



# Diversity & Health Equity at APA

Spring/Summer 2025 Update

**#AchieveMentalHealthEquity**





## Chief's Corner

As spring blossoms into summer, we bring you the latest edition of our newsletter with perspectives from across APA's membership. In this issue, we spotlight mental health equity champion, Sheryl Kataoka, M.D., M.S.H.S. Dr. Kataoka notes that "the beauty of psychiatry is that we value learning about how each person is unique" and underscores the importance of understanding the cultural and community contexts of our patients.

Dr. Owusu-Antwi provides insight into the social determinants of health impacting family resilience, Dr. Rastogi shares her experience with state advocacy, and Drs. Khaira and Shen call attention to rising suicide rates among Asian American and Pacific Islander youth. Additionally, Dr. Liggins explains the hidden benefits of medical education in the Caribbean, and SAMHSA MFP Fellows Drs. An, Dietrich and Petion reflect on their time at the APA Spring Leadership Summit.

*"Never underestimate the power of dreams and the influence of the human spirit. We are all the same in this notion: The potential for greatness lives within each of us." - Wilma Rudolph*

### **Regina James, M.D.**

Deputy Medical Director | Chief, Division of Diversity and Health Equity  
American Psychiatric Association

Thank you to the following APA members for their contributions to this newsletter:

- Grace An, M.D.
- Rebekah Dietrich, D.O.
- Toni Johnson Liggins, M.D.
- Sheryl Kataoka, M.D., M.S.H.S.
- Poojajeet Khaira, M.D.
- Philipa Owusu-Antwi, M.D., M.P.H., CCTP
- Jacky Salomon Petion, M.D.
- Devnandini (Devna) Rastogi, M.D.
- Mary Shen, M.D., M.Sc.

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## Mental Health Equity Champion Spotlight

### Mental Health Equity Champion – Dr. Sheryl Kataoka

By Megan Julia, M.P.H., CHES

*Sheryl Kataoka, M.D., M.S.H.S., is a child psychiatrist and health services researcher who has focused her career on improving mental health care for youth and families living in under-resourced communities. She is professor emeritus in the UCLA Department of Psychiatry, where she had served as program director for the child and adolescent psychiatry fellowship and chaired school committees for both the American Academy of Child and Adolescent Psychiatry and the National Child Traumatic Stress Network. As a senior faculty member in school mental health research at UCLA, Dr. Kataoka is currently a co-primary investigator for a National Institute of Mental Health-funded grant, Right Care at Right Time: Digital Supported Peer Navigation for Addressing Child Mental Health Inequities, which aims to create an app-based well-being tool to improve access to care for diverse youth living in under-resourced communities.*

#### **Thank you for speaking with us and for your leadership in the field. When did you realize you wanted to pursue a career in child psychiatry?**

Back when I was in medical school, psychiatry was quite stigmatized even within the medical profession. It wasn't even on my radar to consider as a specialty. In my fourth year, all my residency interviews were set for pediatrics. But early that year, I did an in-patient child psychiatry elective, and the light bulb went off. I loved getting to know the children and families so in depth and all their psychosocial complexity. Also, at that time, I was grieving the loss of my sister and got connected with my own psychiatrist, a psychiatry resident. That was very profound. As someone who grew up in a Japanese American household, I would never have thought to see a psychiatrist myself. I cannot help but think that was critical to my going into psychiatry.

#### **You shared that you were raised by three generations of family members who emigrated from Japan. How has your heritage shaped your perspective as a psychiatrist?**

I was born and raised in a family of immigrants, where our cultural heritage was greatly valued. We celebrated. We gathered together. We ate amazing food made by my grandmother and great-grandmother. I have seen through my own family how mental health and well-being were foreign concepts, and how the journey of immigration can bring both strengths and challenges to a family. My family's history of internment has also affected the way I view the world and what is going on around us. And why it is important for us as psychiatrists to also advocate for those who are not always able to advocate for themselves. My background has undoubtedly played a role in the

work that I have done in trying to better understand how we, as psychiatrists, can support children and their families, those who have acculturative stress, those who experience racism and discrimination and those who don't seek care because of stigma about their mental health condition or lack of available and acceptable resources.

### **In what ways do cultural and community contexts impact mental health?**

Our cultural background is integral to our mental health. The beauty of psychiatry is that we value learning about how each person is unique, with their generational history, their family's customs and beliefs, their neighborhood, who surrounds them, what school they attend, and how institutions and systems treat them. The cultural factors that we carry with us play a role in our mental health and well-being, and in our life trajectory – the ways we learn, how we make friends, develop self-esteem and move forward from life's challenges.

I was trained in a traditional medical model. But my research has been embedded in community participatory work. That approach to research

**"Part of our role as psychiatrists is to understand each individual in front of us and how we can support them within their cultural and community contexts."**

has helped shape my approach as a clinician in learning to partner with children and families,

understanding their perspectives, honoring their lived experiences, and working together with them to find a solution. It has been an intentional shift, where I am constantly learning from the communities with which I get to collaborate.

### **Can you tell us more about what it means to engage in community-partnered participatory research?**

The community-partnered participatory research approach was born out of a community partnership model developed by Loretta Jones, who founded Healthy African American Families in Los Angeles. She helped create this model of thinking about research in partnership with communities, in which equity is at the center of the research project and all voices are welcomed to the table. It means that community and academic partners work together in defining the research question, deciding on outcome measures, interpreting results, and contributing to scientific papers and presentations as well as community reports and meetings. For so long, researchers counted on community partners volunteering their time. We, as researchers, are paid to be at the table – why shouldn't the community partners? Ms. Loretta taught us that this is a partnership. We should honor the community's time, their experience, and their contribution to research.

### **You have extensive experience in partnering with schools. How can psychiatrists help promote mental health in school settings?**

Psychiatrists can start by partnering with school leaders, listening to what their needs are and opportunities for psychiatrists to be more involved with the prevention of illness alongside school staff. Psychiatrists can provide education to parents, students, and staff, consult administrators about what mental health support might be helpful,



as well as see patients directly in places such as school-based health centers. Seeing children and families in the natural environments of schools, where they spend their everyday lives, is an amazing way to support children and really gain insight into what they are experiencing. We as psychiatrists need to get out of our offices more and into community settings such as schools, into the places where kids and families spend so much of their lives. I have also partnered with schools on a research level. Working with schools and districts to evaluate what they are doing and helping them to improve the quality of the mental health care they are providing can also be an important role.

**From your perspective as a clinician and a researcher, how can trauma- and resilience-informed mental health care be incorporated into schools?**

There has been a lot of research now on ACEs, or adverse childhood experiences, which can impact a child's development, their ability to do well in school, and their social relationships. Trauma is so pervasive that we really have to understand its impact on a child. It often masks as other disorders. We need to make sure that we are taking all of the experiences a child has had into consideration when we are doing an assessment. And not only understanding the adverse experiences but also how to build on the strengths of each child. And not just thinking about resilience at an individual child level, but the importance of strengthening the family, the community, the school. There is a growing literature now on positive childhood experiences, or PCEs, that speaks to building resilience-informed communities and systems, including our schools.

**Mentoring is also one of your passions. How did your own experiences as an APA Minority Fellow and an APA Program for Minority Research Training in Psychiatry Fellow impact your professional journey?**

Both of those opportunities opened my eyes to what was out there. We often live in our own bubble and only see what is directly in front of us, what we are exposed to. I had never seen myself as a leader, or even as a researcher. I only knew my clinical bubble, and my love for medicine, psychiatry, and working with my patients. During residency, I was exposed to the APA Minority Fellowship, which helped me see the many roles of a psychiatrist and the immense impact we can have on our communities, policy, our profession, and the broader world. The APA Program for Minority Research Training in Psychiatry really launched my research career, enabled me to have protected time to learn how to do research, conduct studies, and most importantly find research mentors who helped guide my career.

As a speaker for the current fellows at the APA Spring Leadership Summit, it was so great to see all of those fresh faces excited about their next steps, pushing our field forward, and learning how they can make an impact. I feel like mentorship really gives back to the mentors too. I am constantly rethinking and challenging my own assumptions each time I am in conversation with our next generation of leaders.



# The Mental Health Link

## Home, Hope, and Mental Health: Social Determinants of Family Resilience

By Philipa Owusu-Antwi, M.D., M.P.H., CCTP

*Dr. Owusu-Antwi is a dedicated PGY-3 resident and APAF Fellow with a strong commitment to advancing mental health care, advocacy, and health equity. Passionate about community and addiction psychiatry, she aims to make a lasting impact both nationally and globally.*

By now, we have all heard of social determinants of health (SDOH). It is a phrase that spells out its own meaning: social, non-medical factors determining one's health.

Why do some children grow up to live productive lives and become productive contributing members of society, while others don't? Think about the systemic barriers that hold them hostage. Think of SDOH. Now close your eyes and imagine the kind of person, neighborhood, or image you see.

The cries of babies, crowded apartments, invisible sidewalks, a frustrated mother working multiple hand-to-mouth jobs, food deserts, poorly funded education, and hopelessness and helplessness plaguing neighborhoods — that's what I hear, see and have come to know through my education and our work.

SDOH have repeatedly been shown to affect quality of life across generations. Yet, the efforts to bridge the gap and bring healing do not match expectations. The conditions in which

an individual is born, raised, grows, lives, works, and most often dies have a significant impact on not only their lives but also their children's lives. Access to quality education, sidewalks, healthy produce, playgrounds, good jobs, after-school programs, and health care play a significant role in the trajectory of their lives.

Over the years, literature has shown that SDOH contribute to health disparities affecting mental and physical well-being — how the absence of a playground, sidewalk, or affordable food; unemployment; low income; and low-quality education can increase the risk of cardiovascular conditions, short- and long-term depression, and anxiety, and lead to lower life expectancy.

Even the most loving families under stress, poverty, housing instability and health challenges can struggle to provide emotional support. The persistent stressors — limited resources, multigenerational trauma and erosion of protective factors — breed hopelessness and break down resilience.

Maslow's hierarchy of needs postulates biophysiological factors such as water, food, warmth, rest, and safety and security as basic needs for human fulfillment. The theory also touches on a higher need for feelings of belonging and accomplishments, which, unfortunately, specific populations have been systematically excluded from. How can people have a sense of purpose and contribution to society at the pinnacle of this hierarchy when they have not been allowed to care for themselves adequately?

"It takes a village" is not just a proverb but a reality often missing in underserved and marginalized communities. These people do not have the social and economic stability needed to thrive that other more fortunate ones enjoy — and they are the ones who need our voices.

Universal, indicated, and selective preventive measures are needed as protective actions. These actions include advocacy for systemic changes that focus on rebuilding communities and expanding access to quality education, including literacy programs, healthier food options and housing security. But how do we do that in the current climate? SAMHSA and Medicaid are examples of infrastructures that address SDOH. We start by fighting for and preserving our existing frameworks. We cannot sit idly by and watch the villages we have collectively built and continue to build be torn apart. I call on you, everyone, to use your voice. I call on you to continue advocating and collaborating with faith-based programs and organizations focused on addressing SDOH because families thrive physically and mentally when they feel secure in their homes, neighborhoods, jobs, schools and country.

### **Suggested websites to stay connected:**

[psychiatry.org/SDMOH](https://psychiatry.org/SDMOH)

[psychiatry.org/Psychiatrists/Advocacy](https://psychiatry.org/Psychiatrists/Advocacy)

### **Suggested webinars:**

*[Social Determinants of Mental Health Spotlight: Highlights from the Social Determinants of Mental Health Convening](#)*

*[Social Determinants of Mental Health Convening](#)*

- [Allan Tasman, M.D.](#)
- [Dilip Jeste, M.D.](#)
- [Dolores Malaspina, M.D.](#)
- [Elie Aoun, M.D.](#)
- [Enrico Castillo, M.D., M.S.](#)
- [Eric Rafla-Yuan, M.D.](#)
- [Paul Rosenfield, M.D.](#)
- [Rahn Bailey, M.D.](#)
- [Vivian Pender, M.D.](#)

### *Planning Committee*

- [Elvis Gyan, Ph.D.](#)
- [Regina James, M.D.](#)

*[Looking Beyond: Nourishing Minds, The Role of Culturally Attuned Nutrition, Food Security, and Social Determinants in Mental Health](#)*

- [Abiodun Atoloye, Ph.D.](#)
- [Adjoa Smalls-Mantey, M.D., D.Phil.](#)
- [Gregory Brown, M.D.](#)
- [Nebeyou Abebe, M.A.M.P.](#)

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- [Regina James, M.D.](#)

### **Suggested books:**

*[Health and Wellness in People Living with Serious Mental Illness](#)*; Edited by Patrick W. Corrigan, Psy.D., and Sonya L. Ballentine

*[The Social Determinants of Mental Health](#)*; Edited by Michael T. Compton, M.D., M.P.H., and Ruth S. Shim, M.D., M.P.H.





## Advocacy in Action

### Testifying at Your State Legislature

By Devnandini (Devna) Rastogi, M.D.CCTP

*Dr. Rastogi is a board-certified psychiatrist and the Psychiatry Residency Program director at Creighton University School of Medicine — Phoenix, based at Valleywise Behavioral Health Center in Mesa, Arizona. She also serves as block director for the MS2 Brain & Behavior course and holds academic appointments as associate professor (affiliate faculty) at Creighton University, assistant professor of psychiatry at Mayo Clinic College of Medicine and clinical associate professor at the University of Arizona College of Medicine — Phoenix. A recipient of multiple teaching awards and recognized as a Distinguished Life Fellow of the American Psychiatric Association, Rastogi has contributed significantly to medical education and curriculum development. She has authored numerous peer-reviewed publications and has presented nationally on topics ranging from clinical psychiatry to physician wellness and mental health equity.*

I believe if you complain about something, you must be willing to be part of the solution. For years, I realized our state legislators would better affect change if they were informed about issues regarding waste of time and resources. It was on my to-do list to provide this education and express my opinion, but like many things on such a list, they remained a forever future goal.

In January 2025, Arizona Senate Bill 1125 was proposed to allow psychologists to obtain a license to prescribe psychotropic medications in collaboration with licensed physicians. As residency program director at Creighton University, and with my passion about scope-of-practice issues, I was asked to testify regarding the difference in education between psychologists and medical professionals. I was stressed, having one day to prepare how to succinctly discuss salient points. I prepared a three-minute presentation and was given two minutes. I was cut off before finishing, which is lamentable for

such consequential issues. I learned testimony is a formality. The bill was subsequently passed. The real work must occur before testimony. Our duty is to keep our legislators apprised of our concerns. We rarely sway anyone at the time of testimony if they have done their due diligence and already know how they will vote.

As a program director, my focus is on the next generation of doctors prioritizing their voice along with their skills. No one understands better than we do what our patients need. Our residency program is part of the [APA 100% Club](#) for this reason — to help the Arizona Psychiatric Society and APA members give counsel and vote on critical issues. I am developing a fourth-year advocacy elective so my residents can understand the process and become comfortable talking with legislators ahead of testimony and votes. The goal is to prepare them to meet their responsibility and use their knowledge and guidance in the most influential way.



## Supporting the Future of Psychiatry

### Fellows' Reflections on the APA Spring Leadership Summit

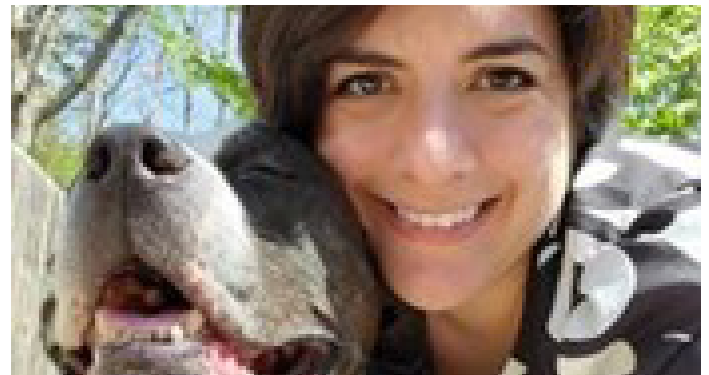
By Grace An, M.D., Rebekah Dietrich, D.O., and Jacky Salomon Petion, M.D.



*Dr. An is a first-year child and adolescent psychiatry fellow at Zucker Hillside Hospital/ Northwell Health, and an APA SAMHSA minority fellow. She completed her general psychiatry residency at the University of Virginia.*

This March, I had the exciting opportunity to attend the APA Spring Leadership Summit in Washington, D.C. All the speakers provided insights into the diverse career paths available within psychiatry, and they were truly inspirational as they outlined their unique career trajectories and goals. I especially appreciated the sessions on advocacy and policy, which, along with the support of my CAP fellowship program, influenced my decision to attend this year's American Academy of Child and Adolescent Psychiatry Legislative Conference. Of course, I thoroughly enjoyed meeting and spending time with my APA SAMHSA Minority

Fellowship Program cohort, experiencing our national monuments and memorials, and admiring the beautiful cherry blossoms. Overall, the summit not only positively impacted my professional development and expanded my network, but it also was a source of motivation and space to reflect on my career goals, clinical practice, patient population and participation in advocacy.



*Dr. Dietrich is from New Jersey and is currently a PGY-3 psychiatry resident in South Jersey and an APA SAMHSA Minority Fellow. She plans on attending a fellowship after graduation and would like to work with underserved communities in the future. Outside of work, Rebekah enjoys spending time with her pup, Frankie, and learning acupuncture.*

As a SAMHSA MFP Fellow, I have had the great pleasure of meeting leaders in the field virtually for the past several months. However, no virtual meeting could compare to the experience of attending the APA Spring Leadership Summit. The speakers were inspiring with their diverse backgrounds, fearlessness in advocacy, and unwavering desire to be mentors. It was also inspiring to see those from similar humble backgrounds being national leaders. I walked away with tangible ideas of how to improve advocacy in my residency and how advocacy is an integral part of my job as a physician.

Shortly after the summit, I encountered a difficult situation on a rotation that required advocacy for my patients and my team. The summit emboldened me to advocate for those involved effectively.

I truly appreciate the SAMHSA MFP staff, mentors, and speakers who provided me with this opportunity to attend the Spring Leadership Summit and help me grow as a leader.

health. It provided a unique opportunity to connect with inspiring leaders and learn from their experiences. I am now able to envision myself in a leadership role contributing to the APA's mission. A key takeaway was the power of collective action and how professional associations can lead impactful, community-driven initiatives. I also gained a deeper appreciation for the importance of boldness and courage in pursuing meaningful change. Mentorship emerged as a powerful catalyst for personal and professional growth. The second day's site visits were particularly moving, highlighting how even small interventions can significantly improve community health. On the final day, I gained practical advocacy skills, learning how to structure and present a project, engage policymakers and demand accountability. Exploring research opportunities also helped clarify how to align my interests with long-term career goals. It was truly an empowering experience.



*Dr. Petion is a third-year psychiatry resident at One Brooklyn Health System and an APA SAMHSA Minority Fellow. He previously worked as a research scientist in Haiti, conducting clinical trials to reduce stigma and improve health care delivery for*

*individuals living with HIV. His current work focuses on integrating neuroscience with circuit-based and device-related interventions, alongside advocating for equitable, evidence-based mental health care for underserved communities.*

The APA Spring Leadership Summit was a transformative and invaluable experience for any fellow dedicated to advancing equity in mental



## Raise Your Voice

### Breaking the Silence: Suicide and the Mental Health Burden Facing AAPI Youth

By Poojajeet Khaira, M.D.,  
and Mary Shen, M.D., M.Sc.



*Dr. Khaira is a psychiatry resident and APA/APAF Leadership Fellow with a strong commitment to medical education, health equity, and reducing workplace violence. She serves as the APA Assembly Area IV Resident-Fellow*

*Member Deputy Representative and chairs both the Resident-Fellow Member Committee and Social Media Committee of the Ohio Psychiatric Physicians Association. Her work focuses on elevating resident voices, advocating for culturally responsive care, and promoting safety and well-being in psychiatric training environments.*



*Dr. Shen graduated from the University of North Carolina (UNC), with highest honors in nutrition. After college, she pursued a master's degree in nutrition at Columbia University. She then returned to UNC for medical*

*school, where she earned several university and national awards for her work in leading mentorship initiatives for women in surgery. Dr. Shen initially trained in general surgery at the University of Michigan, where she also served as an NIH T32 research fellow, publishing over 35 peer-reviewed papers. She is now a PGY-3 resident at Brigham and Women's Hospital/Harvard Medical School, as well as an APA/APAF Leadership Fellow. Dr. Shen is interested in cultural psychiatry, treatment-resistant depression, and interventional psychiatry.*

Suicide is now the leading cause of death among Asian American youth aged 15-24, marking a deeply concerning trend in one of the nation's most rapidly expanding populations.<sup>1</sup> From 2000 to 2019, the Asian American population grew by 81%, while the Pacific Islander population rose by 61%.<sup>2</sup> During this same time period, suicide rates among Asian American and Pacific Islander (AAPI) male youth climbed by 72%, and among female youth, the increase was an alarming 125%.<sup>3</sup> These spikes peaked around 2019-2020, as AAPI youth faced the compounding effects of rising anti-Asian sentiment, academic and familial pressures, and limited access to culturally responsive mental health care.<sup>4-7</sup>

In addition to the psychological toll caused by discrimination and violence, AAPI youth also face systemic barriers that hinder their access to adequate mental health care.<sup>8</sup> Challenges such as language barriers, underfunding of mental health research and a lack of culturally relevant resources contribute to the disparity in mental health outcomes for this population. AAPI communities are diverse, encompassing a wide range of ethnicities, languages and cultural backgrounds, which further complicates the provision of effective care and support. <sup>4-6</sup>

Cultural factors also play a significant role in the mental health struggles of AAPI youth. The "model minority" stereotype, which pressures individuals to excel academically and professionally, can exacerbate feelings of isolation and inadequacy. Additionally, the stigma surrounding mental health in many AAPI cultures prevents open conversations about mental illness and discourages young people from seeking help.<sup>9</sup> This stigma, compounded by intergenerational conflicts where traditional beliefs clash with modern mental health perspectives, creates a perfect storm for mental health crises to go unnoticed or untreated.

Furthermore, many AAPI youth face familial resistance to mental health services, with parents often declining mental health interventions for their children.<sup>9</sup> This reluctance highlights the urgent need for tailored suicide prevention efforts that address both the unique cultural dynamics of AAPI families and the lack of mental health resources within these communities.

Dr. Khaira discussed how clinicians can support AAPI youth in a conversation with Dr. Krysti Lan Chi Vo, Chair of the Assembly M/UR Committee and Assembly Representative for the Caucus of Asian American Psychiatrists. They sat down to discuss the cultural nuances of treating at-risk youth for a special limited series titled "Breaking the Silence: Addressing Youth Suicide." Dr. Khaira shared what culturally responsive care could look like: "This is going to be different for every patient but seeing them for everything that they are, not just their symptoms. For the AAPI population, many of them are immigrants, they might be first generation or second generation, so understanding that it is a part of their story, understanding family expectations, cultural beliefs about mental health, and also recognizing that they might have faced racism or xenophobia or generational trauma. Noticing that and talking with the patient about how that could have affected their story and how they're presenting today."

To combat the AAPI youth suicide crisis, it is essential to raise awareness about the mental health struggles faced by AAPI youth and work toward destigmatizing mental illness within these communities. Creating accessible, culturally competent mental health services, providing educational resources, and fostering open conversations about mental well-being can help prevent further loss of young lives. Dr. Khaira said that clinicians can start as early as medical



school. “You have to start locally to make a change happen,” she said. “Even in my own personal career when I’ve been passionate about something, the feedback I’ve gotten is, ‘what have you done at your hospital about it?’ And I think I really have used that to just make decisions for myself and guide what I do. And that is something I hope people take away when listening [to the podcast].”

The “Breaking the Silence: Addressing Youth Suicide” series will premiere this summer on APA’s renowned Medical Mind podcast as part of the APA Moore Equity in Mental Health Initiative. Each episode will feature a dynamic speaker pairing drawn from APA’s membership. Through storytelling, expert insights, and practical guidance, this series seeks to empower listeners with the tools and understanding needed to make a meaningful impact in combating youth suicide — one conversation at a time.

## Resources

[Psychiatry.org - Working with Asian American Patients](#)

[Compassionate Home. Action Together - YouTube](#)

[Austin Asian Community Health Initiative](#)

[Stop AAPI Hate](#)

[Asian American Health Initiative](#)

[Yellow Chair Collective Online Therapy in Los Angeles, CA](#)

[National Asian American Pacific Islander Mental Health Association](#)

[Asian Mental Health Collective Resource Directory](#)

[SMHART Clinic - Stanford Medicine](#)

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## Culture Corner

### The Hidden Benefits of Caribbean Medical Education

By Toni Johnson Liggins, M.D.

*Dr. Liggins is the associate dean of clinical studies at St. George's University School of Medicine in Grenada, West Indies. She serves on the APA Advisory Council for the SAMHSA MFP. Dr. Liggins previously served as the director of medical education and the designated institutional official and has trained numerous graduates of both U.S.-based and Caribbean medical schools during her 14 years as a residency program director. Dr. Liggins graduated from the University of Michigan Medical School and completed residency training in psychiatry at the Cleveland Clinic, where she was an APA Minority Fellow.*

International medical education can be defined as medical education beyond the national borders of one's home country. International medical graduates (IMGs) include U.S. citizens who graduate from international medical schools located in the Caribbean. Although they may spend the majority of pre-clinical learning on a campus in the Caribbean, like their U.S. counterparts, these students complete some, if not all, of their clinical rotations in U.S. hospitals.

IMGs can pursue postgraduate residency training in the U.S. by meeting specific requirements including the school having appropriate accreditation and the graduate having passed the required U.S. Medical Licensing Examination (USMLE). Although IMGs face more challenges in obtaining residency positions, in general, the pathway to U.S. postgraduate training is similar for students educated in the U.S. and those educated in the Caribbean.

There are meaningful and often unrecognized benefits for the graduates of Caribbean medical schools. This multicultural learning environment immerses its students in a range of educational and personal growth opportunities not necessarily available in most U.S. medical schools. This is often due to the diversity of the student body and the faculty. Students' awareness of global health care complexities is raised. In addition, Caribbean schools often emphasize cultural humility and appreciation by encouraging students to respect the people and culture they experience as a "guest" of these island nations.

Learners from diverse walks of life teach each other valuable lessons that will benefit them in the clinical setting and beyond. Students from "majority" experiences are often placed in a "minority" setting for the first time in their lives. Stepping outside of one's comfort zone can be equivalent to planting seeds of awareness and empathy that will later grow into cultural competence during clinical encounters. In summary, a Caribbean medical

education offers much more than a tropical sunset by which to study. It offers a valuable — although often hidden — curriculum that may not be fully appreciated until its graduates are in clinical practice.

Read more:

[Liu J, Li S. An ethnographic investigation of medical students' cultural competence development in clinical placements. \*Adv Health Sci Educ Theory Pract.\* 2023;28\(3\):705-739. doi:10.1007/s10459-022-10179-7](#)

[Nelson BD, Kasper J, Hibberd PL, Thea DM, Herlihy JM. Developing a Career in Global Health: Considerations for Physicians-in-Training and Academic Mentors. \*J Grad Med Educ.\* 2012;4\(3\):301-306. doi:10.4300/JGME-D-11-00299.1](#)

[Best Caribbean Medical Schools:  
Your Path to a MD Degree](#)

[Benefits of Global Health Education  
for Future Doctors - SDN](#)

# DON'T MISS OUT

## Summer 2025 Events

**JULY 1**

**3:30 - 5:00  
PM EST**

APA MOORE Equity in Mental Health  
Roundtable Conversation  
"Building Support for Young Women's  
Mental Well-Being"



**RECORDING**

**JULY 8**

**1:00 - 2:30  
PM EST**

Bebe Moore Campbell National Minority  
Mental Health Month Symposium  
"Uncertain Times: Caring For Your  
Mental Health"

*Hosted by the Bebe Moore Campbell National  
Minority Mental Health Awareness Task Force*



**RECORDING**

**JULY 19**

**7:00 AM  
EST  
CHECK-IN**

5th Annual APA & APAF MOORE Equity  
in Mental Health 5K Walk, Run, & Roll in  
Wheaton, Maryland, or from your home  
community



**REGISTER**

**AUG 21**

**7:00 - 8:00  
PM EST**

APA MOORE Equity in Mental Health  
Roundtable Conversation  
"Mind the Gap: Overcoming Mental  
Health Stigma by Bridging the Divide  
Between Generations"



**REGISTER**

Learn more at [www.psychiatry.org/DDHE](http://www.psychiatry.org/DDHE)

