



Asian American Federation

Testimony at the 2021 Joint Legislative Budget Hearing on Mental Hygiene

February 5, 2021

Written Testimony

I want to thank this committee for giving us the opportunity to speak at this critical moment about our community's needs. I'm Ravi Reddi, the Associate Director of Advocacy and Policy at the Asian American Federation (AAF). AAF represents the collective voice of more than 70 member nonprofits serving 1.3 million Asian New Yorkers.

Now more than ever, our community needs culturally competent mental health services. The FY2022 budget presents the ideal opportunity for our state policymakers to break with a past of anemic funding and truly invest in mental health service providers that are oftentimes the only point of access for mental health support for low-income Asian New Yorkers.

The COVID-19 pandemic has increased the mental health burden on Asian New Yorkers, as the loss of loved ones has swept the community amidst a 35% increase in deaths compared to the five-year average (an increase second only to Hispanic Americans); unemployment claims have increased by over 6,000% compared to this time last year - the highest of all racial groups; and severe social isolation has created a real mental health crisis among our seniors. The Asian community has been the target of anti-Asian bias incidents and hate crimes on top of these existing challenges, with some small businesses losing nearly all of their customers as a result of xenophobia.

And the immediate needs of our community are set against an already distressing backdrop of community mental health challenges. Our 2017 report on *Overcoming Challenges to Mental Health Services for Asian New Yorkers* highlighted the fact that Asians are the only racial group for which suicide has consistently been one of the top 10 leading causes of death in New York City from 1997 to 2015. In New York State, suicide was the second leading cause of death for Asian Americans ages 15-24, the third leading cause for those ages 10-14 and 25-34, and Asian women ages 65 and older having the highest suicide rate across all racial and ethnic groups.

While stigma has been cited as the greatest deterrent in seeking mental health care, there are a host of challenges that prevent Asian New Yorkers' access to services. Overall, one in six Asians in the state live in poverty. Among seniors, one in five Asian New Yorkers lived in poverty compared to just over 1 in 10 of all seniors in the state.

Additionally, language barriers remain high among Asian New Yorkers. Overall, 40.3% of Asians have limited English proficiency in New York State, compared to a statewide rate of 13.3%.

Finally, when one considers the explosion in the Asian population in the past 20 years, these barriers potentially create a perfect storm for a public health crisis. Since 2000, the Asian population in New York State increased by 62%, growing from 1.2 million in 2000 to over 1.9 million in 2019. In the counties outside of New York City, the Asian population grew even faster - 94% - from 296,000 in 2000 to almost



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577,000 in 2019. Overwhelmingly, Asian New Yorkers are immigrants, with 66% in the state being foreign-born.

In the face of this avalanche of need, AAF and a number of our member and partner organizations have been on the frontlines of our community's mental health crisis prior to and during COVID-19. While our member and partner organizations have been providing direct services and assistance to our seniors and vulnerable populations, we have been advocating on their behalf for greater resources for culturally-competent mental healthcare for the pan-Asian community. Through our mental health initiative, AAF has spearheaded community education, resource-sharing, and capacity-building efforts to increase access to culturally responsive clinical and non-clinical services. Since January, we and our consortium of mental health partners have provided nearly 4,000 low-income Asian New Yorkers with over 5,500 services.

And we can do more. Especially during a time when so many services have moved online and telehealth has taken on greater prominence in the mental health service delivery, capacity is the only thing lacking, while our models and innovations can be easily replicated or shared to address mental health needs around the state. Our culturally-competent Asian mental health providers, with adequate funding, can address statewide mental health needs amongst Asian immigrant and refugee populations. From sharing our community safety trainings and e-resources, to leveraging technical capacity to provide group and individual health support beyond New York City, the means to expand are all that's lacking. That's where state policymakers can make a critical difference.

Communities of seniors are examples of groups that are particularly vulnerable and require services that combat social isolation and address mental health needs. Upstate counties with the largest Asian populations are also home to thousands of Asian seniors: Erie (2,242) Monroe (2,516), Albany (1,288), and Onondaga (1,341). Additionally, ethnic breakdowns of upstate counties show immigrants and refugee populations are a significant portion of the Asian population, highlighting the need for culturally competent services. The Burmese population which is largely composed of recent refugees is present in substantial numbers in upstate counties: Erie (3,126), Onondaga (1,246), and Oneida (3,332).

Capacity is the problem. Although our mental health work can serve communities across the state through technology, our community-based mental health service providers are stretched too thin and are at a breaking point. To be clear, they've been there for some time, and are now delving into private funds from fundraising efforts after city and state funds have been exhausted. Culturally competent mental health services for Asian New Yorkers have been chronically underfunded at the city and state levels, and the ongoing pandemic and economic shutdown have exacerbated these weak points in our social safety net. From Fiscal Year 2002 to 2014, the Asian American community received a mere 1.4% of the total dollar value of New York City's social service contracts. In that time period, the Asian American share of the total contract dollars awarded by the Department of Health and Mental Health was 0.2%. No Asian-led, Asian-serving organization receives state funding for mental health services, and the historic overlooking of the fastest-growing yet poorest racial and ethnic group in New York has undoubtedly contributed to the aforementioned mental health statistics.

We cannot keep pace with the outsized demand without additional funding and support. Mental health providers in our community, leaders and staff alike, are being asked to do more with less and are working



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on the frontlines while managing their own anxieties, stress, and depression. Our member agencies that operate mental health clinics are also seeing an uptick in requests for mental health assistance, but our community lacks the capacity to meet the increasing needs. Additionally, member staff are conducting thousands of assurance calls to their seniors on a daily basis on top of their existing services and rapid response work.

RECOMMENDATIONS

In order to address the growing mental health crisis in the Asian community, we recommend that the Assembly prioritize the following recommendations:

Funding

- Significant, long-term investment in culturally competent mental health programs
 - We need significant and sustained financial investment in culturally competent mental health programs to address not only the pre-existing needs in the Asian community but also the added mental health burden brought on by the COVID-19 pandemic. Our partners, no matter their area of service, are now finding themselves having to address the stress, anxiety, and trauma of their clients applying for unemployment, receiving meal deliveries, and calling for emergency interventions due to an uptick in domestic violence situations.
- This funding should also prioritize Asian-led, Asian-serving community-based organizations that are already doing the work, enabling them to hire culturally competent mental health providers, create community education programs to introduce the concept of mental health in a linguistically and culturally competent manner, and train mainstream mental health providers to develop their cultural competency.
 - For the Asian community, the barriers of stigma and dearth of culturally competent services can only be overcome by meaningfully investing in clinical and non-clinical services provided by Asian community-based organizations. We will need significant resources for psychoeducation, counseling, and integrated community care so that low-income immigrants have multiple points of access to mental health support during and beyond COVID-19.
- COVID-19 has also confirmed what we have known all along: mental health services are only part of the equation. The State should use its funding authority to support programming that better integrates mental health services with other services New Yorkers may need.
 - For example, we can integrate mental health first-aid training for home-bound meal delivery and adult social day care service workers. Our community-based organizations already have the community buy-in necessary to hit the ground running with mental health concepts built into their non-clinical programs. By training those front-line workers to recognize early signs of mental health issues, our member agencies can target opportunities to introduce preventative strategies through non-clinical settings to help address these issues before they become worse and more expensive to treat.



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Telehealth

- Long-term investments in COVID-19-related telehealth and digital divide initiatives can help provide long-term access to mental health services to our most isolated community members. For instance, many of AAF's member and partner agencies have reported great difficulty in providing extensive virtual programming due to their low-income clients' limited access to computers and Internet access.
- Extend the waiving and/or relaxing of telehealth regulations until the end of 2021 so that more people can receive services. Our mental health partners have been able to address the uptick in demand for services only due to the waiving of state regulations, which they were unable to offer prior to COVID-19 due to the time and expense of meeting stringent regulations. Expanded telehealth has allowed immigrant and limited-English-proficient Asians living outside New York, City to access culturally competent resources virtually. As we anticipate the pandemic to last into 2021, with many more vulnerable immigrants unable to travel to in-person sessions even after the vaccine is made readily available, the option of telehealth services will allow those needing clinical services to get the support they need.

On behalf of the AAF, I want to thank you for letting us speak with you about COVID-19's impact on our community and how we can move forward together. Policies regarding mental health service delivery require nuanced discussion, and we look forward to working with the Committee to make sure New Yorkers of every background get the mental health services they need as they need them.