

The US depresses Asian girls

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United States of America, the land of riches and plenty, is home to highly depressed Asians. According to a recent study by the National Asian Women's Health Organisation (NAWHO), while 10 per cent Americans currently suffer from depression, 22 per cent Asians in the US have a diagnosable mental disorder. Depression among Asians affects mostly young girls and women.

"Asian Americans have the second-highest female suicide rate among 15 to 24-year-olds and the highest rate of depression symptoms for adolescents among all racial/ethnic and gender groups," says the NAWHO study, published in February 2003. Overall, African Americans have the highest depression rate in the US.

The research claims that complex issues of racism, sexism, violence, high social expectations and pressures, poverty, cultural adjustments, lack of family support and post-traumatic stress disorder related to refugee experiences create high mental health needs among Asian Americans.

Among the Asians, Filipinos, Japanese and Koreans consistently report a higher number of depression symptoms. Studies also show that Chinese Americans have a lifetime prevalence rate of major depression, as high as 17 per cent, with 10 per cent reporting major depression since 2002. The study links Chinese depression with stress, inability to read English and lack of private health insurance. Over 70 per cent South East Asian refugees are also found to have post-traumatic stress disorder.

The most disturbing news is about young Asian girls. In most Asian families, young girls take care of the elderly and act as translators for older family members. Despite these crucial responsibilities, girls in Asian families are still devalued. They function in a modern world, living with ancient biases. Many suffer guilt, anger, negativity and a lack of self-esteem.

Take Anita, who is working part-time in a university to get free credits to finish her studies. Anita's parents moved to the US in the 1970s. "I don't like my job, as I am constantly made to feel as an outsider. It's stressful, but I cannot quit. Nor can I speak about it to anyone. It is unacceptable in my family," she says. Anita has been suffering from severe depression since last year.

Family pressures to make it to the top drive many girls crazy. Mohini will soon major in aerospace engineering from the Massachusetts Institute of Technology. "I always wanted to study fine arts. But I was forced to pursue engineering. My first two years in the university were traumatic," she says. She often thought of committing suicide. Then her friends took her for counselling. She is now able to cope with the stress. A study on Asian American students at the University of California, Berkeley, revealed that they were less social, less likely to express impulses or display feelings of anxiety, discomfort, loneliness and isolation. Though these students succeeded academically, their emotional well-being or adjustment skills were not satisfactory. "We get three to four cases of depression every week," says Dr Gauri Banerjee, Associate Professor, Emmanuel College and a core member of Saheli, an NGO working with the South Asian community in Boston. "Talking about such issues is still taboo."

According to Dr Reef Karim, psychiatrist and media consultant, stress and depression occur due to the inability of Asian Americans to balance two cultures. "This balancing act is easier for some and difficult for others. People get two conflicting identities - one that feels comfortable within the community and family unit and the other which wants to explore the opportunities we get by living in this country.

For women, the challenge is greater as they are not expected to express unhappiness about their relationships. Meeta Anand, a resident of Boston, didn't realise for long that she was a victim of mental stress. "For six months, I consulted doctors for regular headaches and backaches. A physician suggested I go for counselling. I realised

that there was a deeper cause for all my problems - my husband lost his regular job and started abusing me. But I could not talk about this to anyone," says Anand. Finally, she approached Saheli and since then has been under regular medical care.

While Anand was courageous in facing her problems and seeking treatment for depression, the NAWHO study indicates that Asian Americans have the lowest utilisation for mental health services. This community is more likely than other racial groups to have individuals with psychotic diagnoses in inpatient and outpatient services. Though many experience psychosomatic symptoms of stress and depression such as hypertension, ulcers, headaches, backaches, insomnia and digestive problems, they seek only primary health care.

Most Asian Americans are extremely concerned about confidentiality and are ashamed and afraid of asking for help from outside services, claims the NAWHO report. Dr Karim adds, "The stigma associated with depression is high in the Asian community. Each family has a choice - to hide the symptoms, shame the family member and watch his/her symptoms worsen or seek treatment which will improve life dramatically."

Organisations like NAWHO have already started creating awareness among Asian American girls and women on mental health. To break the silence and stigma on mental health that pervades Asian communities, NAWHO supports programmes like Empowering Avenues that help individuals by strengthening communications within the family, raise self-esteem among youth and the elderly, and provide supportive outlets including counselling. According to Saheli and Manasi, another NGO in New Jersey, the Empowering Avenues programmes will eventually increase Asian American women's access to competent mental health prevention and treatment services.

(The names of some women have been changed to protect their identity.)