
FILIPINO ADVOCATES FOR JUSTICE (FAJ)

A MENTAL HEALTH REPORT ~ *KUMUSTA TAYONG LAHAT 2021*

Acknowledgments:

Common Counsel Foundation Funds for An Inclusive California (F4ICA) and Filipino
Mental Health Initiative of Alameda County

2021 FAJ Team:

Alden Apusen, Aurora Sanchez, Sean Martinez, Christopher Cara, Navin Bansal, Mylene 'r.a.d. Leng
Leng' Amoguis Cahambing, RN, PHN, MPH, Asmara Nurali Shan and Erika Dugay, MPH

FAJ Contact / Website

Email: info@filipinos4justice.org

Check out <http://filipinos4justice.org>

Abstract

The Covid-19 pandemic poses a threat to the Filipino community's mental health-seeking behaviors. This report examines three surveys completed in 2021 surrounding themes of loss/grief, Filipino/a/x mental health, wellness, and strategies on destigmatizing mental health challenges in Filipino communities. Results of this study influenced the development of a digital mental health resource directory providing access to mental health services for Filipinos in Northern California.

Keywords: mental health, Filipinos, community wellness, Covid-19 pandemic, loss, grief, healing, digital mapping, *Ginhawa* (wellness), TAG: *Tulong* = Triage, *Alalay* = Assist, *Gabay* = Guide, *bìgsay* (paddle) up!

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Purpose

With continued recognition of the importance of mental health awareness and to further advocate for more culturally relevant services for the Filipino community, Filipino Advocates for Justice (FAJ) and Filipino Mental Health Initiative-Alameda County's (FMHI-AC) partnership expanded to gather more information about the needs of Filipinos in Alameda County in Northern California. FAJ proposed a mental health project aimed at improving the Filipino community's mental health-seeking behaviors through a focus on empowerment and stigma reduction. FAJ's approach is grounded on a belief that the historical trauma experienced as a colonized people and the marginalization experienced as an immigrant population fosters isolation, insecurity, and a lack of confidence in Western approaches to health and mental health. This is further complicated by a shortage of culturally sensitive service providers knowledgeable about the Filipino community's barriers to wellness or the traditional approaches to healing we fall back on in times of crisis.

In the summer of 2020, FMHI-AC conducted an informal community-based online survey that asked Filipinos about their emotional stress and factors that would help enhance their wellness during amidst the height of Covid-19's initial Shelter in Place which was made more complicated by the anti-AAPI (Asian American and Pacific Islander) violence.¹ FMHI-AC's hope is to hear directly from the community in order to gain a deeper understanding and awareness of Filipinos' emotional wellness needs and how Filipino culture and values shape their thoughts and actions when seeking support.

In 2021, a team was formed that included two FAJ staff, student interns and FAJ's first Public Health Consultant. The goals included: 1) how to destigmatize mental health challenges in Filipino communities and

¹ Saw, A. Yellow Horse, A. J., Jeung, R. (2021). Stop AAPI Hate Mental Health Report. Retrieved from Stop AAPI Hate website: <https://stopaapihate.org/wp-content/uploads/2021/05/Stop-AAPI-Hate-Mental-Health-Report-210527.pdf>

2) to create a digital mental health resource directory promoting access to available mental health services for Filipinos in Northern California.

Many people experienced grief during the Covid-19 pandemic. Grief is a normal response to a loss during or after traumatic events such as a disaster, the death of a loved one, adverse changes in lifestyle, and unemployment. Common grief reactions according to the CDC include anxiety, distress, anger, periods of sadness, shock, disbelief, denial, loss of sleep, and loss of appetite². The Covid-19 pandemic caused ecological grief resulting in social isolation, losses of loved ones, tourism, and togetherness. Given the impact of the Covid-19 pandemic, FAJ's F4ICA 2021 team duplicated the 2020 survey and added two more questions specifically on Loss/Grief to capture a glimpse experienced by Filipinos in Alameda County a year after the Covid-19 pandemic.

² Source: <https://www.cdc.gov/mentalhealth/stress-coping/grief-loss/index.html>

Demographics

At 1.5 million, Filipinos are the largest Asian group in California. The Bay Area is home to 500,000 Filipinos, the 2nd largest Asian American sub-group in California. Nearly 100,000 Filipinos live in Alameda County (88,349 in Alameda County as of 2015, around 6% of the County's total population) with the majority living in Central and South County in cities including Hayward (16,882), Union City (14,516), Fremont (14,743), and San Leandro (8,286). Approximately 55,000 are Tagalog speakers in Alameda County where Tagalog is a threshold language. Union City has the highest percentage of households of Tagalog speakers (14.5%), followed by Newark (8.8%), Hayward (7.4%).³ From FAJ's website⁴, more than 50% of Filipinos immigrating to the USA daily arrive in California; 3,800 Filipinos are DACA recipients; Filipinos represent 20% of registered voters residing in Union City.

In an article published in *Social Psychiatry and Psychiatric Epidemiology* (2020)⁵ as possibly the first systematic review through an appraisal of 15 narrative studies in 7 countries about psychological help-seeking among Filipinos including its barriers and facilitators, Martinez et. al reports that mental illness is the third most common disability in the Philippines with ~6 million Filipinos estimated to live with depression and/or anxiety, making the Philippines the country with the third-highest rate of mental health problems in the Western Pacific Region. Furthermore, Martinez et. al cite that 12% of Filipinos living in the US suffer from psychological distress, higher than the US prevalence rate of depression and anxiety. Results of this study included that low utilization of mental health services among Filipinos regardless of their locations, with mental health stigma as the primary barrier, while resilience and self-reliance as coping strategies were cited in qualitative studies. Social support and problem severity were found as prominent facilitators.

³ Source: [Statistical Atlas](#)

⁴ Source: <http://filipinos4justice.org/>

⁵ Retrieved on Page 1 from *Social Psychiatry and Psychiatric Epidemiology*, 55, 1397-1413. doi: 10.1007/s00127-020-01937-2

Filipino Advocates for Justice (FAJ)

Since 1973, Filipino Advocates for Justice (FAJ) has served Filipinos and other immigrants in the East Bay providing immigrant integration services, leadership development, and advocacy for the most vulnerable in our community: youth, new immigrants, and low wage workers. FAJ's mission is to build a strong and empowered Filipino community by organizing our base, developing leaders, providing services, and advocating for policies that promote equity and social/economic justice. FAJ is the only Filipino non-profit in the East Bay Area rooted in its unique blend of community organizing and its healing integrated approach: a social movement that may lead to healing others, community participation, and healing communities by themselves. At the time of this report, FAJ has one licensed mental health provider employed despite the growth of the organization and its staff and the growing numbers of Filipino residents in the area.



2021 Survey Methods and Eligibility Criteria

2021 Survey #1: Mental Health Survey

The target audience was Filipino/Filipino/a/x American residents above 18 years old in Alameda County. From July 2021 to September 2021, an anonymous online survey was promoted on social media via personal and professional networks during the Summer of 2021 (a year after the 2020 initial survey was initiated during the first year of the Covid-19 Pandemic and the beginning of Shelter in Place in Alameda County). Initial survey questions were duplicated from the 2020 survey which was intentionally written to be brief and anonymous. The survey referred to emotional distress and how culture and values shape access and engagement with mental health services. The survey utilized non-stigmatizing language and appealed to a broad audience including age range, immigration status, etc. For example, instead of using the term, “mental health problems,” “emotional stresses” were used. Likewise, “support” and “help” were used instead of “program” or “services.” Two questions were added specifically regarding Loss/Grief via emailed consultation with Joanne La Torre, MSW, LCSW, PhD Candidate, an active core member of Center for Babaylan Studies (CFBS)⁶, and personal communications with Filipina-American Clinical Psychologist, Jeannie Celestial, PhD.

⁶ Retrieved on 1/20/22 <https://www.centerforbabaylanstudies.org/joanna-la-torre>

Survey #2: Mental Health Professionals

The target audience were Filipino/a/x Mental Health Professionals surveyed via social media groups of Filipino Mental Health Professionals and emails. The goal was to create a virtual map and database of Filipino/a/x mental health providers as well as a resource of accessible providers in Alameda County. The following information were requested: name, credentials, practice, National Provider Identifier (NPI), address, website, telehealth, sliding scale, insurance accepted, specialties, gender, sexuality, age group served, language(s) spoken, and types of therapy provided. FAJ staff initially pitched a proposal to Sean Martinez, a volunteer with technological expertise, regarding digital online presence, strategies to help provide accessible online mental health support, and information to the Filipino community and to advocate for more mental health resources.

Survey #3: FAJ speaks on *Ginhawa* (Wellness)

The target audience was the FAJ community as key informants including its advisors, staff, and student interns. Data were collected anonymously via a 4-question survey on *Ginhawa* (Wellness) in their own words by FAJ community members who serve the Filipino residents in their communities.

Results

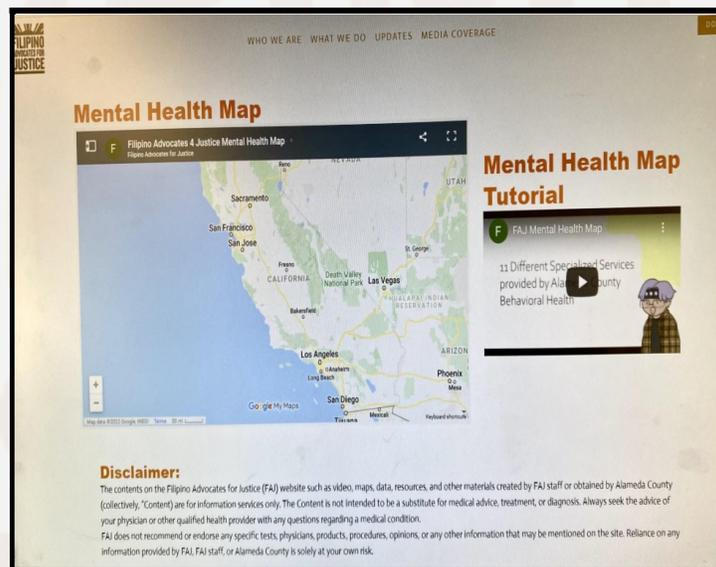
2021 Survey #1: Mental Health Survey

The 2021 Survey 1 demographic charts are listed along with results from the initial 2020 survey conducted (Refer in Appendix sections: [Table 1. Alameda County Filipino Mental Health Needs Survey 1 Demographics 2021](#) and [Table 2. Summary of Alameda County Filipino Mental Health Needs Survey 2020-2021](#)).

2021 Survey #2: Mental Health Providers

As data of current mental health providers were collected from the 2021 Survey 2, a Mental Health Digital Resource Mapping Tool was created to address digital barriers in finding appropriate mental health support. This interactive digital mapping tool and resource list of diverse mental health providers in Alameda County is available via FAJ's website:

<http://filipinos4justice.org/mental-health-resources/>.



A fully animated video tutorial on how to use the digital map was created and included via this link: <https://www.youtube.com/watch?v=-hxyLRAK8LU>. A disclaimer states that the contents on the Filipino Advocates for Justice (FAJ) website such as video, maps, data, resources, and other materials created by FAJ staff or obtained by Alameda County (collectively, "Content") are for informational services only. The Content is not intended to be a substitute for medical advice, treatment, or diagnosis. Always

seek the advice of your physician or other qualified health provider with any questions regarding a medical condition. FAJ does not recommend or endorse any specific tests, physicians, products, procedures, opinions, or any other information that may be mentioned on the site. Reliance on any information provided by FAJ, FAJ staff, or Alameda County is solely at your own risk.

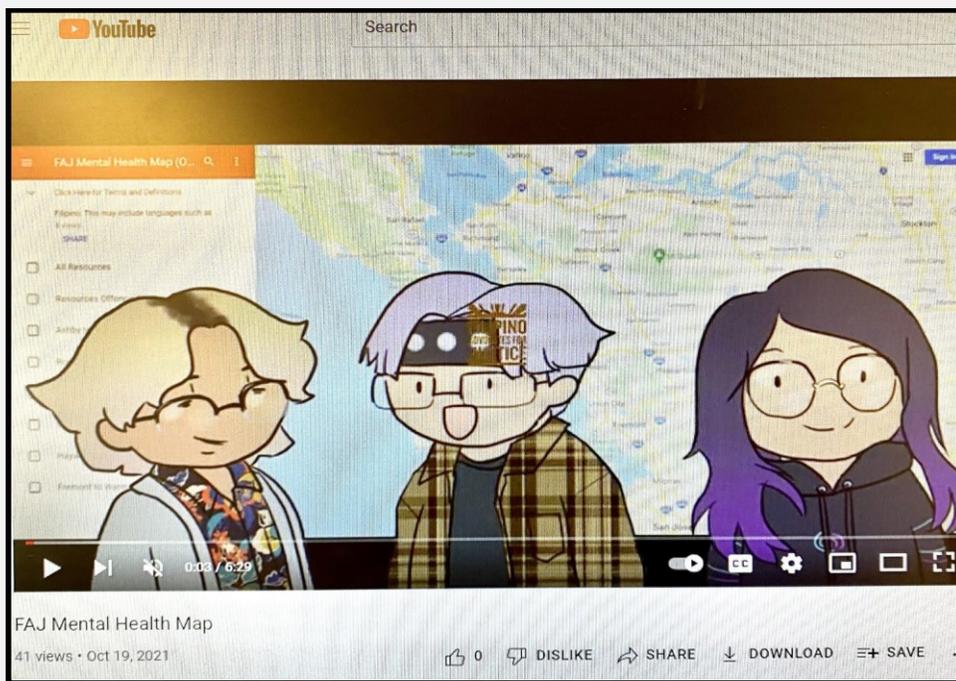


Figure 1 Digital Mapping Team: Sean Martinez., Alden Apusen and Aurora Sanchez

Analysis

2020 vs 2021 Mental Health Survey Comparison

Compared to 2020, when only 35.7% of participants stated that they had

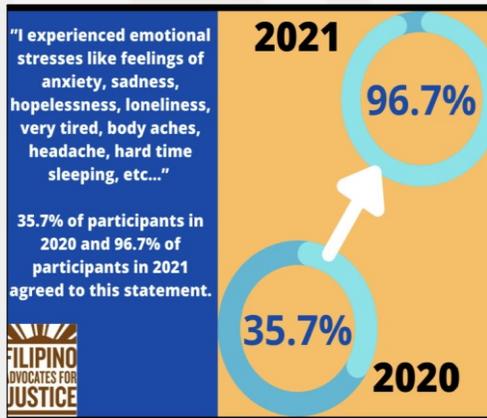
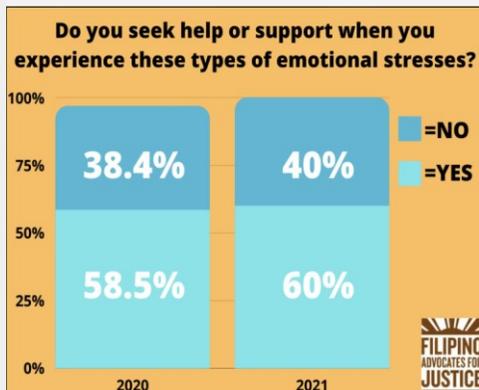


Figure 2. All of the Survey Graphics designed by Asmara Nurali Shan, 2022

“Experienced emotional stresses like feelings of anxiety, sadness, hopelessness, loneliness, very tired, body aches, headache, hard time sleeping, etc.” in the past month, 96.7% of participants in 2021 agreed to this statement. Despite the stark increase in participants who experienced these stresses, the percentages of participants who stated that they seek help or support for these stresses barely increased: 58.5% said yes

in 2020, compared to 60% in 2021. The follow-up responses from participants to this question as to why they don’t seek help were also different between the two years: only 33.4% of participants in 2020 said they thought they didn’t need help or support, compared to 50% of participants in 2021.

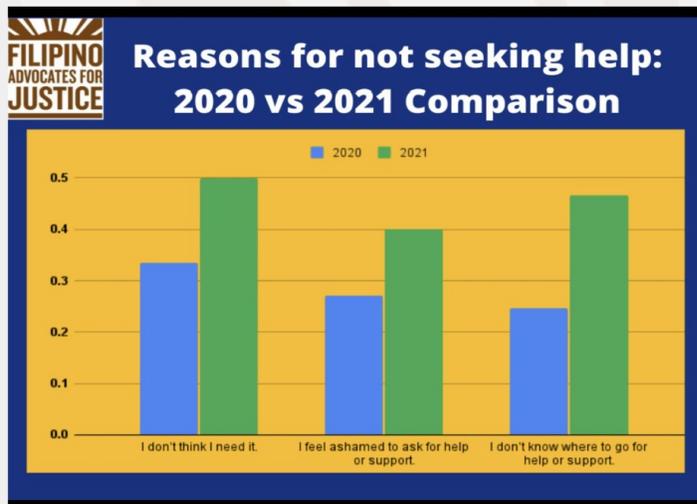


While the percentage of participants who reported

experiencing stressors increased, the percentage of participants who also thought they didn’t necessarily need help or support increased. However, the number of participants who expressed any degree of interest in potentially seeking support under different circumstances based on their answer to “If you knew there was support in the community that understood your Filipino culture and values, would you be more likely to seek help?” increased somewhat, suggesting an increased openness to seeking help. While the percentage of participants who said yes to this question remained largely unchanged (61.8% in 2020, 60%

in 2021), 36.66% said maybe and only 3.33% said no in 2021, compared to the 24.1% who said maybe and 13.8% who said 'No' in 2020.

Participants who identified with a non-heterosexual sexuality were more likely to cite thinking that not trusting others or thinking that no one would understand them as a reason for not seeking help (44.44% of LGBT+ individuals vs 23.81% heterosexual individuals). One participant who identified as a bisexual woman entered her



own answer and said that she was estranged from her family and did not want to be shamed. The greater reluctance of LGBT+ participants to seek out help for their emotional stresses and mental health mirrors the health disparities members of the LGBT+ community in general experience partially due to social stigma (Office of Disease Prevention and Health Promotion).

- What activities would you participate in for your wellness?**
- 2020**
- 1) Having someone visit me at home who understands my culture.
 - 2) Joining a group with others experiencing same stress.
 - 3) Getting a referral from doctor.
- 2021**
- 1) Attending a community event with all ages invited.
 - 2) Joining a group that does cultural activities together.
 - 3) Joining a group with others experiencing same stress.
 - 4) Getting a referral from doctor.

In 2021, communal, non-medical activities were reported as the most desirable activities to support wellness, with the top two answers to “What types of activities would you participate in support of your wellness?” being “Attending a community event with all ages invited” (73.33%) and “Joining a group that does cultural activities together” (63.33%). 53.33% of

participants were interested in “Joining a group with others experiencing the same emotional stresses”, 33.33%

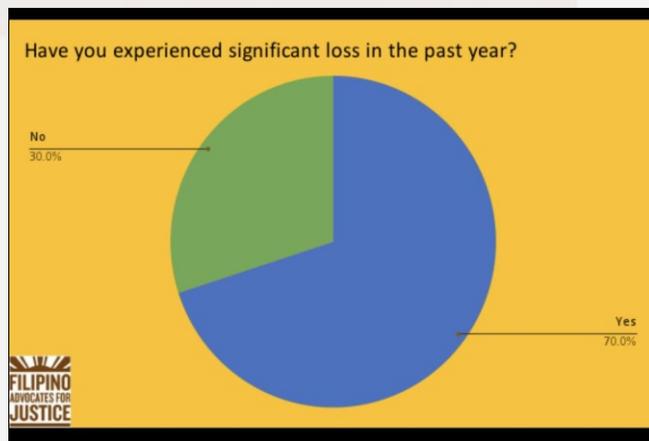
of participants expressed interest in “Getting a referral from a doctor and help following up with those referrals”, and 20% of participants answered “Having someone visit me who understands my culture.” The results to this question as well as the recurring theme of loss of relationships and social isolation in participant responses to the kinds of loss they have experienced suggest that the collective aspect is a major draw to certain wellness activities.

From the 2021 Survey I, 70% responded with a ‘Yes’ to the question: “Have you experienced significant loss in the past year?” While isolation and a loss of community

or relationships were themes shared by participants in every age group, the difference between the responses of participants aged 60+ and the younger participants suggests that the most effective methods of building community and showing support may vary by stage of life. Participants in the 60+ age category were more likely to be interested in having community members visit their homes, with 50% of them citing this as a desirable activity compared to only 15.38% of participants under 60. While still a non-medical, interpersonal activity, home visits are more intimate than the other wellness activities and don’t require the mobility or transportation that larger community events do.

what grief and loss services/resources would FAJ staff like to have available for themselves, clients, and communities served?

- bereavement support groups
- larger community services/memorials for the lost
- help insured clients navigate their healthcare plans and assert themselves when requesting care
- knowledge to refer people to professional help (therapy, financial resources, funeral services, etc.)
- grief support
- workshops and spaces to process grieving during a pandemic
- physical health practices alongside mental health practices to help release trauma in the body
- increased targeted outreach for existing services

2021 Survey #3: FAJ speaks on *Ginhawa* (Wellness)

As key informants, FAJ leaders, staff, interns, and advisors responded with their thoughts on *Ginhawa* (Wellness). Themes of collective support and betterment, as well as pandemic-specific support methods surrounding coping, openness, accessibility for mental health discussions and services were identified in



participant responses to the FAJ Speaks *Ginhawa* (Wellness) 2021 Survey. These themes overlapped and interacted with each other in responses, particularly acknowledging the difficulty of creating a sense of community due to the pandemic. The need to develop a sense of community is attributed to improving individual mental health and the community's mental health as a whole. Potential solutions brought up by participants included assistance navigating the healthcare system for health concerns both physical and mental/emotional and regular spaces and meetings for a variety of community needs, including general socialization and connection, grief support (see image on Grief in Appendix), and sharing strategies for healing and coping. Participants highlighted

decolonization, centering indigenous practices, and forming solidarity with other BIPOC groups as part of these solutions. See two images below on how FAJ responded to play as nourishment.

Discussion

Practice, Service Delivery and Policy Implications

I. Limitations of Findings: Limitations of this report include the gap in survey implementation.

First, the 2020 survey was conducted during the first year of the Covid-19 pandemic amidst the challenges of the beginning of Shelter in Place in Alameda County. The 2021 survey was conducted online a year after the Covid-19 pandemic with a new team and challenging pandemic restrictions such as transitioning to make-shift home-‘offices’ with no disability accommodations and no access to office supplies and materials. Another limitation was the potential risk of sampling bias due to the online administration of surveys. There were three online responses that were taken out as their demographics did not match Alameda County but were from neighboring counties.

II. Expanding on culturally specific mental health and healing approaches:

Ginhawa resembles a form of “shared breath” and community resilience. In times of great distress, global events such as the Covid-19 pandemic affect our *ginhawa* by reducing our ability to breathe as individuals and as a collective. While there are still many uncertainties and many unknowns as the whole world approaches the 3rd year of the current global pandemic, it is worthy to consider *Ginhawa* as a framework for culturally appropriate approaches for FAJ and Filipino/a/x communities. Rooted in community healing, CFBS touches on the elements of *ginhawa* involving physical health (earth), mental health (air), spiritual health, (water), and relational health (fire). These elements of care may be incorporated in existing FAJ programs and events to alleviate social isolation, cope with feelings of grief, deepen the sense of community, and connect individuals to remembering Filipino/a/x ancestral lineages, ancestral wisdom, as well as indigenous ways of living.

Concurrently as the survey process commenced, a new FAJ Healing Advisory Committee was pro-actively formed in September 2021 with workshops funded until June 2022. The committee is composed of selected mix of Pilipinx, BIPOC, immigrant, and LGBTQI traditional and indigenous practitioners and mental health care providers⁷ to provide guidance to its staff and program leaders on embodiment, somatic, and resilience practices. This group includes grassroots-based community organizers, educators, advocates, storytellers, an herbalist focused on Philippine Herbal medicine and *Hilot* (massage and chiropractic care), an acupuncturist, various movement and meditation leaders, social workers, public health and mental health providers including psychologists and Registered Public Health Nurses. On-going healing spaces aimed to address and prevent burn-out for FAJ staff to create tools and processes to engage staff participation have been conducted including *Deep Wellness 1:1* activity with FAJ staff and following Covid safety protocols wearing face-masks during a *Grief Circle and Ancestral Veneration* in-person gathering, an herbal walk in the local redwood park and currently in progress is a future FAJ Staff Retreat.

In addition, FAJ youth leaders and staff were introduced to *bangka* (canoe) and *bùgsay*⁸ (paddle) songs and dances with *Balik sa Dagat Bangka* (Return to the Sea Canoe) Journey⁹, a grassroots community group learning/relearning to build and heal communities by connecting to cultural seafaring practices and the natural world. Quoting the late Thich Nhat Hanh, a Buddhist monk known as the Father of Mindfulness: “*We should use the teaching like a raft to bring us across the river. And then when we’ve crossed the river, we can leave the raft there for someone else to use.*” Thus, a 23-foot long ‘world *bangka*’ dugout outrigger canoe is available and waits for FAJ’s future paddle-making workshops and paddling on local waters in solidarity with local indigenous communities including mixed *Indi-Pinoys/Indi-Pinays* in

⁷ NEW 2021 FAJ Staff Healing Advisory Committee: Angela Angel, Karen Villanueva, Henry Smith, Maryl Mallorca, Laura Coelho, Rod Penalosa, Jonathan Relucio, Adelina Tancioco, Kawal Ulanday, Bee Uytiepo, Mylene A Cahambing, Christopher Cara, Geraldine Alcid

⁸ Canoe in *Bisayan* (both a noun and a verb).

⁹ www.bangkajourney.com

the spirit of *'bangka-nihan'*⁸. In celebration of Filipino American History Month in October 2021, the [Mental Health Digital Resource Mapping Tool](#) and [tutorial](#) were showcased for the first time in public along with a brief summary of the FAJ-led first-ever Alameda County Filipino Mental Health Report and a Filipino-American youth-led *Bugsay* dance. Despite its virtual zoom-space, FAJ's Culture Night in 2021 created a safe space for FAJ participants to open up about their stresses, crises, insecurities, isolation, and feelings of helplessness. [Bugsay. A Healing Journey towards the Horizon](#)⁹ wove in healing and organizing, storytelling, popular education, and interactive workshops with powerful youth poets and FAJ leaders, advancing FAJ's vision in the years to come. *Bugsay* UP!

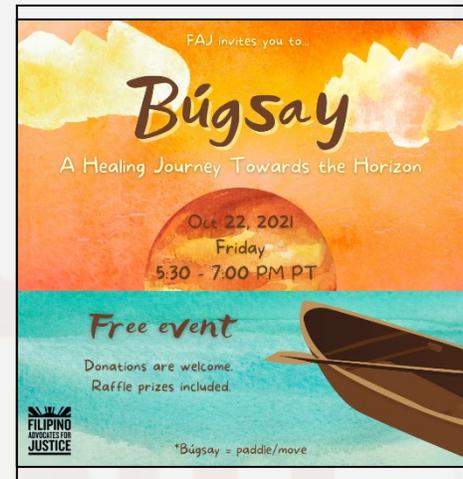


Figure 3 Bugsay: A Healing Journey Towards the Horizon FAJ Event flyer created by FAJ Staff, Judy.

III. Tulong, Alalay at Gabay (TAG)¹⁰ is a standardized crisis intervention tools for Filipino/a/x communities in the United States developed in 2019 by Joyce Vives, ACSW, IDMHL&HR, CZT. TAG (*Tulong* = Triage, *Alalay* = Assist, *Gabay* = Guide) is a community-based mental health education approach promoting prevention, early prevention, and crisis intermediation in the Philippines. Culturally tailored for Filipinos, a 3-day TAG training course was taught to Filipino service providers in neighboring counties via the Filipinx Mental Health Initiative-Solano program.¹¹ Adapting TAG and aligning the program

⁸ *Bangkanihan* is a new word coined by Enunja Ti Tatinmiji Hataji which are two words combined: *bangka* (canoe) and *bayanihan* (pronounced as buy-uh-nee-hun). The term *bayanihan* itself literally means “being in a bayan”, which refers to the spirit of communal unity, work and cooperation to achieve a particular goal.

⁹ View event recording via <https://fb.watch/9bMibKd44d/>

¹⁰ Source retrieved on 3/4/22:

https://docs.google.com/forms/d/e/1FAIpQLScdZvf7ihqelM6SAIh7LhcE5wBMv2M_eUkuGr_9DryKKOoiA/view/form

¹¹ In September 2019, Joyce Vives launched TAG (Tulong/Triage, Alalay/Assist, Gabay/Guide), a crisis intermediary tool to teach grassroots in the Philippines about mental health disorders in the Philippines in partnership with QURE Healthcare and Department of Health in the Philippines. TAG is currently embedded with the mental

components to California/U.S. mental health education and intervention standards may strengthen protective factors of reliable support, positive coping skills and reduce stigma.

IV. Fundraising strategies to support Filipino/a/x mental health: As a final note, developing annual fundraisers, identifying mental health & wellness grants, and initiating mutual aid funds centered on destigmatizing mental health challenges in Filipino/a/x communities are several ways to promote a healing-centered culture at FAJ. In addition, expanding funding sources will further support the operational and personnel costs to sustain community events, to improve and continue existing as well as creating new ‘decolonizing’ intergenerational programs i.e. building FAJ’s first *bangka*, to continue digital support for online mental health resources and services, and sustain FAJ’s Healing Advisory Committee to offer its various healing offerings, perhaps include a safe space in FAJ office as a ‘Wellness Room’ where a combination of technological tools i.e. chair massage as well as ancient healing modalities i.e. drop-in acupuncture, reiki massage and other healing modalities may be accessed by FAJ staff and its community in a consistent basis.

V. Closing: Results of this study influenced the development of a digital mental health resource directory providing access to mental health services for Filipinos for one of the many counties where Filipinos reside in Northern California. This is the first FAJ Alameda County wide report that examined surrounding themes of loss/grief, Filipino/a/x mental health, wellness, and strategies on destigmatizing mental health challenges in Filipino communities. It is an initial attempt to further understand mental wellness and further research is recommended. Perhaps, over the years to come the survey may be

health program required by law and approved by Congress to be disseminated in all sectors in the Philippines including Department of Labor, Social Welfare, Local Government Units, Department of Health, etc.

repeated again or altered to relate with the times, possibly duplicated by neighboring counties with growing numbers of Filipino residents. During this pandemic crisis, FAJ has proactively taken on how to pick up and/or lay down its *bùgsay* with its FAJ face-mask on and paddle on towards the unknown horizon by addressing its own *ginhawa* first. The inner, deeper FAJ work in learning and understanding how it grows during challenging digital-hybrid pandemic living is an important and significant step towards wellness. May it sustainably continue by getting an FAJ *bangka* (metaphorically) to travel in local lands and waters per protocol to share its resources safely, playing FAJ's T.A.G. *Tulong, Alalay at Gabay*, and grow its diasporic roots deeper and expand for our collective *ginhawa*. On behalf of this team, it has been a great honor to work on this important yet challenging project as initial steps in tackling the complexities of Filipino/a/x's mental wellness. *Bùgsay Up! Mabuhay FAJ. Mabuhay tayong lahat.*



Figure 4. FAJ Youth Leaders Learning a Bugsay Dance choreographed by Alexis Canillo, taught by Titania Buchholdt. Image taken by Mylene r.a.d. Leng Leng, Crab Cove Beach, Alameda, Ca, September 2021.

ADVOCATES FOR
JUSTICE

Appendix

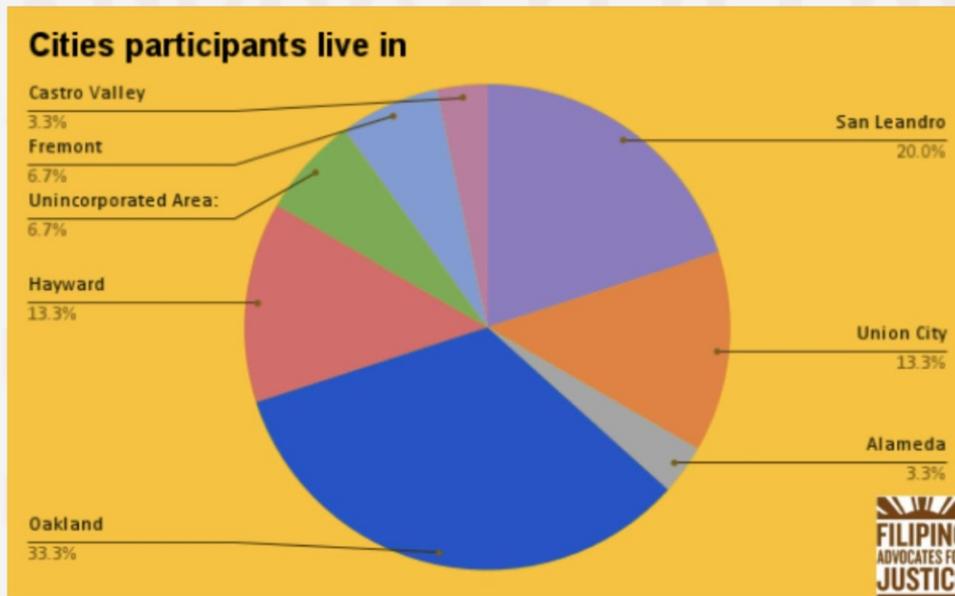
I. 2021 Survey #1: Filipino/Filipino/a/x American residents of Alameda County

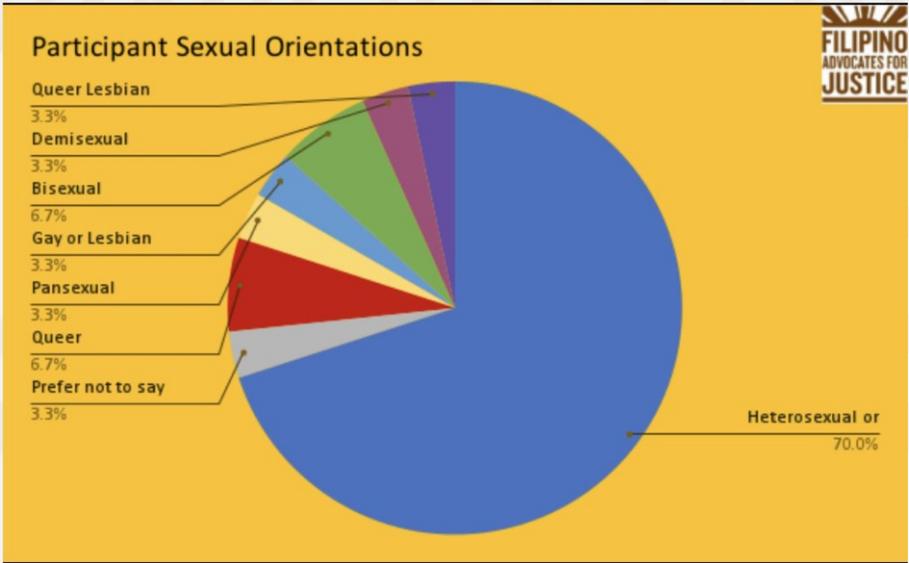
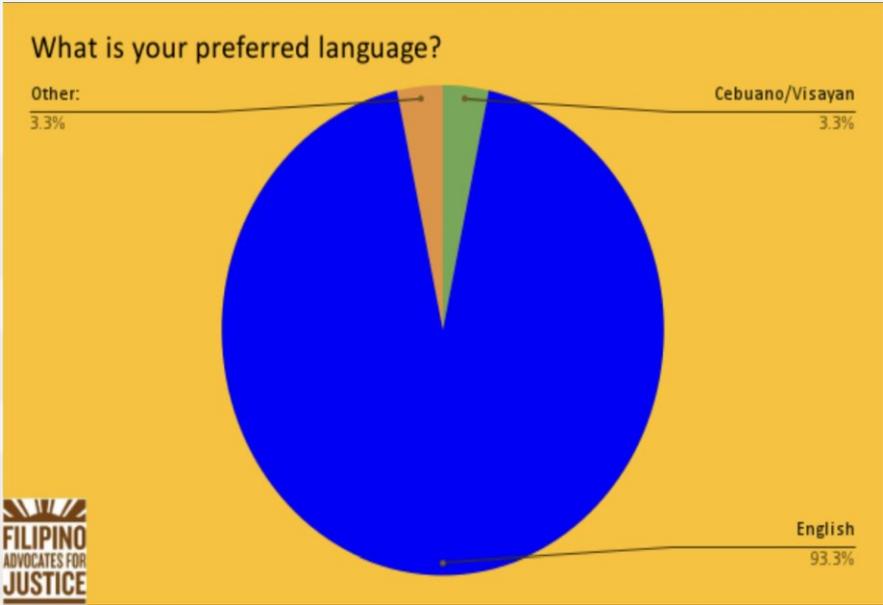
Initial survey questions were duplicated from the 2020 survey with added two inquiries specifically on Loss/Grief. Link to survey: <https://tinyurl.com/FAJMentalHealthSurvey>

II. 2021 Survey #1: Demographic Charts

*All of the Survey Graphics were created and designed by Asmara Nurali Shan, 2022.

Table I. Alameda County Filipino Mental Health Needs Survey I Demographics 2021





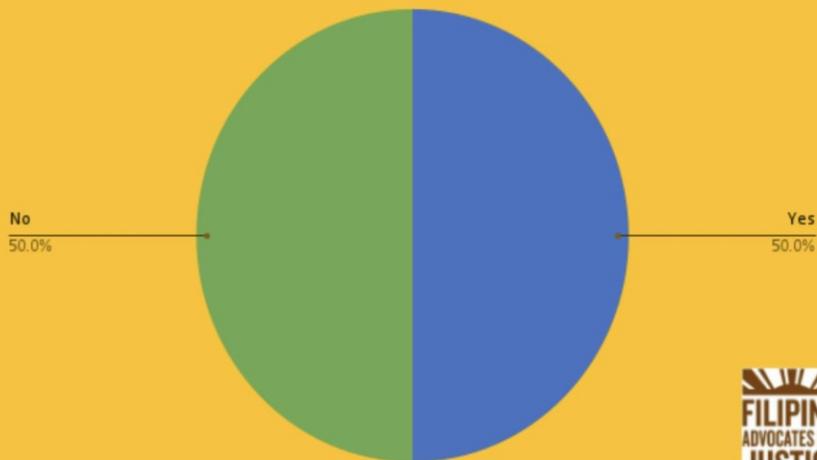
**7 out of 10 participants in 2021
reported experiencing a
significant loss in the past year:**

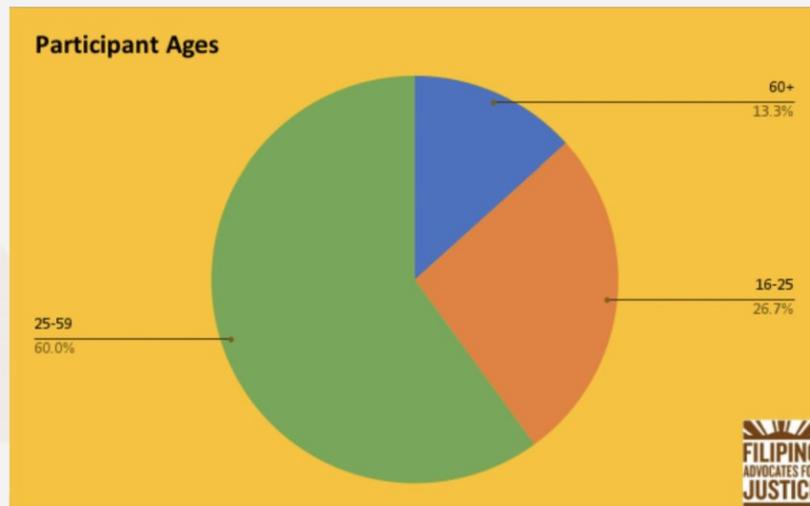


included the loss of housing; deaths, especially COVID-19 related deaths; platonic, familial and romantic relationships; loss of community/social isolation due to COVID-19, and unemployment.



Did you immigrate to the U.S.?





III. Summary of Alameda County Filipino Mental Health Needs Survey 2020-2021

Table 2. Alameda County Filipino Mental Health Needs Survey Summary 2020-2021	
2020	2021
<p>N =904 self-identified Filipinos who live in Alameda County completed the survey.</p> <p>In May to June 2020, Filipino Mental Health Initiative - Alameda County (FMHI-AC) conducted an informal community-based on-line survey that asked Filipinos about their emotional stress and factors that would help enhance their wellness. FMHI’s hope was to hear directly from the community in order to gain a deeper understanding and awareness of Filipinos’ emotional wellness needs and how Filipino culture and values shape their thoughts and actions when seeking support.</p> <p>Members of FMHI-AC then came together to review the results and used their collective wisdom and experiences to identify points to consider for programming and practice when working with the Filipino population.</p>	<p>N = 30</p> <p>Filipino Mental Health Survey - Alameda County (May - June 2021) (NEW)</p> <p>In recognition of May as Mental Health Awareness Month and June 12 as Philippines Independence Day, Filipino Advocates for Justice (FAJ) and Filipino Mental Health Initiative -Alameda County (FMHI- AC) are partnering up to gather information about the needs of Filipinos in the County. And with stressors of the COVID-19 pandemic, it is even more critical to hear your thoughts! Please take 5-10 minutes to complete this brief and anonymous survey and help us advocate for more culturally relevant services for the Filipino community! Help us reach our goal of having 200+ Filipinos take this survey by sharing this with your family and friends who live in Alameda County.</p> <p>*DISCLAIMER*</p> <p>This information is used for FAJ’s Mental Health Report for analyzing mental health disparities experienced throughout the COVID-19 Pandemic. Only Filipino Advocates for Justice staff will have access to this information. Your responses will be kept completely anonymous, private and secure. The information will not be used for a discriminatory purpose. You can change this information in the future by contacting us below. If you are interested in learning more about the Filipino Community Wellness program at Filipino Advocates for Justice, email us at info@filipinos4justice.org or visit http://filipinos4justice.org</p>

Table 2. Alameda County Filipino Mental Health Needs Survey Summary 2020-2021

Who took the survey?	
2020	2021

<ul style="list-style-type: none"> ● Were born outside of US (83.5%) vs US born (14.7) ● Live in Central/South Alameda County: Union City (19.1), San Leandro (14.3), Hayward (12.1) then Alameda (11.9) Oakland (10.3) ● Are age 60+ (47.5%), then ages 25-59 (26), then 16-25 (23.7) ● Prefer using English (69.2%) ● Chose Female (64.2%) as sex assigned as birth, gender identity as Male or Female, sexual orientation as straight/heterosexual (93.3%) 	<ul style="list-style-type: none"> ● 15 immigrated, 15 are US born ● Cities <ul style="list-style-type: none"> ○ Alameda: 1 ○ Castro Valley: 1 ○ Fremont: 2 ○ Hayward: 4 ○ Oakland: 10 ○ San Leandro: 6 ○ San Lorenzo, Cherryland, or Ashland: 2 ○ Union City: 4 ● 8 are 16-25 (26.66%), 18 are 25-59 (60%), 4 are 60+ (13.33%) ● 28 prefer using English (93.33%); 1 Cebuano/Visayan speaker, 1 other unspecified (6.66%) ● 22 identified as female/woman (73.33%); 6 identified as men (20%); 2 identified as another gender (genderqueer, nonbinary, etc.) (6.66%) ● Majority are heterosexual (21/70%) ● Other sexualities (9/30%)
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Table 2. Alameda County Filipino Mental Health Needs Survey Summary 2020-2021

2020		2021	
<p>Question 1: In the past month, have you experienced emotional stresses like feelings of anxiety, sadness, hopelessness, loneliness, very tired, body aches, headache, hard time sleeping, etc.?</p>			
<p>35.7% YES 64.3% NO</p> <p>For LGBTQ population, majority answered YES</p> <p>For Ages 0-59, over 40+% say YES 60+ - 27.67% YES</p>	<p>96.67% YES</p> <p>For LGBTQ population 88.88% YES</p> <p>For Ages 0-59, 96.15% YES</p>		
<p>Question 2: Do you seek help or support when you experience these types of emotional stresses?</p>			
<p>58.5% YES 38.4% NO</p>	<p>60% YES (18) 40% NO (12)</p>		
<p>Question 3a: If you knew there was support in the community that understood your Filipino culture and values, would you be more likely to seek help?</p>			
<p>61.8% YES 24.1% MAYBE 13.8% NO</p>	<p>60% YES (18) 36.66% MAYBE (11) 3.33% NO (1)</p>		
<p>Question 3b: If you answered "maybe" or "no", what keeps you from seeking help? If you answered "yes", what do you think keeps others from seeking help? (Check all that apply).</p>			
<ul style="list-style-type: none"> ● I don't think I need it. (33.4%) ● I feel ashamed to ask for help or support (27.1%) ● I don't know where to go for help or support (24.7%) 	<ul style="list-style-type: none"> ● I don't have the time or money to look for help or support (56.66%/n=17) ● I don't think I need it (50%/n=15) ● I don't know where to go for help and support (46.66%/n=14) ● I feel ashamed to ask for help and support(40%/n=12) ● I don't trust anyone or think they will understand me (30%/n=9) ● I don't think there is anyone who speaks my language (13.33%/n=4) 		

Table 2. Alameda County Filipino Mental Health Needs Survey Summary 2020-2021

**Question 4: What types of activities would you participate in support of your wellness?
(Check all that apply).**

2020	2021
<ul style="list-style-type: none"> ● Having someone visit me at my home (or other place in the community) who understands your culture (35.3%) ● Joining a group with others experiencing the same emotional stresses (28.5%) ● Getting a referral from my doctor and help following up with those referrals (27.7%) ● Attending a community event with all ages invited (24.1%) 	<ul style="list-style-type: none"> ● Attending a community event with all ages invited (73.33%/n=22) ● Joining a group that does cultural activities together (63.33%/n=19) ● Joining a group with others experiencing the same emotional stresses (53.33%/n=16) ● Getting a referral from a doctor and help following up with those referrals (33.33%/n=10) ● Having someone visit me who understands my culture (20%/n=6)

<p>Questions 5& 6 Not Applicable for 2020 Survey</p>	<p>Question 5. Have you experienced significant loss in the past year? (These can include a loved one, a job, a relationship, time, peace of mind, etc.)</p> <p>70% YES, n=21</p> <p>30% NO, n=9</p> <p>0% OTHER</p>
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Table 2. Alameda County Filipino Mental Health Needs Survey Summary 2020-2021

<p>FMHI-AC 2020 Survey Summary:</p> <p><i>What are some points to consider when outreaching and engaging Filipinos?</i> This summary was put together by members of the Filipino Mental Health Initiative of Alameda County. FMHI-AC’s mission is seen through the historical lens of Filipinos’ journey/immigration to the U.S. and how this experience set the stage for sacrifices and challenges to the well-being of our community. Overall, we aim to increase access to culturally linguistic and responsive services and treatment, reduce stigma and empower the community through education, outreach and engagement. We strive to promote the resiliency of our community by building on our strengths and promoting healing and connection.</p> <p>#1 Filipinos may put on a ‘<u>smiling face</u>’ despite experiencing emotional stress and hardship.</p> <p>*Filipinos may be accustomed to high levels of stress and see being stressed as normal. Economic survival may take priority over self-care.</p> <p>*Filipino values of <u>utang ng loob</u> (debt of gratitude) for being in the US and to be able to <u>provide financially for their families abroad</u> may inhibit them from ‘complaining’ about being stressed.</p> <p>*Another Filipino value of <u>bahala na</u> (leaving it up to God) may also contribute to a faith-based passivity that Filipinos do not have control of their fate.</p> <p>*The increased ability to “connect” with others here and abroad via social media, The Filipino Channel (TFC), WhatsApp, Facebook, etc. may be a mitigating factor in reducing emotional stress, isolation, and <u>homesickness</u>.</p>	<p>Question 6. If you answered "yes" for the last question, would you mind going into detail about what has caused you to experience loss, grief, or bereavement.</p> <p>Ages between 18-25 years</p> <ul style="list-style-type: none"> - <i>I lost my Lola to covid last year and recently lost the closest Lolo I have (my paternal and maternal grandfathers both passed when I was much younger).</i> - <i>I lose myself frequently. It can be my time, mental health, and boundaries. In those losses I learned more about myself and the things I want for myself.</i> - <i>The pandemic robbed me and every student graduating last year in 2020 from spending the last remainder of the academic year on campus for the last time. Everything was so sudden and nobody knew how things were going to go from there. It was a huge state of uncertainty for everyone. The feelings I had turned from true sadness to complete indifference where I was no longer excited about graduating at the time.</i> - <i>I got out of my first serious relationship pretty recently, the first person I introduced into my family and have felt like I was so invested emotionally, and mentally. It sucks.</i> - <i>I have experienced two loved ones in my family passing away in the past year.</i> - <i>The covid pandemic forced me to stay at home 24/7 with my parents, which I can sometimes have a toxic relationship with. Not being able to escape and escaping to only my room in the same one-story house didn’t allow me to have the healthy break I needed from them. As they say, things got better with time but I believe I was at my lowest mental health point. Every time we have outbursts and arguments, I feel myself getting into that deep hole again.</i>
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Table 2. Alameda County Filipino Mental Health Needs Survey Summary 2020-2021

#2 Filipino-based values may inform how Filipinos define, access, and receive support.

*Filipinos may utilize coping mechanisms such as: humor, friendship networks, church gatherings/events, family (both here and abroad), texting, local social gatherings rather than seek professional-based services (outpatient treatment, psychotherapy, etc.).

*The Filipino value of hiya (embarrassment, shame) may contribute to the feelings that Filipinos do not deserve help or that mental health services are not meant for Filipinos. These ideas point to the lack of a mental health system in the Philippines. It was only in 2019 that the Philippines government enacted the first legislation ever regarding mental health.

*Because many Filipino immigrants come to the US in the caregiving or nursing capacity, Filipinos may see themselves only as “helpers” and not receivers of help. Filipino colonial mentality (idea that Filipinos are inferior to the US that colonized the Philippines) may also contribute to this notion.

*Filipinos may experience anxiety and depression as somatic problems. They may seek help only when experiencing physical health problems since there may be less stigma going to see the medical doctor.

*Filipinos face a multitude of system-related barriers when accessing mental health: Lack of information and knowledge about the mental health system (in Alameda County); Lack of mental health clinicians who are of Filipino descent and/or speak Tagalog (and other Filipino dialects); Lack of culturally relevant training for practitioners regarding Filipino mental health.

Ages between 25-59 years

- Had to establish healthy boundaries with relationships and letting go of certain dysfunctional ones
- My young cousin was killed by a hit and run driver in 2020, it has devastated our family. I have lost touch and fallen out with a significant good friend of mine which is currently causing me grief and I continually struggle with failed romantic relationships.
- We've lost at least 15 people this last year, most from covid.
- Quit job due to unfair situation and family member is experiencing mental health issues.
- Covid changed everything.
- Loss of multiple family members and in-laws, less clients during covid restrictions thus led to loss of income as a self-employed entrepreneur, lots of anxiety, loss of sleep, tremendous joint pains, suicidal thoughts, loss of contact with family and ongoing family conflicts, depression.
- Lost two uncles to COVID and another to cancer. Also, I have a little stress because I'm my elderly father's caregiver and haven't been able to work in nearly three years which creates anxiety around my financial situation.
- Unemployed.
- all pre-covid: loss of multiple loved ones, a job, a relationship, time, peace of mind, major illnesses pre-covid, during and current time, loss of community, loss of identity, loss of income, feeling isolated.
- Death of loved ones.
- It has caused me emotional stress (depression, sadness and loneliness).

Table 2. Alameda County Filipino Mental Health Needs Survey Summary 2020-2021

#3 Filipino culture, values, and heritage play an integral role in outreach and engagement.

*Since Filipino culture places a high value on social interconnectedness, outreach and engagement may look less formal and more familial and social.

*The Filipino values of ***pakikipag-kapwa*** (shared sense of self identity and connection to others) and ***bayanihan spirit*** (communal unity) also reflect Filipinos' desire for connection, trust, a sense of family and comfort.

*Due to Filipino culture of ***hospitality and welcoming others***, Filipinos may feel more comfortable in their own home or community versus the office or clinic. These alternate settings for services may reduce the shame (***hiya***) in asking for help and reduce power dynamics.

Age 60+years

- Husband had cancer and passed away.
- I'm now living alone and a widow.
- Loss of house of over 40 years.
- Death of a longtime friend of over 75 years, loss of home, displaced and stuck because of covid. loss hearing and difficulty with communicating with others, chronic health issues.
- There is a lot, I've lost all my friends, I just forget it so I will not have stress, just let go. I pray hard. I do the rosary when I cannot sleep. talk to God about all my problems, ask to help with family and everybody. only God knows.

IV. Important Links

- a Link to 2021 Survey #2: Filipino/a/x Mental Health Professionals
<http://bit.ly/FilipinoMentalHealthSurvey2021FAJ>
- b Link to FAJ's 2021 Mental Health Digital Map in Alameda County
<http://filipinos4justice.org/mental-health-resources/>
- c Tutorial Link to FAJ Mental Health Digital Map YouTube
<https://www.youtube.com/watch?v=-hxyLRAK8LU>

V. 2021 Survey #3: FAJ speaks on *Ginhawa* (Wellness)

<https://docs.google.com/forms/d/e/1FAIpQLSe2Xx3d0JwJZ>

[pwKKWtI7zOppZ_5v8WE8L8gI sj75vHN5t0i9w/viewform](https://docs.google.com/forms/d/e/1FAIpQLSe2Xx3d0JwJZ/pwKKWtI7zOppZ_5v8WE8L8gI sj75vHN5t0i9w/viewform) (4 questions)

what would FAJ like to see happen for its leaders, its staff, interns, advisors and communities served?

more!

- listening to one another
- knowledge about the resources within and beyond them
- developed analysis on the intersections of organizing and healing
- embodiment of practices that develop collective resiliency
- more spaciousness and joy
- expand healing efforts, studies, and advocacy
- engaging programs for communities served
- training for interns
- staff days out!
- mental health awareness and destigmatization through workshops and events

less:

- dumping negativity on each other
- individualizing of problems
- burn-out
- less insecurity, anxiety and harm

challenges:

creating a sense of community and offering mutual aid and community care during COVID-19

FILIPINO ADVOCATES FOR JUSTICE

I. In relation to 2020 and 2021 mental health survey responses, in your words, what would you like to see happen for FAJ leaders, its staff, interns, its advisors and communities served? What would you like to see more of or less of... Mabuhay.

- Learning more ways to cope with mental illness, how to care of yourself while taking care of others, more community garden events
- More engaging programs for communities served, training for interns, more of staff day out
- More:
 - o listening to one another
 - o knowledge about the resources within and beyond them
 - o developed analysis on the intersections of organizing and healing- embodiment of practices that develop collective resiliency
- Less:
 - o dumping negativity on each other
 - o individualizing of problems
 - o burn-out
- I would like to see FAJ move forward to expand efforts in healing such as this study, healing advisory, etc.
- I believe in reading the response to Question 4 - we can look into creating more mental health awareness/destigmatizing events/activities that gather community stakeholders and speak out/create a safe environment within the Filipino Community to talk about mental health and share resources. Also, we can support better staff Mental Health knowledge through workshops and activities that can be used to inform our work with the base.
- More healing.
- Due to COVID-19, it has been difficult for people to gather and actually feel a physical sense of community which kept a lot of people together before the pandemic. As much as I would like to see big community events happen again, it realistically isn't possible at this time. I would like to see ways we can still harbor that sense of large community despite being so distanced from each other. In addition to feeling that sense of community, what can we do to ensure their wellbeing? What kind of mutual aid system can we create in a step towards more community care?
- more spaciousness and joy; less insecurity, anxiety and harm

2. Deep condolences to all those who have lost a loved one(s), may your heart and soul be filled with light and love. Addressing the topic of grief and loss shared in relation to the recent 2021 survey, what services/resources would you like to have available and how for yourself, FAJ clients and communities served? Sharing a bûgsay principle. Mabuhay.

Workshop/spaces to process what grieving looks like during a pandemic

Grief support.

Answers to these questions:

- what do I do when I feel disconnected from my purpose?
- what do I do when I feel so alone, but I know that I have a community to lean on?
- what do I do when I feel overwhelmed by life's demands, exacerbated by Capitalism?

Increased targeted outreach to existing services + help insured clients navigate their shitty healthcare plans by promoting an assertive approach so that they get the care they need.

We could explore the possibility of creating a bereavement support I've group or larger community services/memorials for the lost.

Physical health practices alongside mental health practices to help release trauma in the body.

The wider availability of mental health practitioners would be one way to solve a short-term problem, but sustainably I think we need to be able to give out the tools to be equipped to share with each other healthy healing practices. I want to be more knowledgeable about access to services that help a person cope with grief and loss to be able to refer them to a place better equipped to serve them. I feel like I lack knowledge in those areas since FAJ ourselves is limited on the amount of accessible professional help we can provide. Giving people access to services such as therapy, financial, funeral services, etc.

regular spaces for ppl to come together and practice community - through eating, physical or breathing practice, etc.

Suggestions as FAJ staff, FAJ as an org (pamilya), Individual selves, Community level, International level, Policy levels, etc. that may be helpful during these current pandemic times:

- practice self care
- large scale education on decolonization
- reinvestment in our community
- social gatherings with staff
- more intentional exploration and integration of indigenous practices and wisdom



3. During these current pandemic times, share more suggestions as: FAJ staff, FAJ as an org (pamilya), Individual selves, Community level, international level, Policy levels, Other: _____ that may be helpful?

- Solidarity with other BIPOC communities on issues happening
- Practice self-care
- how do we conflict better as we are "(way)finding"? how do we rise up when we make mistakes? how can we survive in this world that yearns for "instant" results?
- Promote increased investment (and responsibility for) their own healing so they can be positive models in their community. Ensure that systems are healing centered.
- I've enjoyed having more social gatherings in person with staff, it helps me to feel more connected not only with the people I work with but with the community in which we are all a part of. I look forward to the support of the outside healing council to continue this work with our staff.
- I don't have any suggestions.
- I think as a large community, not just including ourselves, but our minority siblings as well, we want to see ourselves represented in order to topple the institutions that continue to exploit our communities that perpetuate suffering. I want to see more large-scale education on decolonization & reinvestment in our community.
- more intentional exploration and integration of indigenous practices and wisdom

4. Maglaro tayo. Play as nourishment. An example of a prompt (fill in the blanks in your own way with your poetic voice in any language): "We are FAJ. Together _____. The gifts we share _____. Our dreams/song/dance _____. Mabuhay."

"We are FAJ. Together endlessly serving our community. The gifts we share are priceless and appreciated by many. Our dreams/song/dance are being offered to our community.

"We are FAJ. Together we build each other up, help those who are in need, and learn from one another. The gifts we share are rooted in compassion, our collective power, and hopes and dreams of the world we yearn to live in. Our dreams/song/dance sustain us to be prepared to build for the long haul as we're called. Mabuhay."

We are FAJ. Together we stand, we laugh, we cry and we live. The gifts we share plant seeds and bear fruit for our community and all BIPOC. Mabuhay.

We Rise. Fulfill us all. Live on.

"We are FAJ. Together we strive to achieve community wellness. The gifts we share are powerful & revitalizing, in the spirit of our ancestors. Our dreams/song/dance give way to a future that cherishes ourselves and the earth. Mabuhay." *

Together we are strong, take care of ourselves and each other, and build each other up. the gifts we share is connection to shared vision for liberation.

VI. Helpful Words (Simplified)

- A. *Kumusta Tayong Lahat* ~ how are we all (you and I, all of us)
- B. *Ginhawa* ~ Wellness
- C. *Mabuhay* ~ Thank you. Long Live. Cheers...
- D. *Bangka* ~ canoe
- E. *Bùgsay* ~ noun: paddle, oar; verb: to paddle
- F. *Indi-Pinoys / Indi-Pinays* - a term coined by persons with a mix of Swinomish and Filipino heritage
- G. *Bayanihan* ~ (pronounced as buy-uh-nee-hun) is a Filipino custom derived from a Filipino word “bayan”, which means nation, town or community.
- H. *Pamilya* ~ family
- I. *Maglaro tayo* ~ Let us play.
- J. *Tiyaga* ~ Tagalog for ‘patience and endurance’
- K. *Lakas ng Loob* ~ Tagalog for ‘inner strength and hardiness’
- L. TAG: *Tulong* = Triage, *Alalay* = Assist, *Gabay* = Guide

VII. References

Bernadette, M., & Abrera, L. (2007, January). The Soul Boat and the Boat-Soul: An inquiry into the Indigenous Soul. Retrieved from

https://www.asiaresearchnews.com/html/article.php/aid/1999/cid/2/research/culture/university_of_the_philippines_diliman/the_soul_boat_and_the_boat-soul%3A_an_inquiry_into_the_indigenous_soul%20%9C%20%9D.html

Cahambing, M.A. (2021, October 25). *Bùgsay, Bùgsay* (Paddle, Paddle): Water ~Reconnect ~Align ~Transform ~Heal. Week 2: Healing for Collective—General Assembly on Healing, Opening Session. National Guild for Community Arts Education Conference.

Carino-Fangloy, J. (Ed.). (2019). *Heirloom Recipes of the Cordillera*. Philippine Task Force for Indigenous People's Rights & Partners for Indigenous Knowledge Philippines.

David, E. J. R. (2020, April 5). *5 Ways COVID-10 might be Affecting Filipino Americans*. Retrieved from Psychology Today website: <https://www.psychologytoday.com/us/blog/unseen-and-unheard/202004/5-ways-covid-19-mightbe-affecting-filipino-americans>

Javier, J. R., Supan, J., Lansang, A., Beyer, W., Kubicek, K., & Palinkas, L. A. (2014). Preventing Filipino mental health disparities: perspectives from adolescents, caregivers, providers, and advocates. *Asian Am J Psychol*, 5(4), 316-324. doi: 10.1037/a0036479

La Torre, J. C. (2016). *Decolonizing and Re-/Indigenizing Filipinos in Diaspora* [Master's thesis, California State University].

Malindog-Uy, A. (2020, July 19). COVID-19 impact on mental health of Filipinos. *The ASEAN Post*. <https://theaseanpost.com/article/covid-19-impact-mental-health-filipinos>

Martinez, A. B., Co, M., Lau, J., & Brown, J. S. L. (2020). Filipino Help-Seeking for Mental Health problems and associated barriers and facilitators: A systematic review. *Social Psychiatry and Psychiatric Epidemiology*, 55, 1397-1413. doi: 10.1007/s00127-020-01937-2

McFarlane, P., & Schabus, N. (Eds.). (2017). *Whose land is it anyway? A manual for Decolonization*. Federation of Post-Secondary Educators of BC.

Menguin, J. (2022, January 2). Bayanihan: The Culture That Turns Ordinary Filipinos Into Heroes. Retrieved from Leadership Insights via <https://jefmenguin.com/bayanihan/>

Montebon, M. R. (2020, October 17). Grieving in the time of COVID-19. Retrieved from Women Writing Women website: <https://womenwritingwomen.com/2020/10/17/grieving-in-the-time-of-covid-19/>

Mumby-Huerta, B. & Tom, C. (2021, August 24). The Arts as a Vehicle for Transformation: Moving from Trauma to Healing. Rootwork Session 9 at National Guild for Community Arts Education Conference.

National Organization of Asians and Pacific Islanders Ending Sexual Violence NAPIESV (2015, March 30). [Healing Balik sa Dagat Bangka Journey Curriculum](#).

Office of Disease Prevention and Health Promotion (2020). Lesbian, gay, bisexual, and transgender health. Retrieved from HealthyPeople.gov website: <https://www.healthypeople.gov/2020/topics-objectives/topic/lesbian-gay-bisexual-and-transgender-health>

Orleans, J. M. *Grief*. Retrieved from Academia website: https://www.academia.edu/7549640/A_Concept_Paper_on_Grief

Oronce, C. I. A., Adia, A. C., & Ponce, N. A. (2021). US health care relies on Filipinx while ignoring their health needs. *JAMA Health Forum*, 2(7), 1-4. doi: 10.1001/jamahealthforum.2021.1489

Reyes, A. T., Serafica, R., Cross, C. L., Constantino, R. E., & Arenas, R. A. (2018). Resilience, acculturative stress, and family norms against disclosure of mental health problems among foreign-born Filipino American women. *Asian/Pacific Island Nursing Journal*, 3(3), 80-92). doi: 10.31372/20180303.1002

Rivera, A. K. B., & Antonio, C. A. T. (2017). Mental health stigma among Filipinos: Time for a paradigm shift. *Philippine Journal of Health Research and Development*, 21(2), 20-24.

Sanchez, F., & Gaw, A. (2007). Mental Health Care of Filipino Americans. *Psychiatric Services*, 58(6), 810-815.

Saw, A. Yellow Horse, A. J., Jeung, R. (2021). Stop AAPI Hate Mental Health Report. Retrieved from Stop AAPI Hate website:
https://stopaapihate.org/wp-content/uploads/2021/05/Stop-AAPI-Hate-Mental-Health-Report-21_0527.pdf

Sexual Assault Demonstration Initiative (2017). Culturally relevant services for tribal communities and communities of color. Retrieved from
<https://www.nsvrc.org/sites/default/files/2017-09/sadi-finalreportfinal508.pdf>

Sigahne, O. (2020, June 26). Bahala Na: a conscious living tradition for challenging times. [Slides].
https://drive.google.com/drive/folders/IFR_4jffm9D0dnbesqrYnYG9nHRqR5hxa

Ujano-Batanga, M. T. (2011). Women and Migration: The Mental Health Nexus (D. A. E. Subingsubing). Action for Health Initiatives, Inc.

Toke, N. (2021, November 7). Types of Neurodiversity and Neurodivergence. Retrieved from Diversity for Social Impact website: <https://diversity.social/neurodiversity-neurodivergence/?amp>