

# Hate Crimes and Mental Health: Strategies and Resources for Employers

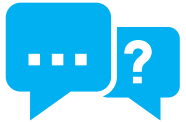
**June 2, 2021 | 12:00 - 1:00PM ET**



# Webinar Procedures



All lines will be muted




Please submit all questions using the “Q&A” dialog box



Email Diane Engel at [dengel@nebgh.org](mailto:dengel@nebgh.org) with any issues during this webinar



**The recording and a PDF of the slides will be shared**



Q&A

You have no question.

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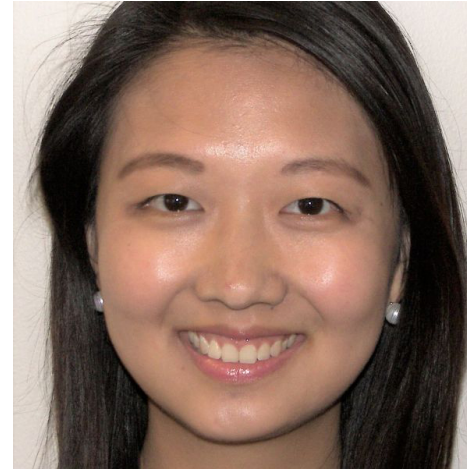
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## Speakers



**Uyen-Khanh  
Quang-Dang, MD**

Geriatric Psychiatrist  
*Palo Alto Medical  
Foundation*



**Abby Wen Wu**

Consultant  
*American Psychiatric  
Association's Center for  
Workplace Mental Health*



**Loren Miller**

Executive Director  
*Center for Anti-Violence  
Education*



**Marcelina Mata**

Global Benefits Lead  
*Sprinklr*

# Racial Trauma in the Asian American Pacific Islander (AAPI) Community: On the Streets, and in the Workplace

Northeast Business Group on Health  
June 2, 2021

Uyen-Khanh Quang-Dang, M.D., M.S.  
Adult & Geriatric Psychiatrist  
Palo Alto Medical Foundation  
Board of Directors, American Psychiatric Association Foundation (2015-2021)  
[ukqd@post.harvard.edu](mailto:ukqd@post.harvard.edu)





# Understanding the Problem: What is Racial Violence?

- Includes racially-motivated physical violence aka hate crimes – attack on **individuals**, yet victimizes an **entire community**
- Also includes all forms of racist hate speech, microaggressions, and stereotypes

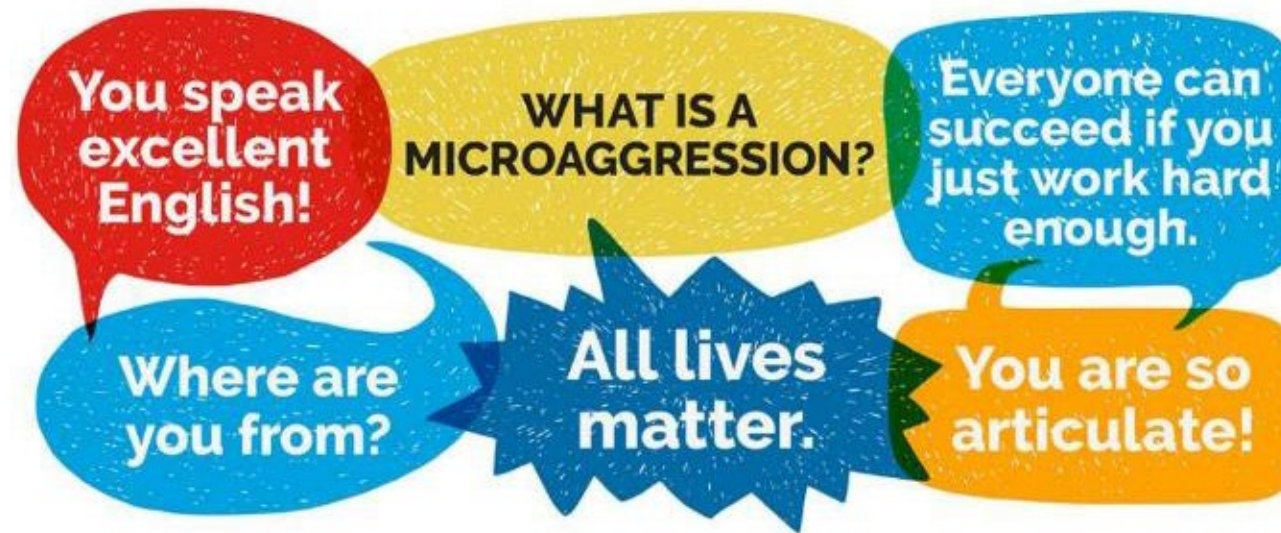


# Rise in Physical Violence Against AAPI – 2020-2021





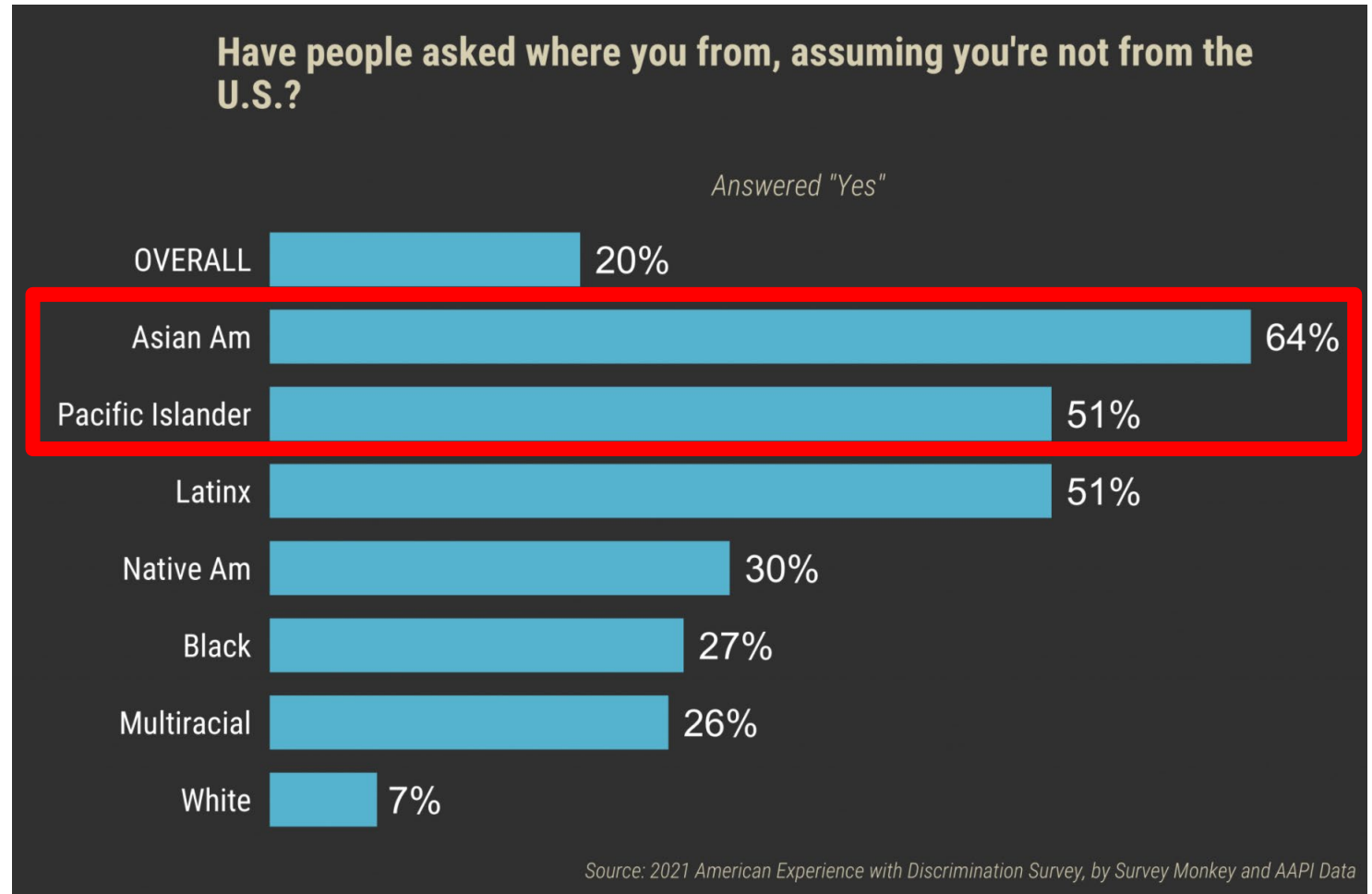
# Everyday Experiences of Racism: Microaggressions



- Indirect, subtle, usually **unintentional** discrimination against members of a marginalized group
- May be difficult for members of dominant group to view this behavior as damaging
- Long-term physical, emotional, and psychological consequences

# Everyday Experiences of Racism: Microaggressions

- AAPI seen as a “perpetual foreigner”
- **45%** experienced people act “as if you don’t speak English”
- **20%** experienced suggestion they “Whiten” or “Americanize” their names.





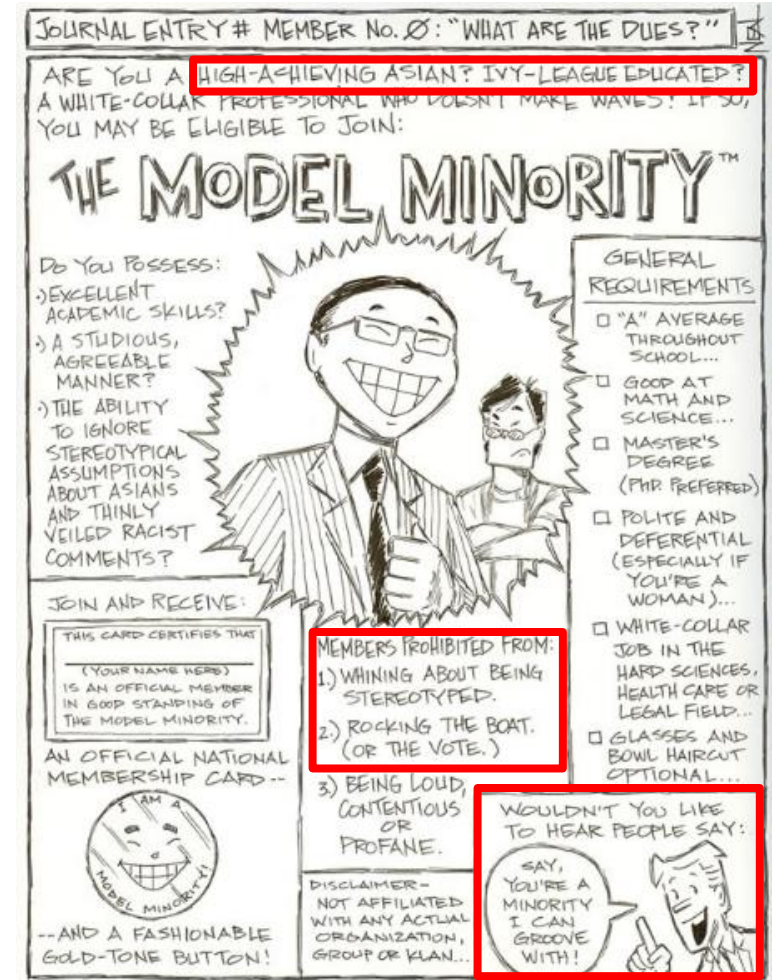
# Racism in the Workplace

It is uncomfortable to think that racism is alive and well in our workplaces.

- Survey by Pearn Kandola:
  - 60% Black and 42% Asian respondents experienced racism at work.
  - 69% Black, 53% Asian and 45% White employees witnessed a racist incident at work.
- Can occur without conscious awareness or intent.
  - JAMA podcast 2021: “No physician is racist, so how can there be structural racism in health care?” JAMA editor repeatedly says “structural racism” alienates White people.
- Direct, overt, 1:1 verbal/physical attack which includes racist language.
- Jokes that include stereotypes based on race.
- Differential behaviors that come from assumptions about employees/colleagues based on their race/gender, e.g. “Jenny is OK with doing the extra work, she never complains, plus she is such a hard worker anyway”.

# Model Minority Myth (and Stereotypes)

- Asian Americans known as “quiet,” “hardworking,” “studious” and “economically successful”
- Model Minority Myth creates a fallacy that Asian Americans don’t experience struggle or racial discrimination
- Pits minorities against each other
- “If only you worked hard enough, you’d be successful” – denies reality of structural/systemic racism in the U.S.
- Structural racism refers to differential access to goods, services and opportunities by race.



<https://tropicsofmeta.com/2011/03/29/not-your-model-minority-the-complexity-of-asian-americans-in-21st-century-american-film/>

Hartlep N.D., Hayes C. (2013) Interrupting the Racial Triangulation of Asians. In: Hayes C., Hartlep N.D. (eds) Unhooking from Whiteness. Constructing Knowledge (Curriculum Studies in Action). SensePublishers, Rotterdam. [https://doi.org/10.1007/978-94-6209-377-5\\_9](https://doi.org/10.1007/978-94-6209-377-5_9)

# Racial discrimination increases risk of poor health outcomes, including early death:

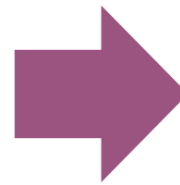
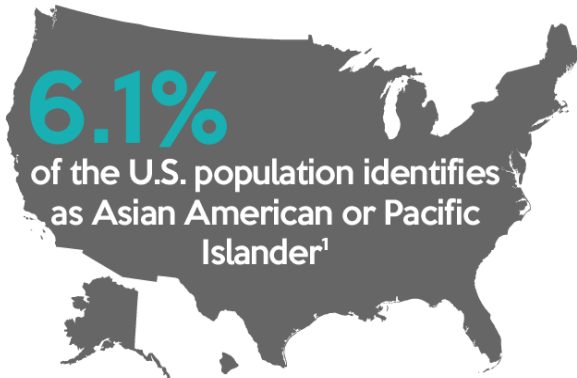
- Stress
- The common cold
- Cardiovascular disease
- Cancer
- Mortality

Source: Psychiatry Advisor, Racial Discrimination Linked with Worse Mental Health, Web. <https://www.psychiatryadvisor.com/home/practice-management/racial-discrimination-linked-with-worse-mental-health/2/>



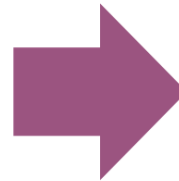
# The strongest and most consistent evidence of racism and adverse health is the association with mental health:

- (+) associated with depression, anxiety, distress, psychological stress, negative affect, and post-traumatic stress
- (-) associated with self-esteem, life satisfaction, control and mastery, and wellbeing
- Accumulation over time, across domains, & accumulated over an intersectional identity (e.g., such as race, sex & gender identity) displayed higher levels of depressive symptomology



Of those, nearly  
**15%**  
reported having a  
mental illness in the  
past year.<sup>2</sup>

That is over  
**2.9**  
million  
people



MORE than the number of  
dentists, postsecondary teachers  
and lawyers in the United States



**COMBINED<sup>3</sup>**

SOURCES

<sup>1</sup><https://www.census.gov/quickfacts/fact/table/US#>

<sup>2</sup>Substance Abuse and Mental Health Services Administration (SAMHSA)'s public online data analysis system (PDAS)

<sup>3</sup>[http://www.bls.gov/oes/current/oes\\_nat.htm#00-0000](http://www.bls.gov/oes/current/oes_nat.htm#00-0000)

# Why don't AAPI seek help for mental health issues?

The National Asian Women's Health Organization (NAWHO) sponsored 2001 study, *Breaking the Silence: A Study of Depression Among Asian American Women*, found:

- Lower self esteem from feeling responsible, yet **unable to meet biased and unrealistic standards set by families and society.**
- **Learned silence**, despite witnessing depression in their families.
- **Fear of stigma** for themselves, but more so for their families.
- Cultural upbringing; **taught to be quiet** and keep head down, **internalize pain.**

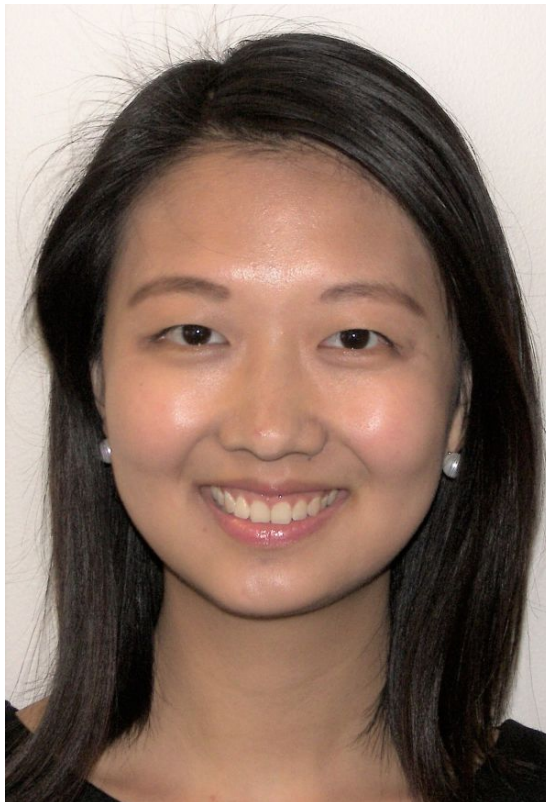


# The Business Case for Employers to Take Mental Health of Employees Seriously

- Of the 1 in 5 adults who will experience a diagnosable mental illness in any given year, more than half will go untreated.
- Respecting and treating mental illness on par with other medical illnesses is the first step to improving employee quality of life – the foundation of an effective workplace.
- Good news: >80% of employees treated for mental illness report improved levels of work efficacy and satisfaction. And it's cost-effective. When employees receive effective treatment for mental illnesses, the result is lower total medical costs, increased productivity, lower absenteeism and decreased disability costs.
- ***The bottom line:*** Investing in a mentally healthy workforce is good for business.

# Communicate, communicate, communicate

- Bring it up in conversations w/ AAPI employees: Do not wait for them to bring it up.
- Remember: it may not be obvious who has ties to AAPI community.
- Know the names of the AAPI individuals who have been attacked and killed.
  - *“The horrific violence against the AAPI community has been very upsetting to me. It was incredibly sad when I learned that the elderly Thai American man in San Francisco, Vicha Ratanapakdee, had been attacked and died. I wanted to check in to see how the violent attacks on Asian Americans has affected you?”*



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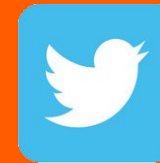
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