



BREAKING THE SILENCE

A STUDY OF DEPRESSION AMONG
ASIAN AMERICAN WOMEN



NATIONAL ASIAN WOMEN'S HEALTH ORGANIZATION

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NAWHO

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Through the courageous efforts of consumer advocates and leaders in the Administration, mental health has become one of our nation's most important health issues for the twenty-first century. Scientific advancements in treating mental illness and the educational work of advocates have raised public awareness, and have opened up a vital dialogue about this leading cause of disability in the United States. Highly symbolic of this change in public health priorities was the 1999 release of the first-ever Surgeon General's Report of Mental Health, and the historic convening of The White House Conference on Mental Health.

Overcoming the pervasive and powerful stigma that surrounds mental illness and access to services, however, remains a tremendously difficult challenge. For Asian American women, who experience additional barriers to health care and empowerment, the challenge looms even larger, requiring tailored and culturally competent approaches to address their mental health needs. Right now, young Asian American women have the nation's highest rate of depressive symptoms, and the second highest rate of suicide among 15- to 24-year-old females. In a society where mental health continues to be surrounded by misperception and fear, young Asian American women are facing the potentially debilitating health consequences of depression on their own.

Since its founding in 1993, NAWHO has been committed to addressing racial and ethnic disparities in mental health, such as the differential rates of depression among Asian American women and girls. In 1997, NAWHO succeeded in placing a national spotlight on this issue,

OVERVIEW

organizing the first-ever gathering of mental health experts to focus on Asian American women's mental health at “Silent Epidemics: A National Policy Summit on Depression and Asian American Women.” This multi-disciplinary event identified avenues in depression education, prevention, and treatment for this population, and paved the way for new culturally appropriate mental health initiatives.

As part of this strategic planning, NAWHO set out to create a national campaign to raise awareness of depression among Asian American women by first investigating its potential causes and identifying possible solutions. NAWHO conducted a comprehensive literature review, and then facilitated a series of focus groups with Asian American women college students to explore mental health stressors, help-seeking behaviors, and potential messages that may help to limit the onset of depression.

This report provides the key findings from this research study, and includes unique insights into the factors that contribute to low self-esteem and low levels of perceived life-control, which can lead to depression. It is NAWHO's hope that this information will assist college campuses, mental health and social service agencies, and Asian American communities in developing solutions to empower Asian American women and reduce their high risk of depression and rates of suicide.

Despite exponential population growth, no comprehensive national study of depression among Asian Americans has ever been conducted. There have been a number of smaller, localized studies on specific Asian American ethnic groups, primarily Chinese Americans. Though conducted with different diagnostic instruments, the accumulated evidence of these studies points to high levels of depression and depressive symptoms among Asian Americans, levels that have remained consistently high for over three decades.

One of the first community studies of depression and Asian Americans, conducted in the early 1970s, found that 40 % of Chinese Americans had a "sinking," depressed feeling (Kuo, W., 1984). Over a decade later, a Seattle-based study made similar observations for Chinese, Filipino, Japanese, and Korean immigrants, who reported a higher number of depressive symptoms than white Americans (Hurh et al, 1988). Most recently, the Chinese American Psychiatric Epidemiologic Study (CAPES), the most systematic examination of depression in an Asian American group, found a lifetime prevalence rate of major depression of 6.9 % and a twelve-month rate of 3.4 % (Sue, S. et al, 1995).

Using an identical diagnostic instrument, the National Comorbidity Study (NCS) reported even higher rates of major depression among Chinese Americans at 17 % for lifetime and 10 % current (Kessler et al, 1994). Of all groups studied, Southeast Asian refugees reported the highest rates of depression. In one study, 71 % of Southeast Asians met the criteria for major affective disorder, a diagnosis that includes depression (Sue, DW. et al, 1973).

LITERATURE REVIEW

Equally alarming are data on depression in age-specific sub-groups of the Asian American population. In comparative investigations on college campuses, Asian American college students report significantly higher levels of depressive symptoms than do their white counterparts (Liu et al, 1990). In one survey of adolescents, 30 % of Asian American girls reported depressive symptoms, compared to 23 % of girls of other races (Harris et al., 1997).

Though data such as these exist about the prevalence of depression among Asian Americans, investigators can only speculate about the direct causes of depression for this diverse population. In general, studies show that a variety of factors contribute to psychosocial vulnerabilities, such as immigration status, acculturation levels, and socio-economic conditions, all of which are important predictors of risk for first-onset depressive episodes in Asian Americans (Hwang et al, 2000).

Asian Americans face an enormity of stress sources, which can have long-term consequences for mental health (Uba, 1994). So-called "stressors" for Asian Americans include discrimination, ethnic isolation, conflicts between Asian and American cultures, and pressures to conform to stereotypes of Asian Americans as a "model minority" (Serefica, 1997). A recent study revealed that in addition to these stressors, Southeast Asian refugees may develop depression as a result of refugee experiences, which oftentimes include witnessing or being victims of violence (Fox et al., 1999). Though little empirical data is available on how Asian Americans directly respond to such "stressors," investigators

speculate that regular and untreated exposure to extreme stress conditions can ultimately result in depressive symptoms.

A gender-based examination of the available literature reveals a unique set of conditions that may help explain the disparity of depression in Asian American women and girls. Health concerns such as pregnancy and childbirth, sexual and domestic violence, and the stress of the "double burden" of balancing work and family can be significant causes of depressive feelings for women. In fact, intimate partner violence is believed to be the "single most important precipitant for female suicide attempts" in the country (Heisi, 1991).

Studies also show that emotional characteristics such as self-esteem and self-confidence are highly associated with a woman's risk for depression. In a comprehensive study of adolescent girls, self-esteem emerged as the most important variable in predicting depression, greater than relationships with parents, social activity, or peer interactions (Kandel et al, 1982). In addition, many studies have explored the relationship between perceived life-control and depression. The theory of perceived life-control proposes that as women internalize societal stereotypes and discrimination, their sense of control over important decisions is reduced significantly (Weissman et al, 1977). Such a poor sense of life-control has been shown to be a strong predictor of depression in women. (Warren et al, 1983).

Despite the high risk for depression among Asian Americans, studies reveal that only a small number of Asian Americans actually seek

counseling or treatment for their mental health problems. One national sample revealed that Asian Americans were only one quarter as likely as whites, and half as likely as African Americans and Hispanic Americans, to seek mental health services (Snowden, 1999).

This infrequent use of mental health services may be attributed to a lack of cultural competence. According to the U.S. Surgeon General's Report of Mental Health, DSM-IV diagnostic criteria may not be as applicable for culturally specific symptom expression and culturally-bound syndromes (U.S. Department of Health and Human Services, 1999). In addition, social stigmas associated with mental health, lack of familiarity with the concept of counseling, and language barriers have all been shown to contribute to low utilization by Asian Americans (Morrissey, 1997). Many Asian Americans who do seek help for their problems may also articulate psychosomatic rather than psychological complaints, making diagnosis and treatment more challenging (Hsu, 1999).

It is clear from these data that much remains unknown about depression among Asian Americans, especially within specific sub-groups such as youth and women. The literature reviewed here, however, does provide a direction for future research and education on depression, particularly for Asian American women and girls. By exploring the conditions of daily life that act as "stressors," that evoke feelings of low self-esteem and life-control, and that prevent Asian American women and girls from seeking mental health services, investigators may uncover new prevention and treatment strategies for addressing depression in this group. Within such a framework, this NAWHO study is a critical first step toward reducing depression for young Asian American women.

From October 1999 to May 2000, NAWHO conducted a series of eleven focus groups with undergraduate Asian American women students who were currently enrolled at San Francisco Bay Area colleges and universities between the ages of 18 and 34.

NAWHO selected campuses for focus group recruitment based on three criteria to generate a diverse cross-section of this population. Selection criteria included ethnic make-up of the student body, type of educational institution (i.e. public vs. private), and geography (i.e. urban vs. rural). Seven campuses were selected for the study. Of these, Asian American representation in the student population ranged from 8 to 39%; three campuses were public four-year colleges, three were public two-year colleges, and one was a private university; and geographic distribution included the urban area of San Francisco, the suburban areas of the San Francisco East Bay, and rural Central Valley.

Focus group participants were recruited at each campus using a "key informant," a trusted campus leader with extensive knowledge of and access to Asian American women students. "Key informants" were trained by NAWHO to coordinate both the recruitment of participants as well as focus groups logistics for their campus. During recruitment, no priority was given to student characteristics beyond self-identification as an Asian American woman and current campus enrollment. To the extent possible, all efforts were made to ensure diversity of ethnicity, age, and immigration status.

METHODOLOGY

Each focus group was held at an on-campus location, lasted approximately 90 minutes, and was facilitated in English by a professional facilitator using a NAWHO-designed set of discussion guidelines. These guidelines consisted of prompts in five topic areas: general campus climate; stress sources, impact, and coping; and responses to the issue of depression. Focus groups were audio-taped for later transcription, and an informed written consent was received from each participant. Participants were given a monetary incentive and a list of on-campus mental health resources.

While these focus groups do not represent all Asian American women of college-age, their qualitative results do represent the experiences of a cross-section of currently-enrolled, English-speaking Asian American women undergraduates attending San Francisco Bay Area schools. These results can serve as a basis for educational efforts or for future large-scale quantitative studies of depression with this population.

For the purposes of this report, adjectives are used to describe magnitude of response, rather than numbers or percentages as focus groups do not produce quantitative data. For example, an opinion expressed in all or almost all focus groups is summarized by "most." When a viewpoint is shared by several people in all the focus groups, the term "many" is used. Finally, the term "several" means that several people in some, but not all the focus groups, had the same opinion.

"High suicide rates don't surprise me because you feel so torn between your life and your parents' lives."

—
20-year-old Asian American student at Diablo Valley College

**ASIAN AMERICAN WOMEN ARE AT HIGH RISK FOR
DEPRESSION DUE TO LOW LEVELS OF PERCEIVED
LIFE-CONTROL AND SELF-ESTEEM**

NAWHO's study revealed central themes of low self-esteem and a diminished sense of control over life decisions among college-aged Asian American women, conditions that are strongly linked to depression. In general, women in this age group stand at a unique crossroad in their lives. They face a range of difficult life decisions about education, careers, relationships, and family, which are still influenced by strong biases within society. For Asian American women, this decision-making process is complicated further by Asian cultural norms that convey exacting educational and familial expectations, and insist on the steadfast maintenance of ethnic identity and values.

**Conflicting cultural values are impacting Asian
American women's sense of control over their life decisions.**

Most of the participants described conflicts with their families over women's roles, academic pursuits, and lifestyle issues such as dating. While some of these concerns reflect familiar generational conflicts between parent and child, more were driven by differences in the cultures

KEY FINDINGS

of each generation. One participant, a 20-year-old at the University of California at Berkeley (UC Berkeley) stated, "There's a structure my parents expect me to live by, but the reality is that it doesn't always fit with the American culture I am growing up in."

Many participants were from immigrant families in which their parents adhered to more traditional, Asian cultural standards for raising their children. For many of these parents, their lives revolved around their children, as they worked diligently and sacrificed their own needs to ensure the success of the next generation. Yet the cultural standards that these parents have grown up with, and now provide for their children, delineate strict rules of behavior and process. They promote an unquestioned authority of the older generation, and define life paths for each family member based on gender roles. As daughters, many participants faced expectations to marry and care for their family, while their male counterparts were expected to have careers and carry on the family name.

At the same time, the culture demands achievement in education from everyone, and participants cited overwhelming pressure from their parents to excel academically. For most participants, education was preeminent, and choosing to take part in extracurricular or social activities such as dating, caused conflict and stress. A few participants spoke of parents' defining academic success as a way to find the "perfect husband."

These conditions create emotionally-charged conflicts of values and aspirations, as Asian parents live for their children and are following these cultural norms in order to provide the right kind of guidance for their children's success. Asian parents may have their own mental health

stressors in living out this role and dealing with the generational and cultural gap that exists with their children. Many participants recognized this, and felt caught between a sense of duty and wanting their parents' approval, and being able to access the personal opportunities of their contemporary American culture. As a result, many participants felt they were not in control over many important aspects of their lives. They felt unable to pursue academics or activities of interest to them, as parents pushed for "secure" professional careers such as medicine. They felt unable to pursue personal relationships, particularly outside their own ethnic group. One 18-year-old participant from UC Berkeley exemplified this common conflict by saying, "It's a battle going on in my head. I want to make my parents happy, but I want to be happy, too."

Feeling responsible, yet unable, to meet biased and unrealistic standards set by families and society contributes to low self-esteem among Asian American women. With pressure to succeed academically and to function in a conflicting cultural environment, most participants described excessive feelings of "stress," "isolation," and constant worry about their parents. Many participants said they felt guilty because "their parents had worked so hard [for their children]" and they felt an obligation to fulfill the dreams of their parents over their own.

As an added stressor, several participants described having had significant responsibilities in the family at a very young age, including caring for the elderly or siblings, and serving as translators for limited-English-speaking parents. A 19-year-old from the University of California at Davis (UC Davis) stated, "Asian American women have more responsibilities than males. You don't have a childhood growing up. You're already a parent [to other family members]."

Several of the participants were negotiating the care of parents, siblings, family members, or friends alongside academic, financial, or other personal goals. One such participant, a 19-year-old Laney College student, said, "I go to work and school and help my family with English. My family expects me to take care of everything."

Most participants attempted to meet these high expectations and at least partially fulfill their cultural roles, but when they could not, they experienced feelings of sadness, anxiety, and self-criticism that significantly lowered their self-esteem. Participants also noted that "Asian parents do not communicate with their children," and many felt they could not talk to their parents about their academic or personal difficulties, fearing disapproval or disappointment, and believing they would not get any support.

"I was the good girl my parents wanted me to be. You're supposed to be seen but not heard. I have a hard time speaking up for myself, and it's hurt me in school and relationships. It's hurt my self-esteem."

—
20-year-old Asian American student at Mills College

In addition to family and culture, participants described having to confront societal misperceptions of Asian American women. One such misperception is the "model minority," a myth that all Asian Americans are successful with no social problems whatsoever. A few participants claimed that, as a result of this misperception, there were few resources in place to help them with the real academic and social problems they were facing. They felt isolated and inferior due to the assumption that they

"should be smart." Because of the pervasiveness of this stereotype, many participants also felt there was discrimination on campus, and that faculty held them to higher, unattainable academic standards than their peers.

ASIAN AMERICAN WOMEN FACE BARRIERS OF LEARNED BEHAVIORS AND THE MENTAL HEALTH STIGMA WHEN ATTEMPTING TO COPE WITH THEIR DEPRESSION

In addition to the stigma surrounding mental health in society, NAWHO's study revealed how Asian cultures impact the way in which Asian American women cope with their depression. Like most college students, Asian American women face a variety of potential stress sources, both on-campus and off, including schoolwork, family relationships, intimate relationships, and finances. Unlike fellow classmates, however, Asian American women felt unable to speak out about the presence of such stress. Asian cultures have taught families and individuals to internalize their problems. Consequently, when these Asian American women access services, they are doing so in the midst of tremendous internal conflict and guilt.

Asian American women are witnessing depression in their families and learning from Asian cultures to maintain its silence. Most of the participants felt unable to articulate their feelings of stress and depression to peers, family members, and professionals alike. They described this reluctance to give voice to their problems as originating from Asian cultural beliefs and practices. Most Asian cultures promote a strong sense of secrecy and privacy on family issues, to the

point where breaking such silence will bring shame to the family. A 21-year-old from UC Davis described it this way: "I was always taught to keep things within the family. I'm outspoken only to the point that I won't tell people about my problems." Another participant, a 23-year-old from UC Berkeley articulated that "Asians are ashamed to use the resource centers because they were raised to feel ashamed."

Though the presence of clinical diagnoses of depression in NAWHO's focus groups is unknown, many participants felt that they have witnessed depression and its debilitating impact first-hand, either for themselves or among close family members. One 18-year-old participant from UC Davis said, "My mom was in a deep depression and she wouldn't talk about it. Asian American families don't realize that women are depressed, so they [Asian American women] won't seek help."

For most of these participants, they learned from such experiences to treat depression and stress with silence, and internalized their problems for fear of burdening others. A 23-year-old participant from UC Davis stated, "I was always really quiet. No one would have known that I was in a deep depression. I wouldn't have felt comfortable going to anyone [about my depression]. What would my parents say?" A 21-year-old participant from Mills College echoed this familiar attitude, stating, "In Asian cultures, you're not supposed to express your feelings. You're supposed to keep them inside and deal with it."

In addition, the lack of discussion and learning about depression as a health concern rather than a family concern, has left many participants unequipped with the critical knowledge and strategies that

"Asian American women are not educated about stress. Because of our culture, we're told we have to cover everything, but we're not told how to cope with it."

—
19-year-old Asian American student at San Francisco City College

could help them cope with their mental health problems. Consequently, feelings of depression and living under mentally and physically burdened conditions are often regarded as cultural norms, to be expected and accepted rather than addressed through counseling or medical treatment.

Asian American women fear stigma for themselves, but more so for their families. Most of the participants agreed that there was a tremendous public stigma around mental health that inhibits help-seeking behaviors. One 25-year-old participant from Laney College said she would never go to a doctor for stress because "to say the mind has a problem is unacceptable." In the very act of accessing services, the shame and fear are often overwhelming, as a 19-year-old Mills College student stated, "I was so embarrassed to go to counseling. In my family, you just don't talk about problems to outsiders."

Such stigma plays a major role in both the low rates of service utilization among Asian American women and their levels of depression and suicide. Yet the majority of the comments by participants revealed a stronger concern about stigmatizing their families rather than themselves, reflecting a sense of loyalty and commitment toward their families, even when families are the primary source of stress and depressive feelings.

ASIAN AMERICAN WOMEN FACE BARRIERS TO ACCESSING MENTAL HEALTH AND SUPPORT SERVICES

NAWHO's study also found that while mental health and support systems may be available for Asian American women on college campuses, these services often do not meet their needs. It is a common problem, as Asian American women of all ages face the challenge of accessing health care services that are culturally competent and sensitive to their needs. Much more advocacy work is needed to improve health systems and assist health care professionals to meet the needs of diverse populations, particularly in an area as sensitive as mental health.

One participant, a 22-year-old from Mills College, described her experience in seeking help for her depression by saying, "There's no recognition [in the mental health services department on campus] of what it's like to be from an immigrant Asian family." A 30-year-old participant from Laney College claimed that the counselors on her campus did not listen to the needs of Asian American students.

Most participants attributed this lack of culturally sensitive services and outreach efforts on their campus to the perception of Asian Americans as the "model minority," as well as to a lack of organizing from the Asian student population. Many participants wanted to see such services increase on their campuses, including the formation of support groups where Asian American women could share their concerns. Several participants felt it was necessary to take the responsibility for making this happen, in order to address the serious mental health issues they were witnessing amongst their Asian American peers.

NAWHO's study of depression revealed that college-aged Asian American women face several unique challenges that heavily influence their mental health. Asian American women students cope with cultural and generational conflicts within their family. They contend with societal stereotypes of Asian Americans as the "model minority" and of women in traditional gender roles. College-aged Asian American women are also balancing multiple responsibilities, oftentimes prioritizing familial obligations over personal needs. Due to the stigma of mental health and from witnessing the silence around depression in their own homes, Asian American women are reluctant to actually voice such issues, and internalize their problems for fear of bringing shame to the family. In addition, Asian American women feel intense daily pressures to meet the expectations of others, particularly society and family, and perceive a lack of supportive systems to facilitate help-seeking and empower them to take charge of their life choices.

These findings, along with the studies featured in the literature review section of this report, underscore the need for mental health education and services for Asian American women. Because of the strong indications of low self-esteem and lack of perceived life-control, which are documented contributors to depression, mental health interventions must promote positive messages about self-determination and create environments conducive to women's empowerment. There is a unique opportunity on college campuses for both the administration and for students to work together in creating such environments and strengthening existing support systems.

SUMMARY

Asian American women are seeking forums on campus, where they may share their feelings and viewpoints, and where they feel they will be understood as Asian American women. In fact, study participants at all campuses acknowledged the critical gap filled by NAWHO's focus groups for providing a space to discuss their mental health concerns. Such support groups run by Asian American women students in partnership with on-campus and community agencies can provide students with a safe place to begin addressing the factors that can contribute to depression and suicide and to identify links to other needed services such as tutoring and counseling.

Together, such strategies will provide new alternatives to the overwhelming factors that contribute to Asian American women's risk of depression, fostering a sense of community among Asian American women, breaking the silence around the way they are perceived by society, and changing the way Asian American women view themselves and their life choices.

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The National Asian Women's Health Organization was founded in 1993 to eliminate health disparities for Asian women and families. NAWHO's goals are to raise awareness about the health needs of Asian Americans through research and education, and to empower Asian women and families as decision-makers through leadership development and advocacy. Through innovative programs and partnerships, NAWHO is increasing knowledge of breast and cervical cancers, expanding access to immunizations, changing attitudes about reproductive health care, and breaking the stigma around depression and mental health.

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