The Impact of COVID-19 Related Anti-Asian Rhetoric and Racial Discrimination on the Mental Health of Asian Americans

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The 2019 coronavirus (COVID-19) has had differential effects on the psychological, behavioral, economic, social, and physical well-being of people around the world. Although no one has been immune to the impact of COVID-19, the largest disparities and impact have been felt by socially vulnerable populations, including minorities. Minorities, such as Asian Americans[1], are the fastest growing ethnic group in the United States (U.S.) at 20 million strong – nearly 6 percent of the U.S. population (Asante-Muhammad and Sim 2020; Kandula and Shah 2020). The Asian American population is expected to become the largest immigrant group to the U.S. by 2055 (Kandula and Shah 2020). Asian Americans have made countless contributions to the U.S. economy, the advancement of science, culture, healthcare, and more since the 1800s (Hsu 2021; Yuko 2021). In the U.S., Asian Americans are a strong economic force, generating $700 billion in annual GDP and employing more than 3.5 million people (Kandula and Shah 2020). Within this, Asian Americans are responsible for advancements in everything from atomic science to technology (i.e. Yahoo, Microsoft Outlook, USBs, Youtube), finding a cure for HIV-positive infants, advocating for human and civil rights (i.e. farm workers', civil, and assault survivor rights), diversifying cuisine and culture (i.e. American Chinese and martial arts) to name a few (Study International Staff 2021; Yuko 2021). Yet, despite their countless contributions, Asian Americans' participation in politics (or the lack of) is a root cause of further challenges (Jacob 2006). COVID-19 response was in many ways a political response, where political divides became evident and xenophobia was amplified, making Asian Americans' lack of representation in the U.S. a major challenge to a successful and equitable response. Voter registration levels of Asian Americans are as low as 28 percent where language barriers, lack of familiarity with the U.S. political system, ignorance, challenges in meeting eligibility requirements, and redistricting negatively impact political participation (Jacob 2006). Despite Asian Americans and Pacific Islanders (AAPIs) making up 6% of the U.S. population, there is only 0.9% of AAPI elected leaders across all levels of government, equating to the lowest representation of any demographic (Greater Boston Staff 2021).

The COVID-19 pandemic's impact on Asian Americans, as well as other minorities, has exposed a gap upon which Asian Americans face the widest divides in corporate success, educational attainment, and income (Kandula and Shah 2020). According to Kandula and Shah, these disparities are accentuated given that Asian Americans disproportionately hold high-contact essential jobs that place them at greater health risk, Asian-owned businesses are overrepresented in sectors that have been hardest hit by COVID-19, and anti-Asian xenophobia and racism have been exacerbated (2020). The U.S. has a long history of interpersonal and

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[1] For the purposes of this article, we define the Asian American community as Asians, Native Hawaiians, and Pacific Islanders who hail from roughly 50 countries in the Asia–Pacific region, speak more than 100 languages, and now reside in the United States.

structural anti-Asian discrimination, where immigration and citizenship laws, political participation, economic-related resentment, and model minority stereotypes have given way to longstanding racism (Dudenhoefer 2021). Yet during the pandemic, such discrimination has been greatly emphasized given the rhetoric and negative stereotypes towards Asian Americans. This anti-Asian discrimination has disproportionately affected Asian Americans, where higher risks of infection and death and worsened mental health due to rising xenophobia, were already impacted due to the general societal and interpersonal impacts of COVID-19 in the U.S. (Litam 2020; DeVitre and Pan 2020; Reny and Barreto 2020; Kandula and Shah 2020).

Efforts to tie COVID-19 to China have given rise to racial discrimination and widespread xenophobia towards Asian Americans, which feed off of the expansive U.S. history that blamed immigrants for societal misfortunes. Research has found that racism, xenophobia, and microaggressions can worsen mental health, leading to an increased incidence of depression and suicide ideation (O'Keefe et al. 2015). As a greater emphasis is placed on socially vulnerable populations and minorities, researchers have begun to investigate the impact of COVID-19-related racial discrimination on Asian Americans' health (Chen, Zhang, and Liu 2020; Litam 2020; Cheah et al. 2020).

According to DeVitre and Pan (2020), the problematic, biased, and misleading media coverage of COVID-19 coupled with racial microaggressions and trauma caused race-related stress that magnified mental health challenges, including lower levels of self-esteem and increased levels of psychological distress. Crisis Text Line, a nonprofit group that provides free text message mental-health support, saw a 39% increase in texts from Asian Americans in the first quarter of 2020, similar to the findings from the SARS outbreak in 2002 (Kandula and Shah 2020). In the US, politicians, mainstream media, and the public have frequently referred to COVID-19 as the "China virus" or "Asian virus" giving rise to racist rhetoric and discrimination. Since the beginning of the outbreak, over 2,800 hate incidents have been recorded across the United States with a 150% surge in anti-Asian hate crimes and one-third of Americans have heard others blame Asian Americans for the outbreak (Smolinski 2021). Litam (2020) addresses how the public and societal fears about the origin and cause of COVID-19 affect mental health disparities and increase race-based trauma among Asian Americans and Pacific Islanders (AAPIs) residing in the US.

Academic research addressing the disparities and mental health challenges faced by Asian Americans at the intersection of race, disaster, and mental health given the unique disparities brought on by COVID-19 is lacking. This paper will investigate the theory of interactionism as it relates to the nature of the disparities faced by Asian Americans and as a foundation for providing recommendations to mitigate the mental health disparities arising from associating COVID-19 with people of Asian descent. This research aims to build the groundwork for investigating race, particularly among Asian Americans, and the differential effects of the crisis on mental health to improve mental health response and service offerings during response and recovery.

Race and Mental Health During Disasters

Historically, disasters result in increased mental health challenges for the public and those both directly and indirectly affected (Peek and Stough 2010; Zahran et al. 2011). People, especially socially vulnerable populations face greater vulnerability during a crisis (Mechanic and Tanner 2007). Social inequities and COVID-19 response efforts have disproportionately affected

marginalized groups, including minority racial or ethnic groups, people with disabilities, those with lower socioeconomic states, children, undocumented individuals, and more. Previous research on massive trauma and disease outbreaks highlight the increase in mental health challenges and subsequent stress responses that can have long-term effects (Goldmann and Galea 2014). Disasters bring about the need to study the intersection of race and mental health. Whether a natural disaster or public health crisis, studies exist exploring the dimensions of race and the impact on mental health. Meeting the mental health needs (psychological, physical, and resource-based) of the socially vulnerable is essential for the success of a societal, community-based, and individual response and recovery from a crisis (Norris and Alegria 2005).

The emergence of new infectious diseases historically has caused discrimination against people of non-European descent (White 2020). Fear and anxiety regarding an infectious disease occur when people become threatened by the unknowns or perceptions of the cause being outside their own community (Person et al. 2004). Stemming from this innate fear, xenophobia or fear of foreigners has emerged, which is further emphasized by the intersection of fear and hatred of China (or Asians) resulting in discrimination against non-White groups because of fear of illness. AAPIs have historically faced blame, discrimination, and been subject to hate crimes in the US (Litam 2020). By pushing the psycho-cultural "Yellow Peril" stereotype, many used AAPIs as scapegoats for COVID-19, stating that Asians are a threat to jobs and economic security. Similar to COVID-19, Anti-Asian sentiment emerged following the 2003 Severe Acute Respiratory Syndrome (SARS) due to its origins in China. Yet, the SARS outbreak came prior to the widespread reliance on social media where racism, propaganda, and slurs are amplified.

Social media has resulted in the expansion of news media allowing individuals and businesses to be shaped by audiences worldwide, increasing the information available and making it harder to decipher which information to utilize. The problematic, biased, and misleading media coverage and COVID-19 information have increased rates of racial discrimination and attitudes towards people of Asian origin. Soon after COVID-19 entered the US, some media channels inappropriately labeled COVID-19 as the "China Virus" or used headlines like "China kids stay home" misleading members of the public and increasing racial discrimination against people of Asian descent (Wen et al. 2020).

Likewise, audiences are more likely to believe information that appeals to emotions or existing personal beliefs as opposed to seeking factual or objective information (Westmaas 2018). Although social media and the Internet have been critical in the response to COVID-19, the widespread use and dissemination of information have created challenges in determining fact from fiction. This has magnified the race-based discrimination around the world, where some schools have requested Chinese students not attend class, many Asian-owned businesses have lost business, Asian or Chinese customers have been refused entry into restaurants, and Asian hotel guests have been asked to leave some countries entirely (Wen et al. 2020). These actions have been felt around the world to varying degrees, where such discriminatory comments have

been shown to negatively influence Asians, including Asian Americans' well-being due to increased social isolation and perceived distrust.

Social media encapsulates users in filter bubbles, which are curated from social media feeds that enable users to be surrounded by like-minded people and information sources that are consistent with their beliefs, potentially causing misrepresented headlines or discriminatory comments to be perceived as truth (Cooke 2017). Information avoidance behaviors are seen in source selection where purposeful choices are made regarding the information that is ignored, avoided, or rejected to maintain certain beliefs (Case and Given 2016). According to Case and Given, information avoidance has been shown to contribute to the polarization of political opinions and biased interpretations of information (2016). Health-related fears and phobias as well as the search for a cause of the pandemic have resulted in misinformation fueled by politicians and dramatized headlines leading to increased racial discrimination (Westmaas 2018). Such practices hurt confidence and trust in information and may present psychological, economic, or social consequences depending on the information used or ignored (Golman, Hagmann, and Loewenstein 2017; Rodriguez-Seijas et al. 2015), as seen in the increased mental health challenges of Asian Americans amid COVID-19.

Besides racial discrimination based on fear and media portrayal, disasters also impact mental health through racial microaggressions and racial trauma. Specifically, racial microaggressions are defined as "the everyday slights, insults, invalidations, and offensive behaviors experienced by POCI through interpersonal verbal and nonverbal communication, media, educational curriculum, mascots, monuments, and other forms" (Sue et al. 2007). According to Sue et al., these racial microaggressions or race-based trauma negatively affect the mental and physical health of AAPIs and increase their risks for a variety of physical and mental problems (2007). Racial trauma is real or perceived dangers or experiences of racial discrimination (Carter, 2007). Often such experiences include "threats of harm and injury, humiliating and shameful events, and witnessing harm to other POCI because of real or perceived racism" (Litam 2020).

For some who experience or witness verbal or physical discrimination or race-based trauma, depression, posttraumatic stress disorder (PTSD), suicidal thoughts or actions, or other anxiety disorders are prevalent (Fergusson et al. 2014; Zahran et al. 2011). In some cases, fear of what could be or fear of the unknown can undermine perceptions and assumptions of safety and be just as much a stressor (Marshall and Galea 2004). Historically, higher levels of racism and discrimination are associated with lower levels of self-esteem. Similarly, such discrimination also can increase self-consciousness, discontent, or shame. The toll that a public health crisis like COVID-19 had on the mental state of individuals can translate to emotional responses (distress), harmful behaviors (substance abuse), and non-compliance with public health guidance (quarantine and vaccinations) (Pfefferbaum and North 2020). The impact of public health guidance like quarantines, seclusion, and social distancing on psychological well-being can result in anxiety, fear, frustration, loneliness, anger, boredom, insomnia, depression, stress, avoidance behavior, and PTSD (Taylor 2020). Amid the COVID-19 pandemic and other infectious disease

outbreaks, a large percentage of the public is faced with one or more adverse mental health reactions (CDC 2021). On their own, such mental health challenges can be debilitating but taken with anti-Asian rhetoric and discriminatory behaviors during COVID-19 existing disparities and challenges are exaggerated. The history of race and mental health, begs the need to investigate their intersection and the impact of race on mental health amid a disaster.

Interactionism, Asian Americans, COVID-19, and Mental Health

During a crisis, race disparities and mental health can be studied using interactionism. Interactionism originated from the concept that subjectively held meanings are central to explaining or understanding social behavior, with early contributions from Max Weber and George Herbert Mead (Stryker 2001). Herbert Blumer expanded on the earlier works, introducing the concept of symbolic interactionism as a micro-level theoretical framework that focuses on the face-to-face interactions that impact social structures and further impose on and constrain individuals (Carter and Fuller 2015). Central to this theory is the concept that individuals use language and symbols to communicate with one another, where said interactions define the makeup of society and shape individual behaviors. The basic tenants of symbolic interactionism are: (1) individuals act based on the meanings they have for objects or others; (2) interaction occurs in social and cultural contexts, where people or objects must be defined by that particular individual; (3) meanings emerge from interacting with others and in society; (4) meanings are continually created and modified based on new interpretations of interactions with others (H. Blumer 1986). According to Blumer's theory, race and ethnicity provide strong symbols as sources of identity (H. G. Blumer and Duster 1980). Blumer's theory depicts racial prejudice as a sense of group positioning, paying attention to the role of institutionalized authority in reducing (or increasing) racial prejudice (1980). He suggests that racial prejudice is formed through interactions with a dominant group, for which otherwise such prejudice would not be seen.

Symbolic interactionism applies to the pandemic, in discussing marginal groups and the ways news media and influential individuals may impact the pandemic conversation and subsequent behaviors (Dong and Lin 2021). The theory was used in the pandemic context to explore changing perceptions based on the labeling of marginal groups (Dong and Lin 2021), to explore the meanings and usage of preventive measures (St-Amant et al. 2022), and to explore the mental health and emotional vulnerabilities of individuals (Sousa et al. 2021). Yet, symbolic interactionism has yet to be revised in the context of discriminatory behaviors aimed at minorities. The theory is grounded in the concept of face-to-face and traditional social interactions, yet with the emergence of social media and subsequent platforms where individuals (i.e. politicians) can distribute information or misinformation to the masses, such a theory must be revisited. Although the hierarchical racial leaning of the United States, is changing, racial prejudice is seen among those that do not fit that personification. The COVID-19 pandemic has signified the othering[2] of sub-sections of the population, where rhetoric like the "China-virus" or "Asia-virus" commonly used by politicians or popular media differentiated and positioned groups purely on ethnicity. According to Blumer, an institutionalized authority like elected leaders or mass media can amplify such prejudice or discriminatory language positioning the group in

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[2] Related to stereotyping. Othering is the adoption of the "us" versus "them" mentality where an attempt is made to differentiate in-groups from out-groups, often in relation to gender, race, or ethnicity (Jackson 2012).

question as the cause of the societal happenings. It is through the unprecedented reliance on social media and information from authority figures like former President Trump, that emphasize othering and increase racial prejudice. Individuals' beliefs, as often determined by what they read or hear from popular media, may influence their beliefs about a particular group, especially if they do not know anyone from that group.

Today, the interactions individuals have are gravely impacted by social media feeds, where what they see or read may impact their beliefs and behaviors towards others. In this, if a social media post or information from an authoritative figure negatively portrays an individual or a group, those not in that "group" would be positioned to behave poorly toward the 'other' group. In relating this theory to mental health, the othering or prejudice of racial groups has led to a strain in psychological well-being and brought upon a rise in mental health challenges. For Asian Americans, vulnerability to mental health challenges is compounded by existing mental health disparities, but also by the significant rise in anti-Asian discrimination. At the forefront of these challenges, is that widespread media coverage and discussion by some influential figures labeled the pandemic as the "China Virus," causing some to internalize its meaning to mean people of Asian descent are to blame for the pandemic, increasing racial prejudice and violence towards Asian Americans. The increase in racism and aggression are known to worsen the mental health of Asian Americans which can be seen in the increase of calls from this group to the Crisis Text Line during the pandemic (Kandula and Shah 2020).

This philosophy critiques traditional crisis communication in that it highlights that socially vulnerable populations are disproportionately impacted by crises as a host of factors necessary for response and recovery are lacking or nonexistent. Within these factors, the social, cultural, personal, material, and relationships one has, largely determines their ability to properly respond to a crisis or mitigate the mental health challenges that may arise. In this how people interact or are positioned in society is largely determined by the institution and individual interactions, which during COVID-19 has played on the systematic disparities across society. As the majority and others seek direction and causation for the COVID-19 pandemic, they looked toward elected leaders and the media, who all too often misrepresented the cause. This association has led to increased discrimination and hate crimes among Asian Americans, that when coupled with economic, social, and physical health insecurity led to greater disparities and mental health challenges.

Nature of Disparities

Disparities among Asian Americans span social conditions, cultural differences, personal factors, material conditions, and relationships. At the forefront of these conditions is racism, which can span all sectors of life. Racism is "a mental health issue because racism causes trauma" and trauma can result in mental health challenges (Mental Health America 2021). Figure 1 depicts the factors that affect a population's mental health and well-being with a particular emphasis on the effect of racism and trauma during a crisis like COVID-19.
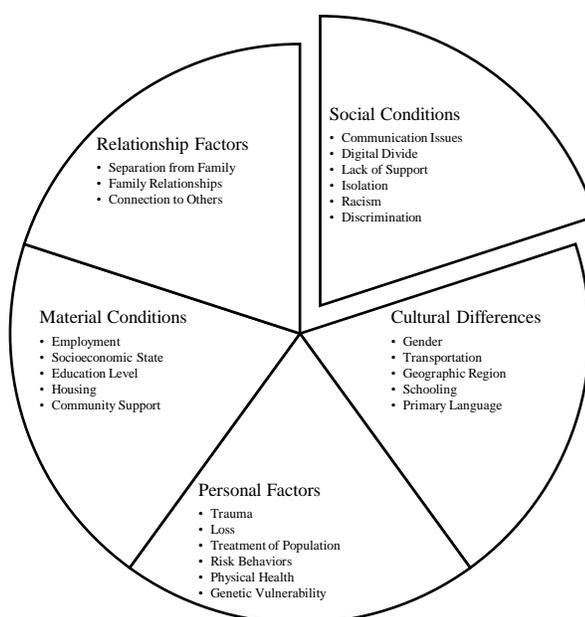
Figure 1: Factors and sub-factors affecting mental health and well-being (Dubois and Yuan 2021).

Figure 1 diverges from the sociologists' purview of mental health, as it goes beyond connecting institutions to an individual's psychological health (Wheaton 2001). Instead, it highlights that a person's mental health is associated with factors like relationships, employment, income, physical health, geographic location, education level, trauma, and racism, and varies across gender, race, age, and class (David R. Williams 2018). For Asian Americans, discrimination and mental health challenges are not new, but during crises, especially those that can be attributed (no matter the truthfulness or not) to Asians or any non-majority group, such challenges are worsened (Galvin 2021).

Adopting Dubois and Yuan's depiction of the factors and subfactors affecting the mental health and well-being of socially vulnerable populations, we discuss the impact of and interwoven nature of the areas that uniquely affect the mental health of Asian Americans (Dubois & Yuan, 2021). The effect of the COVID-19 pandemic on the mental health of Asian Americans although interwoven into relationships, material conditions, personal factors, and cultural differences, stems from historical associations, culture, and social conditions like xenophobia and discrimination. Anne A. Cheng, a comparative race scholar and professor at Princeton University said "the coronavirus and the way it has been racialized by our previous administration has aggravated and given an alibi to a racism that is always not quite gone but now surging forth" (Smolinski 2021). Arising from the prior administrations' support for racist and derogatory remarks, the social conditions and discriminatory behaviors were already high prior to the entrance of COVID-19 in the US.

Stigmas and Discrimination

With the labeling of COVID-19 as the "China Virus" and anti-Asian speech, Asian Americans continue to face greater vulnerability to discrimination and stigmatization due to their ethnicity alongside the vulnerabilities stemming from the virus itself.

Studies show that experiencing racism, discrimination, and microaggressions harms the mental and physical health of people of color and Indigenous groups (POCI), which increases their risks of suffering from mental health challenges (Litam 2020). As Litam (2020) stated, "perceived racial discrimination also has deleterious effects on Asian Americans' wellness." The race-related stress and perceived racial discrimination in AAPIs have significantly increased mental health problems, such as psychological distress, suicidal ideation, anxiety, and depression (Wei et al. 2010). Person et al. (2004) discussed how the fear of being socially marginalized and stigmatized due to a disease outbreak may cause people to deny early clinical symptoms and discourage them from seeking care, resulting in underreported illnesses and worse health outcomes. Furthermore, "stigmatization associated with discrimination often has social and economic ramifications that intensify internalized stigmatization and feelings of fear" (Person et al. 2004).

The othering stemming from politicization and scapegoating can have severe long-lasting negative impacts and result in increased suicidal thoughts and actions (Chen, Zhang, and Liu 2020). Prior to the pandemic, the discriminatory language used by political leaders and the media further emphasized and validated the othering and racist remarks, leading to increased levels of discrimination during the pandemic. In the digital age, many have had difficulties discerning fact from fiction, leading to the widespread dissemination and acceptance of propaganda and misinformation regarding COVID-19. One of the many examples of this is the propaganda that was created and disseminated stating that the World Health Organization was advising the public to avoid Asian-owned businesses like Panda Express over concerns that they helped spread or are spreading the virus (Hay and Caspani 2020). In the US, we live in a fear-driven society, where information shared, whether truthful or not will cause fear in a majority of the public. When magnified, this fear can not only spur anti-Asian discrimination and violence, but dramatic social and economic ramifications for Asian American residents or businesses.

Of particular concern during the pandemic is how anti-Asian discrimination affects mental health and sense of self and identity, especially among children and young adults. In this, the negative impact of personal, interpersonal, societal, and cultural factors disproportionately affects children, leaving them with heightened mental health challenges. Studies have found that increased levels of racism via discrimination, teasing, or stereotyping were associated with increased body image concerns and lower levels of self-esteem among Asian American children and young adults (Wang, Siy, and Cheryan 2011).

Further, Asian Americans can face race-related traumatic stress (similar to PTSD) due to being cast as the cause of the global health crisis. Besides that, the interpersonal and societal impacts of witnessing or experiencing verbal or physical discrimination create feelings of being unwelcome or threatened in their own country (Cheng 2020). The state of feeling unwelcomed or cast aside predisposes Asian Americans to acute stress or traumatic psychological synonyms like anxiety, hypervigilance, constant fear, anger, or shame. According to research on the Vietnam War, many Asian American War veterans faced ostracization due to their resemblance to the enemy resulting in increased levels of PTSD and other mental health concerns, exceeding those from war exposure (Loo et al. 2001). Such research uncovered that for Asian American

Vietnam War veterans, who risked their lives to fight for the US, being told they were not American, getting beat up, called names, and getting shot at created an identity crisis, where their entire view of being an American was shattered. Concerning the theory of interactionism, anti-Asian discrimination is rooted deep into US history, where prejudice, information, and experiences may alter perceptions or actions towards another person. Such instances as the treatment of Asian American Vietnam War veterans and the SARS outbreak were foreshadowing of what is occurring amid the COVID-19 pandemic.

Recommendations for Mitigating Mental Health Disparities Among Asian Americans

Despite the challenges Asian Americans have faced during COVID-19, there are interventions and recommendations to help mitigate the impact and discrimination arising from the pandemic. From the analysis of the factors affecting Asian Americans during crises, we suggest two recommendations. These recommendations serve to address some of the risk factors and needs of Asian Americans to aid in their mental and physical recovery from COVID-19 and mitigate the subsequent rise in discrimination.

Recommendation 1: Implement Stigma Reduction Education and Training Programs

This recommendation emphasizes educating and training the entire population due to intolerance and information illiteracy regarding the origins and causes of the COVID-19 pandemic. Manjusha Kulkarni, a co-founder of Stop AAPI Hate, says there is infrastructure within law enforcement and the Department of Justice to handle hate crimes but "this moment calls for a similar infrastructure on the civil rights side" (Smolinski 2021). Kulkarni believes more should be done to enhance public education and community support programs for victims to combat hate incidents (2021). Such training and educational resources should be based on evidence and come from trustworthy sources catered to reducing stigmatization (Misra 2020). Such endeavors should entail positive media campaigns and improve information literacy to aid people's ability to understand and counter misinformation. Effective media campaigns and training would mirror state sexual harassment training by offering students, employees, and the public a series of short narrative videos, a discussion of current discrimination tactics, and the effects of anti-Asian discrimination on the physical and mental health of those of Asian descent. These programs should be implemented in schools, workplaces, and across mass media to reverse the negative stigma and association of COVID-19 with Asians. Given the increased impact of anti-Asian discrimination on Asian American children and young adults, it is critical to explore the historical context of discrimination and structural racial injustices from early education to university, reinforcing a student's worth and personal identity. In reducing stigmas, a holistic approach must be used for which children, parents, educators, employers, and government systems familiarize themselves with Asian American (as well as racial) history and systemic racism, helping situate COVID-19 anti-Asian rhetoric in the broader context and aiding the public to speak up against and cope with the racial bias and discrimination.

Recommendation 2: Use Research as a Foundation to Enact Policy and Governmental Changes to Address How Asian Stigmas Affect Mental Health

COVID-19 has had dramatic impacts on mental health, with many long-term impacts that have yet to be discovered. Globally, the pandemic has presented unprecedented and unique challenges due to the mortality and infection rates and the social, economic, and environmental impacts. These factors and given the rise in anti-Asian rhetoric and actions, increase inequities in

mental health outcomes and service use for Asian groups. Racial discrimination has led to groups being made to feel inferior worsening mental health challenges (Williams, Lavizzo-Mourey, and Warren 1994; Schaie and Carstensen 2006). Besides this, there are also stigmas with seeking and receiving mental health support furthering the struggles of the populations already affected by mental health challenges (Gary 2005; Cooper, Corrigan, and Watson 2003). Understanding the intersection of current mental health needs, individual and societal factors that cause disparities, COVID-related drivers of distress, and anti-Asian stigma is vital to both address mental health issues and promote well-being and recovery as the impact of the pandemic continues to unfold (Misra 2020). Academic and practical research on anti-Asian discrimination that spans disciplines is warranted to provide novel insights and recommendations to inform the government and create and enact policies or best practices that are interdisciplinary in nature. It is also necessary to take a multifaceted approach to investigate how and in what ways the public retrieves information and makes decisions in light of a public health crisis, with an emphasis on communication processes. Within government, national, state, and local leaders have to speak out against anti-Asian stigma (and stigmas of any kind) and coordinate response (Jun and Wu 2021; Misra 2020). Along these lines, it is essential to research how the limited political power or representation by Asian Americans in U.S. politics impacts policy and governmental changes subsequently impacting mental health. By working with impacted communities and utilizing the media to mitigate stigma and trauma the government can improve the well-being of the country, improve inclusion and evidence-based claims, and address the mental health challenges.

Conclusion

Although anti-Asian rhetoric is deeply rooted in the U.S., the country has the power to turn the lessons learned from the pandemic into social and interpersonal change. This paper provides a foundation for researchers and practitioners to adequately recognize Asian Americans as a socially vulnerable population, properly address some of the disparities they face leading to mental health challenges, and provide recommendations to properly mitigate the societal effects of COVID-19 to limit the mental health challenges arising anti-Asian rhetoric. The mental health challenges arising from COVID-19 are widespread, so we must work to address these challenges and consider the entire US population to fully recover. This paper seeks to engage academics and practitioners in vital research into addressing the unique circumstances of socially vulnerable populations, including Asian Americans and help society cope with and mitigate the structural racial injustices now following the pandemic. In the future, we will continue to raise awareness of this topic, and partner with communities in New York State (NYS) to design programs to strengthen the capabilities of socially vulnerable populations including Asian-Americans in dealing with similar issues.

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