



THE RIGHT TO HEAL: SOUTHEAST ASIAN AMERICAN MENTAL HEALTH IN CALIFORNIA



SEARAC, with support from community-based partners and individuals across California, launched *The Right to Heal* report to highlight key challenges for Southeast Asian Americans (SEAs) in accessing mental health care in the state and to provide policy recommendations to address needs of the community. In 2019, we collected nearly 250 comments from community members and conducted community surveys, focus groups, and informant interviews throughout California. Our data demonstrate that mental health care is not appropriate or accessible to SEAs, and often fails to serve communities with higher rates of **mental health issues and trauma due to experiences of war, genocide, and displacement.**

KEY THEMES

1. Culturally and linguistically appropriate mental health care must consider all areas of culture, intersectionality, intergenerational factors, healing, and language.
2. Access to appropriate care is critical to healing and ending the cycle of trauma that also affects newer generations of SEAs.
3. Effective community solutions exist to address barriers of care, but they are not practiced or invested in widely enough.

DID YOU KNOW?

SEAs experience higher rates of mental health challenges, including major depression, PTSD, and other anxiety disorders, compared to the general population due to experiences of war, genocide, and displacement.

75% of directly impacted respondents indicated that they were never able to receive appropriate mental health services.

ONLY 70 Asian American and Pacific Islander mental health providers are available for every 100,000 AAPIs in the U.S., with the lowest ratios of native language-speaking health care professionals for Laotian, Cambodian, and Hmong Americans.

COMMUNITY SOLUTIONS DEFINED



HEALING-CENTERED CARE

- **What it is:** A strengths-based approach that advances a collective view of healing and centers culture as a key feature in well being.
- **Why it works:** A community-based approach focuses on culture, spirituality, civic action, and community healing to address a collective trauma and history.



TRUSTED AGENTS AND COMMUNITY HEALTH SERVICES

- **What it is:** Co-located and community-led mental health services that include community outreach and education and innovative solutions.
- **Why it works:** Services in a community setting help bypass cultural stigma, build trust with providers, and increase understanding of mental health challenges and existing care and systems.



LANGUAGE JUSTICE

- **What it is:** The provision of culturally and linguistically competent mental health services that affirm basic human rights to comprehension, expression, and affirmation.
- **Why it works:** Addressing linguistic barriers for one of the largest LEP communities in California mitigates discrimination, harassment, pressures to assimilate, and the disempowerment of children who are forced to serve as cultural brokers in our social systems. It also builds trust in sharing information, discussing sensitive topics, and accessing services, whether through native language-speaking health providers, translated materials, or skilled interpreters.

COMMUNITY VOICES

“I had to be the interpreter for my dad and his psychiatrist. They didn’t have an interpreter so my dad just brought me. For the first time my dad described [his experience with] the Khmer Rouge. He described in detail; he was bawling, I’ve never seen my dad in this way. As his child, I felt wrong, like, I was invading some boundaries and privacy. Why is it okay to have a child interpret in this setting? Even though I didn’t fully understand everything, I knew it was wrong.”

CAMBODIAN RESPONDENT

“I have many illnesses and have been seeing my doctors regularly, but many times I felt frustrated and depressed. My doctors don’t listen to me and don’t understand my needs. As doctors, I think they should provide referrals to culturally appropriate services. Fortunately, I am able to attend the Mien community support group and that has been very beneficial. They listen to me and understand my needs. I feel accepted.”

MIEN RESPONDENT

“As a registered court interpreter with CA Judicial Court who is also a child of refugees, I was no stranger to the challenges playing a role of the language interpreter for my parents who were not proficient in English. They suffered a litany of mental health issues without any chance for appropriate care and treatment, and they weren’t even aware of their own illnesses. This became the central problem in our family that went unaddressed, resulting in violence within the home, conflicts, and discourse. This led to insufficient results and our family was left out of many social programs. Presently, I’ve trained myself to be an effective language interpreter to assist Lao LEP (Limited English Proficiency) persons navigate through the mainstream systems. In this role, I’ve seen many members of my community fail to comply with court orders in areas of obtaining mental health counseling and other mandated treatment programs due to the language barrier.”

LAO RESPONDENT

“Vietnamese language interpreters could not (or were uncomfortable [to]) translate gender/sexuality terminology. The few times my family member/s were allowed to be in the room were not helpful for these reasons. Not having access to culturally appropriate mental health services have almost permanently created distance between myself and some of my family members. This has impacted my survivability, connections to my own SEA identity/hxstory/culture, and ability to navigate my mental health experience.”

VIETNAMESE RESPONDENT

“Living in America you feel like a little kid learning everything all over again. You barely learned how to speak Lao, but you moved out. You learned how to speak Thai but then moved out of Thailand also. Then eventually you come to a new country like America and have to learn their language. It is very hard to keep learning new stuff and moving around.”

HMONG RESPONDENT

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