Challenges in Meeting the Mental Health Needs of Urban Asian American Adolescents: Service Providers’ Perspective
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Introduction

Although Asian American (AA) youth are often viewed as the model minority, research with youth, parents, and school personnel have documented significant unmet mental health (MH) needs among this population. However, little is known about the perspectives of service providers who work AA youth in afterschool and MH care settings with respect to what they perceive as challenges meeting the psychosocial needs of the population. The current exploratory study used Consensual Qualitative Research (CQR) to analyze in-depth interviews with MH providers, educators, and advocates working with AA youths in a multiethnic large urban environment. We explore the perceived MH needs of urban AA adolescents and barriers to meeting their needs from the perspective of social service providers using an ecological framework (Bronfenbrenner, 1979).

Method

Participants
Participants (N=16) included licensed social workers, MH counselors, psychologists, AA service organization leaders and program coordinators, and one educator. Interviewees (12 females, 4 males) worked in hospital outpatient/inpatient units, MH community clinics, community organizations, afterschool programs, and advocacy organizations.

Procedure & Interview Questions
Conducted 60-90 min in-depth, semi-structured interviews. Interview protocol included open-ended questions such as: What are the primary issues, challenges and sources of stress facing AA teens; Where do teens who need counseling or other types of help go; What do you think get in the way of immigrants’ adaptation to life in the US?

Data analysis
Data was analyzed using Hill et al.’s Consensual Qualitative Research (CQR; 1997, 2005) method. CQR specifies a rigorous series of procedures for coding data and requires the development of consensus building across members of the research team.

Table 1: Mental Health Needs Assessment Domains

<table>
<thead>
<tr>
<th>Domain</th>
<th>Categories</th>
<th>Label</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Identity Development</td>
<td></td>
<td>Typical</td>
</tr>
<tr>
<td>2. Academic Stress</td>
<td></td>
<td>Typical</td>
</tr>
<tr>
<td>3. Coping</td>
<td>Maladaptive</td>
<td>Typical</td>
</tr>
<tr>
<td>4. Parenting</td>
<td>Healthy</td>
<td>Typical</td>
</tr>
<tr>
<td>5. Family System</td>
<td>General</td>
<td>General</td>
</tr>
<tr>
<td>6. Structural stressors</td>
<td>General</td>
<td>General</td>
</tr>
<tr>
<td>7. Stigma</td>
<td>Typical</td>
<td></td>
</tr>
<tr>
<td>8. Discrimination</td>
<td>Typical</td>
<td></td>
</tr>
</tbody>
</table>

Note: General domain consists of data from all participants (16); Typical domain consists of data from more than half of the participants (8-14); Variant category consists of data from at 2-3 participants.

Results

In our study, the emphasis on supporting parents, who were coping with their own adjustment and acculturation issues.

Discussion

Analysis of service provider narratives about AA adolescents’ psychosocial needs point to providers’ keen awareness that their clientele’s vulnerabilities as children of immigrant parents are embedded in the larger context of urban low-income settings.

The most prevalent themes that emerged when asked what was most needed to help AA adolescents was:

- The emphasis on supporting parents, who were coping with their own adjustment and acculturation issues.

- Structural stressors in the lives of the families of the adolescents (such as poverty, poor or lack of housing, and undocumented status) that left little resource to attend to adolescents’ needs.

- Racial discrimination, especially among recently arrived Asian adolescents. They acknowledged the need to directly confront issues of stigma & discrimination, which impacted all levels of an adolescent’s ecological model and moderated the efficacy of services.

In our study, advocacy service providers suggested that AA students and families should be empowered to become more involved in community organizations and mentorship programs to actively confront discrimination and MH stigma. We call for the empowerment of community members to become agents of social change, should be expanded across various sectors of social services so that advocacy for social justice is not the sole province of advocacy organizations.

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