

Toolkit for Breaking Silences in the Model Minority



**CLINICAL
SCHOLARS**

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ABOUT

This toolkit was created to provide guidance to other community activists, public health professionals, academics, and researchers seeking to build a culture of health among Chinese American families.

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Executive Summary

The so-called “model minority” is suffering – and dying – in silence.

Despite being stereotyped as uniformly well-educated and successful, Asian American youth are at high risk of depression and other mental health challenges, with higher rates of internalizing symptoms, low self-esteem, and suicidal thoughts and attempts than other racial groups. Yet Asian Americans are among the least likely groups in the U.S. to utilize mental health services. When they do seek treatment, they are more likely to perceive it as unhelpful and to experience less improvement than White Americans. This is in part due to deeply rooted stigma against talking about mental health problems. Many Asian American students are raised in cultures that emphasize emotion inhibition and “saving face,” and downplay suffering from negative emotions.

Asian immigrant parents similarly report lacking the skills and tools to communicate well with their American-born children. The message many Asian American youth get from the time they are young is to not worry, to not complain or cause trouble, and to put their head down and work harder. If mental health treatment is considered at all, it is often as a last resort. As a result, many youth are left to struggle with mental health issues on their own and in silence - sometimes with tragic consequences. Our work reveals that young Asian Americans are suffering from mental health problems in silence due to unique familial, cultural, and societal challenges. This calls for an urgent need to create and disseminate culturally informed educational materials and interventions to raise awareness and knowledge of mental health, improve access to culturally appropriate resources, and to directly empower the Asian American community to lead healthier lives.

Our project vision was to partner with members of the Chinese immigrant community to provide culturally appropriate mental health education and tools. We opted to focus on one Asian subgroup given the challenges of generalizing this work to the extraordinarily diverse Asian diaspora, and our team’s specific familiarity with Chinese Americans. However, our hope is that the knowledge and experience gained through our work can be replicated in other cultures facing similar challenges. We planned for our educational initiatives to come in the form of webinars, in-person conferences, and a free, bilingual toolkit collating practical knowledge and tools that would appeal to Chinese immigrant parents. The first year of our project coincided with the unexpected onset of the COVID-19 pandemic, and the subsequent horrific spike in anti-Asian racism and violence nationally and globally. We had to pivot quickly and shift our attention toward developing practical teaching and resources related to understanding and responding to racism and training parents how to speak with youth about these difficult topics.

The culmination of our project was the creation of a free, culturally appropriate, bilingual mental health education for the Chinese American community parents to better support the mental health of their youth, developed in partnership with members of our community. We decided to structure our toolkit around a four-part curriculum focusing on mental health education and skill building related to parent-child connection and communication. Guided by our youth and parent advisors, our team has successfully developed a written curriculum that highlights youth narratives related to mental health, racial identity, parent-child relationships, stressors, and risk factors specific to Asian American youth, and effective communication strategies. The curriculum focuses on developing resilient youth to appeal to parents’ primary motivations. With the support and vision of a talented team of instructional designers and web developers, this curriculum is currently being adapted to an engaging and interactive online format that will be evaluated for effectiveness and impact.

Planning

- Asian American youth are **frequently bullied** based on race, and have **more internalizing symptoms, more peer victimization, and lower self-esteem** compared to their White peers.
- Asian American college students are **half as likely to have received a mental health diagnosis**, but nearly **40% more likely to have attempted suicide** compared to White college students.
- Asian Americans are **2-3x less likely to seek mental health treatment** than other Americans.

Prior to the formation of our team, we each were aware of and working on addressing this problem. Lily Chen identified youth mental health as a critical issue facing the Chinese American community, and as the former Executive Director of UCA, dedicated several national conferences to this topic. She engaged Weiyang Xie as UCA's consulting psychologist. Meanwhile, Justin Chen had co-founded the MGH Center for Cross-Cultural Student Emotional Wellness in 2014, a volunteer-operated program focused on the mental health of Asian American and international students. Juliana Chen, a colleague at MGH, had produced a documentary film called "Looking for Luke" that told the story of the tragic suicide of a "model" Chinese American college student. Juliana and Justin had collaborated on many community education events based on this film and were invited by Lily to speak at a UCA conference in Chicago in 2017. The Robert Wood Johnson Foundation (RWJF) Clinical Scholars (CS) opportunity inspired us to take this work to the national stage.

We chose this approach because stress and challenges are inevitable so the key to promoting mental health was in developing better supports for vulnerable youth. One of the biggest missing supports in Asian immigrant families is strong parent-child connection and communication, due to lack of awareness and stigma. We know from our community outreach work that attitudes toward mental health among Chinese immigrant parents are slowly but surely changing. While stigma is still a significant barrier, there is greater awareness of a knowledge deficit, and parents are asking for help. This presented a tremendous opportunity to develop and disseminate focused, practical, and easily accessible information and skills with the support of additional funding. We knew if we could address these barriers and break the silence around the importance of mental health for long-term success, we could directly empower our community to tackle this problem.

Breaking Silences Team

Jian (Lily) Chen, RN, MA, CNE



Weiyang Xie, PhD



Juliana H. Chen, MD



Justin A. Chen, MD, MPH



Key Skill Sets

There were several key skills critical to the formation of our team and building of the Breaking Silences project. Given our focus on youth mental health and Chinese immigrant families, we started with a priority focus on building a team with robust Asian cross-cultural mental health expertise and bicultural lived experience. This included representation across generations and with both Asian immigrant and Asian American backgrounds, to mirror the lived experiences of those in our community. Given our focus on parent-child communication, we selected a team with strong collaboration and communication skills. We selected a team with robust experience across domains, including direct care, community outreach, education, and advocacy – both in the field of mental health specifically within the Chinese American community – to inform and shape our project work.

Given our goal to reach Chinese immigrant parents nationwide, and the stigma related to mental health, we knew it would be critically important for our project to involve active engagement with our community throughout, from early stages of conceptualization through building and implementation. This required active outreach throughout the project, and a willingness to be open, humble, and flexible, and to listen.

Project Team

Juliana H. Chen: Child/Adolescent Psychiatrist

Weiyang Xie: Clinical Psychologist

Justin A. Chen: Psychiatrist

Jian (Lily) Chen: Nurse Educator

Yuan Ying: UX Designer

Jenn Duan: Assistant UX Designer

Yuni Park: Instructional Designer

Jane Xie: Project Coordinator

Lawrence Chan and Andrew Gross: Web Developers

Additional support from: UCA WAVES Youth Ambassadors, Student Advisory Team, Breaking Silences Parent Advisory Team, professionals, parents, community organizations, and volunteers



Funding

This project leveraged funding (\$420,000) from the RWJF Clinical Scholars program to support team members' time and efforts in organizing, planning, developing, and implementing our project curriculum and website and other project-related activities. Funds were additionally used to support community outreach and education efforts, including our team's participation in the UCA National Convention July 2022 in Washington, D.C. Funds also supported our partnership with UCA Waves (Breaking Silences Youth Advisory Team) and our Parent Advisory Team, and community groups across the U.S., to help build our toolkit curriculum and direct project efforts. Other funding included:

- COVID-19 Rapid Response Grant (\$10,000) to support parent-child communication on Anti-Asian racism
- Digital Transformation Fund Grant (\$1,714) to make short mental health educational videos
- Community Change Leadership Network Grant (\$1,843) to support toolkit development
- Four-year Mental Health First Aid (MHFA) Training grant (\$576,916) from the Substance Abuse and Mental Health Services Administration (SAMHSA)

Community Partnerships

Community partnerships were a priority focus and a critical part of our work through all phases of this project. Our project proposal was informed by our respective work in our local communities and supported by our community partner UCA. In the first year of our project, we organized and presented multiple community-focused webinars with national reach and covering a range of mental health topics, to both educate and learn from our community, to measure mental health literacy and the appetite for different learning topics and tools, and to gain a better understanding of our community's needs. These early stage needs assessments and parent/youth feedback surveys were vital in informing the building of our early toolkit curriculum.

Over the course of the following two years, we worked closely with our youth and parent advisors, as well as various colleagues and parent volunteers, to further build our curriculum content. We worked with Asian American students to design our project logos and worked closely with a dedicated team of Asian and Asian American professionals and students to support instructional design, graphic design, and web development. Along the way, we also continued our community outreach efforts, participating in mental health webinars and live events (including the UCA National Convention in Washington, DC in July 2022) to share different phases of our toolkit curriculum to support on-going curriculum improvements, and to continue to provide mental health education and support to our community.

Project Community Partners



Project Work

Our focus was on education of the community. Year One was focused on community engagement and immediate support in the wake of the COVID-19 pandemic. Years Two and Three saw a greater focus on building a culturally sensitive, bilingual mental health curriculum for Chinese immigrant parents focused on youth mental health, developed in collaboration with our youth and parent advisors. In this section, we describe each step of our project in greater detail.

Community Engagement and Needs Assessment

Year One we had anticipated doing a targeted needs assessment, moving quickly to curriculum development, but we found we needed to slow down and be more intentionally understanding and responsive to our community's needs. With the rapid rise of anti-Asian hate, we found we felt a strong need to respond to our community's most urgent challenges—leaning heavily into providing psychoeducation and support about links between racism and mental health.

To that end, we pursued a multi-pronged approach of national community outreach and engagement to both provide support and better understand our community's needs and priorities. We worked collaboratively with our parent community and youth advisors to help us identify key barriers contributing to the silence around mental health issues within Chinese American families. We also prioritized responding to community needs after multiple youth suicides and providing psychoeducation and support as our community was reeling from COVID-19, increasing mental health needs, and fears related to anti-Asian racism and Asian hate.

Key highlights from Year One included:

- Organizing a Community Mental Health Webinar Series including over 24 webinars, reaching 3,000+ participants from 50 states and other countries.
- Creating a free anti-Asian racism communication guide for Asian immigrant parents (in English, Chinese, Japanese, Korean, Vietnamese).
- Developing community culturally adapted Mental Health First Aid Training in close partnership with UCA.
- Organizing the Let's Talk Mental Health Conference in collaboration with the Harvard Graduate School of Education, focused on the mental health needs of Asian American youth, and reaching over 1,000 community members and 700 educational and mental health professionals nationwide.
- Partnering with UCA youth ambassadors for early-stage curriculum development

"I thoroughly enjoyed the mental health session and found it to be very informative, helpful, and touching. My friends and I had deep conversations among ourselves after the session about our children, our parenting, cultural upbringing, and the challenges our children and us were faced with, which all helped us connect at a much deeper level and grow together as parents. Many thanks to all of you for organizing it and sharing your insights."

– Rose, a Chinese immigrant parent

Community Engagement and Curriculum Development

Year Two of our project we leaned into developing our curriculum and we continued our efforts in community outreach and engagement. Though we had positive success connecting with and supporting our community, at the same time, our team found that in order to better inform our curriculum development and truly get community buy-in, we had to redefine what community engagement looked like. For us, this meant as on-the-ground partners, bidirectional listening and shared decision making with our youth and parent advisors to help build capacity and trust for project implementation. We also worked to develop our curriculum more collaboratively, shifting our timeline of work to match where our community was and to rethink our team approach. These initiatives helped our team to strengthen our community relationships, gain a more nuanced understanding of our parent community's needs, and identify our team's specific targets for intervention.

Key highlights from Year Two included:

- Launching Project Vital, a four-part educational video series in English, Chinese and Vietnamese centered on different mental health topics and their connection to Asian cultures.
- Working with UCA youth ambassadors to hear their stories about identity, mental health, parent-child connection, and communication.
- Building an initial parent advisory committee including Chinese immigrant parents across the U.S. to further inform the content and cultural specificity of our project.
- Participating in the 2022 UCA Convention in Washington, D.C., involving over 40 states, over 400 Chinese parents and 250 Chinese American youth.
- Presenting our team's in-person session, "Breaking Silences: Youth Mental Health & Parent-Child Communication," featuring a youth and parent panel discussion on the specific challenges faced by AAPI youth and the importance of resilience and positive parent-child communication, also serving as an initial curriculum need/feasibility study.
- Participating in the convention's community showcase allowing for connection with hundreds of parents and youth. and featuring an interactive "I Wish" wall where youth and parents could share relationship and communication wishes with each other (see quotes below).



From Youth to Parents:

- *"I wish I wasn't compared so much."*
- *"I wish you would listen to me more."*
- *"I wish you would always be proud of me."*

From Parents to Youth:

- *"I wish you would tell me all that you want to say."*
- *"I wish to listen to you and validate your feelings."*
- *"I wish you feel in your heart that we always love you and will be there for you."*



Curriculum Development and Implementation

Year Three of our project was focused on further strengthening community partnerships and curriculum development and implementation. This included deeper engagement with our parent advisory committee to inform our work, and a further review and refinement of our curriculum based on feedback from our advisors and team. Year Three also included identifying mission-aligned UX/instructional designers and web developers to work with us as we continued later-stage development of our curriculum and began early-stage development of our curriculum website.

Key highlights from this third year included:

- Forming a parent advisory committee and conducting first focus groups for curriculum content.
- Preparing for our Curriculum Feasibility Study involving ten Chinese immigrant parents to assess and inform final stage curriculum improvements.
- Working collaboratively with our UX/instructional design team for toolkit and website development and conducting initial user experience assessments with Chinese immigrant parents.
- Completing early-stage “Breaking Silences” logo and website designs (see image below).

After completion of our Curriculum Feasibility Study, we anticipate completing a Pilot Effectiveness Study, a mixed methods study measuring toolkit curriculum effectiveness including up to 40 Chinese immigrant parents, leading ultimately to our official website and toolkit program launch. Looking further ahead and in line with our dedication to our community, our team is committed to continuing our Breaking Silences work, including further website and toolkit expansion and refinements beyond the CS grant period, with future funding and resources.



Evaluation and Dissemination

Community Outreach Evaluation

Given the urgent need to support members of our AAPI community in real time during the COVID-19 pandemic and wave of anti-Asian hate, as described above, we pivoted in our efforts during the first years toward a wide range of community education and outreach efforts as described above. These activities also helped inform development of our toolkit curriculum. Much of our evaluation work during this period was necessarily done as needs arose, and certainly did not have time to implement any randomized controlled trials. But we aimed to capture basic metrics regarding the reach and impact of our work, including:

- Viewers of webinars and talks (n=5,400)
- States reached (n=50)
- Basic user questionnaires assessing knowledge and engagement

Curriculum Evaluation

In terms of our largest deliverable—our free, online mental health and resilience toolkit curriculum for parents—we consulted with an expert on intervention development and assessment to design our evaluation plan, which was divided into two phases:

- **Phase 1** is a feasibility and acceptability study of the toolkit, which will be conducted as a focus group of 10 Chinese parents by a bilingual facilitator. The results will then be used to improve and refine the toolkit itself.
- **Phase 2** will be a randomized, waitlist-controlled study of the impact of the toolkit on relevant indicators as assessed by the following instruments:
 - Societal, Attitudinal, Familial and Environmental Acculturative Stress Scale (SAFE)
 - Parental Locus of Control (PLOC)
 - Parent–Adolescent Communication
 - Attitudes Towards Child Mental Health
 - Strength and Difficulties Questionnaire (SDQ)

While we do not expect the toolkit will produce measurable changes in all these areas, we do hope at a minimum it results in parents feeling more empowered regarding parent-child connection and communication and having improved attitudes regarding mental health. This study design was selected as it will allow all parents, regardless of randomization arm, to benefit from the toolkit.

Dissemination

Our curriculum will be tested and disseminated nationally through existing community partnerships, including UCA chapters with whom we have connected and worked over the last three years, Chinese immigrant parent groups throughout the U.S., and various Chinese American community organizations, including Chinese language schools, churches, and community centers. Additionally, we plan to publish the results of our evaluation in a peer-reviewed mental health and/or community health journal and present our work and findings at national meetings of our professional societies, including the American Psychiatry Association and American Psychological Association.

Lessons Learned

Our team faced numerous systemic and logistical challenges over the course of our project work. Related to the significant under-resourcing of work supporting the AAPI community, we each have had limited, if any, institutional support for our work in this area. While we each will return to doing our work on a voluntary basis, the CS grant allowed some of our team to have some protected time to support our project work and community outreach efforts, which has been invaluable.

Our team additionally faced challenges in the context of COVID-19, anti-Asian racism, and our geographic distribution. As a team of mental health clinicians, we have each been busier than ever addressing a widely acknowledged mental health crisis in the U.S., all while navigating our own personal emotions and reactions over the last few years. We also did not initially realize the impacts of us each being in a different location, with limited if any ability to see each other and work together in person. To address these challenges, we learned to be flexible and open to shifting direction in our project work, we prioritized team connection and supporting each other as colleagues and friends, and we leveraged in-person time, coaching, and additional resources provided to us through CS.

Successes

Our team is incredibly proud of the various successes we have had over the course of our project:

- Community Mental Health Webinar Series including 24+ webinars, reaching 3,000+ participants from 50 states and other countries.
- Anti-Asian racism conversation guide for Asian immigrant parents in English, Chinese, Japanese, Korean, and Vietnamese.
- Let's Talk Mental Health Conference focused on the mental health needs of Asian American youth reaching 1,000+ community members and 700 educational and mental health professionals.
- Our presentation and community "I Wish Wall" at the UCA National Convention in July 2022 in Washington, D.C. involving 40+ states, 400+ Chinese parents and 250+ Chinese American youth.

In addition to educating our community and building strong community connections and relationships across the U.S., we are also proud of our work in leadership development, advocacy, and political engagement in partnership with our community partners. Lastly, over the course of our project, our team secured additional funding, including a \$576,916 four-year Mental Health First Aid (MHFA) Training grant from the Substance Abuse and Mental Health Services Administration (SAMHSA).

Shifts in Thinking

From a content perspective, we had to really humble ourselves regarding the definition of the term "community" as well as the principle of authentic community engagement. Unlike most of the other groups, our target population was not located in a defined area, but instead was a geographically distributed group bound together by a common ancestry, language, and culture. It was difficult to know who exactly we were partnering with and how to engage authentically.

From a process perspective, given we had never worked together as a group, we had to navigate at times significant challenges related to learning how to work together as a team. This meant leaning into our differences and understanding and addressing the personal and stylistic differences that were getting in the way of our ability to make progress. The trust we had in each other and our willingness to be vulnerable and to name our areas of difficulty related to communication and process ultimately allowed us to find new ways to work together and grow as a team. Over the course of our project, this meant learning to pivot, and in different ways both learning to lean out and learning to lean in.

Recommendations

Community-oriented work is challenging. It requires dedication, relationship-building, structural/financial supports, cultural and personal humility, adequate time, and patience.

We recommend not rushing into project development and implementation. Instead, make it a priority to listen deeply to the community's needs and focus on community engagement and needs assessments from the beginning. Truly understanding the definition of community and prioritizing community needs is a constant and evolving process. Respecting the community's own self-expressed needs and strengths is critical for identifying potential solutions. We could not have developed our project without the in-depth involvement of our community members, including youth and parent ambassadors and community partner organizations.

Community needs and priorities often change over time. In attempting to address these, it can be difficult to see the fruits of one's labors or feel there is a coherent narrative or outcome. Therefore, it may be helpful to focus on a concrete and more substantial deliverable for at least part of the project. As one example, we opted to create an online-delivered intervention because it can be easily accessible, scalable, and flexibly utilized (e.g., by parents individually as self-paced study materials, or by a facilitator in a group setting along with a facilitator guide). It is also something that we hope our team and CS community can easily point to as the culmination of our project's work.

Finally, CS teams are comprised of multidisciplinary members who share a particular passion but may approach the Wicked Problem from very different backgrounds, viewpoints, and skill sets. Our group comprises diverse professional and personal experiences regarding the importance of parent-child communication and the urgency of improving parent-child communication in improving youth mental health. We all came to the project with what we felt were great ideas and plans. However, we soon learned we needed to constantly adjust our approach, and even completely pivot at times. We also discovered that we needed to spend time learning how to work together. This included not avoiding difficult conversations or topics. Utilizing the individual leadership assessments provided by CS was helpful for gaining a language to work across differences in a non-defensive and constructive manner, and time invested in optimizing team operations from the very beginning will be wisely spent.

- Juliana Chen wished she knew earlier on the incredible richness of wisdom, kindness, and care within her CS cohort and larger CS team. Her one piece of advice is always being open to genuinely connecting with and learning from others and being open to learning about yourself.
- Justin Chen wished he knew how quickly this experience would fly by. His one piece of advice is to lean into the entire experience, and in particular the tremendous community of CS fellows and facilitators.
- Lily Chen wished she knew about the resources and opportunities to create programs for the community sooner. Her one piece of advice is that it is critical for a community team member to be involved in the community-based project and participate in the shared decision-making process.
- Weiyang Xie wished she knew the power of storytelling from the Chinese American community in connecting parents and youths and conveying the message about the importance of addressing youth mental health and destigmatizing mental health problems. Her one piece of advice is being humble and listening to the community for solutions and advice.

Appendix

Anticipated and Actual Project Timelines

