Asian Americans with heart and metabolic conditions often face significant mental health challenges. Looking at data by specific Asian ethnic groups helps uncover health disparities that are often hidden when all Asian Americans are grouped together.

Multilevel Factors of Mental Health Service Utilization Among Asian Americans with Comorbid Cardiometabolic Diseases and Mental Health Disorders: A Mixed Methods Study

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Background

Asian Americans (AAs) with cardiometabolic diseases (CMD)—including hypertension, diabetes, coronary heart disease, heart failure, and stroke—face a significant and often overlooked mental health burden. Despite this elevated need, AAs consistently demonstrate the lowest rates of mental health service utilization compared to all other racial and ethnic groups. This disparity persists in part due to a limited understanding of the complex, multilevel factors that shape engagement in mental health services within this population.

Objective

Aim 1: Examine multilevel factors associated with mental health service utilization among AAs with comorbid CMD and Mental Health Disorders (MHD) by using NYU Langone Health Electronic Health Record (EHR).

Aim 2: Qualitatively explore barriers, facilitators, and effective strategies of engagement in mental health services among AAs with comorbid CMD and MHD through interviews.

Guiding Theoretical Framework

Guided by the NIMHD Research Framework, our study aims to assess individual-, interpersonal-, neighborhood/community-, and societal-level factors across biological (e.g., age), built environment (e.g., neighborhood environment/resources), sociocultural environment (e.g., limited English proficiency, family/peer norms), and healthcare systems (e.g., insurance, mental health service availability, culturally and linguistically tailored mental health resources) domains.
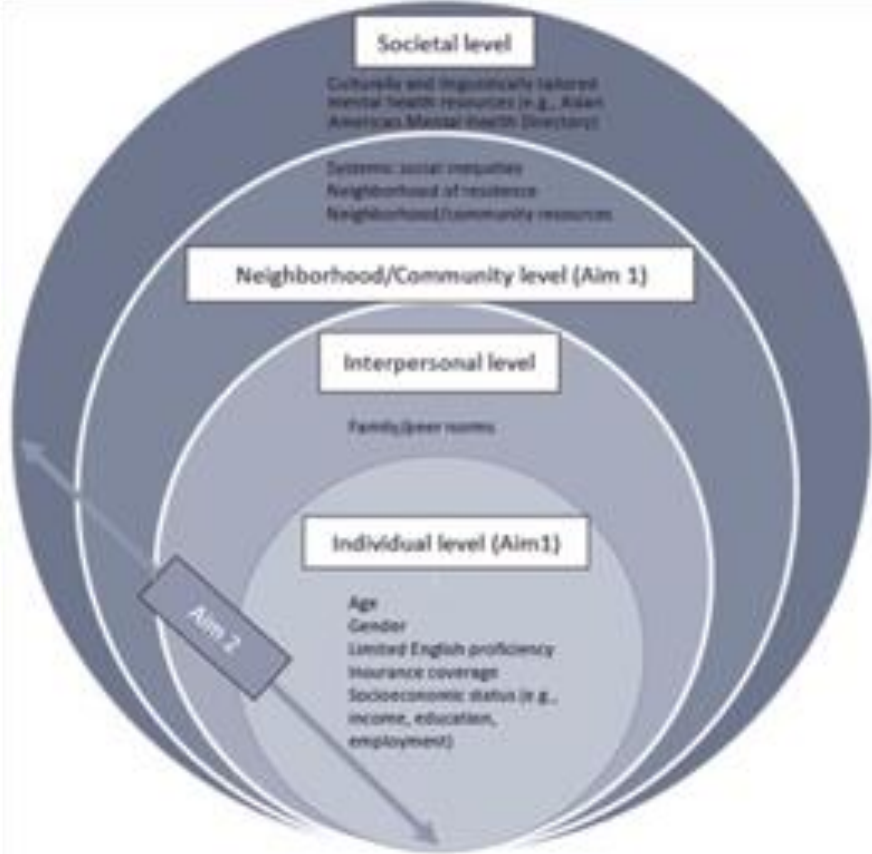
Methods and Findings
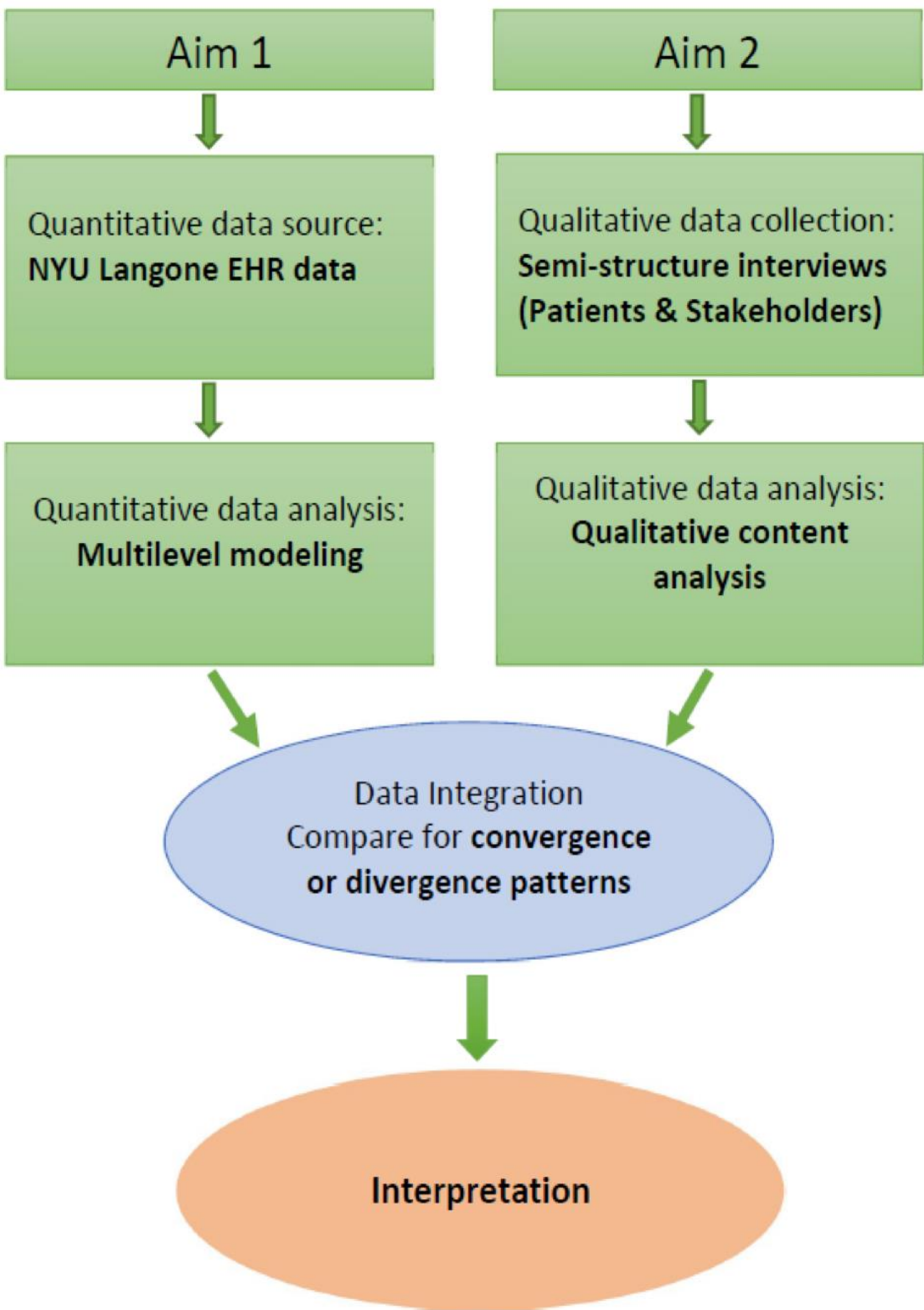
A convergent mixed methods design to understand mental health service utilization among Asian Americans

Aim 1

Table 1. Prevalence of MHD Among Asian American Individuals with CMD

	Cardiovascular disease (N=649)	Hypertension (N=15)	Diabetes (N=879)	Any CMD (N=1230)
Depression	202 (31.12%)	6 (40.00%)	342 (38.91%)	451 (36.67%)
Anxiety	209 (32.20%)	6 (40.00%)	321 (36.52%)	446 (36.26%)
Depression and Anxiety	135 (20.80%)	4 (26.67%)	235 (26.73%)	312 (25.37%)
Depression or Anxiety	276 (42.53%)	8 (53.33%)	428 (48.69%)	585 (47.56%)

Table 2. Prevalence of MHD by Disaggregated Asian American Groups with CMD

	Chinese (N=396)	Asian Indian (N=312)	Filipino (n=1065)	Bangladeshi, Sri Lankan, Pakistani (N=79)
Depression	32 (27.35%)	32 (26.23%)	167 (46.39%)	8 (25.81%)
Anxiety	25 (21.37%)	31 (25.41%)	160 (44.44%)	8 (25.81%)
Depression and Anxiety	20 (17.09%)	16 (13.11%)	120 (33.33%)	6 (19.35%)
Depression or Anxiety	37 (31.62%)	47 (38.52%)	207 (57.50%)	10 (32.26%)

Aim 2 : Data collection is still ongoing

Discussion

- The study sheds light on the issue of aggregated data on AA ethnic groups, which obscures distinct mental health disparities within this culturally diverse and understudied population

- The current study will inform the development of tailored, multilevel strategies to increase service use among AAs, ultimately reducing disparities in mental health services for this underserved group facing comorbid CMD and MHD

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