

Mental Health Inequities among Asian New Yorkers

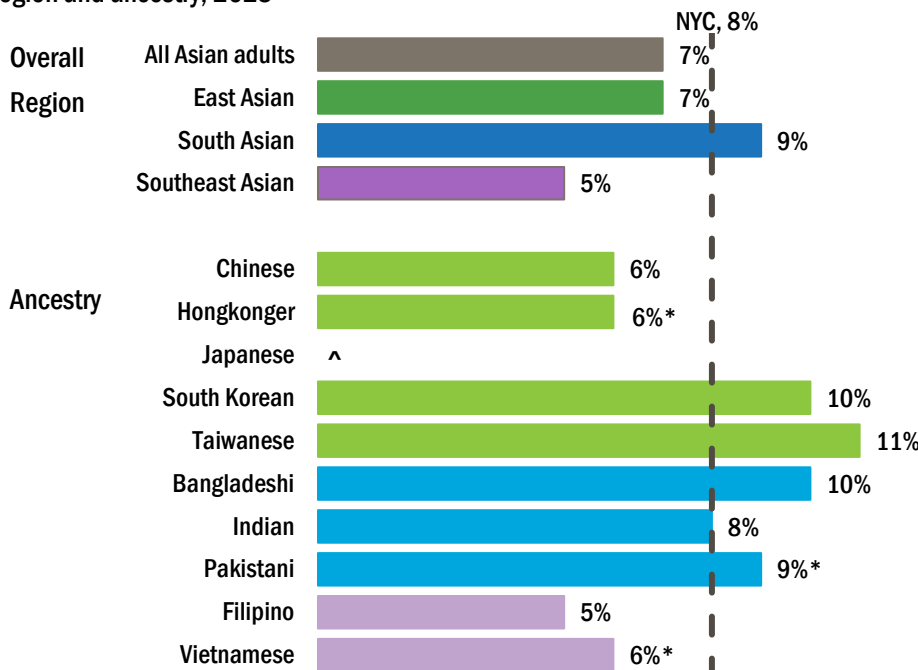
New York City (NYC) is home to one of the largest Asian populations in the U.S., with over 1.5 million Asian residents, representing 17.3% of the city’s population.¹ Nearly half of Asian New Yorkers identify their ancestry as Chinese, with Indian, Korean, Filipino, Bangladeshi, Pakistani, and Japanese ancestries also representing substantial shares of the Asian population.² These communities are diverse in their immigration histories, languages, and socioeconomic factors. They also face unique structural challenges, including anti-Asian racism and inequitable access to affordable, culturally responsive care, that contribute to mental health inequities.³

Although Asian New Yorkers make up a significant portion of the NYC population, they are often underrepresented in public health research,³ a form of structural exclusion that renders community-specific health needs invisible and undermines the development of equitable policies and services. Asian adult New Yorkers report a lower rate of serious psychological distress (SPD) and are less likely to receive mental health treatment when experiencing SPD compared with adults of other races and ethnicities.⁴ These patterns may partly reflect the model minority stereotype, which can suppress help-seeking, contribute to underreporting, and mask significant disparities within Asian communities. Understanding how mental health outcomes and help-seeking differ by Asian ancestries is critical for identifying unmet needs and informing culturally and linguistically responsive interventions.^{3,5}

This data brief examines SPD, social isolation, seeking help for mental health, receipt of mental health treatment, and unmet mental health treatment needs among Asian New Yorkers, across three Asian regions and ten Asian ancestries. Ancestry refers to an individual’s self-reported ethnic or cultural background, which may be different from their country of birth.

In New York City, serious psychological distress varies across Asian regions

Prevalence of serious psychological distress among Asian adults in New York City by region and ancestry, 2023



- In 2023, an estimated 81,000 (7%) NYC Asian adults experienced SPD in the past 30 days, a prevalence lower than Latino (10%), Middle Eastern or North African (12%), and multiracial (13%) adults, but similar to white (7%) and Black (8%) adults.
- Within Asian regions, South Asian adults (9%) had a higher prevalence of SPD compared with East Asian (7%) and Southeast Asian adults (5%).
- Among ancestry groups, Bangladeshi adults had a higher prevalence of SPD compared with Chinese adults (10% vs. 6%).

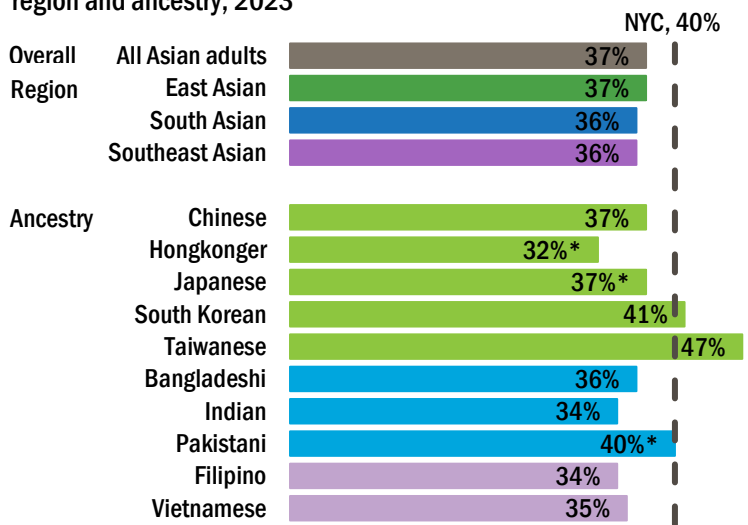
*Estimate should be interpreted with caution due to large relative standard error, wide 95% confidence interval, or small sample size. ^Some ancestries cannot be shown due to data suppression.

Source: NYC Neighborhood Wellness Survey, 2023.

While overall the prevalence of social isolation is similar across Asian regional groups, Taiwanese adults have the highest prevalence of social isolation among Asian ancestries

- Social isolation in the past 30 days affected an estimated 406,000 NYC Asian adults (37%), a prevalence lower than that among Black (42%), Latino (43%), Middle Eastern and North African (43%), and multiracial (47%) adults, and similar to white adults in NYC.
- The prevalence of social isolation was similar across all regional groups. However, among ancestry groups, Taiwanese adults had a higher prevalence of social isolation (47%) than Chinese (37%), Bangladeshi (36%), Vietnamese (35%), Indian (34%), and Filipino (34%) adults, and Hongkongers (32%*).
- Among Asian adults who experienced social isolation, 17% also experienced SPD, with a higher rate among South Asian adults compared with East Asian adults (21% vs. 16%).

Prevalence of social isolation among Asian adults in New York City by region and ancestry, 2023



*Estimate should be interpreted with caution due to large relative standard error, wide 95% confidence interval, or small sample size.

Source: NYC Neighborhood Wellness Survey, 2023.

Asian adults with serious psychological distress are less likely to seek mental health support than other NYC adults, with family or friends being the most common source of support

- Asian adults with SPD were less likely to have sought mental health support in the past 12 months (64%) than Latino (73%), Middle Eastern or North African (83%*), white (77%), and multiracial (78%*) adults with SPD. The prevalence of seeking mental health support was similar across adults from Asian regions.
- Among Asian adults with SPD, the most common support sought was from family or friends (43%), followed by therapists or counselors (22%), psychiatrists or other prescribers of medication (18%), and primary care doctors (15%), with no differences observed across regions.

Definitions: Race and ethnicity: For the purpose of this publication, Latino includes people of Hispanic or Latino origin, as identified by the survey question “Are you Hispanic or Latino?” and regardless of reported race. Asian, Black, Middle Eastern or North African, multiracial, white, and other race categories exclude those who identified as Latino.

Asian adults include those who self-identified as a single race of Asian, excluding multiracial individuals, individuals of Hispanic or Latino ethnicity, and Native Hawaiians and other Pacific Islanders, to reflect distinct demographic characteristics and health needs. Asian heritage or ancestry is self-reported and based on the question: “What is your ancestry or ethnic origin?” Although captured in two variables, priority was given to the first-reported ancestry for this analysis, resulting in relatively few individuals classified as having mixed Asian ancestry. Ancestry questions were used to create ancestry groups by Asian region: **East Asia** includes China, Hong Kong, Japan, South Korea, Mongolia, Taiwan, and Tibet. **South Asia** includes Afghanistan, Bangladesh, India, Iran, Nepal, Pakistan, and Sri Lanka. **Southeast Asia** is comprised of Cambodia, Indonesia, Laos, Malaysia, Myanmar, Philippines, Singapore, Thailand, and Vietnam. Only Asian ancestry groups with adequate sample sizes (n≥50) are shown.

Serious Psychological Distress (SPD) is defined as having a score greater than or equal to 13 on the Kessler 6 (K6) scale, a six-item scale developed to identify people highly likely to have a diagnosable mental illness and associated functional limitations. Using a five-point scale from “all of the time” to “none of the time,” survey respondents were asked to rate the frequency of six symptoms of mental illness or nonspecific psychological distress: “During the past 30 days, how often did you feel ... 1. So sad or depressed that nothing could cheer you up; 2. Nervous; 3. Hopeless; 4. Restless or fidgety; 5. That everything was an effort; 6. Worthless.

Social Isolation: feeling distant or cut off from others somewhat or a lot in the past 30 days.

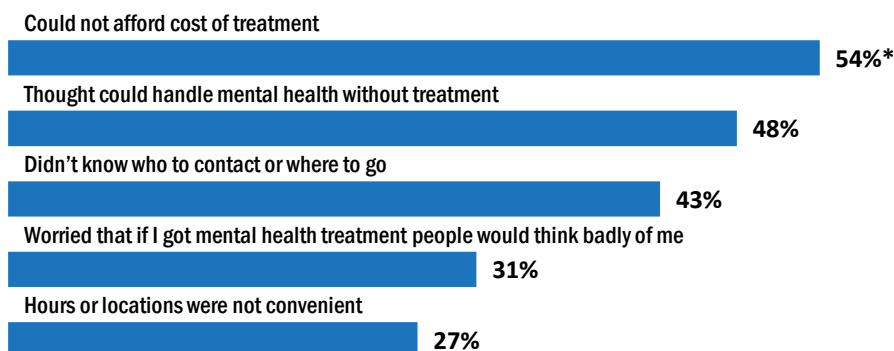
Mental health support comes from both informal sources (e.g., family or friends) and formal sources (e.g., therapist/counselor, primary care doctor).

Among those with serious psychological distress, prevalence of receiving mental health counseling or medication varies across Asian ancestries

- Overall, in NYC, over a third (39%) of Asian adults with SPD in the past 30 days received mental health treatment (either counseling or medication) in the past 12 months, a lower proportion than all other race and ethnicity groups, including American Indian or Alaska Native (67%*), Black (48%), Latino (54%), Middle Eastern or North African (56%*), white (58%), and multiracial (55%*) adults.
- About 42% of Chinese adults with SPD received mental health treatment, a lower prevalence than among Japanese adults (70%*) but higher than among Bangladeshi (25%*) and Taiwanese (27%*) adults.

Costs are the most commonly cited barrier to accessing mental health care among Asian adults with serious psychological distress in New York City

Barriers to mental health treatment among Asian adults with serious psychological distress and who reported an unmet need for mental health treatment, New York City, 2023



- Among Asian adults with SPD, 37% reported an unmet need for mental health treatment. This rate was similar across Asian regions and ancestries, but lower compared with Latino (45%), Black (46%), white (52%), multiracial (59%*), and American Indian or Alaska Native (63%*) adults.

*Estimate should be interpreted with caution due to large relative standard error, wide 95% confidence interval, or small sample size. *Source: NYC Neighborhood Wellness Survey, 2023*

- Among Asian adults with SPD that reported unmet need for mental health treatment, more than half (54%*) reported cost as a main barrier to accessing mental health care. Other common barriers included the belief that they could handle their mental health on their own (48%), not knowing where to go or who to contact (43%), concern about stigma (31%), or inconvenient hours or locations (27%).

*Estimate should be interpreted with caution due to large relative standard error, wide 95% confidence interval, or small sample size.

Definitions (cont.): Unmet mental health treatment need is defined as answering “yes” to the question: In the past 12 months, was there a time when you needed treatment (either counseling or medication) for your emotions, nerves, or mental health, but did not get it?

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Data Source: **The NYC Neighborhood Wellness Survey (NWS) 2023**, conducted May to September 2023, was a collaboration between the Health Department and the City University of New York (CUNY) Graduate School of Public Health and Health Policy. The NWS used a probability-based approach using address-based sampling methods to randomly sample among non-institutionalized adults ages 18 and older. Most surveys were completed by mail with some online completion. Estimates are age-adjusted to the U.S. 2000 standard population and weighted to the adult residential population per the American Community Survey, 2021.

Health equity is attainment of the highest level of health and well-being for all people. Not all New Yorkers have the same opportunities to live a healthy life. Achieving health equity requires focused and ongoing societal efforts to address historical and contemporary injustices such as discrimination based on race/ethnicity, and other identities. For more information, visit the World Health Organization’s [Health Equity](#) webpage.

Implications

Overall, Asian New Yorkers report more favorable mental health outcomes compared with adults of other racial and ethnic groups. These patterns may partly reflect protective factors such as strong social networks and community cohesion.³ However, these differences should be interpreted with caution, as stigma and the model minority stereotype may influence how mental health is perceived, reported, and addressed. Further, examining Asian adults as a homogenous group obscures meaningful differences among Asian ancestries. Our findings reveal substantial heterogeneity within Asian communities, highlighting the importance of examining within-race differences in mental health outcomes. For example, South Asian adults experience higher prevalence of SPD than adults from other Asian regions. Taiwanese adults experience greater social isolation compared with Asian adults with ancestry from other countries, potentially reflecting differences in community support or language proficiency.

Mental health treatment rates also vary widely across ancestries, with Taiwanese and Bangladeshi adults receiving care at the lowest rates, possibly reflecting cultural stigma around mental health challenges as well as broader structural and historical factors. Among Asian adults with SPD, family or friends are the most common source of mental health support, a practice also seen among all NYC adults.⁴ This reflects the protective role of informal support networks among Asian communities and emphasizes the need for family- and community-centered mental health care. Together, these findings underscore the importance of disaggregating data to inform culturally tailored mental health initiatives.

Cost remains a major barrier to accessing mental health care among Asian adults with SPD, alongside low mental health literacy and stigma around mental health treatment, consistent with citywide patterns.³ These barriers may be compounded or shaped by structural inequities, including gaps in insurance coverage due to immigration status, a shortage of mental health care providers that speak their native language, and stigma reinforced by the model minority myth.

Addressing these mental health inequities will require the expansion of affordable insurance options, investment in a culturally and linguistically competent mental health workforce, and development of community-led anti-stigma initiatives. Additionally, granular data collection is needed to gain a more nuanced understanding of differences within Asian communities and how intersecting social identities, such as income, immigration status, gender, and English proficiency, affect mental health among this population.

The NYC Health Department promotes inclusion by offering services to all New Yorkers, regardless of immigration status. This includes [988](#), a free, confidential mental health and substance use support line where trained counselors are available 24/7 by phone in over 200 languages, and [NYC Care](#), which provides low- to no-cost services, including mental health services, to those without health insurance.

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Epi Data Tables

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Data Sources

The NYC Neighborhood Wellness Survey (NWS), 2023, conducted May to September 2023, was a collaboration between the Health Department and the City University of New York (CUNY) Graduate School of Public Health and Health Policy. The NWS used a probability-based approach using address-based sampling methods to randomly sample among non-institutionalized adults ages 18 and older. Most surveys were completed by mail with some online completion. Estimates are age-adjusted to the U.S. 2000 standard population and weighted to the adult residential population per the American Community Survey, 2021.

Table 1. Prevalence of serious psychological distress among New York City Asian adults, 2023Source: *Neighborhood Wellness Survey, 2023*

Data are weighted to the adult residential population per the American Community Survey, 2021.

	Prevalence		Lower 95% Confidence Interval	Upper 95% Confidence Interval	p-value
Race and ethnicity (Overall)	8.2		7.9	8.6	
American Indian or Alaska Native	12.8 *		5.3	27.6	0.325
Asian	7.4		6.6	8.3	ref
Black	8.3		7.3	9.4	0.174
Latino	10.4		9.6	11.2	<0.001
Middle Eastern or North African	12.0		8.7	16.3	0.020
Native Hawaiian or Other Pacific Islander	^		^	^	^
White	6.6		6.0	7.3	0.155
Multiracial	13.3		10.4	17.0	0.001
Another race	8.2		5.7	11.8	0.606
Region¹					
East Asia	6.5 U		5.6	7.6	0.029
South Asia	9.0		7.2	11.2	ref
Southeast Asia	5.3		3.7	7.6	0.009
Ancestry¹					
Chinese	5.9		4.9	7.1	ref
Bangladeshi	10.0		7.3	13.7	0.016
Indian	8.1		5.5	12.0	0.193
Japanese	^		^	^	^
South Korean	9.7		6.6	14.2	0.056
Pakistani	9.0 *		4.8	16.1	0.282
Filipino	5.5 D		3.0	9.7	0.809
Taiwanese	10.8		6.4	17.6	0.091
Hongkonger	5.8 *		2.1	15.0	0.984
Vietnamese	5.9 *		2.5	13.3	0.989

¹Asian heritage or ancestry is self-reported and based on the following question: "What is your ancestry or ethnic origin?" Although captured in two variables, priority was given to the first-reported ancestry for this analysis, resulting in relatively few individuals classified as having mixed Asian ancestry. For the purposes of this publication, **East Asia** includes China, Hong Kong, Japan, South Korea, Mongolia, Taiwan, and Tibet. **South Asia** includes Afghanistan, Bangladesh, India, Iran, Nepal, Pakistan, and Sri Lanka. **Southeast Asia** comprises of Cambodia, Indonesia, Laos, Malaysia, Myanmar, Philippines, Singapore, Thailand, and Vietnam. Only Asian ancestry groups with adequate sample sizes (n≥50) are shown.

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^ Data are suppressed due to imprecise and unreliable estimates.

95% Confidence Intervals (CIs) are a measure of estimate precision: the wider the CI, the more imprecise the estimate.

Bold p-values are significant at the 0.05 level.

U When reporting to nearest whole percent, round up, D when reporting to the nearest whole percent, round down.

Table 2. Prevalence of serious psychological distress by Asian regions¹ and select demographic characteristics among New York City Asian adults, 2023Source: *Neighborhood Wellness Survey, 2023*

Data are weighted to the adult residential population per the American Community Survey, 2021.

		Prevalence		Lower 95% Confidence Interval	Upper 95% Confidence Interval	p-value
Sex assigned at birth						
Male	East Asia	5.9		4.7	7.3	ref
	South Asia	7.0		5.0	9.7	0.421
	Southeast Asia	4.0 *		2.0	7.7	0.215
Female	East Asia	7.2		5.8	8.8	0.016
	South Asia	11.9		8.8	15.8	ref
	Southeast Asia	6.5	D	4.1	9.9	0.019
Sexual orientation						
Gay, lesbian, bisexual, or some ot	East Asia	12.7		8.8	17.9	ref
	South Asia	12.3		6.8	21.3	0.929
	Southeast Asia	9.5 * U		3.7	22.3	0.530
Heterosexual	East Asia	5.5	U	4.6	6.6	0.016
	South Asia	8.4		6.5	10.9	ref
	Southeast Asia	4.9		3.2	7.5	0.022
Not sure	East Asia	9.6		6.0	15.1	ref
	South Asia	12.1 *		5.9	23.3	0.604
	Southeast Asia	^ ^		^	^	^
Place of birth²						
U.S. born	East Asia	7.0		5.5	8.8	ref
	South Asia	12.5	U	7.4	20.3	0.096
	Southeast Asia	6.1 *		2.7	13.2	0.747
Foreign born	East Asia	5.8		4.6	7.4	0.036
	South Asia	8.8		6.7	11.5	ref
	Southeast Asia	4.5	D	2.8	7.1	0.008
English proficiency						
Not at all well/not well	East Asia	3.6		2.5	5.2	ref
	South Asia	8.8 *		4.4	16.8	0.095
	Southeast Asia	^ ^		^	^	^
Well/very well	East Asia	6.2		5.2	7.3	0.043
	South Asia	8.5	U	6.7	10.8	ref
	Southeast Asia	5.2		3.5	7.5	0.019
Education level						
High school or less	East Asia	4.4		3.2	6.1	0.026
	South Asia	7.5	D	5.0	11.1	0.001
	Southeast Asia	1.5 * D		0.4	6.0	ref
Some college	East Asia	8.2		5.6	12.1	ref
	South Asia	9.7		5.4	16.9	0.651
	Southeast Asia	7.1 *		3.0	15.7	0.732
Bachelor or higher	East Asia	6.7		5.5	8	ref
	South Asia	7.8		5.8	10.2	0.386
	Southeast Asia	5.4		3.5	8.2	0.342
Health insurance						
Yes	East Asia	6.4		5.5	7.5	0.027
	South Asia	9.0		7.2	11.3	ref
	Southeast Asia	5.3		3.6	7.6	0.010
No	East Asia	9.2 *		4.7	17.0	-
	South Asia	^ ^		^	^	^
	Southeast Asia	^ ^		^	^	^

¹Asian heritage or ancestry is self-reported and based on the following question: "What is your ancestry or ethnic origin?" Although captured in two variables, priority was given to the first-reported ancestry for this analysis, resulting in relatively few individuals classified as having mixed Asian ancestry. For the purposes of this publication, **East Asia** includes China, Hong Kong, Japan, South Korea, Mongolia, Taiwan, and Tibet. **South Asia** includes Afghanistan, Bangladesh, India, Iran, Nepal, Pakistan, and Sri Lanka. **Southeast Asia** comprises of Cambodia, Indonesia, Laos, Malaysia, Myanmar, Philippines, Singapore, Thailand, and Vietnam. Only Asian ancestry groups with adequate sample sizes are shown.

²Adults born in the U.S. includes individuals born in the U.S. territories (Puerto Rico, Guam, U.S. Virgin Islands, or other U.S. territory).

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Bold p-values are significant at the 0.05 level.

U When reporting to nearest whole percent, round up, D when reporting to the nearest whole percent, round down.

Table 3. Prevalence of social isolation among New York City Asian adults, 2023Source: *Neighborhood Wellness Survey, 2023*

Data are weighted to the adult residential population per the American Community Survey, 2021.

	Prevalence		Lower 95% Confidence Interval	Upper 95% Confidence Interval	p-value
Race and ethnicity (Overall)	39.6		39.0	40.3	
American Indian or Alaska Native	39.8 *		29.3	51.3	0.616
Asian	36.9		35.5	38.4	ref
Black	41.9		40.2	43.6	<0.001
Latino	42.7		41.5	43.9	<0.001
Middle Eastern or North African	42.9		37.7	48.3	0.034
Native Hawaiian or Other Pacific Islander	36.1 *		26.2	47.2	0.876
White	36.9		35.8	38.0	0.990
Multiracial	46.5 U		42.1	50.9	<0.001
Another race	41.5 U		35.6	47.7	0.148
Region¹					
East Asia	37.1		35.2	39.1	ref
South Asia	35.9		32.7	39.1	0.506
Southeast Asia	35.9		31.1	40.9	0.645
Ancestry¹					
Chinese	36.6		34.3	39.0	0.007
Bangladeshi	35.5 U		30.5	40.9	0.011
Indian	34.0		29.5	38.7	0.003
Japanese	37.2 *		26.9	48.9	0.155
South Korean	40.9		35.9	46.0	0.179
Pakistani	40.4 *		30.8	50.9	0.311
Filipino	34.4		28.0	41.3	0.012
Taiwanese	46.8		39.9	53.9	ref
Hongkonger	32.4 *		21.6	45.5	0.044
Vietnamese	34.6		26.1	44.2	0.037

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Bold p-values are significant at the 0.05 level.

U When reporting to nearest whole percent, round up, D when reporting to the nearest whole percent, round down.

Table 4. Prevalence of serious psychological distress among New York City Asian adults with social isolation, 2023Source: *Neighborhood Wellness Survey, 2023*

Data are weighted to the adult residential population per the American Community Survey, 2021.

	Prevalence	Lower 95% Confidence Interval	Upper 95% Confidence Interval	p-value
Overall	17.0	15.2	19.0	
Region¹				
East Asia	15.8	13.5	18.3	ref
South Asia	21.4	16.8	26.8	0.047
Southeast Asia	14.7	10.3	20.7	0.727
Ancestry¹				
Chinese	14.7	12.1	17.7	ref
Bangladeshi	21.9	15.5	30.0	0.071
Indian	20.4	14.1	28.6	0.151
Japanese	18.8 *	10.5	31.4	0.458
South Korean	19.5 D	13.3	27.6	0.222
Pakistani	22.7 *	11.1	40.8	0.304
Filipino	17.1	9.8	28.2	0.616
Taiwanese	21.1	13.0	32.3	0.213
Hongkonger	15.2 *	6.7	30.9	0.931
Vietnamese	15.2 *	6.5	31.6	0.942

¹Asian heritage or ancestry is self-reported and based on the following question: "What is your ancestry or ethnic origin?" Although captured in two variables, priority was given to the first-reported ancestry for this analysis, resulting in relatively few individuals classified as having mixed Asian ancestry. For the purposes of this publication, **East Asia** includes China, Hong Kong, Japan, South Korea, Mongolia, Taiwan, and Tibet. **South Asia** includes Afghanistan, Bangladesh, India, Iran, Nepal, Pakistan, and Sri Lanka. **Southeast Asia** comprises of Cambodia, Indonesia, Laos, Malaysia, Myanmar, Philippines, Singapore, Thailand, and Vietnam. Only Asian ancestry groups with adequate sample sizes (n≥50) are shown.

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Bold p-values are significant at the 0.05 level.

U When reporting to nearest whole percent, round up, D when reporting to the nearest whole percent, round down.

Table 5. Prevalence of seeking mental health support among New York City Asian adults with serious psychological distress, 2023Source: *Neighborhood Wellness Survey, 2023*

Data are weighted to the adult residential population per the American Community Survey, 2021.

	Prevalence	Lower 95% Confidence Interval	Upper 95% Confidence Interval	p-value
Race and ethnicity (Overall)	72.4	70.3	74.4	
American Indian or Alaska Native	71.7 *	45.5	88.5	0.531
Asian	64.2	58.4	69.7	ref
Black	70.4	64.9	75.3	0.119
Latino	72.9	69.1	76.3	0.012
Middle Eastern or North African	83.4 *	69.7	91.7	0.002
Native Hawaiian or Other Pacific Islander	^	^	^	^
White	76.9	73.0	80.5	<0.001
Multiracial	78.5 * D	66.7	86.9	0.016
Another race	44.2 *	28.9	60.6	0.023
Region¹				
East Asia	66.9	59.1	73.9	ref
South Asia	69.2 *	57.7	78.8	0.729
Southeast Asia	74.0 *	58.2	85.4	0.375
Ancestry¹				
Chinese	68.0	58.9	76.0	0.006
Bangladeshi	59.8 *	45.3	72.8	0.002
Indian	70.9 *	52.3	84.4	0.071
Japanese	83.9 *	55.8	95.5	0.590
South Korean	60.7 *	44.5	74.9	0.005
Pakistani	59.1 *	30.9	82.4	0.051
Filipino	90.3 *	67.6	97.6	ref
Taiwanese	76.0 *	57.0	88.3	0.175
Hongkonger	^	^	^	^
Vietnamese	^	^	^	^

¹Asian heritage or ancestry is self-reported and based on the following question: "What is your ancestry or ethnic origin?" Although captured in two variables, priority was given to the first-reported ancestry for this analysis, resulting in relatively few individuals classified as having mixed Asian ancestry. For the purposes of this publication, **East Asia** includes China, Hong Kong, Japan, South Korea, Mongolia, Taiwan, and Tibet. **South Asia** includes Afghanistan, Bangladesh, India, Iran, Nepal, Pakistan, and Sri Lanka. **Southeast Asia** comprises of Cambodia, Indonesia, Laos, Malaysia, Myanmar, Philippines, Singapore, Thailand, and Vietnam. Only Asian ancestry groups with adequate sample sizes (n≥50) are shown.

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Bold p-values are significant at the 0.05 level.

U When reporting to nearest whole percent, round up, D when reporting to the nearest whole percent, round down.

Table 6. Prevalence of mental health support sources by Asian regions¹ among New York City Asian adults with serious psychological distress, 2023

Source: *Neighborhood Wellness Survey, 2023*

Data are weighted to the adult residential population per the American Community Survey, 2021.

	Prevalence	Lower 95% Confidence Interval	Upper 95% Confidence Interval	p-value
Family/friend	42.7	37.3	48.4	
East Asia	45.9	38.4	53.6	ref
South Asia	48.3 *	36.6	60.2	0.741
Southeast Asia	62.6 *	46.6	76.3	0.055
Therapist/counselor	21.7	17.6	26.4	
East Asia	24.8	18.9	31.9	ref
South Asia	17.8	11.5	26.5	0.166
Southeast Asia	25.0 *	12.8	43.0	0.983
Psychiatrist/prescriber	17.9	13.7	22.9	
East Asia	17.8	12.6	24.7	ref
South Asia	22.2	13.9	33.4	0.456
Southeast Asia	9.6 *	4.0	21.3	0.109
Primary care doctor	15.0	11.6	19.3	
East Asia	14.0	9.6	20.0	ref
South Asia	17.0	10.6	26.2	0.523
Southeast Asia	10.7 *	4.3	24.2	0.541

¹Asian heritage or ancestry is self-reported and based on the following question: "What is your ancestry or ethnic origin?" Although captured in two variables, priority was given to the first-reported ancestry for this analysis, resulting in relatively few individuals classified as having mixed Asian ancestry. For the purposes of this publication, **East Asia** includes China, Hong Kong, Japan, South Korea, Mongolia, Taiwan, and Tibet. **South Asia** includes Afghanistan, Bangladesh, India, Iran, Nepal, Pakistan, and Sri Lanka. **Southeast Asia** comprises of Cambodia, Indonesia, Laos, Malaysia, Myanmar, Philippines, Singapore, Thailand, and Vietnam.

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Bold p-values are significant at the 0.05 level.

Table 7. Prevalence of receiving mental health treatment among New York City Asian adults with serious psychological distress, 2023Source: *Neighborhood Wellness Survey, 2023*

Data are weighted to the adult residential population per the American Community Survey, 2021.

	Prevalence	Lower 95% Confidence Interval	Upper 95% Confidence Interval	p-value
Race and ethnicity (Overall)	51.6	49.3	53.9	
American Indian or Alaska Native	67.3 *	46.2	83.2	0.006
Asian	39.1	33.7	44.8	ref
Black	47.7	41.9	53.5	0.037
Latino	53.7	49.7	57.6	<0.001
Middle Eastern or North African	56.3 *	40.2	71.1	0.047
Native Hawaiian or Other Pacific Islander	^	^	^	^
White	58.1	53.9	62.2	<0.001
Multiracial	54.5 * U	42.1	66.4	0.026
Another race	39.4 *	24.8	56.1	0.976
Region¹				
East Asia	40.8	33.6	48.5	ref
South Asia	34.6 *	24.5	46.2	0.359
Southeast Asia	47.8 *	31.2	64.9	0.470
Ancestry¹				
Chinese	41.8	32.8	51.4	ref
Bangladeshi	25.4 *	14.7	40.2	0.043
Indian	47.1 *	31.6	63.3	0.581
Japanese	69.7 *	43.1	87.5	0.031
South Korean	44.1 *	30.8	58.3	0.790
Pakistani	38.6 *	14.5	70.0	0.844
Filipino	45.0 *	24.0	67.9	0.807
Taiwanese	26.8 *	18.4	37.4	0.029
Hongkonger	^	^	^	^
Vietnam	41.4 *	15.2	73.6	0.981

¹Asian heritage or ancestry is self-reported and based on the following question: "What is your ancestry or ethnic origin?" Although captured in two variables, priority was given to the first-reported ancestry for this analysis, resulting in relatively few individuals classified as having mixed Asian ancestry. For the purposes of this publication, **East Asia** includes China, Hong Kong, Japan, South Korea, Mongolia, Taiwan, and Tibet. **South Asia** includes Afghanistan, Bangladesh, India, Iran, Nepal, Pakistan, and Sri Lanka. **Southeast Asia** comprises of Cambodia, Indonesia, Laos, Malaysia, Myanmar, Philippines, Singapore, Thailand, and Vietnam. Only Asian ancestry groups with adequate sample sizes (n≥50) are shown.

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Bold p-values are significant at the 0.05 level.

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Table 8. Prevalence of unmet mental health treatment needs among New York City Asian adults with serious psychological distress, 2023Source: *Neighborhood Wellness Survey, 2023*

Data are weighted to the adult residential population per the American Community Survey, 2021.

	Prevalence		Lower 95% Confidence Interval	Upper 95% Confidence Interval	p-value
Race and ethnicity (Overall)	46.4		44.1	48.7	
American Indian or Alaska Native	62.8 *		37.3	82.7	0.045
Asian	37.2		31.7	43.0	ref
Black	45.6		39.9	51.3	0.042
Latino	44.8		40.9	48.7	0.032
Middle Eastern or North African	54.5 * D		38.2	69.8	0.050
Native Hawaiian or Other Pacific Islander	^		^	^	^
White	52.4		48.3	56.5	<0.001
Multiracial	58.9 *		45.4	71.3	0.003
Another race	31.7 *		18.4	49.0	0.524
Region¹					
East Asia	34.0		26.7	42.0	ref
South Asia	33.8 *		24.4	44.7	0.980
Southeast Asia	39.9 *		25.7	56.0	0.503
Ancestry¹					
Chinese	34.5 U		25.8	44.4	ref
Bangladeshi	40.3		27.6	54.4	0.496
Indian	26.9 *		15.0	43.3	0.383
Japanese	34.2 *		14.0	62.4	0.983
South Korean	31.7 *		19.1	47.6	0.747
Pakistani	^		^	^	^
Filipino	32.5 * U		17.4	52.6	0.850
Taiwanese	37.8 *		22.9	55.4	0.741
Hongkonger	^		^	^	^
Vietnamese	^		^	^	^

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^ Data are suppressed due to imprecise and unreliable estimates.

95% Confidence Intervals (CIs) are a measure of estimate precision: the wider the CI, the more imprecise the estimate.

U When reporting to nearest whole percent, round up, D when reporting to the nearest whole percent, round down.

Table 9. Prevalence of barriers to mental health care among New York City Asian adults with serious psychological distress that reported an unmet treatment need, 2023

Source: *Neighborhood Wellness Survey, 2023*

Data are weighted to the adult residential population per the American Community Survey, 2021.

	Prevalence	Lower 95% Confidence Interval	Upper 95% Confidence Interval
Barriers to mental health care			
Thought could handle mental health without treatment	48.4	39.7	57.2
Could not afford cost of treatment	53.9 *	43.4	64.1
Didn't know who to contact or where to go	43.3	33.8	53.3
Worried that if I got mental health treatment people would	31.1	22.5	41.3
Hours or locations were not convenient	27.2	19.5	36.7

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