

# Mental Health Resource Guide for Asian Communities



OHIO  
ASIAN AMERICAN  
HEALTH COALITION

Funding by: The Ohio Mental Health & Addiction Services



**This guide will provide  
brief summaries on:**

**Information on mental health  
and mental illnesses**

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**Ways to support yourself and  
your loved ones and community**

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**Stories from community members**



## Acknowledgements

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# Purpose of this Guide



This guide is for the Asian American, Native Hawaiian and Pacific Islander (AANHPI) community. We created this for you to learn more about mental health and keep yourself and people you care about to be mentally well.

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## EVERYONE NEEDS TO HAVE GOOD MENTAL HEALTH.

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Mental health challenges are real and affect everyone. Therefore, we include personal stories from members of our diverse communities.

The information provided here is not to be used to diagnose yourself or anyone else, but to give better understanding. This information does not replace seeing a health professional.

This guide is also just a starting point. There is still much more to learn about, but it is not possible to cover in one guide.

Please take care as you read through the content; some of the topics covered are heavy. **Please remember that you matter and have a unique life story and gifts to bring to this world.**



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# Introduction

Everyone has  
mental health



**M**ental health is an important part of our overall health and well-being.

It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices.

Mental health is important at every stage of life, from childhood and adolescence through adulthood.

Your mental health and wellness are influenced by different aspects of your life, and these are all connected:

## What contributes to mental disorders ?

### *Biology of psychiatric disorders*

Mental illness results from the interaction of a person's biology with environmental and social factors, much like diabetes or heart disease. The biology of mental illness is complex. It involves genetics, brain structures, and brain "chemistry." Brain biology is often influenced by external factors, such as social support, trauma, work/school, etc. Many people with mental illness notice that their brains have a harder time managing stress than their friends and family. They often experience worsening symptoms of their mental illness when stress mounts.

Research has shown a genetic origin for many mental disorders, including depression, bipolar disorder, schizophrenia, substance abuse, suicide, and others. Unfortunately, there is not a single gene responsible for mental disorders. Instead, genetic research has identified how genes that are passed through families can affect how brains regulate the flow of neurotransmitters (brain chemicals) through the circuitry of the brain. These circuits and chemicals are linked with mental disorders. They also control things such as emotion, thinking, attention, and memory. Genes also contribute to how different people respond to different medications. For example, people of Asian descent are at particularly high risk for having a medication reaction called Stevens-Johnson Syndrome. This rare but potentially fatal medication side effect is more common for people with Asian ancestry than others and is particularly related to a medication used to treat bipolar disorder called carbamazepine (Tegretol). People with Asian ancestry should have a blood test done prior to starting this medication to see if they are at risk for this side effect.



#### **PHYSICAL:**

Care for your body



#### **EMOTIONAL:**

Feel good about your life and able to cope with stresses



#### **SOCIAL:**

Have meaningful relationships with others (family, friends, and community)



#### **WORK/SCHOOL:**

Work productively and enjoy work



#### **ENVIRONMENTAL:**

Live in a safe environment

**Neurotransmitters** are chemicals found in the brain and central nervous system. Common neurotransmitters involved in mental disorders include serotonin, norepinephrine, dopamine, histamine, and others. Many scientists believe that there is a relationship between mental disorders and how these chemicals flow through the brain's circuits. Most medications used to treat mental disorders help regulate this process

**Brain regions and brain structures** are also implicated in various mental disorders. The brain structures involved tend to vary between disorders, but some common examples include general underactivity in depression, over activity of the limbic system in anxiety disorders, and activity in the sensory regions for individuals with schizophrenia experiencing sensory delusions (e.g., hearing is active when someone reports hearing voices). These examples demonstrate ways in which the brain is not responding to the environment and social situations the way it needs to, which on the outside looks like what we call mental illness.

The good news is that research has also shown that psychotherapy (also known as counseling) and medications, can help brain regions effected by mental illness function more like brains of people without mental illness again.



## Demographics of Our Communities

Approximately 24 million individuals of Asian descent lives in the United States as of 2020 and is projected to reach 46 million by 2060. This number includes mixed-race or multiracial people.

Our communities are very diverse, in terms of languages, cultures, socioeconomic statuses, and other experiences. There are Asian people all over the world.

We use the U.S. Census Bureau definition of Asians as people with heritage from East Asia, Southeast Asia, and the Indian subcontinent. Countries identified below are based on the U.S. Census definition:

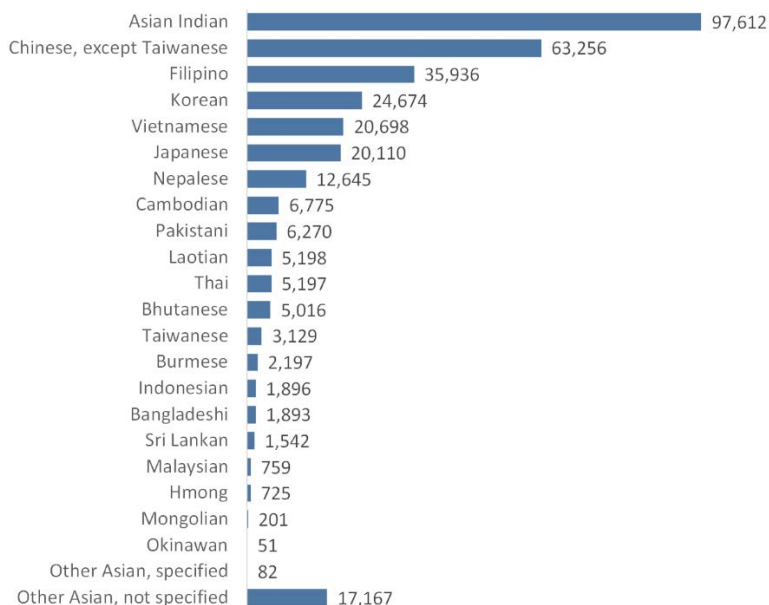
**Bangladesh, Bhutan, Brunei, Burma, Cambodia, China, India, Indonesia, Japan, Korea, Laos, Malaysia, Maldives, Mongolia, Myanmar, Nepal, Pakistan, Philippines, Singapore, Sri Lanka, Taiwan, Thailand, Timor Leste, Vietnam**

### SOME FACTS:

Ohio has 377,000 Asian Americans and 15,000 Native Hawaiian and Pacific Islanders.

We make up 3% of Ohio's total population.

The bar graph to the below shows the number of people per ethnic group.



From 2000 to 2020, our Asian American population has grown by 97%, and it continues to grow!



## Prevalence of Mental Illness in Asian American Communities

About 13% of people in our communities have a mental illness (nearly 3 million in 23 million). Asian Americans are three times less likely to seek treatment for mental health challenges compared to other Americans. In 2019, only 23% of Asian American adults with a mental illness received treatment. Reasons for this can include lack of access to services and providers who can speak our languages and understand our cultural backgrounds, the fear of being shamed by others, and costs of treatment.

## Model Minority Myth

The "model minority myth" is harmful for both Asians and non-Asians. Asians are seen as a "model minority," which means that our community does well in society and are a model for other minorities to follow. The positive stereotypes of Asians being naturally smart, good at math, and keeping quiet minimizes the real challenges that Asians, Black, Latino, and others face. Not all our ethnic groups have the same success or access to opportunities. For example, some Asian ethnic groups have higher poverty rates than others. We are not a monolith; we have diverse needs and experiences.

## Forever Foreigner/ Perpetual Foreigner Stereotype

Asians and Asian Americans are often seen as not American, but as foreigners. However, Asians have a long history of being in the U.S. (the earliest history records show that Filipinos arrived in California in 1587). Some families have been in the U.S. for multiple generations. Experiencing this stereotype in everyday encounters and in media causes harm to us, emotionally and physically. Examples of this stereotype include verbal harm to hate crimes: Being asked "Where are you from? No, where are you really from?" Having people make comments such as, "Oh your English is so good" Being told to "go back where you came from." We belong here. We deserve to feel safe and welcome, without anyone questioning our identity and making us feel inferior. **We are Americans too.**







# Overview of Mental Health Challenges

Mental illnesses are conditions that affect a person's thinking, feeling, mood or behavior such as depression, anxiety, bipolar disorder, or schizophrenia. A mental illness may be short-time or long-lasting and affects someone's ability to relate to others and function each day. Mental illnesses are among the most common health conditions in the U.S.

THERE IS NO SINGLE CAUSE FOR MENTAL ILLNESS. SEVERAL FACTORS CAN CONTRIBUTE TO RISK FOR MENTAL ILLNESS, SUCH AS:

- ☯ Biological factors or chemical imbalances in the brain
- ☯ Early adverse life experiences, such as trauma or a history of abuse (for example, child abuse, sexual assault, witnessing violence, etc.)
- ☯ Experiences related to other ongoing (chronic) medical conditions, such as cancer or diabetes
- ☯ Use of alcohol or drugs
- ☯ Loneliness or isolation



>50%



(1 in 2 people in the U.S.) will be diagnosed with a mental illness or disorder at some point in their lifetime.

1 in 5

Children, either currently or at some point during their life, have had a seriously debilitating mental illness.

1 in 5

Americans will experience a mental illness each year.

1 in 25

Americans lives with a serious mental illness, such as schizophrenia, bipolar disorder, or major depression.



# Mental Health Stigma & Shame



**S**tigma occurs when a particular attribute or quality of someone is considered a sign of disgrace. Unfortunately, many individuals and families are ashamed of having a mental illness, despite advances in scientific knowledge clearly identifying mental illnesses as medical conditions. Stigma towards mental health can make people not want to seek help or share what they're going through. Mental health stigma is a problem worldwide. Identifying mental illnesses as early as possible is important so people do not have to go as long before getting treatment to feel better. Early identification and treatment also

help reduce disability and negative consequences that can come from having untreated illness.

There are internal and external sources of stigma. **External stigma** includes prejudice and discrimination against people with mental illness. An example of this is someone losing their job or experiencing discrimination at work because of their illness. Families and friends sometimes don't understand that mental disorders are medical conditions and dissuade their loved one from seeking treatment. People with the best of intentions can engage in harmful discriminatory practices without

realizing it. **Internal stigma**, or self-stigma, is when someone feels ashamed of themselves for having a mental illness. This can cause a lot of suffering for the person. It can also lead them to avoid or stop treatment.

It is also important to remember that people are people first, and not their illness. Their illness is simply a part of them, an illness that they have, and that mental illness does not comprise the whole of who they are.

## What to Do to End Stigma and Be Supportive

Listen non-judgmentally to others

Show compassion. Validate the person's experience, with statements such as "Wow, that sounds miserable" or "I am sorry that you are going through this".

Educate yourself about mental disorders and treatment  
Talk openly about mental health so we can normalize it and reduce stigma

Be aware of harmful language; words matter. Mental illness is not a "joke"

Treat someone struggling with their mental illness the same way you'd treat someone with a physical illness.

## Avoid These Contributors to Stigma

Don't use words like "crazy" or "psycho" to describe someone with a mental illness

Don't treat people with mental illness as incompetent or like children

Avoid telling the person patronizing statements such as, "Everything will be fine" or "It's no big deal" when someone is describing how they are thinking or feeling

Don't belittle the person and their efforts toward recovery by saying things like, "Just snap out of it" or "You brought this on yourself" or "Just think happy thoughts and you'll be fine"

Don't laugh when people tell derogatory stories about people with mental illness, or record or share videos of people going through mental health episodes

## Community Story Stigma

*"As an individual who has now lived here longer than other two countries combined, having raised a multi-cultural family (two sons) with a husband of German descent, the question of identity weighs heavily in my psyche. This, combined with (seeming) increasing racial division and heightened animosity particularly against Asians since the pandemic, I cannot help but feel concerned for my genetically half-Asian adult sons. The first thing we need to recognize is that we are not alone in this. I'm glad that this topic [mental health] is now part of the national conversation." - P.W.*







# Cultural Considerations in Mental Health

Culture shapes the expression and recognition of psychiatric problems. Faith and spirituality have important influences on mental health, especially for the Asian American community where religious diversity is a distinct characteristic, and more people identify as Buddhists, Hindus, Muslims, or other religious affiliations compared to the U.S. Faith communities often offer a built-in social support system. However, religious communities may perpetuate stigma around mental illness that can delay treatment. For example, characterizing mental illness as divine punishment, bad karma, disturbed flow of life energy or imbalance of basic elements inside the body. This is especially true for Asian American families who turn to their religious leaders first for mental health support. The influence of the teachings and philosophies of a Confucian, collectivism tradition discourages open displays of emotions to maintain social and familial harmony or to avoid exposure of personal weakness.

Saving face—the ability to preserve the public appearance of the patient and family for the sake of community propriety—is extremely important to most Asian groups. Patients may not be willing to discuss their moods or psychological states because of fears of social stigma and shame. In many Asian cultures, mental illness is stigmatizing; it reflects poorly on family lineage and can influence others' beliefs about the suitability of an individual for marriage. It is more acceptable for psychological distress to be expressed through the body than through the mind. Lack of

understanding about mental illness and stigma associated with mental health issues can lead to denial or neglect of mental health problems, especially among first-generation AAPI immigrants. The notions of shame and “loss of face” is an important factor in understanding low use of services among Asian American people. Mental illness has often been considered a weakness or a sign of poor parenting, and a source of shame not only to the individual, but also to the entire household. The desire to protect the family's reputation can often discourage help-seeking until there is a crisis.



Another unique cultural value of Asian Americans is interdependence, relying on the family and community, rather than seeking the help of a professional. The discrimination that Asian Americans face, and the difficulty of cultural assimilation can further create mental health issues in Asian Americans.

There is often a difficulty finding a self-identity and balancing two different cultures, with the pressure to conform to Western ideals of individualism, which conflicts with traditional Asian family expectations. Another area that needs to be addressed and understood in Asian Behavioral Health is the Culture Bound Syndrome. The American Psychological Association defines culture-bound syndrome as a pattern of mental illness and abnormal behavior that is unique to a specific ethnic or cultural population and does not conform to standard classifications of psychiatric disorders. Culture-bound syndromes include, among others, amok, amurakh, bangungut, koro, latah, mal de pele, myriachit, piblokto, susto, voodoo death, and windigo psychosis. Other examples are: “Shenjingshuairuo” – Chinese term for neurasthenia, Hwa-byung” – Korean syndrome similar to the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*, (DSM-5) diagnose of major depression and “Taijin kyofusho” – Japanese disorder similar to DSM-5 diagnose of social phobia.





# Mental Health Professionals

The relationship and communication between a person and their mental health provider is a key aspect of treatment. It's very important that a person feels their cultural identity is understood by their provider to receive the best possible support and care. Reaching out for help is not easy but taking that step can make the big difference in addressing your mental health issues and it will be so worth it. Seeking professional help starts with understanding who the providers are. While it is recommended to seek help from a mental health professional, a primary care professional (your doctor) can be a great place to start for an initial assessment or to get a referral for a recommended mental health professional.

## **Primary care physician (PCP)**

the medical doctor responsible for overseeing your medical care

## **Psychiatrist (MD, DO)**

a medical doctor who specializes in the treatment of mental disorders

## **Advanced practitioners (NP, PA)**

provide assessment, diagnosis and therapy for mental health conditions or substance use disorders.

## **Clinical Psychologist (PhD, PsyD)**

trained to diagnose and treat psychiatric disorders. Although they are not medical doctors, some psychologist can prescribe medications

## **Licensed Independent Social workers (LISW)**

specialist who work with family, children focusing on assessment and treatment of mental health issues and prevention of mental health challenges

## **Counselors (LLC , others)**

trained to evaluate a person's mental health and use therapeutic techniques based on specific training programs.

## **Crisis support specialists**

trained in providing help for those experiencing crisis situations

## **Substance abuse counselor**

trained to help those with substance use challenges

**Certified peer specialists** - specialist with training that enables them to use their lived experience to help others and bring hope



When meeting with a provider, ask questions to get a sense of their level of cultural sensitivity. Providers expect and welcome questions from their patients since this helps them better understand what is important in their treatment. Here are some questions to ask: Have you treated other Asian American people? Have you received training in cultural competence or on Asian American mental health? How do you see our cultural backgrounds influencing our communication and my treatment? Whether you seek help from a primary care professional or a mental health professional, you should finish your sessions with health professionals feeling heard and respected. You may want to ask yourself: Did my

provider communicate effectively with me? Is my provider willing to integrate my beliefs, practices, identity, and cultural background into my treatment plan? Did I feel like I was treated with respect and dignity? Do I feel like my provider understands and relates well with me?

Source: Asian American Pacific Islander:  
NAMI retrieved September 20, 2022

At the end of this guide, we have a Resource Directory where you can find Asian American providers across Ohio!





# Therapeutic Modalities

If not diagnosed by a trained professional, it can be difficult to find out which mental illness may be causing your symptoms. An accurate diagnosis will help determine the appropriate treatment. The more information you have, the more you will be prepared to work with your mental health professional in understanding what your symptoms may represent. Your treatment depends on the type of mental illness you have, its severity and what works best for you. In many cases, a combination of treatments works best.

## Medications

Although psychiatric medications don't cure mental illness, they are designed to improve symptoms. The best medications for you will depend on the diagnosis and how your body responds to the medication. It may take several months and changes in dose so please be patient and consult with the prescribing doctor. Some of the most commonly used classes of prescription psychiatric medications include:

### **Antidepressants.**

Antidepressants are used to treat depression, anxiety and sometimes other conditions. They can help improve symptoms such as sadness, hopelessness, lack of energy, difficulty concentrating and lack of interest in activities. Antidepressants are not addictive and do not cause dependency.

### **Anti-anxiety medications.**

These drugs are used to treat anxiety disorders, such as generalized anxiety disorder or panic disorder. They may also help reduce agitation and insomnia.

### **Mood-stabilizing medications.**

Mood stabilizers are most used to treat bipolar disorders, which involves alternating episodes of mania and depression. Sometimes mood stabilizers are used with antidepressants to treat depression.

### **Antipsychotic medications.**

Antipsychotic drugs are typically used to treat psychotic disorders, such as schizophrenia. Antipsychotic medications may also be used to treat bipolar disorders or used with antidepressants to treat depression.



## **Psychotherapy** *Also called Counseling or Talk Therapy*

Psychotherapy involves talking about your condition and related issues with a mental health professional. You learn about your condition and your moods, feelings, thoughts, and behavior. You gain insights and knowledge, and you can learn coping and stress management skills. Things to know about psychotherapy: Often can be completed in a few months. In some cases, long-term treatment may be needed. Can take place one-on-one, in a group, or with family members. Very effective for treating most mental illnesses. For moderate to severe illness, it works best combined with medications. Choose a therapist you feel comfortable with and someone who can listen to you and understand how your life journey has shaped who you are and how you live in the world. There are many types of psychotherapy. Work with your therapist to figure out what type is best for you. Many therapists also combine types of therapy to make the best fit for you. Here are a few of common types of evidence-based psychotherapies used to treat disorders discussed in this guidebook:

### **Supportive Psychotherapy.**

This type of therapy involves a meeting with you to offer support as you work through a stressful situation.

### **Cognitive Behavioral Therapy (CBT).**

In CBT you work with the therapist to understand how your thoughts, actions, and emotions are connected. Variations of CBT are often used to treat PTSD as well.

### **Eye Movement Desensitization and Reprocessing (EMDR).**

EMDR helps you develop body-focused ways to manage PTSD symptoms.

### **Dialectical Behavior Therapy (DBT).**

DBT is used to manage intense emotions that result in actions that have negative consequences. This is commonly used to help with self-harm.

### **Family Therapy.**

A family therapist helps families understand your diagnosis and learn how they can support you. A family therapist can also help connect family members to support groups or therapy of their own if needed.

### **Support Groups.**

Support groups connect you to others having similar experiences as you. Support groups are available for most mental illnesses, as well as for families. These may or may not be led by a mental health professional.

### **Twelve-Steps Groups:**

These are a type of support group aimed at creating behavior change by following 12 steps. Often you are connected to a sponsor for more support outside of the time the group meets. The most common example is Alcoholics Anonymous (AA).

*continued on next page*





### **Brain-stimulation treatments (ECT, TMS, VNS )**

Several types of treatment are available that work to regulate brain functioning more directly. These treatments are often reserved for instances of severe depression where medications and therapy aren't working, or mania, or catatonia (an illness where a person loses physical functioning without other physical cause). These treatments can be very effective in these instances. If one of these treatments is recommended for you or your loved one, your care team will discuss the benefits and potential risks of these treatments and give you an opportunity to ask questions.

### **Hospitalization and Residential Treatment Programs**

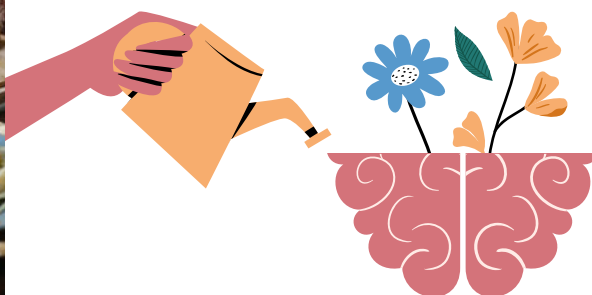
Sometimes mental illness becomes so severe that you need care in a psychiatric hospital. This is generally recommended when you can't care for yourself properly or when you're in immediate danger of harming yourself or someone else. Options include 24-hour inpatient care, partial or day hospitalization, or residential treatment, which offers a temporary supportive place to live.

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### **BARRIERS TO MENTAL HEALTH CARE CAN INCLUDE:**

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- 1** Lack of language access Language access is especially important for our AANHPI communities; 76% of Asians in Ohio speak another language at home! Even though interpretation services are supposed to be available, having a healthcare provider such as a therapist who can speak the same language as you and who understands your culture can provide you with some comfort.
- 2** Financial barriers such as lack of access to transportation, costs Navigating processes and paperwork in the U.S. medical system and sometimes long wait-times Stigma about seeking help Lack of culturally appropriate providers Impact of COVID-19 pandemic Many have faced socioeconomic challenges - loss of income, inflation.
- 3** Our Asian American communities have experienced violence and discrimination like never before. Since the beginning of the pandemic, nearly 11,000 cases of anti-AAPI discrimination have been reported. Mental health awareness and support is needed now more than ever.







# Anxiety

## Occasional anxiety is a normal part of life.

Many people worry about things such as health, money, or family problems. But anxiety disorders involve more than temporary worry or fear. For people with an anxiety disorder, the anxiety does not go away and can get worse over time. The symptoms can interfere with daily activities such as job performance, schoolwork, and relationships. There are different types of anxiety disorders including panic disorders and phobias. One of the most common anxiety disorders is the DSM-5 Generalized Anxiety Disorder (GAD).

### Risk Factors:

Researchers are finding that both genetic and environmental factors contribute to the risk of developing an anxiety disorder. Anxiety symptoms can be produced or aggravated by:

Some physical health conditions, such as thyroid problems or heart arrhythmia

Caffeine or other substances/medications

## Signs and symptoms of generalized anxiety disorder (GAD):

Worry excessively about everyday things

Have trouble controlling their worries or feelings of nervousness

Know that they worry much more than they should

Feel restless and have trouble relaxing

Have a hard time concentrating

Have trouble falling asleep or staying asleep

Tire easily or feel tired all the time

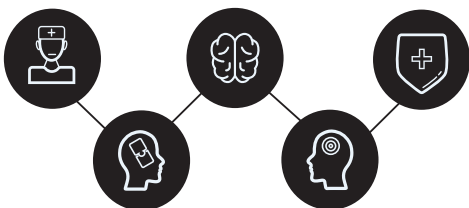
Have headaches, muscle aches, stomachaches, or unexplained pains

Feel irritable or "on edge"

Children and teens with GAD often worry excessively about:  
Their performance in activities such as school or sports  
Catastrophes, such as earthquakes or war  
The health of others, such as family members

*If you think you're experiencing symptoms of GAD, talk to a health care provider. After discussing your history, a health care provider may conduct a physical exam to ensure that an unrelated physical problem is not causing your symptoms. A health care provider may refer you to a mental health professional. The first step to effective treatment is to get a diagnosis, usually from a mental health professional.*

**For Treatment Modalities,  
refer to page 8-9**



## Community Story

### Anxiety

*"For the past few years, I have struggled with anxiety due to the fear of not being able to reach the expectations of my parents and live the 'American Dream.' Fear and guilt both haunted and exhausted me. I want others who may struggle with the same issue to know that mental health issues are nothing to be ashamed of and more common than you think. Don't overburden yourself with the unhealthy standards of society; instead, listen to your heart and body. Take care of yourself and communicate with your loved ones." - A.L.*



# Depression

Major Depressive Disorder (MDD) is a common and serious medical illness that negatively affects how you feel, the way you think and how you act.. Depression causes feelings of sadness and/or a loss of interest in activities you once enjoyed. It can lead to a variety of emotional and physical problems and can decrease your ability to function at work and at home.

## Community Story —Depression—

*"I had clinical depression after my husband passed away. I was so distraught that I did not want to leave the house, I became increasingly isolated socially and lost interest in doing things that I used to enjoy. I saw a Caucasian psychiatrist and joined a bereavement support group, but I felt they were not culturally sensitive and responsive. My depression deepened and I was taking anti-depressants. I focused on my spirituality and felt the support of an Asian Christian Faith group helped me cope with this illness." - E.H.*

Symptoms must last at least two weeks and must represent a change in your previous level of functioning for a diagnosis of depression. But being sad is not the same as having depression. The grieving process is natural and unique to each individual and shares some of the same features of depression. Both grief and depression may involve intense sadness and withdrawal from usual activities.

Also, medical conditions (e.g., thyroid problems, a brain tumor or vitamin deficiency) can mimic symptoms of depression so it is important to rule out general medical causes.

**For Treatment Modalities,  
refer to page 8-9**



## Risk Factors:

**Biochemistry:** Differences in certain chemicals in the brain may contribute to symptoms of depression.

**Genetics:** Depression can run in families. For example, if one identical twin has depression, the other has a 70 percent chance of having the illness sometime in life.

**Environmental factors:** Continuous exposure to violence, neglect, abuse or poverty may make some people more vulnerable to depression

**Between 80% and 90% percent** of people diagnosed with depression respond well to treatment. Almost all patients gain some relief from their symptoms. Before a diagnosis or treatment, a health professional should conduct a thorough diagnostic evaluation, including an interview and a physical examination. In some cases, a blood test might be done to make sure the depression is not due to a medical condition like a thyroid problem or a vitamin deficiency (reversing the medical cause would alleviate the depression-like symptoms).

## Depression symptoms can vary from mild to severe and can include:

Feeling sad or having a depressed mood

Loss of interest or pleasure in activities once enjoyed

Changes in appetite — weight loss or gain unrelated to dieting

Trouble sleeping or sleeping too much

Loss of energy or increased fatigue Increase in purposeless physical activity (e.g., inability to sit still, pacing, handwringing) or slowed movements or speech (these actions must be severe enough to be observable by others)

Feeling worthless or guilty

Difficulty thinking, concentrating or making decisions

Thoughts of death or suicide



# Bipolar Disorder

Bipolar disorder, formerly called manic depression, is a mental health condition that causes extreme mood swings that include emotional highs (mania or hypomania) and lows (depression).

When you become depressed, you may feel sad or hopeless and lose interest or pleasure in most activities. When your mood shifts to mania or hypomania (less extreme than mania), you may feel euphoric, full of energy or unusually irritable. These mood swings can affect sleep, energy, activity, judgment, behavior and the ability to think clearly.

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**Several factors may be involved in bipolar disorder, such as:**

***Biological differences.***

People with bipolar disorder appear to have physical changes in their brains. The significance of these changes is still uncertain but may eventually help pinpoint causes.

***Genetics.***

Bipolar disorder is more common in people who have a first-degree relative, such as a sibling or parent, with the condition. Researchers are trying to find genes that may be involved in causing bipolar disorder.

***Risk Factors:***

Factors that may increase the risk of developing bipolar disorder or act as a trigger for the first episode include:

Having a first-degree relative, such as a parent or sibling, with bipolar disorder

Periods of high stress, such as the death of a loved one or other traumatic event

Drug or alcohol abuse Mania and hypomania are two distinct types of episodes, but they have the same symptoms.



Mania is more severe than hypomania and causes more noticeable problems at work, school and social activities, as well as relationship difficulties. Mania may also trigger a break from reality (psychosis) and require hospitalization.

Both a manic and a hypomanic episode include three or more of these symptoms:

Abnormally upbeat, jumpy or wired

Increased activity, energy or agitation

Exaggerated sense of well-being and self-confidence (euphoria)

Decreased need for sleep

Unusual talkativeness

Racing thoughts

Distractability

Poor decision-making — for example, going on buying sprees, taking sexual risks or making foolish investments

*continued on next page*





A major depressive episode includes symptoms that are severe enough to cause noticeable difficulty in day-to-day activities, such as work, school, social activities or relationships. An episode includes five or more of these symptoms:

Depressed mood, such as feeling sad, empty, hopeless or tearful (in children and teens, depressed mood can appear as irritability)

Marked loss of interest or feeling no pleasure in all — or almost all — activities

Significant weight loss when not dieting, weight gain, or decrease or increase in appetite (in children, failure to gain weight as expected can be a sign of depression)

Either insomnia or sleeping too much

Either restlessness or slowed behavior

Fatigue or loss of energy

Feelings of worthlessness or excessive or inappropriate guilt

Decreased ability to think or concentrate, or indecisiveness

Thinking about, planning or attempting suicide

Your provider may ask you about symptoms you may have had in the past. Keep a mood log to track mood episodes; this can help your provider make the right diagnosis.



## Sample Weekly Mood Log for Bipolar Disorder

		Example	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Elevated Mood	10								
	9								
	8								
	7								
	6								
	5								
Normal Mood	4								
	3								
	2								
	1								
	0								
	-1								
Depressed Mood	-2								
	-3								
	-4	x							
	-5								
	-6								
	-7								
	-8								
	-9								
	-10								
	Anxiety?	yes							
	Irritability?	yes							
	Hours of sleep	10							
Exercise (yes/no)	no								
Important event	none								
Thoughts of suicide?									
- If so, call 988									



# Suicide



Suicide is a global public health concern with tragic consequences for individuals and devastating long-term impacts on families, friends, and communities. Suicide occurs in all age groups but has been on the rise in Asian American youth in recent years. Suicide is preventable with appropriate and timely medical intervention.

## Statistics about Suicide

In Ohio, approximately 4 people die every day from suicide

The COVID-19 pandemic led to worsening thoughts of suicide for many individuals - 21.1% of adults reported that their thoughts of suicide were directly related to COVID-19.

Suicide is the 12th leading cause of death among Asian Americans of all ages.

Suicide rates rose in 2020 amongst children and is now the leading cause of death for Asian Americans ages 10-14.

Suicide is the second leading cause of death for Asian Americans ages 15-34.

## Suicide Risk Factors for Asian Americans

Diagnosis of a mental illness, especially depressive and anxiety disorders and substance use disorders

Previous suicide attempt

Social factors such as family conflict, low support, feeling like a burden to others, and racial and cultural discrimination

Genetics/family history of suicide

Chronic medical conditions (men only)

## Protective Factors Against Death by Suicide for Asian Americans

Strong identification with ethnic group

Family cohesion and support



**Text HELLO to 741741**  
**Free, 24/7, Confidential**



## Self-Harm

Self-harm, also sometimes called non-suicidal self-injury, is a behavior that is frequently associated with suicide and suicide attempts. It is a risk factor for suicide. However, unlike suicide, when a person self-harms, they are not intending to die.

People may self-harm in many ways; the most common is usually cutting. Other forms of self-harm include burning, hair plucking, skin picking, and others.

People report a range of reasons for engaging in self-harm. For most, it is a coping mechanism for managing intense emotions. For others, it is a way to deal with emotional numbing and a way to “feel something.” One study asked young immigrant Asian American women who engage in self-harm about what led to using self-harm to cope. They reported feeling like they were failing at satisfying expectations from their parents and the desire to be “the perfect Asian woman.” Abuse and depression are also risk factors for self-harm in Asian American youth.



### ***For Friends and Family:***

Friends and family can help their loved one by staying calm, non-judgmental, and working with the person’s mental health provider to develop a plan for managing self-harm. Ask about suicide to confirm that this is an episode of self-harm and not a suicide attempt.



# Crisis Treatment

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## ***Safety for the crisis***

A crisis is a period where a person is at risk of hurting themselves or someone else. Often, patients in crisis feel hopeless and struggle to see solutions other than suicide to their problems. During a crisis hospitalization is sometimes necessary to keep someone safe. Part of the job of the hospital team is to help problem solve solutions to overwhelming problems. Medications are often started in the hospital as well, prescribed by a medical doctor with special training in mental health (psychiatrist). Nurses participate in 24/7 monitoring to ensure that you are safe and to monitor for medication side effects. Most people are in the hospital for a few days.

## ***After the Crisis: Long-term Care and Prevention***

Most people with suicidal ideation, or who make a suicide attempt, have an underlying, biologically based psychiatric disorder. Treating the underlying disorder, often with medications and psychotherapy, is necessary. Some people have heard that psychiatric medications can worsen suicidal ideation, however, if thoughts of suicide do worsen with a medication, this is an adverse event and should be reported to a medical professional immediately for assessment and intervention

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### **1. Ask:**

#### ***"Are you thinking about killing yourself?"***

Suicidal ideation generally comes before a suicide attempt. But you won't know if you don't ask. Asking about suicide will not increase thoughts of suicide or increase the chance that the person will attempt suicide (Mathias et al., 2012).

### **2.Keep Them Safe:**

#### ***Reduce access to lethal items or places.***

Ask the person if they have a plan, then remove or disable the means to follow through on that plan. Finding a way to distance the person from the means they have been considering using for suicide is helpful.

### **3.Be There:**

#### ***Listen carefully and acknowledge their feelings.***

Listen carefully. Learn what you can about how they are thinking and feeling. Resist the urge to contradict their thoughts and feelings; during a crisis stopping suicidal behavior is the priority. Talking about suicide will not worsen the thoughts of suicide (Mathias et al. 2012). In fact, studies suggest that talking about suicide with a supportive listener may help reduce suicidal ideation (Dazzi et al., 2014).

### **4.Help Them Connect:**

#### ***Call 988 or Text HELLO to 741741***

Save the Suicide and Crisis Lifeline number (988) and the Crisis Text Line (741741) in your phone so they are there if you need them. You can also message the Crisis Text Line on WhatsApp or on a computer by typing 741741 into the search bar. Connecting with supportive and trusted individual like a family member, friend, spiritual advisor, or mental health professional can also help. Some people feel comfortable talking to their family physician or primary care provider as well.

### **5.Stay Connected:**

#### ***Follow up and stay in touch after a crisis.***

Recovery after a crisis can take a long time. Checking in with the person and staying connected during recovery makes a difference in preventing suicide after a crisis, particularly after hospitalization (Motto & Bostrom, 2001).







# Trauma

**P**ost-traumatic stress disorder (PTSD) is a brain-based disorder that occurs to some people after exposure to a traumatic event. It is normal and healthy to experience fear during a terrifying or scary experience. This fight-or-flight response is a whole-body reaction to a dangerous situation that starts in the brain. It is an essential response for survival. However, for some individuals, once this fight-or-flight response is triggered by a traumatic event, the brain remains on high alert. The fight-or-flight response is easily triggered, or even constantly engaged for some survivors, even though they are no longer in danger. PTSD is the brain going into overdrive trying to keep the person safe.

## Risk Factors for Developing PTSD

Repeated exposure to traumatic events, particularly when those traumatic events occur in childhood. Exposure to traumatic events can alter and inhibit brain development in children permanently

Genetics/family history:  
Combined with repeated and/or childhood exposure, the risk of PTSD is particularly high

A history of anxiety or depression

Activated immune system/inflammation

Women are almost twice as likely as men to develop PTSD

Low social support

Low self-esteem

## Symptoms of PTSD may include:

Exposure to a traumatic event

Nightmares or flashbacks

Avoidance of reminders of the traumatic event, such as people, places, objects, or activities

Loss of interest in activities, feeling detached from others, or unable to feel positive emotions

Shame, guilt, horror, fear, sadness, or anger

Unable to remember parts of the traumatic event

Negative beliefs about oneself like "I am a terrible person," or about others like, "No one can be trusted"

Irritability or angry outbursts

Reckless or self-destructive behavior

Easily startled, overly alert to surroundings (hypervigilant)

Poor concentration

Poor sleep



## Resilience & Coping with a Traumatic Event

Immediately after a traumatic event: Everyone responds to a traumatic event in their own way. However, a few things are important for getting back to “normal” and attempting to prevent PTSD from developing

### **Safety:**

Get to a safe place with safe people. If you need medical attention, go to a hospital or health care provider.

### **Support from others:**

People may find healing in talking about the traumatic experience. However, people should not be forced to talk about the trauma if they are not ready. For some, just being with a supportive friend, relative, or even professional, doing “normal” things is most helpful.

### **Calming:**

Find a way to shut off the fight or flight response. This may mean exercise, meditation, listening to music, or other forms of de-stressing.

### **Self-esteem/self-confidence:**

Studies have shown that individuals with higher self-confidence before a traumatic event are less likely to develop PTSD. This is likely because they are less likely to see the traumatic event as their “fault.”

### **Let go of guilt:**

There is no “right” way to feel after a traumatic event but avoid excessive self-blame.

### **Take care of the basics:**

Do your best to eat well, get good rest, and get solid sleep.



## Community Story —Trauma—

*“My family members fled Southeast Asia via boat. They left everything behind and endured a dangerous months-long journey in the Pacific Ocean and then at refugee camps. When you’ve left everything behind from your ‘past life’ and world, I can understand why my father would hoard and not bear to throw away or donate anything. Even my mother and I have our own problems with the tendency to hold onto items and shop to cope with stress. Our home is not really livable. Guests cannot come over because of all the stuff taking up every available space; the house serves more so as a storage container. I know others can relate. It takes a lot of ongoing work to heal from traumas, including intergenerational.” - M.*

**For Treatment Modalities,  
refer to page 8-9**







## Psychosis & Schizophrenia

Schizophrenia is a mental disorder that disrupts how a person thinks, feels, acts, and interacts with the world around them. Schizophrenia can be terrifying and devastating both for the person as well as families. The symptoms of the disorder frequently lead to suffering and difficulty participating in daily activities. However, with appropriate medical care, many people can live fulfilling lives with schizophrenia.

### **Risk Factors**

Schizophrenia is a brain-based disease. The exact cause of schizophrenia is unknown, however it is likely a combination of genetics, environment, and differences in brain structures and chemistry.

### **Symptoms**

Symptoms of schizophrenia are different for each person, but include some combination of the below:

**Hallucinations.** An experience through one of the five senses (sight, hearing, touch, taste, smell) that doesn't exist. These experiences have the full force of reality for the person hallucinating. Hallucinations are not under the person's voluntary control. Seeing and hearing things are the most common hallucinations in schizophrenia.

**Delusions.** A false belief that doesn't change even when presented with clear evidence that the thought is false.

**Disorganized thinking and speech.** The person may put together words that don't make sense, or ideas that are loosely linked. They may have a hard time thinking clearly, or feeling like their mind is blank.

**Disorganized or abnormal behaviors.** There can be a range of behaviors from childlike to pacing and irritability. It is important to remember that most people with schizophrenia are not violent. Getting treatment early in life is key to preventing violence.

**Negative symptoms:** Can include struggling with motivation to do things, decrease in expression of emotions, and difficulty with social interactions. Some people withdraw from social interactions altogether.

Symptoms of schizophrenia most often appear during the teenage years up to mid-30's.

Symptoms may come and go in their intensity, but for many people with schizophrenia the symptoms are present to some degree for most of their life. The symptoms of schizophrenia can cause difficulty with education and employment, making disability common.

### **Suicide**

Suicide is also a risk for individuals with schizophrenia, particularly at the onset of symptoms. Suicide is sometimes in response to a hallucination commanding the person to kill themselves.

### **Treatment**

See Treatment Modalities on pages 8-9  
Occupational rehabilitation can also be very beneficial for individuals with schizophrenia.





## Community Story —Schizophrenia—

*"Having a family member who was diagnosed with schizophrenia was a big burden and source of tension and stress in the family. It only became manageable when we accepted the fact that mental illness is a disease of the brain and of the mind. Therefore, just like any physical illness, those with mental health problems need to be provided as much support and understanding. Coming together as a family in a family session with an Asian psychiatrist was very helpful. There are a lot of mental health providers who can help alleviate the stress of having a loved one with serious mental illness."*

*-Cosette*

### When is psychosis NOT schizophrenia?

Schizophrenia is not the only medical diagnosis linked to psychosis. If someone is having psychotic symptoms their doctor will ask questions to help determine if there may be another explanation for hallucinations or delusions. Some other disorders associated with psychosis include substance abuse, dementia, bipolar disorder, and severe major depressive episodes. In rare instances underlying medical disorders can cause psychosis. Understanding the correct diagnosis can help choose the right treatment.

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### For Families and Caregivers

Support from family and caregivers is often key to healthy living with schizophrenia. However, being a caregiver can be a hard job. Here are a few ways to help:

#### **Support your family member:**

Know that your support makes a big difference. Tell your loved one that you care about them and are there for them. Ask what you can do to help.

#### **Have a plan for crises:**

Work with your loved one to plan for what you can do if symptoms worsen. If a crisis becomes severe, call for help at the National Suicide and Crisis Lifeline at 988.

#### **Take care of yourself:**

Take time for your physical and mental health too.

#### **Find support:**

Develop relationships with people who can be support to you.





# Addictions

Addictions are medical disorders, based in the brain, that can have devastating implications for those affected. Addiction is caused by a complex interaction of brain circuits, genes, the environment, and a person's life experiences. Individuals can be addicted to a drug, chemical, or substance such as opiates (ex., heroin, fentanyl, and prescription pain medications such as hydrocodone, oxycodone, codeine, morphine), stimulants (methadone, cocaine, ecstasy [MDMA], and prescription stimulants), hallucinogens, inhalants, alcohol, and marijuana. People can also have an addiction to a behavior such as gambling or video gaming.

## Risk Factors & Protective Factors

*Risk factors for addiction in Asian Americans include:*  
Experience of discrimination

Negative interactions within the family

Shame, stigma, or a desire to not involve "outsiders" in one's problems

Western providers misattributing the symptoms described as physical complaints to other medical conditions and missing the underlying addiction

Genetics: Addictions tend to run in families

*Protective Factors in Asian Americans include:*  
Regular religious attendance

Early identification and treatment

## Symptoms

Addictions are a compulsive behavior that involves the use of a substance or engaging in a particular behavior despite harmful consequences. A Substance Use Disorder (SUD) is when a person develops:

Cravings

Spends a great deal of time trying to obtain the substance or engaging in addictive behaviors

Tolerance: When higher doses of a drug is needed to achieve the effect that used to come from a lower dose

Withdrawal: Mental and physical symptoms from stopping a drug

Negative life consequences as a result of use, but this doesn't stop them from using

## Gambling Disorder Symptoms

Gambling raises to the level of an addiction when a person begins to spend a significant amount of time and/or money "chasing" a feeling of excitement from gambling. They may become preoccupied with gambling, become irritable if they try to stop gambling, and are often unable to stop even when they try. Relationship, financial, work, education, and sometimes legal problems often come with a gambling disorder. Also called "problem gambling."

## Dual Diagnosis

A dual diagnosis is when a person has both an addiction and another diagnosed mental illness, such as depression, bipolar disorder, or schizophrenia. For some people, addiction came first and then they developed a mental illness as a result (such as depression, anxiety, or psychosis). For some people, the mental disorder came first, and the person began to use substances to "self-medicate" the symptoms of the mental illness. Whichever came first, the evidence supports treating both simultaneously as dual diagnoses.

## Treatment Options

Navigating the right treatment option for an addiction is hard. Speaking with your family provider is a great first step. You or your loved one can also contact SAMHSA's National Helpline at 1-800-622-HELP (4357) for a free, confidential treatment referral to local treatment facilities, support groups, or community organizations.

## Overdose

Overdose, particularly opiate overdose, is a huge problem in the United States, and especially Ohio. If you or someone you know have an addiction to opiates, consider carrying naloxone (Narcan). Naloxone is an over-the-counter medication available in most pharmacies that reverses opiate overdose symptoms. You can save a life.

**FOR HELP WITH PROBLEM GAMBLING IN OHIO:**  
**Ohio Problem Gambling Helpline at 1-800-589-9966**

**For Treatment Modalities,  
refer to page 8-9**



# Mental Health in Children and Teens

Children and teens who are healthy, both mentally and physically, do better in school, face challenges more effectively, are better at successfully meeting goals, and are on track for more productive futures. Taking steps to maintain mental well-being, prevent mental illness, and treatment emerging disorders are all essential for supporting healthy futures for children.

## Common Mental Disorders of Childhood

### Autism spectrum disorder (ASD)

is commonly diagnosed in early childhood that continues into adulthood. It is a developmental disorder that children are born with, however is often not diagnosed until toddlerhood to pre-school age. Early identification and treatment of ASD is predictive of better outcomes in adulthood.

### Attention Deficit Hyperactivity Disorder (ADHD)

is another disorder that children have early in life but is often not diagnosed until they are in school or possibly later. ADHD is a developmental disorder that involves difficulty with poor concentration, hyperactivity, and/or impulsiveness. It can be treated by developing skills to manage the symptoms in psychotherapy. Some children also benefit from medications.

#### Symptoms include:

Makes "careless" mistakes

Impulsive

Difficulty with tasks that require paying attention, like reading, long conversations, or complex instructions

Talks too much, tends to interrupt, blurts out answers

Seems to not pay attention when being spoken to

Has a hard time waiting his/her turn

Always "daydreaming"  
Disorganized and frequently loses things

Fidgets, squirms, has a hard time sitting still; "on the go," or seems to be "driven by a motor"

Easily distracted

#### Children with autism often struggle with the following symptoms:

Delayed language development

Difficulty establishing and maintaining relationships (e.g., don't seem to pick up on social cues, or develop friendships)

Struggle with small changes in routine

Have highly ritualized behavior such as rocking, or keeping special objects in a particular place

Unusually intense interest/focus on particular objects, subjects, or activities





Another group of mental disorders are disorders that appear sometime during childhood. Some resolve in childhood and others continue throughout adulthood. Depression and anxiety are examples of this. These are disorders that children may or may not continue to have trouble with into adulthood. These disorders have been on the rise in children for several years. These disorders are similar to the same disorders in adulthood, but children may present with slightly different symptoms (see below). Suicide is a particular concern for kids with depression and anxiety. Substance abuse and eating disorders often develop in late childhood or adolescence. Early identification and treatment can limit the long-term impact of these disorders. Several disorders that tend to be considered chronic disorders of adulthood tend to emerge in the late teens. These include **obsessive compulsive disorder (OCD)**, **schizophrenia**, and **bipolar disorder**.



## When to Find a Mental Health Professional for a Child or Teen

### ***In young children, look for:***

Frequent tantrums or intensely irritable much of the time

Often talk about fears or worries

Frequent stomachaches or headaches with no known medical cause

Are in constant motion and cannot sit quietly (except to watch videos or play video games)

Sleep too little, sleep too much, have frequent nightmares, or seem sleepy during the day (other than nap times)

Not interested in playing with other children or making friends  
Struggle academically or have a recent decline in grades

Repeat actions or check things many times out of fear that something bad may happen

Have thoughts of suicide

### ***In older children and adolescents, look for:***

Have lost interest in things they used to enjoy

Have low energy

Sleep too much or too little or seem sleepy throughout the day (more than typical for a teenager)

Are spending more and more time alone and avoid social activities with friends and family

Diet or exercise excessively, or fear gaining weight

Engage in self-harm behaviors (such as cutting, burning, or picking their skin)

Smoke, drink, or use drugs

Engage in risky behavior alone or with friends

Have periods of highly elevated energy and activity, require much less sleep than usual

Say that they think someone is trying to control their mind, or that they are hearing things that other people cannot hear

Have thoughts of suicide





# Building Resilience: Skills for Mental Health

Building resilience helps children and teens manage the stressful events that can trigger or worsen mental disorders. It is impossible to avoid negative emotions or difficult situations. In fact, learning to cope with stress from a caring adult is part of healthy development. Building resilience can help children and teens deal with adversity successfully and lessen the impact of mental disorders that may develop.



1

## **MAINTAIN A ROUTINE:**

Kids do best in a consistent, predictable environment. We all do. Creating structure is key.

2

## **GET ADEQUATE SLEEP:**

Set bedtimes that allow enough time to get sleep before kids have to be up in the morning.

3

## **ACTIVITY AND EXERCISE:**

Exercise is important for maintaining mental health, as well as healing during an episode of a mental disorder. Finding activities that kids enjoy will help them stay engaged. Limit screentime to leave time for physical activity every day.

4

## **MAKING AND KEEPING HEALTHY RELATIONSHIPS:**

We all need healthy supportive relationships in our lives. Helping kids learn the importance of these relationships is a valuable lifelong skill. Teaching early what healthy relationships look like is helpful for managing bullying and avoiding toxic relationships in the future. Modeling healthy relationships is important.

5

## **SELF-CARE & STRESS MANAGEMENT:**

Learning methods of self-care, particularly ways to manage stress, is an essential lifelong skill. These may be things like medication, journaling, hobbies, exercise, reading, listening to music, or other calming activities. Part of self-care and stress management is also knowing when to take a break to rest and restore. Learning and practicing these skills early in life and outside of crisis, makes them easier for kids to use both to prevent and to manage mental health problems.

6

## **BE THERE FOR THEM:**

Knowing that a caring adult is willing to love and support them is invaluable. This allows kids to try new things, manage change, and cope with difficult situations knowing that they have someone to catch them if they fall. Being present when kids are in distress allows them to do the work of healing during a mental disorder as well.





## Mental Health in Older Adults

The global population is shifting rapidly with the proportion of the world's population over 60 predicted to almost double by 2050, growing from 12% to 22%. Approximately 15% of people over 60 suffer from a mental disorder. Mental health is just as important in the elderly as it is for other generations. However, mental health problems tend to be under recognized by health care professionals, as well as by older people themselves.

### Aging Can Be Stressful

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Elderly people experience many of these same stressors that are common throughout life. However, there are a variety of stressors that are encountered more frequently as individuals age. Older adults often encounter difficulty with worsening health status, decreased mobility, chronic pain, and loss of function. Accompanying these changes often comes loss of independence, sometimes to the point of living with family or in an assisted care facility, increases and can contribute to mood changes. Socioeconomic changes are common as well with retirement. Relationships change as well, and bereavement becomes frequent. With this can come isolation and loneliness. These stressors all increase the risk of a mental disorder emerging.

With these life changes, older adults are also often vulnerable to elder abuse. Elder abuse comes in a variety of forms including physical, verbal, emotional, financial, and sexual abuse. When elderly become physically

or mentally dependent on others they are at high risk of neglect and abandonment. Elder abuse should be reported to local family services for help getting to safety and having needs met.

All of these changes with aging can lead to a sense of lost dignity. In turn, mental health declines putting the individual at further risk. The good news is that early identification of problems, and good support, can help maintain mental health.







# Common Mental Health Problems in Elderly

## ***Dementia:***

Dementia is a chronic, progressive disorder of brain function. Common symptoms include memory loss, confusion, language production, problems with problem solving, and other difficulties with thinking. These changes are all declines from the person's previous level of functioning. Alzheimer's dementia is the most common type of dementia, affecting nearly 6 million people, but it is not the only type of dementia. There is currently no cure for dementia but diagnosing dementia early can help start treatment to slow its progress and improve quality of life.

## ***Depression:***

The CDC (2008) reports that in a survey of elderly Americans about 7.7% reported symptoms of depression. Depression is a treatable medical condition that involves more than being "sad." It can also affect energy, motivation, appetite, sleep, and ability to enjoy activities and time with loved ones. For older men in general, suicide is a particular risk, especially if they do not have social support.

## ***Anxiety:***

Anxiety can affect sleep, appetite, pain, and ability to care for yourself. Sometimes people with anxiety find themselves worrying so much that it interferes with other things they are trying to accomplish.

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# Grief & Loss

**G**rief and loss are unfortunately common for older adults. Many older adults have lost friends and family members, possibly a spouse. However, death is not the only time people experience grief and loss as they age. Retirement is another common source of grief as people transition from their professional identity to a personal identity full-time and lose the social support system in their workplace. Changes in finances, living situation, and health status can all trigger the grief process.

Grief looks different for everyone. People often think of feeling sad or depressed with grief. However, many older adults have a sense of needing to be “strong” and not show emotion. Grief can also look like confusion, irritability, sleep changes, appetite changes, or withdrawing from others.

There is no one way through grief. However, some activities can help move through the process successfully. Avoid the tendency to avoid thinking or talking about who or what was lost. Sharing memories, both positive and negative, is helpful in processing the loss. Grief almost always comes with change; thinking about what has changed and how to manage those changes is important. Find company

and other types of social support. This may be friends, family, through a support group, or even getting involved in a completely unrelated activity with others. Avoid withdrawing from others. If you feel stuck and the symptoms are not resolving or are becoming intolerable, seek treatment. Therapy for grief can be very beneficial.

Grief is a normal reaction to loss, however when it continues for months and starts to lead to other symptoms, a professional mental health evaluation and treatment may be appropriate.







# Self-Care Strategies

There are a number of ways for us to stay well and be our best selves.



## MAINTAIN A ROUTINE:

Keep to a general schedule for your day. Set a time to get up in the morning; resist the urge to sleep in “just because I can” or particularly to avoid the day. Keep mealtimes routine. Identify a consistent time to go to bed and have a bedtime routine.



## RELATIONSHIPS:

Staying connected to extended family and friends is highly protective for mental health.



## EXERCISE:

Getting at least 15-20 minutes of activity a day (such as walking or doing tai chi) is important for both physical health and mental health. Work with your doctor to help figure out what kind of exercise routine would be a good choice for your physical health. Remember, activities you enjoy are activities you are likely to continue.



## ACTIVITIES:

Activities that are particularly helpful fall into two categories: Activities of pleasure (such as going to movies) and activities of accomplishment (such as learning how to play guitar).



## HEALTHY EATING:

Eating a healthy diet is important for physical health, and also for maintaining mental health. Keeping mealtimes consistent can be helpful.



## KEEP YOUR BRAIN ACTIVE:

Brains are like muscles; using them is important for keeping them working. Be sure to continue to engage in intellectual pursuits, puzzles, and other activities that require thinking.



## SLEEP:

Sleep remains important for brain health. Aim for 7-9 hours of sleep at night. If you take naps, try to make them 30-60 minutes. Children and teen tend to need more sleep than this average, and elderly often require slightly less.



## FIND WAYS TO SHARE YOUR WISDOM

Especially for older adults, an important psychological task at this age is to share that wisdom. There are several ways to do this: Write about your experiences, oral storytelling, cooking with children, volunteering, and others.



# Glossary

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**Acute Stress Disorder:** If the acute stress response is persistent, lasting over three days, and is causing significant distress or impaired functioning, an acute stress disorder may be diagnosed.

**Acute Stress Response:** This is a normal response that occurs within minutes of exposure to a traumatic event. A person may develop anxiety, depressed mood, fatigue, poor concentration, difficulty with memory, be easily startled, and want to withdraw from others. They may also develop headaches, upset stomach, pain, or difficulty sleeping. These symptoms should resolve quickly, generally within several days, without medical intervention.

**Addictions:** compulsive behavior that involves the use of a substance or engaging in a particular behavior despite harmful consequences.

**Delusion:** A false belief that doesn't change even when presented with clear evidence that the thought is false.

**Dependence:** Dependence occurs when a person has withdrawal effects from a drug or substance. Dependence is common and often occurs outside of addiction. An example might be fatigue or headaches if someone stops drinking coffee.

**Dual Diagnosis:** When a person has both an addiction and another diagnosed mental illness, such as depression, bipolar disorder, or schizophrenia. For some people, addiction came first and then they developed a mental illness as a result (such as depression, anxiety, or psychosis). For some people, the mental disorder came first, and the person began to use substances to "self-medicate" the symptoms of the mental illness. Whichever came first, the evidence supports treating both simultaneously as dual diagnoses (Drake et al., 2016).

**Gambling Disorder:** Gambling raises to the level of an addiction when a person begins to spend a significant amount of time and/or money "chasing" a feeling of excitement from gambling. They may become preoccupied with gambling, become irritable if they try to stop gambling, and are often unable to stop even when they try. Relationship, financial, work, education, and sometimes legal problems often come with a gambling disorder. Also called "problem gambling."

**Hallucination:** Experiencing something with one of the five senses (sight, hearing, touch, taste, smell) that doesn't exist. These experiences have the full force of reality for the person hallucinating. Hallucinations are not under the person's voluntary control. Seeing and hearing things are the most common hallucinations in schizophrenia.

**Human Trafficking:** A form of traumatic experience. It involves the use of force, fraud, or coercion to make someone engage in sex acts (sex trafficking) or labor (labor trafficking) against their will. Also called involuntary servitude and modern slavery (Polaris Project, 2022b).

**Insight:** Recognition that one is ill. Individuals with schizophrenia often struggle with insight into their illness.

**Intoxication:** When a substance is having an active effect on a person's body. For example, being "drunk" with alcohol, or "stoned" with a drug.

**Overdose:** When a person ingests enough drug to cause death, or near death. Overdose is common during a relapse because tolerance drops during remission. If a person returns to a previously tolerated quantity of a drug, it can lead to cessation of cardiac and/or respiratory arrest.

**Passive Suicidal Ideation:** Thinking, and perhaps wishing, that you will die, but not considering acting to take your own life. An example would be hoping that you might get cancer and die or hoping that you might die in your sleep.

**Post-Traumatic Stress Disorder (PTSD):** If symptoms of acute stress persist for greater than one month or develop more than a month after exposure to a traumatic event, PTSD may be diagnosed. PTSD is a complex disorder that involves ongoing triggering of the "fight-or-flight" response.

**Psychosis/Psychotic:** An altered thought process in which a person has delusions and/or hallucinations. Contrary to popular use of the term "psychotic," most people with psychotic symptoms are not dangerous (Nielssen & Large, 2010).

**Relapse:** When a person returns to abusing a substance or an addictive behavior after a period of remission. There is a high relapse rate with all addictions, so ongoing engagement in treatment and behavior change is necessary to remain in recovery.

**Remission:** When a person has stopped using a drug or an addictive behavior.

**Schizophrenia:** A complex mental disorder that disrupts a person's perceptions of their environment and the people around them, their ability to think clearly, their emotions, and often their ability to relate to others.

**Self-Harm:** Injuring yourself on purpose but without the intention of dying. Self-harm is often a way of managing very intense emotions or dealing with emotional dulling. While a person engaging in self-harm

behavior does not necessarily intend to die, there is a high rate of accidental death associated with self-harm, as well as risk of infections and other types of physical disorders. Self-harm is also sometimes called "non-suicidal self-injury" or "parasuicidal behavior."

**Substance Use Disorder (SUD):** When a person begins to develop tolerance, cravings, and/or withdrawal symptoms associated with use, spends a great deal of time trying to obtain the substance. The person begins to have negative life consequences as a result of their use, but this doesn't stop them from using. The terms substance use disorder and addiction often get used interchangeably.

**Substance Use vs. Abuse:** Many people use substances that have the potential for addiction. Examples might be a glass of wine with friends, a beer during a party, or being prescribed an opiate after a surgery. This is substance use. If the substance is being misused, for example to excess or not as prescribed, this is substance abuse (or substance misuse).

**Suicidal Ideation:** Thinking about causing your own death.

**Suicide Attempt:** Harming yourself with the intent to die, but where death does not occur.

**Suicide:** A death caused by self-injury where the intent was to die.

**Tolerance:** Tolerance occurs when higher doses of a drug is needed to achieve a similar effect. Tolerance can happen with prescription medications. While tolerance is a symptom of addiction, it can also be normal.

**Trauma/Traumatic Event:** An experience where a person is exposed to actual or threatened death, serious injury, or sexual violence.

**Withdrawal:** After a person stops using a substance and while the total quantity of the substance in the person's system is declining. This often results in a rebound effect, producing the symptoms the person was trying to avoid with the drug. This can be incredibly uncomfortable, especially the higher the dose taken and the longer the person had been using the drug. Alcohol withdrawal can be fatal; individuals who have been overusing alcohol should consult with a clinician prior to trying to stop use in order to prevent a condition called delirium tremens which can progress to seizures, coma, and death.



# Mental Health Resources

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## OHIO ORGANIZATIONS

Asian Services in Action, Inc. (ASIA, Inc.) - Cleveland/Akron

Akron: 234-312-3607 Cleveland: 216-361-1223

The International Community Health Center serves all patients regardless of ability to pay.

Behavioral services include psychological assessment, medication management, counseling, peer support groups in different languages, case management for basic needs, crisis intervention as needed

Asian American Community Services (AACS)

Columbus (614) 220-4023

Programs include: family support, Healthy Asian Youth, senior outreach, Asian Health Initiative, interpretation and translation, Asian Gambling Study, classes, and civic engagement

Asian-American Community Service Council (ACSC)

Advocates for the Asian Americans in Columbus through the Asian Meal program, Asian Health Initiative (Free Clinic) and numerous community projects.

Asian American Council

Dayton based organization that advocates for the needs of the Asian communities.

Asian Community Alliance, Inc. (ACA)

Cincinnati (513) 687-4200

Programs include HOPE helpline for survivors of domestic violence and sexual assault, intergenerational communication, aging and caregiving, and more

Asian Festival Corporation (AFC)

Columbus based organization involved in providing assistance and projects for 16 Asian subgroups using community liaisons at the annual Asian Festival.

Bhutanese Community of Central Ohio (BCCO)

Columbus based advocacy agency providing services to the Bhutanese and Nepalese communities.

Ohio Asian American Health Coalition (OAAHC)

Support health initiatives of member organizations, promote research and education to address AAPI health disparities, and advocate for improved access to personalized, culturally and linguistically competent health care

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## MENTAL HEALTH AMERICA

offers these free tests for different mental health conditions.

Go online to <https://screening.mhanational.org/screening-tools/>

If your results of these online screening tools show that you may be experiencing symptoms of a mental illness, please consider sharing your results with a mental health provider.

These are some social media accounts focused on mental health and wellbeing! They do not replace professional help.

@adhdors

@asianmentalhealthcollective

@browngirltherapy

@letstalk.mentalhealth

@mentalhealthcoalition

@muslimwomenpsychology

@namicommunicate

@thebraincoach

@verywellmind





# Mental Health Resources

## AANHPI OR THOSE TRUSTED BY OUR COMMUNITY

### NEED HELP? NOT SURE WHERE TO START?

If you are seeking professional help for yourself or a loved one in a non-crisis situation, sometimes you may not be sure what next step to take. MHAOhio's Get Connected program is a free service to help you determine what help you need and where to find it.

Contact Get Connected by phone (614-242-4375), email ([connect@mhaohio.org](mailto:connect@mhaohio.org)), or through this online form and our staff can answer questions about what services might best fit your need, refer you to a provider that takes your insurance, or connect you with other programs and services that may help. Get Connected staff can also refer you to services for youth.

Please do take a look at the ADAMH Board of Franklin County's website: <https://adamhfranklin.org/>

You can search for a provider based on specific needs and

### NALOXONE

Check the Ohio Department of Health for Project DAWN sites where you can access Naloxone to treat someone with an opioid overdose.

### ADDITIONAL TRAINING

If you'd like more information and practice talking to someone who is considering suicide: LOSS Community Services offers QPR Training (Question, Persuade, Refer) and CALM (Conversations on Access to Lethal Means) You can join our Youth Mental Health First Aid advance notice list by emailing me or on our website:

<https://mhaohio.org/get-help/mhfa/>

### ASIAN AMERICAN COMMUNITY SERVICES

Asian American Community Services serves the needs of Asian, Asian American and Pacific Islanders in Central Ohio by providing social services and empowering individuals through education, training and leadership.

### GENERAL INFORMATION

The national Mental Health America organization (of which MHAOhio is an affiliate) has a wealth of general mental health information, including webinar recordings on a variety of current topics.

### Local Resources:

Mental Health First Aid teaches you how to recognize and respond when someone is experiencing a mental health or substance use challenge. An important part of responding is knowing how to access professional help when it is needed. The following information on local resources will help guide you:

#### Crisis Services (24/7):

NETCARE ACCESS

(for adults in crisis): 614-276-2273 or 888-276-2273

CRISIS CHAT services also available at [adamhfranklin.org](http://adamhfranklin.org) or [netcareaccess.org](http://netcareaccess.org)

NATIONWIDE CHILDREN'S

(for youth 17 and under in crisis): 614-722-1800

SUICIDE PREVENTION: 614-221-5445

#### Non-crisis resources:

The Alcohol, Drug & Mental Health Board of Franklin County (ADAMH) is the publicly-funded behavioral health system in Franklin County. The ADAMH Board does not provide direct services, but contracts with over 30 area non-profits to provide mental health and substance use disorder treatment and other support services. You can find the directory of their service providers here: <https://adamhfranklin.org/find-help/our-network/> Mental Health America of Ohio is a non-profit organization that provides FREE mental health and recovery support services. Attached you will find a brochure that describes our programs.

You can also search for local services in our directory online:

<https://mhaohio.org/get-info/resources-2/resource-directory/>





**Aalza Malik, MD, MBA**  
6797 High St #223  
Worthington, OH 43085  
614-721-4796  
Additional Languages: Urdu and Hindi

**Amy Everhart, RN, MSN, PMHNPBC**  
3099 Sullivant Ave Suite H Columbus, OH 43204  
614-698-1246

**Anand Satiani, MD**  
The Ohio State University 410 W 10th Ave  
Columbus, OH 43210  
614-293-9600

**Anita Chang, DO**  
The Ohio State University 410 W 10th Ave  
Columbus, OH 43210  
614-293-9600  
Specialties: delirium, stress disorders

**Chiaothong Yong, PsyD**  
The Ohio State University  
6790 Perimeter Dr Ste 200  
Dublin, OH 43016  
614-293-9600

**Chikako Cox, PhD**  
3805 N High St Ste 304  
Columbus, OH 43215  
614-725-9134

**Christina M Minoguchi, MSW, LISW-S, CCTP**  
42 Hill Road South Suite C  
Pickerington, OH 43147  
614-328-5079  
CMinoguchi@nym.hush.com

**Daniel Lee, MD**  
The Ohio State University  
1670 Upham Dr  
Columbus, OH 43210  
614-293-9600  
Specialties: Alzheimer disease, frontotemporal dementia

**Diana Webb, LISW-S**  
Columbus Behavioral Health  
5071 Forest Dr  
New Albany, OH 43054 380-207-9427  
dwebb@columbusbh.com Additional  
Languages: Cantonese and Spanish  
Specialties: Therapy for Individuals, Family,  
Group, including Cognitive Behavioral  
Therapy, EMDR

**Gomathie Chelvayohan, MD**  
The Ohio State University 410 W 10th Ave  
Columbus, OH 43210  
614-293-9600

**Humera Mahmood, IMFT, LICDC**  
Alere Counseling & Consulting Services LLC  
161 S Liberty St Powell, OH 43065  
614-902-4979  
Additional Languages: Urdu and Hindi

**Jeeseon Park-Saltzman, PhD**  
4929 Dierker Rd Suite A  
Upper Arlington, OH 43220 614-929-5170  
jpark@parksaltzmanpsych.com Additional  
Languages: Korean Specialties: cultural  
adjustment issues of immigrants and  
international students

**Jennifer Farkas, PhD, LISW-S**  
Wellness Counseling LLC  
2929 Kenny Rd Suite 185 Columbus, OH 43214  
614-664-8198  
Additional Languages: Japanese

**Joyce Chen, MD**  
Nationwide Children's Hospital  
444 Butterfly Gardens Dr Columbus, OH 43215  
614-355-8695  
Specialties: adolescents and transition to  
adulthood, including identity and cultural  
issues.

**Julie H Richards, MS, LPCC**  
870 High St Suite 203  
Worthington, OH 43085  
614-907-4277  
Religion: Christian Specialties: adoptive  
families and adoptees

**Keli A Yee, PsyD**  
580 South High St Ste 100  
Columbus, OH 43215  
614-444-0961

**Kevin Johns, MD**  
The Ohio State University  
410 W 10th Ave Columbus, OH 43210  
614-293-9600  
Specialties: anxiety and mood disorders

**Kinh Luan Phan, MD**  
The Ohio State University  
410 W 10th Ave Columbus, OH 43210  
614-293-9600

**Kinjal Pandya, PhD**  
The Ohio State University  
2231 N High St Columbus, OH 43201  
614-293-2700

**Laurie Greco, PhD**  
The Ohio State University  
2231 N High St Columbus, OH 43201  
614-293-2700

**Makato Asahara, NCC, LPC**  
Live Wellness Center  
1335 Dublin Rd, Suite 212C  
Columbus, OH 43215  
614-437-9910  
Religion: Christian

**Noriyo Shoji-Schaffner, PhD, LPC**  
Directions Counseling Group  
6797 N High St #350  
Columbus, OH 43085  
614-349-4425  
Additional Languages: Japanese  
Religion: Christian

**Phuong Huynh, MD**  
The Ohio State University  
543 Taylor Ave Columbus, OH 43203  
614-688-6470  
Specialties: addiction medicine

**Shiyue (Adam) Qin, MSSA, LISW**  
Free Spirit Counseling LLC  
470 W Broad St Suite 1049  
Columbus, OH 43215  
614-681-1460  
Additional Languages:  
Mandarin Chinese

**Shonali Raney, PhD**  
4041 N High St Suite 300  
Columbus, OH 43214  
614-953-5448  
Additional Languages: Hindi Specialties:  
working with people of color, immigrants,  
marital and pre-marital counseling, women's  
issues, LGBTQ+ folks

**Subhdeep Virk, MBBS**  
The Ohio State University  
1670 Upham Dr Columbus, OH 43210  
614-293-9600  
Additional Languages: Hindu, Punjabi

**Sujata Vaitheswaran, PhD, MFT**  
3 W Main St #202  
Westerville, OH 43081  
614-407-5964  
relationshipspllc@gmail.com Additional  
Languages: Tamil and Hindi  
Specialties: individual and  
couple/family therapy

**Tao Wang (Wilkes), LISW**  
Virtual only  
Westerville, OH 43081  
614-992-7649  
Additional Languages:  
Cantonese and Mandarin

**Veena Tripathi Ahuja, MD**  
Balanced Innovative Care LLC  
3737 Easton Market, #1067  
Columbus, OH 43219  
614-602-2172  
Specialties: adolescents and adults

**Yang Jing, LPC, MEd**  
Serenity Behavioral Health Services Inc  
6454 Reflections Dr Suite 110  
Dublin, OH 43017  
614-918-4476  
Additional Languages:  
Taiwanese and Mandarin

**Yiu-Chung Chan, MD**  
The Ohio State University 410 W 10th Ave  
Columbus, OH 43210  
614-293-9600  
Additional Languages:  
Cantonese



# Provider Directory

**Akemi Brewer, PsyD**  
Child Focus  
4633 Aicholtz Rd  
Cincinnati, OH 45244  
513-752-2144  
abrewer@child-focus.org  
Specialties: child and adolescent psychiatry

**Anjali Maharaj, DO**  
Virtual Only  
Apraku Psychiatry  
help@apraku.com

**Ankita Zutshi, MD**  
Cincinnati Children's Hospital  
5642 Hamilton Ave  
Cincinnati, OH 45224  
513-636-4200  
Specialties: child and adolescent psychiatry

**Aparna Zimmerman, PsyD**  
7989 Washington Woods Dr  
Dayton, OH 45459  
drazimmerman@gmail.com

**Aruna A Puthota, DO**  
The Christ Hospital Medical  
Office Building  
2123 Auburn Ave Suite 235  
Cincinnati, OH 45219  
513-585-3238  
Specialties: family medicine/psychiatry

**Babu Gupta, MD**  
NeuroPsych Center  
of Greater Cincinnati  
4015 Executive Park Dr Ste 320  
Cincinnati, OH 45241  
513-563-0488  
Specialties: adult and geriatric psychiatry

**Brenda Sing-Ota, MDiv, MS**  
Virtual Only  
Pathfinders Counseling  
513-442-2434  
brenda@pathfinderscounseling.space  
Religion: Christian

**Darshan Singh, MD**  
1320 Woodman Dr Suite 200  
Dayton, OH 45432  
937-223-1781  
Specialties: child, behavioral issues, autism

**Debjani Sinha, PhD**  
9403 Kenwood Rd Suite D-207  
Cincinnati, OH 45242  
513-791-9900

**Diana L Wong, PsD, LMFT**  
Virtual Only  
415-942-9287  
Specialties: Working with children & adults  
with cognitive and/or physical limitations,  
children & adults), couples, and  
family/marriage therapy

**Eric Chang, MDiv, MA, LPC**  
TG Counseling LLC  
230 William Howard Taft Rd  
Cincinnati, OH 45219  
513-854-8877  
Religion: Christian

**Jenesis Clark, MA, LPC**  
Compass Point Western Hills  
5630 Bridgetown Rd Suite 4  
Cincinnati, OH 45248  
888-830-0347

**Jennie Hahn, MD**  
UC Health Addiction Sciences  
3131 Harvey Ave Suite 104  
Cincinnati, OH 45229  
513-585-8227  
Specialties: addiction medicine

**Jyoti Sachdeva, MD**  
UC Health Women's Center  
7675 Wellness Way 4th floor  
West Chester, OH 45069  
513-558-7700

**Kalpna Parekh, MSW, LISW-S**  
Compass Point Fairfield Office  
1521 Nilles Rd Suite 5  
Fairfield, OH 45014  
513-939-0300

**Meera Murthi, MS, PhD**  
1348 Chapel St  
Cincinnati, OH 45206  
513-815-3621  
Additional Languages: Hindi, Tamil  
Specialties: LGBT issues, Eating Disorders,  
Substance Abuse

**Muhammad Aslam, MD**  
University of Cincinnati  
234 Goodman St  
Cincinnati, OH 45219  
513-584-1000

**Nancy Panganamala, PsyD**  
Cincinnati Psychotherapy Solutions  
9403 Kenwood Rd D112  
Cincinnati, OH 45242  
513-793-3900 x1  
Additional Languages: Delugu  
Specialties: Chronic Illness/Pain,  
Grief/Death and Dying/Bereavement

**Neeraja Ravindran, PhD**  
Cincinnati Children's  
3333 Burnet Ave MLC 4002  
Cincinnati, OH 45229  
513-636-4200  
Additional Languages: Hindi, Tamil  
Specialties: Autism Spectrum  
Disorder and other Developmental Disabilities;  
parent training; cognitive behavior therapy;  
TEACCH certified practitioner

**Neha Gupta, MD**  
University of Cincinnati  
3120 Burnet Ave Suite 304  
Cincinnati, OH 45229  
513-585-7700

**Octaviana Hemmy Asamsama,  
PsyD, DrPH**  
3665 Erie Ave  
Cincinnati, OH 45208  
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**Ramesh Shivani, MD**  
Highland Neurology and Psychiatry  
102 Te Mar Way  
Hillsboro, OH 45133  
937-393-5503  
Specialties: Schizophrenia and Psychosis

**Renu Kotwal, MD**  
The Christ Hospital  
2139 Auburn Ave  
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**Sailee Singh Thakur, PsyD**  
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**Sarbori R Bhattacharya, MD**  
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**Shakil S Srahman, MD**  
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**Shu-Huei Miller, MS, LPC**  
Riverscape Counseling  
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Dayton, OH 45042  
937-319-4448  
Additional Languages: Mandarin, Taiwanese

**Stacy Priya Raj, PhD**  
Xavier University  
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513-754-4360  
Specialties: children, adolescent, families

**Susmita Kashikar-Zuck, PhD**  
Cincinnati Children's Hospital  
3333 Burnet Ave  
Cincinnati, OH 45229  
513-636-4336  
Specialties: Pediatric pain management;  
cognitive behavioral therapy for  
treatment of chronic pain in children;  
parent training



# Provider Directory

**Susmita Kashikar-Zuck, PhD**  
Cincinnati Children's Hospital  
3333 Burnet Ave  
Cincinnati, 45229  
513-636-4336

Specialties: Pediatric pain management; cognitive behavioral therapy for treatment of chronic pain in children; parent training

**Suzanne J Sampang, MD**  
Cincinnati Children's Hospital  
5642 Hamilton Ave  
Cincinnati, OH 45224  
513-636-4200

Specialties: child and adolescent psychiatry

**Tamara Tatum, MA, IMFT, LMFT**  
learn2thrive  
7265 Kenwood Rd  
Cincinnati, OH 45236  
513-790-4016  
Specialties: marital and premarital relationship

**Tavni Gupta, LPCC**  
Virtual Only  
330-349-2655  
tanvi@hercalm.com  
Additional Languages: Hindi, Urdu  
Specialties: Help women who want to create self-compassion, have better relationships, and free themselves from anxiety or self-doubt

**Tiffany Chin, LPC**  
Psychotherapy and Sexuality Wellness  
4312 Dane Ave  
Cincinnati, OH 45223  
513-400-5899  
Specialties: sex and relationship counseling, LGBTQIA

**Veronica Saulog-Berry, MA**  
LPCC-S, NCC, CCMHC  
Compass Point Centerville  
10861 Yankee St  
Dayton, OH 45458  
888-830-0347  
Specialties: gender and sexuality



# Provider Directory

**Akhil Anand, MD**

Lutheran Hospital  
1730 West 25th Street Cleveland , Ohio 44113  
216.636.5860  
Specialties: Addiction, Alcohol, Adult psychiatry

**Amit Mohan, MD**

2351 E 22nd Street,  
Cleveland, OH, 44115  
(216) 450-1613  
Additional Languages: Hindi

**Anand Chaturvedi, MD**

2820 W Market St Ste 110  
Fairlawn, OH 44333  
(330) 835-4000

**Belinda J Torres, PhD**

9614 Old Johnnycake Ridge Road  
Mentor, OH 44060  
(440) 220-4583  
Specialties: Depression, Anxiety,  
Relationship Issues

**Byung M. Jinn, MD**

2300 McCracken Rd,  
Garfield Heights, OH 44125  
(216) 587-6727  
Additional Languages: Korean

**Choozee Hena Manocha, LPC**

Winston Consulting and Counseling  
25201 Chagrin Boulevard  
Suite 390  
Beachwood, OH 44122  
(216) 238-2675  
Specialties: Depression, Anxiety, Self Esteem

**Fawad Taj, MD**

St Vincent Medical Group  
2322 E 22nd Street, Suite 200,  
Cleveland, OH, 44115  
(800) 345-0877  
Additional Languages: Urdu, Punjabi, Hindi

**Fnu Syeda Arshiya Farheen, MD**

1 Akron General Ave, Akron, OH 44307  
330-344-6000

**Hashina Akther, LPCC**

Mindfulness Counseling, LLC  
14900 Detroit Avenue Suite 207  
Lakewood, OH 44107  
(216) 302-7732

**Jacqueline Barco, LPC**

Virtual Only  
University Heights, OH 44118  
(419) 495-8045  
Specialties: Anxiety, Trauma and PTSD,  
Substance Use  
Additional Languages: Novice level Tagalog

**Jaykumar Grandhi, MD**

1 Akron General Ave, Akron, OH 44307  
330.344.6640

**Jeffrey Sustarsic, LPC**

Live Well Counseling Mentor, OH 44060  
(440) 291-2230  
Specialties: Depression, anxiety,  
trauma and PTSD

**Jenny Nguyen, LPC**

24600 Center Ridge Road STE 220  
Westlake, OH 44145  
(440) 973-8658

**Julie Nguyen, LPC**

Ebb & Flow Counseling, LLC  
17306 Madison Ave  
Lakewood, OH 44107  
(216) 208-7611  
Specialties: Anxiety, Depression,  
Trauma and PTSD

**Lana Amawi, LCSW**

Psychological Counseling Solutions  
1991 Crocker Road, Suite 600  
Westlake, OH 44145  
(440) 709-8634  
Specialties: Relationship Issues,  
Depression, Anxiety  
Additional Languages: Arabic

**Nishi Rajguru, CNP**

Wooster Family Health Center  
1740 Cleveland Road  
Wooster, OH 44691  
330.287.4500

**Priya Shrestha, MD**

Walker Bldg 1st Flr Ste 1155  
10524 Euclid Ave, Cleveland OH, 44106  
216-844-3881

**Samina Ahmed, PhD**

11100 Euclid Ave Bolwell 6th Fl,  
Cleveland, OH 44106  
216-844-8500  
Additional Languages: Urdu

**Adam Qin, LCSW**

Mind Trek Counseling LLC  
2460 FAIRMOUNT BLVD  
Suite 209  
Cleveland Heights, OH 44106  
(216) 868-4841 x455  
Specialties: Anxiety, ADHD, Trauma and PTSD  
Additional Languages: Mandarin

**Shu Ling, PhD**

Paragon Psychological Services, LLC  
Akron, OH 44321  
(330) 862-8295  
Specialties: Chronic Illness,  
Trauma and PTSD, Racial Identity  
Additional Languages: Mandarin

**Taufika Hafiz Sakhawat, LCSW**

303 Preserve Lane  
Macedonia, OH 44056  
(330) 331-6785  
Specialties: Behavioral Issues, Dual Diagnosis,  
Trauma and PTSD

**Vrashali Jain, MD**

Marymount Hospital  
12300 McCracken Rd, Garfield Heights, OH  
44125  
216.362.2000

**Yuan N. Thakore, MD**

Circle Health Services  
12201 Euclid Avenue,  
Cleveland, OH, 44106  
(216) 325-9355  
Additional Languages: Hindi, Gujarati,

**Zeyd Khan, MD**

Lutheran Hospital  
1730 W 25th St, Cleveland, OH 44113  
216.444.5812  
Specialties: Children & Adolescents Only



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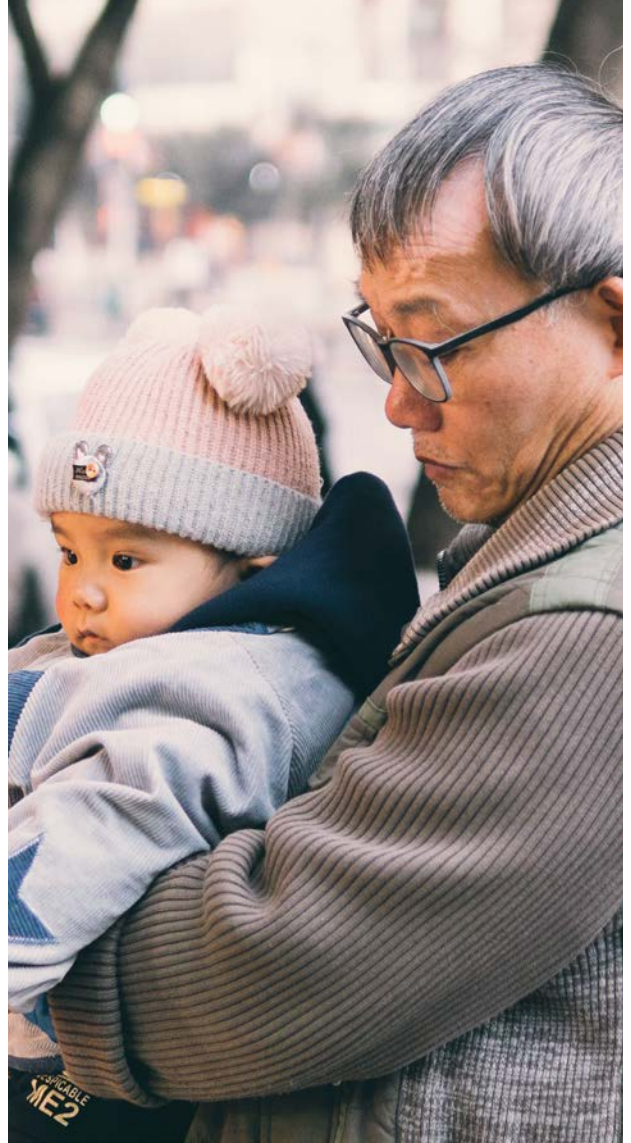




### **The Ohio Asian American Health Coalition was established in 2002**

by Asian community leaders statewide with vested interest in Asian health and with the goal of supporting health initiatives of member organizations. The over-all goals are to promote research and education, to address health disparities, and to advocate for improved access to personalized, culturally and linguistically competent healthcare.

OAAHC is a coalition of grassroots member organizations including the Asian-American Community Service Council (Columbus), Asian American Community Services (Columbus), Asian American Council (Dayton), Asian Community Alliance (Cincinnati), Asian Festival Corporation (Columbus), Asian Services In Action (Akron/Cleveland), Bhutanese Community of Central Ohio (Columbus) and Lao Volunteer Organization (Columbus); past member organizations are: Chinese Association of Greater Toledo, and the Laotian Mutual Assistance Association.



## **Leadership**

OAAHC is lead by an Executive Committee, with representatives from each of the founding organizations as well as individuals from the community.

**Cora Munoz PhD, R.N, President**

**Gregory Lam MD, Vice-President**

**Emilyn Hall, Treasurer**

**Anh Thu Thai PhD, Executive Director**

**Yung Chen Lu, PhD – Past president and adviser**



**Asian-American  
Community Service  
Council**



**Learn more at:**  
**[www.oahcoalition.org](http://www.oahcoalition.org)**