

YEAR 2023



WHIAANHPI Mental Health Summit ThoughtExchange Report

Prepared September 22, 2023



Summit Summary

On July 20, 2023, the White House Initiative on Asian Americans, Native Hawaiians, and Pacific Islanders (WHIAANHPI) and the U.S. Department of Health and Human Services (HHS) Substance Abuse and Mental Health Services Administration (SAMHSA) hosted an in-person summit focused on improving equity and access to behavioral health care for Asian American, Native Hawaiian, and Pacific Islander (AA, NH, and PI) communities. The historic event brought together people with lived experience, young people, mental health professionals, community-based organization (CBO) representatives, researchers, people from technology companies, philanthropists, federal officials and policymakers from various agencies, and Biden-Harris Administration leaders.

Intended to gather feasible, practical, innovative action steps, and commitments for groups participating in the summit, attendees were invited to contribute to a [ThoughtExchange](#). This exercise generated a priority ranking of culturally appropriate ideas and action steps to improve the mental health of AA, NH, and PI communities. This report includes summaries of and findings from those ThoughtExchanges.

Four ThoughtExchanges were hosted around each panel and discussion held during the Summit. As the focus of the event, each topic is specific to the AA, NH, and PI community and are as follows:

- Session I: Impacts of Racism on Mental Health
- Session II: Access Expansion and Care Integration
- Session III: Crisis Innovations and Solutions
- Session IV: Language Access in Mental Health Care

Session	Participants	Thoughts	Ratings	Rating Ratio	In-Person
Session I	103	90	2,006	22	90.8%
Session II	107	101	1,867	18	94.3%
Session III	55	39	682	17	94.1%
Session IV	67	55	965	18	96.8%

Session	Person w/ Lived Experience	MH Professional or Practitioner	CBO Leader	Community Leader	Researcher	National Org. Staff / Administrator	Federal Gvmt. Staff / Administrator	State Gvmt. Staff / Administrator	Local Gvmt Staff / Administrator	Other
Session I	31 (18.5%)	15 (8.9%)	35 (20.8%)	20 (11.9%)	14 (8.3%)	17 (10.1%)	13 (7.7%)	4 (2.4%)	0 (0.0%)	19 (11.3%)
Session II	32 (18.8%)	18 (10.6%)	41 (24.1%)	20 (11.8%)	14 (8.2%)	18 (10.6%)	10 (5.9%)	3 (1.8%)	0 (0.0%)	14 (8.2%)
Session III	15 (18.1%)	11 (13.3%)	17 (20.5%)	7 (8.4%)	10 (12.0%)	7 (8.4%)	7 (8.4%)	2 (2.4%)	0 (0.0%)	7 (8.4%)
Session IV	17 (17.7%)	12 (12.5%)	12 (12.5%)	12 (12.5%)	8 (8.3%)	8 (8.3%)	8 (8.3%)	2 (2.1%)	1 (1.0%)	6 (6.3%)

For the purposes of viewing top thoughts by role for each session, some roles were combined to preserve anonymity and allow results to be shown. The following groupings were used:

- Person with Lived Experience
- Mental Health (MH) Professional or Practitioner
- CBO Leader or Community Leader
- Researcher
- National Organization Staff/Administrator
- National, Federal, State Government Staff/Administrator
- Other

The top three ranked thoughts by role are shared under each Session (within tables) to see different perspectives on which ideas are most important.

Across all four Sessions, two prominent themes arose: **1) Provide Funding and Resources** and **2) Building the Workforce**. Thoughts related to these themes were rated most highly by participants. All average response ratings were between 3.73 – 4.15 (on a 0-5 scale), indicating participants were largely in agreement with the thoughts shared.

A thematic analysis of individual thoughts was conducted by grouping them together into overarching themes with subtheme categories. The summary themes and subthemes are as follows:

- **Build Connections and Partnerships**
 - Conduct Outreach
 - Expand Community Collaborations with CBOs
- **Expand Equity and Access**
 - Provide Culturally Responsive Programs/Services
 - Integrated Models
 - Ensure Language Services are Provided
- **Raise Awareness**
 - Community-Specific Data and Research
 - Changing Policy
 - Cultural Beliefs
 - Federal Programs
- **Build Workforce**
 - Trained Workforce
 - Pathways
 - Number of Providers
- **Provide Funding and Resources**
 - Funding Accessibility for CBOs
 - Reimburse Culturally and Linguistically Competent (CLC) Services
 - Develop a Resource Bank
 - Support CBO Operating Expenses

Session I: Impacts of Racism on Mental Health

Interactive Report:

<https://my.thoughtexchange.com/report/4b000e5888cc0cee0d9615a42e22417a>

Engagement:



PARTICIPANTS

103



THOUGHTS

90



RATINGS

2,006



RATINGS RATIO

22



% OF THOUGHTS
MENTIONING 988 LIFELINE

1% (n=1)



% OF THOUGHTS
MENTIONING LANGUAGE
ACCESS

4% (n=4)

Top Thoughts by Role:

ROLE	TOP 3 THOUGHTS	# OF RATERS	AVG. RATING
Person w/ Lived Experience	Funding for organizations addressing mental health for AAs and NHPIs The groups working in this space don't have enough staff or funding to sustain their work and we can't burn out volunteers	9	4.1
	Propose coverage of culturally and linguistically appropriate mental health services (non western treatment and healing) under Medicare/Medicaid Funding is key for a sustainable solution	9	4.1
	Existing mental health resources (such as 988) need to actually include AAs and NHPIs, plus specific cultural and linguistic needs The current exclusion of AAs and NHPIs makes the problem invisible and increases stigma	9	3.9
MH Professional or Practitioner	Funding for AANHPI community members to obtain in-language and culturally congruent mental health practitioner training. Too many people THINK they can serve our community by co-opting our practices, selling it back to us, while requiring assimilation to white norms.	6	4.0
	Continue to fund and scale community outreach and support programs to increase mental health access Access and awareness is the largest barrier to mental health solutions	5	3.9
	Since overall health is directly related to mental wellness, we need to integrate them. Weathering disproportionately affects BIPOC communities.	7	3.8
CBO Leader or Community Leader	Fund pipeline of linguistically and culturally competent MH providers	11	4.1
	Funding for organizations addressing mental health for AAs and NHPIs The groups working in this space don't have enough staff or funding to sustain their work and we can't burn out volunteers	11	4.1
	Map payment mechanisms for culturally based mental health services and staffing across Medicaid, Marketplace and Medicare / Medicare Advantage. Community groups are under resourced and do not understand how to navigate payments systems to cover services and staffing.	11	4.1
Researcher	Listen to the community! Center their perspectives to make a specialized and appropriate approach to treatment. A one-size-fits-all action will not effectively provoke progress. To help the AA & NHPI community, it is necessary to acknowledge their experiences.	4	3.8
	Very interested in how racism is impacting different communities in the AA & NHPI spaces. We too often just focus on racism against East Asian communities and not enough on other issues around racism.	4	3.8
	Fund pipeline of linguistically and culturally competent MH providers	5	3.7
National Org. Staff/Administrator	Scale our PI leadership development and advocacy programming nationwide	6	3.9
	Propose coverage of culturally and linguistically appropriate mental health services (non western treatment and healing) under Medicare/Medicaid Funding is key for a sustainable solution	5	3.9
	Continue convene space for Coalition building AAPI mental health Sustainable lasting impact	7	3.8

Federal, State, or Local Gvmt. Staff / Administrator	Outreach for mental health in schools and community organizations Addressing the stigma, increasing understanding and acceptance.	6	4.1
	Establishing federal program to scale up representation of AANHPI in the workforce, these are unique roles and should be paid appropriately. Cultural representation creates a space of understanding and safety, promotes normalization of mental well-being in communities and increases allyship	6	4.0
	Fund a pipeline of Asian MH professionals to increase supply of culturally responsive practitioners. Asian MH practitioners are the best placed to offer treatment and care that is culturally aware and grounded, and has a greater likelihood of success	6	4.0
Other	Build capacity of community health workers & cultural practitioners to offer behavioral health services supported & funded by Medicare, Medicaid, SAMS Current behavioral health system is overwhelmed & not enough mental health providers. A community based cultural model would help build capacity.	8	4.1
	Map payment mechanisms for culturally based mental health services and staffing across Medicaid, Marketplace and Medicare / Medicare Advantage. Community groups are under resourced and do not understand how to navigate payments systems to cover services and staffing.	6	4.0
	Fund pipeline of linguistically and culturally competent MH providers	5	3.9

Summary and Next Steps:

Uplifting AA, NH, and PI voices is critical to create collective support, facilitate healing, and combat divisiveness for this community that has experienced racism, and an increased amount since the COVID-19 pandemic began. Approaching this issue from multiple angles through partnerships with trusted community partners, including faith leaders, will best support the community's behavioral health needs. Understanding and addressing the root causes of behavioral health issues and collaborating to provide culture-based solutions is crucial.

- Ensure there is a workforce with many culturally responsive and trauma-informed practitioners ready to serve the community.
- Direct funds specifically to the AA, NH, and PI community that allow community-based organizations to operate and provide services that will lead to healing.
- Develop and scale community outreach, education, and awareness campaigns to share experiences and promote interconnectedness.
- Create a more accessible public database with resources specific to the community.
- Review and refine policies to ensure AA, NH, and PI communities are intentionally included, consulted, and protected.

Ranked Themes for Impacts of Racism on Mental Health

RANK	RATING	THEME
1	3.9	 Build Workforce
2	3.9	 Provide Funding and Resources
3	3.8	 Expand Equity and Access
4	3.8	 Build Connections and Partnerships
5	3.7	 Raise Awareness

Session II: Access Expansion and Care Integration

Interactive Report: <https://my.thoughtexchange.com/report/e1090f69267477badb62df97572ea745>

Engagement:



PARTICIPANTS

107



THOUGHTS

101



RATINGS

1,867



RATINGS RATIO

18



% OF THOUGHTS
MENTIONING 988 LIFELINE

1% (n=1)



% OF THOUGHTS
MENTIONING LANGUAGE
ACCESS

11% (n=11)

Top Thoughts by Role:

ROLE	TOP 3 THOUGHTS	# OF RATERS	AVG. RATING
Person w/ Lived Experience	Smaller more accessible grants geared toward CBOs that serve AANHPI pops Many trusted resources for this community is through trusted CBOs which don't always have the capacity for the federalese long grant applications	8	4.1
	Funding services at these small culturally responsive community clinics- & also research to spread the models & wisdom We do possess expertise in non linear non medical model healing but struggle to survive fiscally unable to share/ disseminate	9	4.0
	Make federal funding more accessible. In order to increase the workforce, develop training materials, and integrate broader existing systems of care, the existing orgs should be utilized.	7	4.0
	Policy advocacy to get Asian American health initiatives included in legislation Meaningful change will occur once the laws are changed, and funding is mandated for both mental health and hate crane related issues	6	3.9
MH Professional or Practitioner	Actively recruit and pay indigenous scholars Building knowledge in communities so outsiders can step away is important to sustaining communities	5	3.9
	HHS needs to encourage states to allow more flexibility in Medicaid spending to provide culturally competent mental health care. Mental health looks different for AA & NHPI communities, including showing as physical symptoms and this requires different techniques to provide care	4	3.9
	There is a major lack of awareness around the ways structural barriers have been intentional at keeping PI, NH, AA access limited It's on funders and government agencies to pay closer attention to this and dismay the these barriers	14	4.2
	Action by SAMHSA & policy makers for more AANHPI language options on 988 Hearing feedback today was so powerful and needs to be addressed	10	4.2
CBO Leader or Community Leader	HHS needs to encourage states to allow more flexibility in Medicaid spending to provide culturally competent mental health care. Mental health looks different for AA & NHPI communities, including showing as physical symptoms and this requires different techniques to provide care	10	4.1
	Please change the healthcare provider shortage area from just geographic area shortage to also consider culture/language We know culture trumps geography in how our communities access care. HPSA prevents ANHPI CBOs from being eligible to host b/c of low HPSA.	3	3.8
	Actively recruit and pay indigenous scholars Building knowledge in communities so outsiders can step away is important to sustaining communities	5	3.7
	Make federal funding more accessible. In order to increase the workforce, develop training materials, and integrate broader existing systems of care, the existing orgs should be utilized.	5	3.7
Researcher	Ask federal govt to add "community-defined practices" as a valid alternative to "evidence-based studies" for grant purposes This would expand accessibility to understudied, underserved populations	5	3.9
	Fund small community based interventions Give unrestricted funds to organizations on the front lines developing unique and innovative culturally grounded MH interventions	5	3.8
	Increase resources to. Strengthen the current workforce to include bi-lingual, bicultural paraprofessionals There is great untapped strength in the community that can make true change in timely and cost effective manner	4	3.7
	Inclusion of Indigenous Pacific Voices and Representation from the actual US Affiliated Pacific Islands in the Pacific We can't integrate care if we are not there	5	3.9
National Org. Staff/Administrator			

Federal, State, or Local Gvmt. Staff / Administrator	Language access mandate on the local, state and federal level If it's not required, it's not done	4	3.7
	While applications for grants should be shorter and easier to fill out, it's equally important to communicate the availability of them. Organizations should have easy access to these grants and applications.	4	3.6
Other	HHS needs to encourage states to allow more flexibility in Medicaid spending to provide culturally competent mental health care. Mental health looks different for AA & NHPI communities, including showing as physical symptoms and this requires different techniques to provide care	7	3.8
	Action by SAMHSA & policy makers for more AANHPI language options on 988 Hearing feedback today was so powerful and needs to be addressed	3	3.8
	Fund small community based interventions Give unrestricted funds to organizations on the front lines developing unique and innovative culturally grounded MH interventions	3	3.8

Summary and Next Steps:

Grants, particularly from federal sources, need to be more accessible to organizations that have limited capacity to successfully obtain them. Existing structures, programs, resources, and policies fall short in supporting the AA, NH, and PI community. In order to increase the ability for the AA, NH, and PI community to obtain culturally relevant and integrated care, there needs to be more focus on language needs, cultural norms, and interventions that are formed by and for the community which they are serving.

- Ensure funding is accessible to community-based organizations.
- Identify specific funding for incorporating language access and community-specific approaches into programming.
- Expand opportunities and provide incentives for community members to enter into the behavioral health field.
- Provide culturally specific practices that work within the community.
- Recognize the diversity of unique cultures and their norms within the AA, NH, and PI community to adapt resources, services, and communication strategies.

Ranked Themes for Access Expansion and Care Integration		
RANK	RATING	THEME
1	4.1	 Provide Funding and Resources
2	4.0	 Build Workforce
3	4.0	 Expand Equity and Access
4	4.0	 Raise Awareness
5	3.9	 Build Connections and Partnerships

Session III: Crisis Innovations and Solutions

Interactive Report: <https://my.thoughtexchange.com/report/b90da29019c5b162405ed8c8751aabaa>

Engagement:



PARTICIPANTS

55



THOUGHTS

39



RATINGS

682



RATINGS RATIO

17



% OF THOUGHTS
MENTIONING 988 LIFELINE

(topic of Exchange)



% OF THOUGHTS
MENTIONING LANGUAGE
ACCESS

23% (n=9)

Top Thoughts by Role:

ROLE	TOP 3 THOUGHTS	# OF RATERS	AVG. RATING
Person w/ Lived Experience	More interpreter for 988 hotline To ensure we serve the underserved population	11	3.8
	Increased funding to support the continued training and employment of bi-lingual mental health professionals. It's not enough to get AANHPI communities to show up for services, we need a sustainable system of culturally competent community health workers.	6	3.8
	Engaged with faith base organizations Trust	7	3.7
MH Professional or Practitioner	Feds should conduct outreach to find the community initiatives with successful interventions Community based orgs lack the information or capacity to get on the radar of federal agencies wanting to fund this work	7	3.8
	Increased funding to support the continued training and employment of bi-lingual mental health professionals. It's not enough to get AANHPI communities to show up for services, we need a sustainable system of culturally competent community health workers.	6	3.7
	Please fund AA and NHPs to get bilingual clinical training, pay off student loans, and get them in language training, not just internationalizing. Racism caused lost of language and culture, we can put it back rather than funding internationally.	7	3.7
CBO Leader or Community Leader	Fund more language specific 988 lines If 988 responders are not linguistically competent or culturally informed, biases may result in more inflicted trauma and involuntary commitment	7	3.9
	Let's connect the experts in this room w 988 & other policy endeavors & centers to share cultural expertise Current programs need improvements to be helpful to our communities / constituents	8	3.8
	Expanding community collaborations and partnerships to increase support and resources for the AA NH and PI populations. Increase access to behavioral health care and resources.	7	3.8
Researcher	Collecting and tracking race/ethnicity and language through 988 calls Important to understand who have been using it and tailor outreach and education efforts to those underserved/utilized.	5	3.9
	Funding needs to be increased and sustained for 988 and CCBHCs with targeted priority to AANHPI and BIPOC communities It's not working for minoritized communities	4	3.7
	New Solutions driven and informed by culture and supported by funders more flexibly Sustains positive outcomes in BH and overall health and encourages responsible innovation	4	3.6
National Org. Staff/Administrator	Increase outreach and info about mental health resources like 988 by directly meeting with communities and through trusted CBOs Individuals have to trust and build relationships with the sources of information before they are willing to take part in novel resources	2	3.6
	Ensure we have full language access capacity at our crisis/988 line Need to understand what's	3	3.5
	Incorporate language access into 988 LEP/non-English native speakers and individuals need access too	3	3.5
	Fund more language specific 988 lines If 988 responders are not linguistically competent or culturally informed, biases may result in more inflicted trauma and involuntary commitment	5	3.9

Federal, State, or Local Gvmt. Staff / Administrator	Incorporate language access into 988 LEP/non-English native speakers and individuals need access too	4	3.9
	Ensure we have full language access capacity at our crisis/988 line Need to understand what's	3	3.8
Other	DHHS support Medicare & Medicaid funding to community based organizations for community health workers & cultural traditional healers Expand the public health infrastructure	3	3.6
	Ensure 988 crisis counselors are trained in cultural humility, implicit bias, and use of interpreters. In order to be ready to answer calls from diverse callers	3	3.6
	Please fund AA and NHPs to get bilingual clinical training, pay off student loans, and get them in language training, not just internationalizing. Racism caused lots of language and culture, we can put it back rather than funding internationally.	3	3.6

Summary and Next Steps:

The new 988 lifeline is a critical tool for crisis response, but is unevenly accessed by AA, NH, and PI communities. Communication about the lifeline has not reached many within the community; and language and cultural norms are barriers for some who have tried to access it. Community-based organizations are critical partners in ensuring 988 better serves AA, NH, and PI communities and is accessed by them. However, crisis and innovative solutions outside of the lifeline exist and need to be recognized, elevated, and funded in order to support the mental health needs of the AA, NH, and PI community.

- Ensure availability of interpreters on all 988 lifelines.
- Translate all resources about the 988 lifeline in multiple languages.
- Provide culturally specific training for all 988 lifeline staff.
- Partner federal entities with trusted community-based organizations, many of which have interpreters and specifically trained providers who understand nuances of AA, NH, and PI cultures.
- Funding of crisis solutions that are more familiar and approachable to the AA, NH, and PI community.
- Invest in existing preventative services that can keep them from reaching a point of crisis.

Ranked Themes for Crisis Innovations and Solutions		
RANK	RATING	THEME
1	4.2	 Provide Funding and Resources
2	4.1	 Build Workforce
3	4.0	 Expand Equity and Access
4	4.0	 Raise Awareness
5	3.9	 Build Connections and Partnerships

Session IV: Language Access in Mental Health Care

Interactive Report: <https://my.thoughtexchange.com/report/9d409a7d2210d90777bab4976b4ebc6c>

Engagement:



PARTICIPANTS

67



THOUGHTS

55



RATINGS

965



RATINGS RATIO

18



% OF THOUGHTS
MENTIONING 988 LIFELINE

0% (n=0)



% OF THOUGHTS
MENTIONING LANGUAGE
ACCESS

(topic of Exchange)

Top Thoughts by Role:

ROLE	TOP 3 THOUGHTS	# OF RATERS	AVG. RATING
Person w/ Lived Experience	Train interpreters specifically working in mental health settings Mental health interpreting has special challenges that require unique training	6	4.1
	Mandate all federally funded initiative to provide language access and then be accountable with metrics It won't change otherwise	8	4.0
	Designing and replicating/adapting more mental health intervention programs catered to the specific cultural experiences of different AANHPI groups. We need to fund and provide more services that address both cultural and language barriers of AANHPI communities.	7	3.9
MH Professional or Practitioner	Please have HHS OCR, OMH, SAMHSA and CMS jointly outline and cross-walk the reimbursement mechanisms for language services for the public	5	3.9
	train clinicians how to use interpreter for mental health assessment and treatment clinicians often do not know how to use interpreter and do not access it, even if it's technically available	7	3.8
	Mandate all federally funded initiative to provide language access and then be accountable with metrics It won't change otherwise	6	3.8
CBO Leader or Community Leader	Language justice through people power building (advocacy/leadership) and cultural competency plan that includes clear measurement and accountability That will help create more long lasting impact in the community.	12	4.1
	Language access is a right not a privilege for health care Denying language appropriate services to clients is just like denying disability services to a disable person.	9	4.1
	Train interpreters specifically working in mental health settings Mental health interpreting has special challenges that require unique training	9	4.1
Researcher	Require every single HHS grantee to submit a language plan with their grant proposal Need to hold grant recipients accountable to provide language access	4	3.6
	Fund students who want to reclaim and work in-language within their same community. They are forgotten and anti-Asian bias/discrimination caused their loss. They shouldn't lose opportunities to serve too	3	3.5
	Invest in the development of culturally responsive mental health interpretation programs to train community members and build the workforce We can create jobs and empower multilingual community members to play a role in increasing language access to LEP individuals	3	3.5
National Org. Staff/Administrator	Accountability for language access tied to program evals & funding- increased funding for the great CBO's already doing this work! Language access saves lives & reduces suffering	4	3.9
	Please have HHS OCR, OMH, SAMHSA and CMS jointly outline and cross-walk the reimbursement mechanisms for language services for the public	4	3.8
	Medicaid/Medicare/private health insurance payment for language interpretation	3	3.8
Federal, State, or Local Gvmt. Staff / Administrator	Better pay for translators	4	3.8
	Mandate all federally funded initiative to provide language access and then be accountable with metrics It won't change otherwise	4	3.8

	Need federal support to provide funding for training of more medical interpreters	4	3.8
Other	Designing and replicating/adapting more mental health intervention programs catered to the specific cultural experiences of different AANHPI groups. We need to fund and provide more services that address both cultural and language barriers of AANHPI communities.	4	3.6
	Funding for certified interpreter/ interpretation time must be covered - Medicaid currently doesn't cover this. The cost of support is nothing compared to the costs of inappropriate/lack of interpretation	3	3.6
	HHS should build in language access requirements in all grant making applications. Applying orgs should be required to specify how they will reach diverse communities and dedicate funding to do it.	3	3.6

Summary and Next Steps:

Interpreters, even medical ones, are often not sufficiently trained for mental health assessments and interventions. There is a need for federal support to provide funding for training of more AA, NH, and PI behavioral health interpreters. Recipients of grants need to be held accountable by grantors and federal entities to provide language access as a right of patients. Peer support groups are also critical for healing and increasing a sense of community among those who need interpretation services.

- Create greater awareness, education, and enforcement strategies of the federal civil rights law that requires reasonable language accessibility and assistance for all federally funded programs.
- Use accountability measurements to ensure communities and individuals can access the care they require.
- Provide resources and funding to train existing staff in how to use interpretation, the important role of an interpreter, and its consequences for the patient.
- Honor the value of bilingual/multilingual staff members.
- Seek opportunities to support students and community members to become behavioral health practitioners able to provide in-language services.
- Recognize the interconnectedness of language and culture, ensuring interventions are both specific in language and practice to the community they are serving.

Ranked Themes for Language Access in Mental Health Care

RANK	RATING	THEME
1	4.0	 Provide Funding and Resources
2	3.9	 Build Workforce
3	3.9	 Raise Awareness
4	3.8	 Build Connections and Partnerships
5	3.8	 Expand Equity and Access