the Khmer Rouge regime which killed an estimated 1-3 million people, starvation, torture, rape, time spent in forced labor camps, loss of family and friends, and time spent in refugee camps.
- This trauma has followed Southeast Asians as they resettled, only to be exacerbated by the struggle to survive in the U.S. Through the U.S. refugee resettlement program, many SEA refugees were resettled in economically and socially neglected neighborhoods including the Bronx where they struggled to rebuild their lives while facing poverty, violence, linguistic and cultural isolation, and limited access to healthcare, employment, education, and housing. This struggle is often overshadowed by the model minority myth – the commonly held belief that Asians are a homogenous community with high levels of income, education, and professional attainment.

#### Mental Health and Other Issues Facing the Southeast Asian Refugee Community

- Despite the history and obvious needs of the SEA community, there is no comprehensive, nation-wide data on the mental health status of the community. There is also no comprehensive data on NYC's Southeast Asian community. This fact sheet discusses findings from smaller, local studies from other areas in the U.S. with SEA communities.
- The more traumatic events a person has experienced, the deeper the effects of that trauma. Most SEA refugees experienced many incidents of trauma prior to being resettled. The average Cambodian person has experienced 16 traumatic events.<sup>2</sup>

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<sup>1</sup> Barbara W. K. Yee, PhD, "Health and Health Care of Southeast Asian Elders: Vietnamese, Cambodian, Hmong, and Laotian Elders," available at <http://web.stanford.edu/group/ethnoger/southeastasian.html>.

<sup>2</sup> Pete Pin interview with Joyce Wong and Ousara Sophuok, "Displaced: the Cambodian Diaspora," Magnum Foundation, 2011, available at <http://emergencyfund.magnumfoundation.org/projects/displaced-the-cambodian-diaspora/>.

- As a result of this trauma, a high number of Southeast Asians suffer from post-traumatic stress disorder (“PTSD”) and depression, especially when compared to other ethnic communities. According to one study, 70% of Southeast Asians have PTSD.<sup>3</sup>
- According to another study, 71% of SEA refugees persistently experience mood conditions characterized by sadness and hopelessness, including depression, that affect their day to day functioning. Amongst Cambodians, 81% suffer from depression.<sup>4</sup> According to a study of Vietnamese adults over 55 in California, many suffer from depression and PTSD, and are two times as likely as whites to need mental healthcare.<sup>5</sup>
- Southeast Asians also suffer from conditions associated with PTSD and depression at high rates: high blood pressure, hypertension, diabetes, heart disease, stroke, seizure, and somatic conditions including chronic headaches, stomachaches, sleep disturbances, chronic pain, dizziness and fatigue.<sup>6</sup>
- For older SEA refugees, mental health issues are especially pronounced.<sup>7</sup>
- Little is known about mental health issues facing younger SEA generations, but studies suggest that young SEA experience higher rates of depression, anxiety, and suicide compared with young persons from other ethnic groups.<sup>8</sup>

### **Barriers to Receiving Care Facing NYC’s Southeast Asian Community**

- Lack of understanding of the unique history and needs of the Southeast Asian community amongst health institutions, political institutions, and the public generally.
- Lack of services, especially culturally sensitive services, that are grounded in an understanding of the community’s history, experiences, cultural practices, and languages. Because the “mental health” framework does not exist within the SEA community, it is critical that mental health services be culturally sensitive, holistic, and community-based.
- Many SEA refugees face economic barriers that prevent them from accessing care including lack of access to jobs, especially jobs paying fair and livable wages; lack of access to transportation; and many live in poverty.
- Many Southeast Asians also face other barriers to accessing care including cultural barriers, linguistic barriers, and social isolation.

### **Montefiore’s Indochinese Mental Health Program and the Need for Its Services**

- For over 20 years, the Indochinese Mental Health Program has provided outpatient mental health treatment to the Bronx’s Cambodian and Vietnamese communities.
- The Program emerged in the mid-1980s when Cambodian refugees began arriving in the Bronx and seeking healthcare at the clinic Indochinese Mental Clinic because physicians were not equipped to address the medical and psychiatric problems presented by patients who had experienced mass violence and torture, the Program was created as a joint

<sup>3</sup> JD Kinzie, et al. “The Prevalence of Posttraumatic Stress Disorder and its Clinical Significance Among Southeast Asian Refugees,” *American Journal of Psychiatry* 147, no.7, 1990,: 913-7; and University of Hawaii and National Asian Women’s Health Organization, “Factsheet on Mental Health and Depression Among Asians,” May 24, 2012, available at [www.hawaii.edu/hivandaids/Mental\\_Health\\_and\\_Depression\\_in\\_Asian\\_Americans.pdf](http://www.hawaii.edu/hivandaids/Mental_Health_and_Depression_in_Asian_Americans.pdf).

<sup>4</sup> Univ. of Hawaii and NAWHO, “Factsheet.”

<sup>5</sup> Rick Nauert, “Mental Health Problems Amongst Vietnamese Americans,” *PsychCentral*, Sept. 8, 2008, available at <http://psychcentral.com/news/2008/09/08/mental-health-problems-among-vietnamese-americans/2889.html>.

<sup>6</sup> Yee, “Health and Healthcare of Southeast Asian Elders.”

<sup>7</sup> Nauert, “Mental Health Problems Amongst Vietnamese Americans.”

<sup>8</sup> National Asian American Pacific Islander Mental Health Association, “Factsheet,” available at <http://naapimha.org/resources/fact-sheets/>.

project between Montefiore’s Department of Psychiatry and Department of Family Medicine in order to address the unique needs of the community.

- The Program adopts a holistic approach to addressing the community’s mental health needs. Because the mental health framework does not exist for the Southeast Asian community, this approach is especially important. Services are integrated into the community setting and healing work is incorporated into daily interactions and activities with the community.
- Another key aspect of the Program is its belief in community empowerment, especially in light of the intersecting issues – health and mental health, housing, immigration, access to education and jobs – facing the community. Because this community has been neglected by government and other institutions, the Program has worked with community members so they not only receive treatment, but are also empowered to advocate on systemic issues facing them.

