The poor mental health care of Asian Americans

Two recent reports found striking disparities in care for different ethnic groups

Francis G Lu
Professor of Clinical Psychiatry
University of California, San Francisco
7M8
San Francisco General Hospital
1001 Potrero Ave
San Francisco, CA 94110

francis.lu@sfdph.org

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In August of 2001, Surgeon General David Satcher issued a landmark report on mental health services for racial and ethnic minorities.[1] It showed striking disparities in mental health care for these groups—less access, availability, use, and poorer quality — that impose a greater disability burden on minorities. Specifically, Asian Americans and Pacific Islanders have the lowest rate of mental health care use among the minority populations, regardless of gender, age, and geographic location. What solutions did Satcher propose?

One of his six recommendations involved improving access to treatment. One of the methods suggested to improve access was integrating mental health and primary care. This could be accomplished in two ways: first, by strengthening the capacity of primary care physicians to provide mental health services directly, and second, by encouraging the integration of primary care and mental health services. The rationale was to respond to the preference of some minorities to receive mental health care in the primary care setting. Reasons for this preference include the stigma and shame of mental illness and the fact that many patients would not seek specialist mental health services because they do not view their problems as psychiatric in nature.

It is particularly important for primary care physicians to be alert to these problems

Primary care physicians see large numbers of patients with psychiatric symptoms and disorders. Like psychiatrists, they prescribe psychotropic medications. Given the especially low use of mental health services by Asian Americans and Pacific Islanders, it is particularly important for primary care physicians to be alert to these problems and disorders among patients from these populations.

Knowing how to interview, assess, diagnose, and treat psychiatric symptoms and disorders can be challenging when caring for patients from culturally diverse backgrounds, both similar to and different from the provider's. The articles in this issue of *wjm* give primary care physicians specific tools and methods to approach these tasks

Amelia Bateman

with Asian Americans and Pacific Islanders in a culturally sensitive and responsive manner. The material is consistent with and grows out of recent work in cultural psychiatry as embodied in the *DSM-IV Outline for Cultural Formulation.*[2]

The Institute of Medicine March 2002 report, *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care,*[3] reiterated for health care in general the same conclusions the Surgeon General made for mental health: significant disparities exist in the quality of health care between racial and ethnic minorities and nonminorities. Analysis of the clinical encounter yielded evidence that stereotypes, bias, and uncertainty on the part of the provider are important factors, among many other clinical and system factors, that contributed to these disparities. One recommendation cited in the report was to integrate cross-cultural education into the training of all current and future health professionals.

Hopefully, this issue of *wjm* will help to educate health professionals and so reduce racial disparities in mental health care and improve health care in general for Asian Americans and Pacific Islanders.

References

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3 Institute of Medicine. *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care.* Washington, DC: National Academy Press; 2002.