

**Michael B. Friedman, Cognitive and Behavioral Health Advocacy**

**ASIAN COGNITIVE AND BEHAVIORAL HEALTH:  
AN OVERVIEW**

# Cognitive and Behavioral Health in Plain Terms

Dementia: Memory impairment + decline of mental functions such as self-control, planning, attention, factual knowledge, etc.

Sadness, boredom, lack of pleasure, inertia (aka “depression”)

Fear (aka “anxiety”)

Madness (aka “psychosis”)

Emotional issues due to stress, reactions to adverse experiences, developmental challenges, etc.

# EPIDEMIOLOGY

Low prevalence of cognitive or behavioral health disorders for Asians, increasing from generation to generation of living in the US.

Roughly: Lifetime prevalence of mental disorders of White is 45%, Latino is 40%, Black is 35%, and Asian is less than 25%

Lifetime prevalence of subjective cognitive decline is also low for Asians. Roughly 10% for all races, AIAN is 17%, Hispanic is 11%, Black is 10%, White is 8%, Asian is 5%

Very low utilization of mental health services by Asians with “any mental illness” (AMI):

Roughly: White is 50%, Black is 39%, Latino is 35%, Asian is 25%

# DETECTION

Check with primary care physician

-- Unlikely to be knowledgeable

See resource list on the last slide

# PREVENTION

Literal prevention is not possible as it is for polio and the like

Probably can reduce the likelihood and the disabling consequences

Healthy lifestyle: manage stress, exercise, eat well, sleep well

Satisfying relationships

Engaging activity providing pleasure and/or meaning

# ALTERNATIVE VIEWS OF MATTERS OF THE MIND

Western perspective: Medical Model

Culturally Alternative Views

Contact with “spirits”

e.g. “The Spirit Catches You and You Fall Down”

Dementia as Nirvana

# CLINICAL CULTURAL COMPETENCE

There is no AAPI culture. There are many different cultures. AAPI is a political concept not a clinical or cultural concept.

Language (translation of cultural nuance)

Avoid using children to translate!!!

Respect cultural behavioral norms (which may conflict with medical behavioral norms)

Understanding cultural perspectives

# SYSTEMIC CULTURAL COMPETENCE: ADDRESS DISPARITIES

Access to services including I&R, hotlines, etc.

Connections with community resources

Location of services: **office vs. community-based/outreach**

Workforce composition: cultural vs. color matching

Proportional clinical leadership

Participation in the power structure

Address social “determinants” / “drivers of mental illness and mental health such as racism, poverty, poor education, etc.

# ROLE OF THE FAMILY

Varies from culture to culture

Asian cultures

High expectations of family responsibility

This may diminish from generation to generation

# ALTERNATIVE SOURCES OF HELP

Family

Friends

Religion

“Elders”

Internet apps

# ISSUES FOR IMMIGRANTS

Citizens, legal residents, undocumented immigrants

Eligibility for service

Insurance coverage

# RESOURCES

- Need immediate emotional support? **Call 988** to connect to a counselor who can help. Specialists provide confidential care 24/7.
- **2-1-1** (2-1-1 Text ZIP Code to 898-211 or TXT-211) 2-1-1 Maryland connects Marylanders to the health and human services they need to achieve a more stable life for themselves and their families.
- Call **1-800-662-HELP (4357)** or visit the website: <https://www.samhsa.gov/find-help/national-helpline> SAMHSA National Helpline: Provides 24/7, confidential, and free support for individuals and families facing mental health or substance abuse issues, including resources specifically for AAPI communities.
- **Your primary care physician, who probably will not have adequate competence re. cognitive and behavioral health.**
- **Some special programs:**
  - Asian American Health Initiative (AAHI): Provides culturally competent mental health services, including counseling and support groups, for AAPI individuals and families in Montgomery County. Website: <https://aahiinfo.org/>
  - Asian/Pacific Islander Domestic Violence Resource Project (DVRP): Offers culturally sensitive mental health support and counseling for AAPI survivors of domestic violence and their families in the Washington D.C. metropolitan area, including parts of Maryland. Website: <https://dvrp.org/>
  - Asian American Mental Health Program (AAMHP): Based at Johns Hopkins Bayview Medical Center in Baltimore, AAMHP offers mental health services, including assessment, therapy, and psychiatric care, with a focus on addressing the unique needs of AAPI individuals. Website: <https://www.hopkinsmedicine.org/aamhp/>
  - Asian American Psychological Association (AAPA) Directory: Offers a searchable directory of mental health professionals, including psychologists and therapists, who specialize in serving AAPI communities across Maryland. Website: <https://aapaonline.org/resources/find-a-therapist/>

# CONTACT INFORMATION

MICHAEL B. FRIEDMAN

[www.michaelbfriedman.com](http://www.michaelbfriedman.com)

[mbfriedman@aol.com](mailto:mbfriedman@aol.com)