

The Impact of Adverse Childhood Experiences on Mental Health Outcomes Among Disaggregated Asian American Subgroups

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Background

INTRODUCTION

- The percentage of Asian Americans who reported having any mental illness is 16%.¹
- Suicide was the leading cause of death among Asian American ages 10 to 19, and the second leading cause of death among those ages 20-34.¹
- These statistics along with the challenges Asian American communities faced during the COVID-19 pandemic highlights the urgent need for mental health intervention and support.

OBJECTIVES

- To characterize the prevalence of ACEs and poor mental health outcomes among disaggregated Asian American subgroups
- To investigate the association between ACEs and mental health outcomes among disaggregated Asian American subgroups

Methods

Study Design: Observational, cross-sectional study

Dataset: 2021-2022 California Health Interview Survey

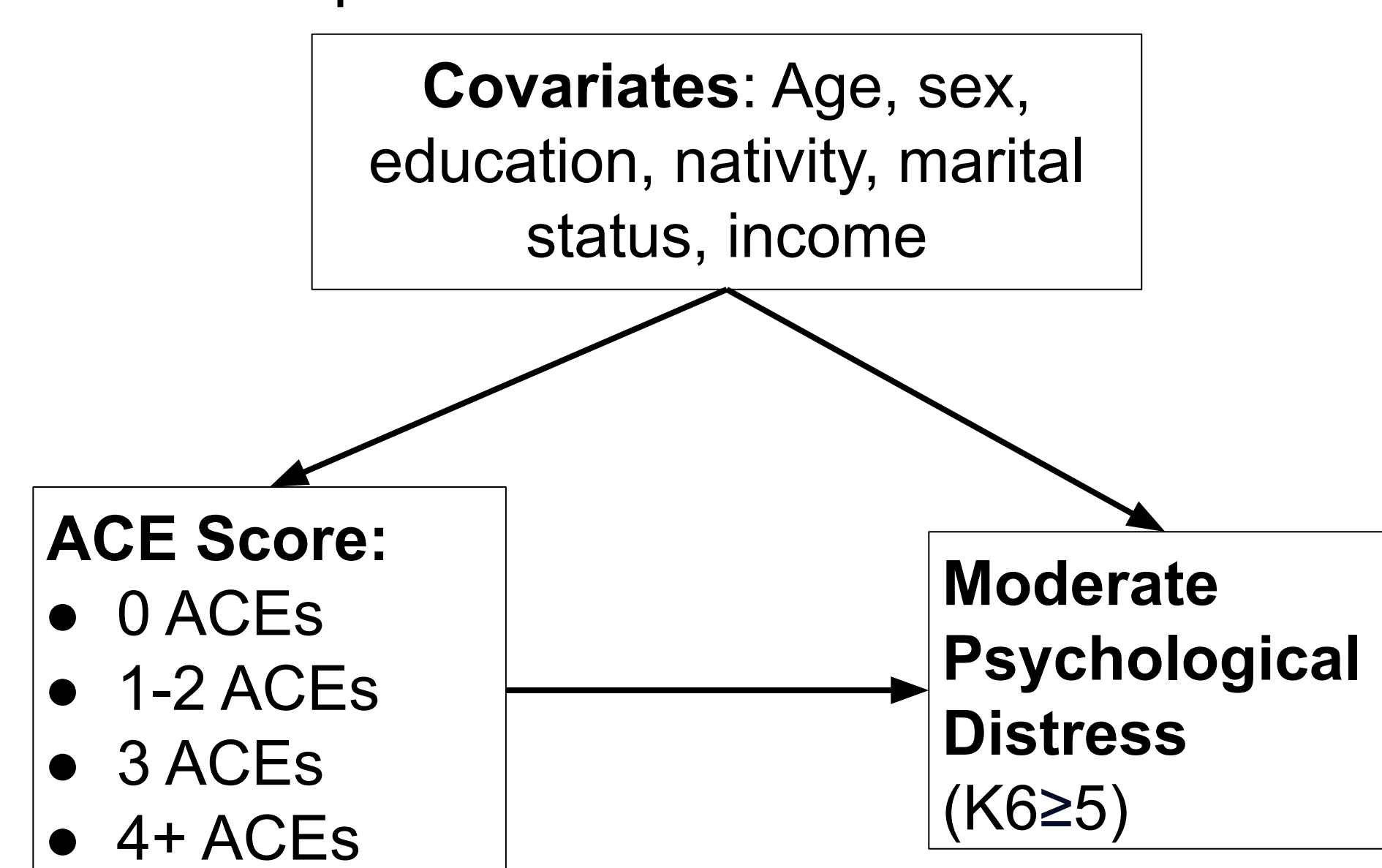
Analysis: Rao-Scott Chi Square test and

subgroup-stratified multivariable logistic regression

- **Independent Variable:** ACE Score (Based on the CDC's Behavioral Risk Factor Surveillance System Ace Data)
 - 0 ACEs
 - 1-2 ACEs
 - 3 ACEs
 - 4+ ACEs
- **Dependent Variable:** Moderate Psychological Distress in the Past Year (Kessler 6 \geq 5)
- **Covariates:** Age, sex, education, nativity, marital status, income

Inclusion Criteria: Self-reported Non-Hispanic Asian American race, \geq 18 years old

Figure 1. Conceptual framework of the research question



Scan the QR for tables and estimates

Results and Discussion

Figure 2. Prevalence of 2-3 ACEs by Asian American Subgroup

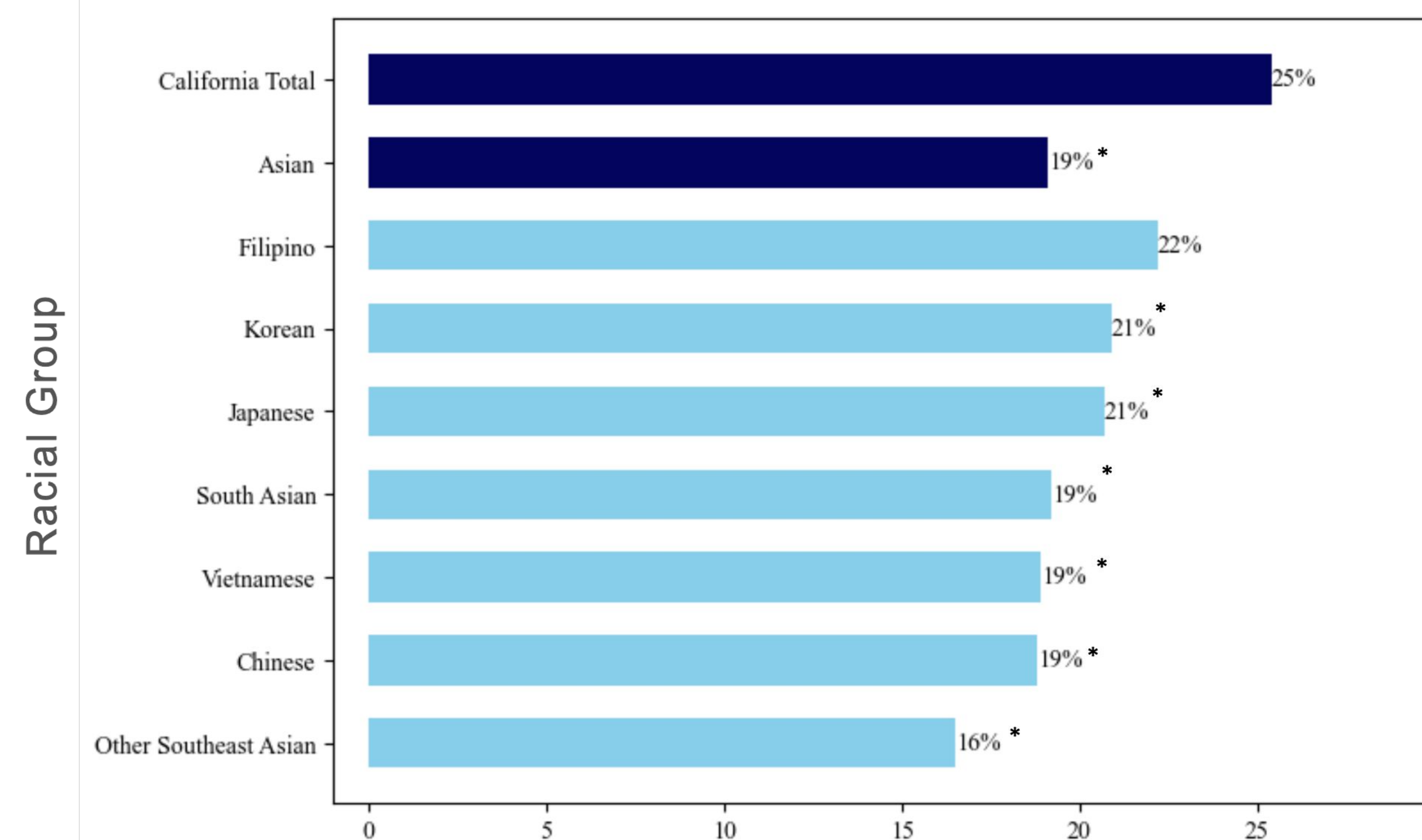


Figure 3. Prevalence of Those Who Found It Hard To Get By On Their Family's Income Before Age 18 by Asian American Subgroup

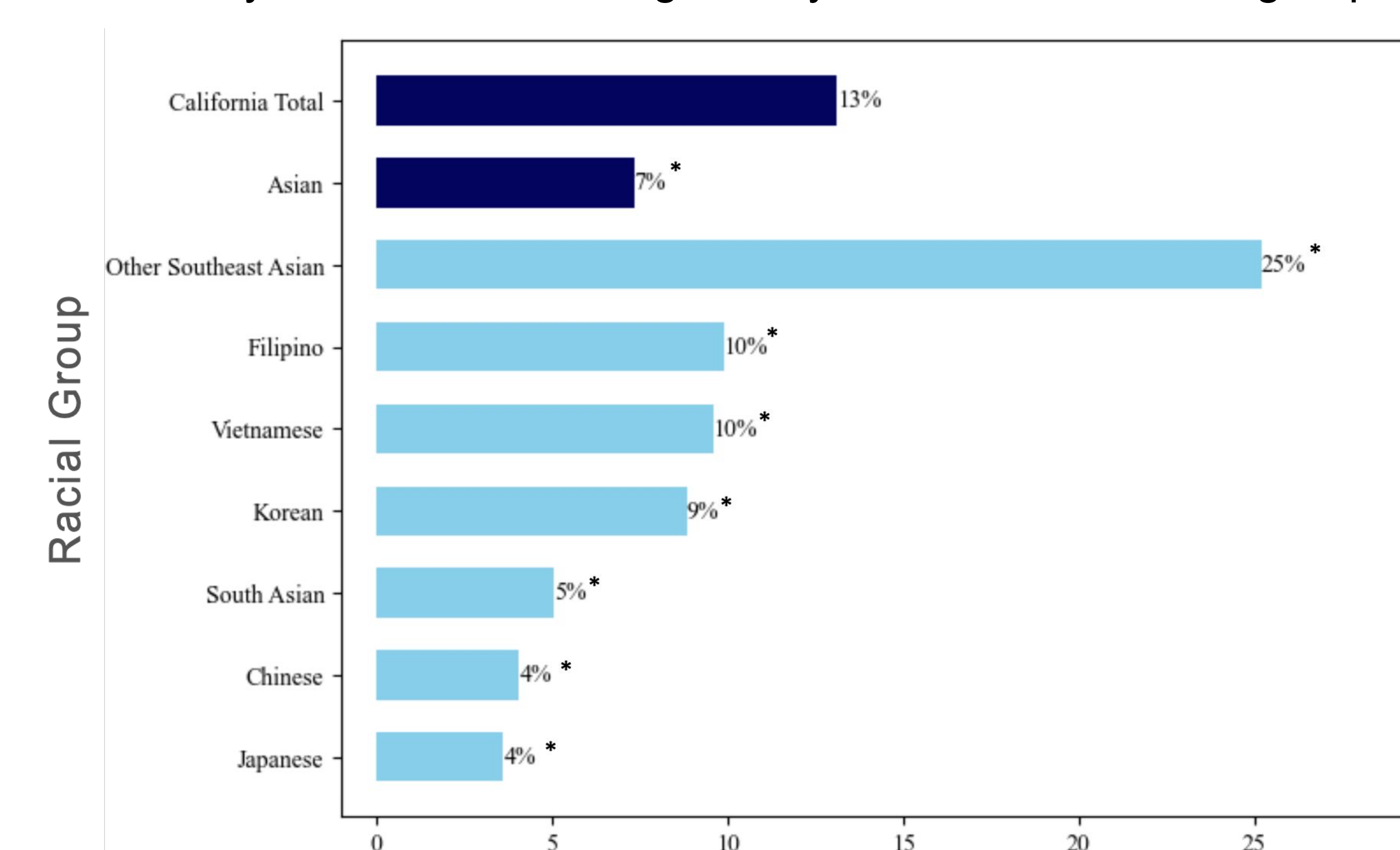
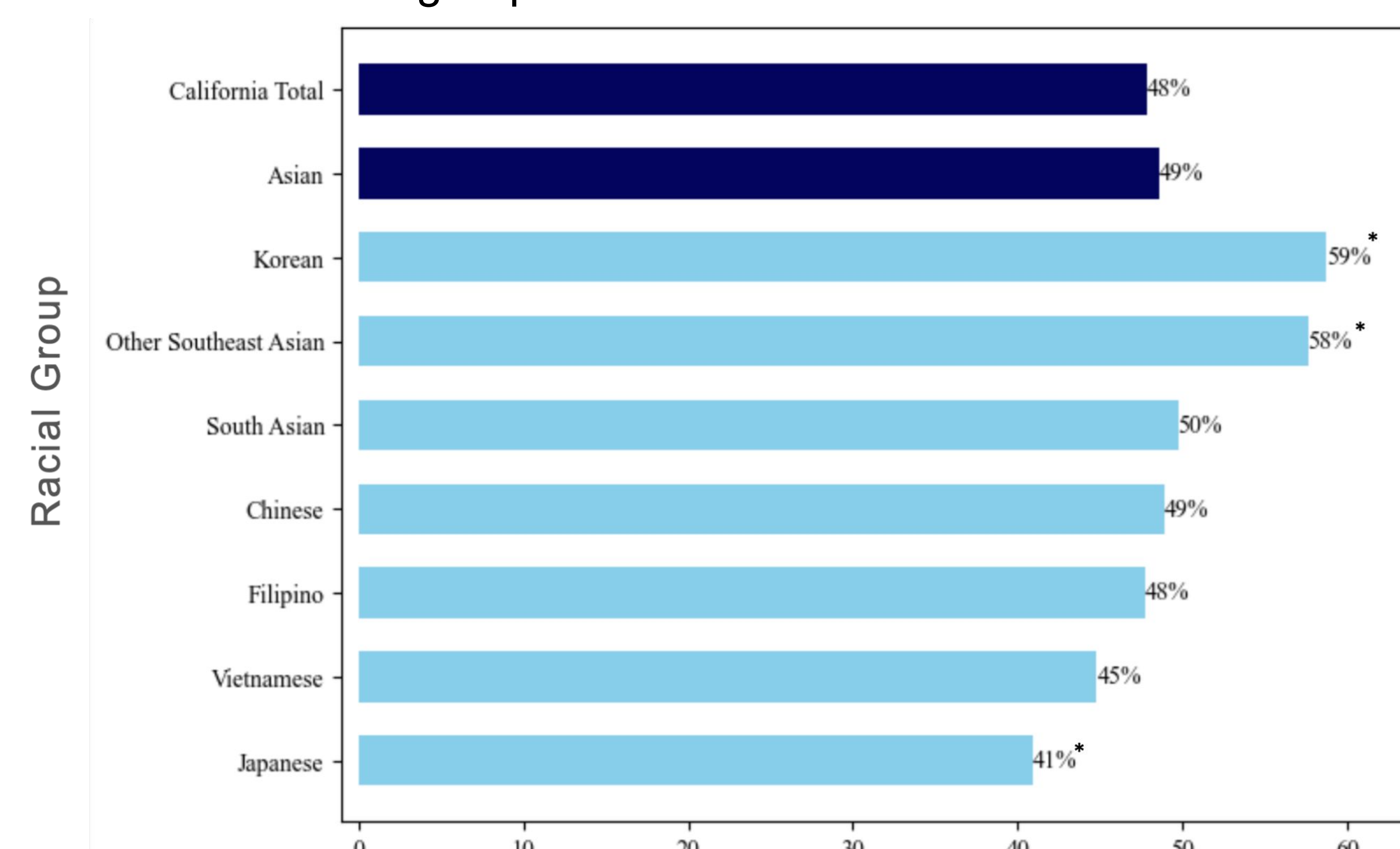


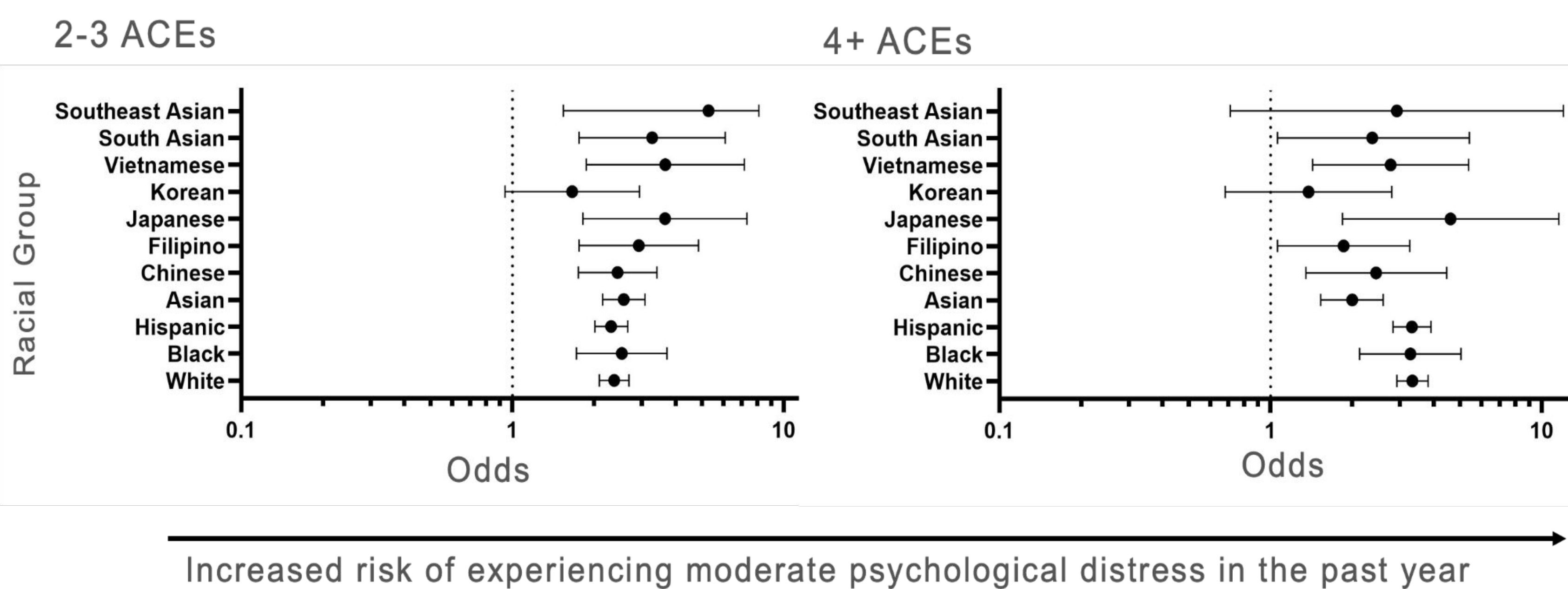
Figure 4. Prevalence of Moderate Psychological Distress (K6 \geq 5) by Asian American Subgroup



*Denotes statistically significant difference (p<0.05) with California total

Figure 5. Forest plot of associations between ACE scores and moderate psychological distress by race and ethnicity

Comparison Group: 0 ACEs



KEY FINDINGS

- The current ways we measure mental health may not accurately capture the mental health experiences of Asian American communities
- There is heterogeneity in the number of ACEs across Asian American subgroups
- Specific ACEs are more prevalent in some Asian American subgroups than others

FUTURE DIRECTIONS

- Further research is needed to understand the complex relationship between childhood trauma and mental health outcomes
 - Qualitative data is needed to capture nuances that quantitative data cannot
 - Positive childhood experiences remain largely unexplored and may buffer the association between ACEs and poor mental health outcomes
- Mental health interventions for Asian Americans should take into account specific ACEs that are more prevalent in certain Asian American subgroups

STRENGTHS

- First study to characterize adverse childhood experiences among disaggregated Asian American subgroups

LIMITATIONS

- Cross-sectional analysis
- Dataset timeframe
- Low sample size
- Generalizability

REFERENCES

- 1) SAMHSA. Asian American, Native Hawaiian, and Pacific Islander (AA and NHPI). Published May 25, 2023. <https://www.samhsa.gov/behavioral-health-equity/aa-nhpi>



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