**MENTAL HEALTH TREATMENTS FOR THE ASIAN-AMERICAN ELDERLY: A MARRIAGE BETWEEN ASIAN AND GERIATRIC INPATIENT SERVICES**

Nadine A. Chang, Ph.D. and Fong Liu, M.D.

Gracie Square Hospital, New York-Presbyterian Regional Hospital Network

420 East 76th Street, New York, NY 10021

**BACKGROUND**: Asian Americans are the fastest growing population in the US, with 72% growth in 20 years, and the fastest growing segment of the elderly in NYC. As the number of Asian American elderly increases, so do their mental health needs, with up to 50% reporting depression. It is well-documented that this group demonstrates significant underutilization of behavioral healthcare services, with Asian-American senior women having the highest suicide rate of any racial or age group. While already managing divergent family and cultural values and changes in social supports, they face additional obstacles to effective mental healthcare, including cultural and generational stigma, language barriers limiting access to culturally competent services and social/family isolation.

**METHOD**: We describe our Asian and Geriatric Inpatient Psychiatry programs as one approach and present an overview of individuals receiving treatment in both programs over the past year. We also list strategies for meeting the unique needs of this population, which are further illustrated by 2 case scenarios.

**RESULTS**: Twenty-one percent of the patients treated at our Asian Psychiatry Program in the last year were aged 60 and over and presented with a wide range of psychiatric illness. Of those, a majority indeed had access to community and family support. We present two scenarios that now appear to be trending: an elderly mother residing with her adult child but isolated from her cultural community; and an elderly couple residing within their cultural community (i.e., Chinatown) but far from family members. Both cases resulted in severe depression, requiring inpatient psychiatric treatment within our Asian and Geriatric Psychiatry programs and extensive aftercare planning to account for social, cultural and individual factors.

**CONCLUSIONS**: The social and cultural challenges of being an ethnic minority with mental health problems has been called a double stigma; older adults thus face a triple stigma, layering on the generational shame of needing mental health services. These two scenarios, and our experience in effectively treating them, suggest that a multipronged approach that incorporates cultural competence, attention to language and social barriers in addition to psychiatry and geriatrics are necessary for good outcomes in managing challenging cases in geriatric Asian patients.

**CONTENT CATEGORY:** Patient Care

**KEYWORDS:** *Psychiatry*, *Immigrant, Asian, Geriatric, Stigma*