

Addressing Medication Stigma and Limited Access to Culturally Competent Care in the AAPI Community

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Goals for the Presentation

- I. Introduction
- II. Cultural Perspectives on Mental Health and Medication
- III. Medication Stigma within the AAPI Community
- IV. The Impact of Media Surrounding Psychotropic Medication
- V. The Role of Culturally Competent Care and Strategies for Improving Access
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Introduction

Asian American Community Involvement (AACI)

- 1973 was the beginning of the official incorporation of AACI, which 12 community advocates founded
- Early 1990S-Mental Health: AACI played a key role in helping reverse a directive that would deny valuable mental health services to non-English speakers.
- Fall of 1993, AACI’s study on the “Glass Ceiling” phenomenon exposed the hiring and promotion barriers Asians encounter and facilitated action toward eliminating the barriers.
- Today, AACI serves over 21,000 community members in over 40 languages each year. Most AACI clients are low-income individuals and families living in Santa Clara County.



Equity



Cultural Sensitivity



Integrity



Excellence



Cultural Perspectives on Mental Health and Medication

- A sign of personal or familial weakness rather than legitimate medical concerns.
- Minority Model Stereotype
- AAPI individuals are three times less likely than their white counterparts to seek mental health services (NLAAS, 2003).
- Asian American teenage girls have the highest rates of depressive symptoms of any racial or ethnic group (NAMI, 2011).
- AAPI individuals are less likely to be prescribed psychiatric medication than their white counterparts (SAMHSA, 2015).



Medication Stigma within the AAPI Community

Psychiatric medication is stigmatized as “crazy pills,” “addictive toxins,” and “mind-altering or mind controlling.”

Common statements from clients:

- “Antidepressants can change my personality or turn me into a zombie.”
- “If I start taking psychiatric medication, I’ll have to take them for the rest of my life.”
- “Taking an antidepressant is a sign of weakness.”



The Impact of Media Surrounding Psychotropic Medication

- **Sensationalized Portrayals:** Characters on psychiatric medication are often portrayed as unstable, dangerous, or overly sedated
- **Misinformation and Oversimplification:** Social media can be a source of misinformation or oversimplified information about psychiatric medications.
- **Promotion of Stigma:** Negative attitudes or beliefs about psychiatric medications can be amplified on social media through shared posts, comments, and memes.
- **Idealization of Natural Remedies:** Social media often promotes natural or holistic treatments over traditional medicine.
- **Lack of Personal Stories:** The absence of these stories can make it seem like successful treatment with medication is rare or impossible.



The Role of Culturally Competent Care and Strategies for Improving Access

- It is our responsibility to understand and respect the cultural beliefs of our clients/patients.
 - Validating our patients' experiences and working within their cultural framework to provide effective treatment.
 - Offering translation services or providers who speak the patient's native language can make a huge difference in accessibility and quality of care.
 - Acknowledge and address the stigma that often surrounds mental health within the AAPI community.
 - We must strive to increase representation in mental health care.
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Conclusion

- Unique cultural attitudes within the AAPI Community towards mental health and medication.
- Highlighting pervasive stigma and its impact on seeking help and medication adherence.
- Critical role of media in perpetuating harmful stereotypes
- Culturally Competent Care
- Language Barriers & Representation



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