

# Senior Centers at the Frontline of Preventing Depression among Chinese Elderly

By: Manyu Jiang and Kailing Ng

At the age of 70, after 27 years of marriage to her second husband, Ms. Jin Xinmei found herself alone. Her then-husband had up and left her, gone to Boston to live with his son from an earlier marriage.

“His son told him that he would take care of him, so he went. He left me to fend for myself and two dogs,” said Ms. Jin, now 75.

In the weeks after her husband left, she could barely leave the house. For two months, Mr. Peter Zhang, a manager at AAFE Care for Seniors, called her nearly every night to console her.

“I was worried that she might develop depression,” said Mr. Zhang. “I told her to come to the center to make friends. I told her: ‘Don’t stay home and think about the past.’”

Workers like Mr. Zhang at some 250 seniors centers in New York are at the frontlines of the battle against elderly depression in New York.

While mental health is a problem for aging populations all over the US, the issue is especially pressing in New York’s Chinatown. [Nearly 30% of all Chinatown citizens are Asian-Americans over 55 years old](#), and this percentage is only set to increase in the coming years.

In addition, [studies](#) have shown evidence that Chinese-Americans have greater rates of depression than their Chinese counterparts.

[It has been well documented](#) that although Asian-Americans are the fastest growing racial group in the United States, their mental health needs continue to go unmet.

“Depression is an equal opportunity employer,” said Ms. [Janet Fischer, chief administrator of senior services at Henry Street Settlement](#). “We know for a fact that it’s very high in the senior population and it’s very high in the Chinese population, especially in the elderly population.”

But getting the Chinese seniors the help they need is not easy.

“Stigma is a major hurdle among Chinese seniors said,” Ms. Fisher said. “Chinese seniors don’t even relate to it, they don’t admit it.”

She added: “Well, if I say ‘I’m depressed,’ it brings shame on my family. Or brings shame on my community. Or I’m a failure. So there’s total denial about depression.”

Her colleague, Ms. Kristine Ha, a caseworker in Chinatown for 16 years, said that Chinese seniors also tend to be more private than others.

“For the Chinese seniors, it might take a lot of time before they even tell you they have high blood pressure. They are more closed to themselves,” said Ha.

To reach out to them, senior centers typically have a full calendar of social activities where caseworkers and social workers have the chance to observe and interact with the seniors. The activities include meals at the centers, origami classes, tea sessions and karaoke nights. Many centers also reach out to the elderly through their meals on wheels program.

Ms. Isabel Ching, executive director of [Hamilton Madison House](#), calls such activities the “soft touch” approach. They allow the staff of senior centers to start a conversation with the elderly, and through that, they can find out more about their situation.

When talking to the seniors, the team pays attention to a careful choice of words, said Ms. Ching. “We don’t use the words like “mental health issue”, we just say *wellness*.”

For such programs to work, they also have to be tailored for the Chinese seniors. At the Henry Street Settlement Senior Center, a women's support group was run as a regular tea session to encourage participation among the Chinese seniors.

"We bought Chinese tea and a tea kettle. The idea was to get the women talking and engaging, and come closer together," said Ms. Betsy Smith, director of the naturally occurring retirement community program at Henry Street Settlement.

To help remove the stigma of mental health issues, [Henry Street Settlement](#) also piloted a peer support program earlier this year. The idea was to train other elderly who had gone through isolation and depression to talk to their peers so that they could get the necessary help too.

The program has had some success with its Spanish-speaking seniors but two Chinese volunteers who attended the training did not follow through with the program.

About two years ago, Henry Street Settlement senior center also started performing mental health screenings for seniors who want to join the center as new members. Seniors are scored on simple questions such as whether or not they are eating or sleeping well.

These mental health screening questions are asked alongside questions on their general health, such as whether they have high blood pressure or diabetes, and the entire screening is done as part of the admission procedure. If the seniors show signs of depression, staff at the center are alerted to keep an eye on them and to follow up with their situation.

"Normalizing the mental health screenings, and putting them on par with screenings for high blood pressure and diabetes is one way of removing the stigma", said Ms. Fischer.

"We want to try and train all our seniors that mental health screening is no different than any other screening," she added. "It's a wellness screening, that it

makes no difference. If you screen for blood pressure, you should screen for mental health.”

Ms. Fischer also suggested that the Department of Health should run a media campaign with celebrities and sports stars who had dealt with depression so people can understand that depression is more common than they think.

Most of the programs run by these senior centers are funded by the city of New York through the [Department for the Aging](#). Many centers’ budgets are also supported through fundraising and other grants that they received.

But as the population of New York’s Chinatown gets older and statistically more densely populated with Asian-Americans, it becomes potentially more vulnerable to mental health issues like depression and isolation, the community is drastically underprepared to address this issue.

More money is needed in the future to fund programs for a larger elderly population. But more than money, the healthcare system needs social workers and clinicians who speak the language of the Chinese seniors, who are culturally sensitive to their specific needs, and fast.

Ms. Ha said that at the Charles B. Wang Community Health Center the shortage of Cantonese-speaking therapists has become so severe that expected waitlist times now can last well over a year.

Ms. Ching said that the change in immigration policies has also made it more difficult for her organization to sponsor a foreigner who has the language, cultural and professional abilities to remain in the US and work with the elderly.

Mr. [Howard Shih, a researcher at the Asian American Federation \(AAF\)](#), agrees. “A longer-term solution is to figure out ways to cultivate young people to counseling and social services and find ways to help them go to school.”

He also proposes creating a unified organization composed of a network of healthcare professionals who can speak Chinese and are well-versed in the skill of encouraging the Chinese elderly to talk about mental health.

“A lot of mental health issues are about managing stress. We tell them: ‘We are helping you deal with challenges in life.’ That is a way of addressing that issue,” he said.

In a study done by AARP, the Asian American Federation, and other community groups called [Disrupting Racial and Ethnic Disparities](#), the authors state that while this issue is complex, it is not unsolvable. They cite applications for smartphones and telehealth as one promising area for improvement.

Although fewer older adults use smartphones when compared to the general population, [Pew Research Center found that 46% of these older adults reported owning smartphones](#), a significant increase from just 18% in 2013, and as current populations age, having conversations about health through a smartphone may become more and more commonplace.

However, currently in the state of New York, Medicaid only covers the use of telehealth services, like remote mental health counseling, if utilized at a licensed facility like a doctors office but not while the patient is at home, making these services much less helpful than they might be otherwise.

But there is hope for a solution sometime in the near future, [as the New York State Health Department proposed regulatory reforms](#) expanding the state’s Medicaid coverage to allow patients to receive telehealth services in a wider range of settings, including at home.

For Ms. Jin, Mr. Zhang’s phone calls pulled her out of her shell.

Today, the diminutive retiree is fiercely independent and spends much of her time with friends singing in a choir made up of senior citizens. Her choir mates call her “Jin Jie” or “Big sister Jin”.

On a recent Sunday, after 2-hours of choir practice in Chinatown, she brought two of her mates to Flushing to watch a concert.

“(Mr Zhang) is kind... He called me and talked to me every day. He is very caring,” she said. “So I told myself I needed to be strong, if I don’t do anything about it, I would have died.”