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PERCEPTIONS OF MENTAL HEALTH AMONG ASIAN PACIFIC ISLANDER COLLEGE STUDENTS

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AMONG ASIAN PACIFIC ISLANDER COLLEGE STUDENTS

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A Project

Presented to the

Faculty of

California State University,

San Bernardino

_____

In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

_____

by

Jenny Phan

June 2020

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ABSTRACT

As part of the demands of higher education, college students undergo stressful events that have a negative impact on their mental health. Furthermore, Asian American Pacific Islander (API) Asian Pacific Islanders (API) face cultural and structural barriers that further influences individuals to ignore their mental well-being. Through interviews and surveys, this study aims to explore the current perceptions of mental health among API college students and the possible factors that prevent these students from addressing the mental health concerns through interviews obtaining student's personal narratives. The findings are to enhance social work practice through becoming more culturally aware of the unique barriers that the API community faces.

Keywords: mental health, higher education, cultural barriers, structural barriers, Asian pacific islander

ACKNOWLEDGEMENTS

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CHAPTER ONE

INTRODUCTION

Problem Formulation

Among the general population, the stigma against mental health includes, stereotypes, prejudice, and discrimination that act as barriers that prevents individuals from recognizing or addressing their mental health needs (Kosyluk, et.al., 2016). Mental health disorders are common among college students as the onset of symptoms manifest through prior adversities during childhood or adolescent years in addition to the demands of higher education; however, many of these outcomes go untreated or unaddressed (Auerbach, et.al., 2016). Mental health impact includes, 45 percent of college students feeling hopelessness, 31 percent feeling depressed, and 51 percent feeling overwhelming anxiety within the past year (Kenney, Napper, LaBrie, & Vaughn, 2018). Although gaining a higher education can be perceived as a privilege, the student population are not exempt from experiencing challenges with mental illnesses (Hunt & Eisenburg, 2010).

Furthermore, studies have identified barriers with seeking services among various ethnic groups and found Asian Pacific Islander students (API) having the highest rates of infrequent use of mental health services (Hunt & Eisenburg, 2010). The cultural norms and negative perceptions of mental health among Asian cultures are deeply rooted that it has resulted in feelings of shame and guilt when handling matters of mental health (Weng, 2017). These negative

perceptions have resulted in lower numbers in receiving services, higher rates of suicide, and further undetected mental health problems (Lee, 2019). Looking at API college students is only a closer glimpse of the impacts of mental health has on the API population.

<u>Micro and Macro Practice Consequences</u>

At the micro level, challenges such as limited access of clinicians or agencies that can communicate at the client's level in their native language has affected the quality of services being provided. On the other hand, client's English fluency has led to a high possibility of not understanding the services or discouragement of seeking help; therefore, may show a false image of the need of mental health services for the Asian community (Jang, 2019). With the lack of information and data needed, this may cause a conflict in contribution from the clinician to raise more awareness for the API community.

At a macro level, the misrepresentation of data would impact the outreach component to educate the API community. This would impact the outreach component because the consistent misrepresentation will continue to falsify the need for services that API individuals need. This impact will show in the enhancement of mental health stigma, but also creating a lack of space for API individuals to seek help. This would negatively impact the community as they would continue to face unaddressed needs. The repercussions of lack of education and awareness of mental health in the larger API communities, there is

a gap of services for the level of needs college students face and the level of addressing mental health among API students.

Purpose of the Study

The purpose of this study was to gain insight on the current perceptions of mental health among API college students. This study sought to identify the barriers that prevent college students from seeking services. This study raised awareness of the need for mental health services and education among API college students. Raising awareness will allow social workers to recognize the need to outreach to a community; thus, contributing to the macro level to organize and advocate for the API community.

To gain more insight, a mixed method design was used to further explore the perceptions of mental health to better understand where the gaps may be and the barriers that prevent students from addressing their mental health needs. The study was based off interviews and/or focus groups of various college students that elaborated on different views that included their definition of mental health, thoughts of positive and negative mental health and a survey to collect data on factors that may incline students from receiving mental health services. This type of method was decided due to the various perceptions on mental health and the possible barriers. Allowing participants to freely discuss their perspectives is more reasonable than to have them rank and quantify their responses. Providing participants to answer freely also prevented participants from being limited to the barriers and perceptions already known to the

researcher. Furthermore, a mixed method study was feasible due to the amount of time given to complete the study.

Significance of the Project for Social Work Practice

The proposed study is needed because of the limited research available about the API community. The limited research has impacted the community by creating the false image that the API population has not been an underserved community. Furthermore, this study recognized the unique influences of perceptions of mental health among API cultures and allow clinicians to better support their API clients. Understanding the perception on mental health among API college students brought better clarity on how to provide quality services. API college students often do not recognize their mental health battles because of the upbringings rooted in Asian culture; however, this study empowered readers to address their own mental health journey and bring light to a population that gets overlooked when providing services.

In addition, the level of awareness also influenced social work practice and its agencies by their quality of providing these services, because they are not as equipped to understand the diverse cultures and their history. Looking at the API college student sub-groups gave a better understanding of how their experiences and upbringings have influences over their perceptions of mental health and benefited the knowledge of the need of outreach and educating the community. This impacted social work practice as it will provide more insight of the API population and bring light to the unmet needs of the community.

The exploration phase was informed by my study as there is still work that needs to be done with this community. The study intended to explore the various perceptions and interpretations of the scope of mental health among college students. The responses of the API college students are expected to highlight the disconnect of between what they think mental health and what it means to take care of oneself emotionally versus the reality of the importance of mental health awareness is. The study explored a diverse group of college students of varying ethnic backgrounds to identify how diverse and complex the API community is rather than viewed as a general group. The proposed study is asking the research question: What are the perceptions of mental health among Asian Pacific Islander students and the barriers that are preventing students from addressing their mental health needs?

CHAPTER TWO

LITERATURE REVIEW

Introduction

The chapter consists of conceptualizing the mental health issues as a general problem and from a higher education perspective. Furthermore, perceptions of mental health among the API population was examined along with API college students. The final sub section addressed the theoretical framework that will guide the study. The aim of this chapter is to provide information of the issue, but to also bring to the reader's attention of the limited research that is presented on the matter.

Perceptions of Mental Health

A substantial percentage of adults with common mental health issues fail to receive any treatment (Motjabai, et.al., 2010). Stigma around mental health has influenced the perceptions of many and have impacted individuals from benefitting from full course treatments (Motjabi, et.al., 2010). Furthermore, the prejudice and discrimination that comes with the stigma compromises the effective treatments and care seeking as it discourages individuals to work on themselves (Corrigan, Druss, & Perlick, 2014). It is imperative to understand the reasons why individuals stray away with mental health treatments and other care to fully address the unmet need for individuals with mental health needs.

There are two types of barriers that illustrate the undermine of service participation, person level barriers and provider and system levels (Corrigan, Druss, & Perlick, 2014). Person level relates to the attitudes and behaviors that includes the perceptions of the stigma around mental health, poor understanding of mental health, lack of support, and cultural perceptions. Provider and system levels relate to instabilities involving insurance and financial means, staff cultural competencies, and other limitations in the work force. Both types of barriers influence individual's perceptions of seeking services and how it is being presented in society.

In addition to not seeking services, one fifth of patients drop out of receiving services and 70 percent of those dropouts occur within the first or second visit (SAMHSA, 2012). The dropout rates vary across identifiable attributes like age and demographics. Evidently, low-income and uninsured individuals are at higher risk for dropping out of treatment services (Olfson et.al., 2009). Moreover, there is great variation in treatment rates across racial ethnic groups that include White adults receiving the most mental health treatments at 16.6 percent, 7.6 percent of Blacks at a close rate with 7.3 percent of Hispanics, and 6.5 percent of Asians receiving any mental health treatment (SAMHSA, 2012). These relations coincide with the barriers that various groups face to receive services, but also supports the need to understand and destigmatize mental health for all groups. These are efforts to make more informed decisions

on self-determination on withdrawal of treatment and seeking the best treatment possible (Corrigan, Druss, & Perlick, 2014).

Mental Health Among College Students

As mental health services and the stigma remains as a challenge, college students are exposed to additional stress factors due to academic demands; thus, impacting their well-being even more (Ebert et.al., 2019). In a study, majority of students reported feeling hesitant to seek help for emotional problems. Results from the World Mental Health International College Student initiative showed 24 percent reporting they would seek help while 56.4 percent reports to have rather handled the situation alone. The preferences to handle situations alone were reported to feelings of shame and embarrassment (Ebert et.al., 2019). While the need is being shown in studies, young adults are still at a disservice when it comes to seeking and receiving services.

Despite the availability of clinical research and interventions, there remains a gap of college students with severe mental disorders and/or suicidal treating their disorders (Auerbach et.al., 2016). Studies show that even when services are available and offered, students would often decline (Bruffaerts et.al., 2019). Barriers that were displayed from a study included feelings of embarrassment, lack of understanding of services, cost, beliefs of inconvenience to school/work schedule, and belief that it is unnecessary (Ebert et.al., 2019). While these barriers have some validity, there is a common theme that resistance to seeking help comes from a lack of understanding and awareness.

More so, the theme of resisting services from lack of understanding can be observed when looking at different sub populations.

Mental Health Among Asian Pacific Islanders

There are about 20.4 million of the population that identify as Asian American and is continuously growing; however, understanding access to mental health services for Asian Pacific Islanders (API) communities are lacking (Lee, 2019). Reported lower prevalence of mental health challenges and mental health services for API have been consistently reported through various studies using national datasets (SAMHSA, 2014). A study conducted revealed that only 8.6 percent of Asian Americans pursued mental health services compared to 18 percent of the general population (Spencer, et.al., 2010). Furthermore, with suicide being the leading cause of death for API adolescents, more action has been taken to investigate the gaps of services and to discover the reluctance of API individuals seeking services (Lee, 2019).

SAMHSA have created evidenced-based practices to increase mental health literacy and to address mental health stigma mainly targeted towards AAPI population with the use of various translations of Asian languages (Chau, Leong, & Robles, 2018). Lack of translation was shown to be a big factor of lack of utilization of mental health services. A study conducted in English and 6 other Asian languages showed that almost half of their participants opted for the non-English surveys (Jang, 2019). Furthermore, the results showed that their sample displayed high levels of mental health concerns. These concerns were shown

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prevalence of 54.6 percent of mental distress and 9.2 percent of seriously mentally ill. Further findings from this study also aligned with the stigma around mental health services. With cultural factors and stigma around mental health, the challenge to provide adequate services for AAPI communities still present as a need.

Mental Health Among Asian Pacific Islander College Students

Upon entering undergraduate or graduate school, young adults are faced with immense levels of stress related to family expectation, academic demands, and relationships to others (Chen, Szalacha, Menon, 2014). Racial and ethnic minority college students were reported to have more negative perceptions on seeking professional help and underuse mental health services than their counterparts (Loya, Reddy, & Hinshaw, 2010). Observing the API college students some barriers included the model minority stereotype influencing the mental health of these students. In a study about mental health services among college students, Asian Americans were reported to have the greatest psychological distress levels (Hsiu-Lan, Kwong-Liem, & Sevig, 2013). In addition to the study, Asian American college students also scored higher on perceived stigmatization of on mental health by family, friends, and self. These results were consistent to traditional beliefs of many Asian cultures and values that view seeking outside professional help is bringing "shame to the family" (Kim, 2007).

College students and their history of trauma is relative to the onset of mental health problems (Gomez, 2017). This study recognized the importance of

understanding the challenges in API cultures and found those who have a history of cultural discrimination trauma have increased risk of developing mental health problems. These increased risks may include from dealing with discrimination, history of trauma, cultural pressures, and mistrusts of dominant cultural systems. With the stigma and reluctance to seek additional services among API college students, more work needs to be done to shift the perceptions. This research project aims to differ from prior studies though exploring more of the perceptions of mental health among API college students to further understand the limitations and barriers that keep students from seeking services through getting the student's personal narratives in interviews.

Theories Guiding Conceptualization

The Interactionalist Perspective will be used to conceptualize the ideas in this research project. Interactionist perspective is part of the sociological theories whom George Herbert Mead laid the initial groundwork for the perspective. Mead believed that the ability to communicate through symbols, for example, language, was the key feature that separated us from animals (Zastrow and Kirst-Ashman 2007). Through Mead's work, he formulated the Interactionist perspective as a way of individual's interactions among one another and how society is a product of the interaction. As cited by Zastrow and Kirst-Ashman, Cooley's "Looking Glass" observed that individuals must rely on the subjective qualities from the interactions to make judgement of ourselves (2007). In result, this theory brings stigma and creates labels on individuals and their backgrounds.

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Over time, individual's behaviors change in response to the interactions that changes throughout the course of their lives. To understand oneself, one must understand and have judgement on others. Once labels are created, the labels and stigma become internalized; therefore, bringing society down. For example, the way that media and society talk about mental health in a negative tone; therefore, society also looks down on mental health services when the reality is to help individuals address their traumas and help with their well-being.

Past research has utilized theories such as the Cultural Mistrust framework, Health Belief model, and other social psychological theories. These theories differ from the current framework for this study; however, encompasses the general idea of looking at the influences of its environment and how that has challenged the perceptions of a certain group. This research project aims to use the Interactionalist Perspective to frame the conceptualization of how society's perceptions influences the perceptions of API college students on mental health.

Summary

This study looked at the perceptions of mental health among Asian Pacific Islander college students. The intention of the study gathered information of what API college students think mental health is and the barriers that keep them from seeking help. Gathering such information provided insight on the API community so that more awareness is brought to the social work field of a community who has unmet needs. The study used the Interactionalist Perspective to guide the research as it to uncover how the societal views has influenced its communities.

Mental health carries a stigma that is heavily rooted within the API community and this study is to continue the work to deconstruct the myths and stigma of mental health.

CHAPTER THREE

METHODOLOGY

Introduction

This study sought to further obtain perspectives and understanding of the perceptions of mental health among Asian Pacific Islanders (API) college students. Furthermore, this study explored the barriers and stereotypes that may have influenced these individuals about mental health services and their understanding of mental health. This chapter dived further in depth of how such information was obtained. This chapter has sections that include study design, sampling, data collection and instruments, procedures, and protection of human subjects.

Study Design

The purpose of this research was to further explore the perceptions of mental health among the API college student's population. This study sought to identify the common barriers, beliefs, and stereotypes that this population may have against mental health. This proposed study was an exploratory study due to the limited research and information that is present among the API community. This study intended to focus on API college students because of the limited data on API community combined with the challenges that college students face with mental health. Perceptions of mental health can be a broad area to discuss, thus, a cross sectional mixed method study was used to allow participants an open-

ended chance to fully express their thoughts and to quantify respondents'

barriers to mental health. This approach was of value as it is designed to collect

the narrative of students while being able to measure the barriers that prevent

students from addressing their mental health needs.

Being able to explore the areas of mental health through a mixed method

was a strength because through interviews and focus groups, participants was

not limited to the researcher's choice of responses or measurements.

Furthermore, the use of a survey to gather information on the factors of

behaviors have provided students with a perspective that they did not think about

before. In addition to the survey, it had guided the students to stay focus to the

purpose of the study. The focus groups had allowed researcher to reach a larger

audience in a shorter amount of time and provide a social worker's perspective to

the mental health topic that already has limited research. Furthermore, these

interviews and focus groups had also brought more awareness to the topic as

mental health already is not talked about enough within the API community.

Limitations of the methods presented included time and pressure. To form

a focus group may present challenges as participants were unable to reach a

convenient time for all. Furthermore, discussions about mental health put

pressure on these individuals who are participating in focus groups as they may

be reserved with their answers or hesitant of sharing their true thoughts. Focus

groups relied heavily on the group dynamic and served as a limitation if proper

trust and sense of safety were not well established. Similar limitations were

applied to interviews, as participants felt pressured to respond a certain way in fear of being judged. Limitation for the survey may result from respondents to rush through to leave the study quickly. Further limitations include survey responses not being providing the appropriate answers for respondents. Thus, to minimize these limitations as much as possible, the researcher briefed participants about confidentiality and eliminated any identifying information that may be reveal their responses. Research strived to establish good rapport with the focus groups participants and interviewees in the given amount of time to establish a sense of safety and trust to allow for authentic responses. To minimize survey responses, researcher provided extensive responses and provide an option for respondents to input their own if necessary.

Sampling

Through researcher's personal network, student API organizations at various institutions were contacted and relied on snowball sampling. The research strived to conduct 2 focus group that consists of 5-8 respondents and about 5-10 individual interviews. This study strived to have 25 subjects that participate in either a focus group or individual interview. The criteria for respondents to be eligible for the study included being 18+ years old, of API descent, and currently pursuing a form of higher education degree. The proposed sample was in respect to the time given to complete the study as well as the reality of obtaining enough respondents that provided a common theme among responses to provide the answers needed for the study.

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Data Collection and Instruments

Qualitative and quantitative data were collected for the purpose of this study. Such data will be collected through focus groups and/or individual interviews followed by a brief survey. Per the survey (refer to Appendix B), the independent variable was identified as the barriers that are preventing the address of mental health as a nominal categorical level of measurement. The dependent variable was identified as the method of addressing mental health services as a nominal categorical level of measurement. Each group and interview was audio-recorded regardless if conducted in person or via phone/computer. Per method, each participant was briefed on the purpose of the study and the intent that research desires to gain from the interaction.

The guidelines covered topics of mental health and its misconceptions. More so, the focus group intended to create a discussion among college students to identify the common themes of mental health that each participant may have and to have the discussion going about mental health. Some leading questions may include discussion about personal experiences with mental health and how it is viewed in society.

Individual interviews strived to get a more personal perception as the interview may entail inquiry of individual's upbringings and experiences that has influenced their perceptions of mental health. These inquires of the participants upbringing are to see if older generation and parent's immigration has influenced their perceptions. Furthermore, the interviews sought to gain insight of individual

experiences and to also add to the common theme of the perceptions among the API college students. The development of the interview questions included open-ended questions about personal definitions of mental health, how does the individual take care of their mental health needs, and how mental health was presented to them as they were growing up (refer to Appendix A).

A survey was also provided after the focus group or interview. The survey collected demographic information and inquire about the barriers that prevent respondents from seeking services. In addition, the survey also explored the cultural barriers, structural barriers, and respondents' awareness of mental health services being provided at their university. The survey sought to gather additional data to compliment the narratives of the respondents of the perceptions of mental health (refer to Appendix B).

Procedures

Data was gathered through the collaboration of researcher's personal network. Emails were sent to those networks asking for individuals who may be interested in participating in the study via interview or focus groups. Dates of the interviews and focus group was determined based off the respondents and their availability with all participants and researcher. Prior to conducting the study, researcher ensured to brief every participants of the procedure and the study.

To ensure privacy and confidentiality, researcher reserved a room at California State University, San Bernardino or at a mutually agreed upon location so that other members in the community are not disruptive to the focus group or

interview process. Researcher reviewed informed consent forms and set rules with the focus group prior to start of the group. Respondents was informed of the purpose and the intent of the study. Researcher also shared the value of being a part of the study and explain the roles the participants play in the research. Respondents was notified that the study will be audio-recorded and ensure that individuals are comfortable and agree to the terms. At the conclusion of the focus group, participants were given a survey for additional information. Following up with the survey, participants were thanked and had an opportunity to debrief with the group. Researcher provided a resource list of the Counseling/Health center at their respective universities if participants felt the need to further explore their journey with mental health. Interviews followed the same procedure, with the exception of setting rules. Instead, interviewees were presented with an overview of the interview process and were asked if there are any questions prior to starting the interview. Interviews followed the same procedures as focus groups at the conclusion of the interview.

The researcher of this study was the sole conductor of gathering information through the focus group and interviews. The timetable of gathering information was determined as dependent on the approval of the study through IRB and the availability of the participants.

Protection of Human Subjects

Confidentiality and anonymity were obtained through informed consent and the elimination of identifying information. Participants were addressed by a

pseudonym while audio-recording was taken place. Prior to the start of focus groups, the members addressed one another by a pseudonym. Researcher also disclosed to participants about how the information will be handled and how the recordings will also be stored. The information was stored through a secured source of the CSUSB student account on Google Drive and that files will be deleted after the posting of the research project. Focus groups were held in private rooms with only the participants and research present. Interviews were held at a location that will not have members of the community disrupting or listening in on the interview.

Due to the potential of unexpected emotional responses and triggers mental health encompasses, researcher took steps towards allowing participants to feeling safe. This included making sure participants are aware that they may withdraw from the study at any time and that all information will be kept confidential. Researcher was proactive in focus groups to ensure that all participants are respectful among one another and that participants do not leave with feelings of being judged or pressured because of the discussion of mental health. Due to the parameters of the study, participants were also given a debriefing statement (refer to Appendix D) at the conclusion of the session if additional resources were needed for participants to further process their emotions.

Data Analysis

Per the quantitative portion of the study, to collect data of barriers that are preventing students from addressing their mental health needs, a survey was provided. The independent variable was identified as the barriers preventing students from addressing mental health needs. The dependent variable are the methods that are being used regarding addressing mental health needs. Based on the given variables, a Chi-Square statistical analysis was conducted. Furthermore, a descriptive analysis was conducted to analyze the demographic variables.

Per the qualitative portion of the study, interviews and/or focus groups was conducted to explore the perceptions of mental health among API college students. Constructs that are likely to emerge include cultural conflict, acculturation, mental health stigma, and lack of awareness. A content analysis was conducted to further analyze the constructs that emerge.

Summary

The proposed research study explored the perceptions of mental health among the API college student population. This exploration sought to identify the common barriers and stereotypes that play a role in the lack of outreach to work on one's mental health in this community. The mixed methods allowed participants to express themselves freely about their perceptions. This research hoped to obtain valuable information to include more data for the API community.

This research was to provide another perspective to further understand a

community that illustrates limited information about mental health.

CHAPTER FOUR

RESULTS

Introduction

This chapter will include the demographics of the sample and will discuss the findings from the interviews that depicted the narratives of how the respondents view mental health in comparison to their cultural backgrounds. While they identify with their cultural backgrounds, respondents showed differences in views when it pertained to mental health.

Quantitative Findings

Demographic Characteristics

The demographic characteristics of the participants are illustrated in Table 1. From the sample size (n=14), 9 (64.3%) identified as female and 5 (35.7%) identified as male. The average age of the sample was 19.85 years old (n=13). Two (14.3%) reported to be First Year Undergraduates, 8 (57.1%) reported to be Second Year Undergraduates, 2 (14.3%) reported to Third Year Undergraduates, 1 (7.1%) reported to be a Fourth Year Undergraduates, and 1 (7.1%) reported to be a Doctoral student. All participants identified to be a part of the Asian Pacific Islander Community. Of those participants, 1 (7.1%) identified as Chinese, 1 (7.1%) identified as mixed Chinese and Filipino, 5 (35.7%) identified as Filipino, 1 (7.1%) identified as Korean, and 6 (42.9%) identified as Vietnamese (n=14). From the respondent, 10 (71.4%) reported to be US born, while 4 (28.6%)

reported to been born out the US. The average age of participants that

immigrated to the US was 4.75 years old (n=4).

Table 1

Sociodemographic Characteristics of Sample: Sex

Demographics	n (%)	Mean
Gender		
Female	9 (64.3)	
Male	5 (35.7)	
Age		19.85
Education Level		
First Year	2 (14.3)	
Second Year	8 (57.1)	
Third Year	2 (14.3)	
Fourth Year	1 (7.1)	
Doctorate	1 (7.1)	
API Descent		
Yes	14 (100)	
No	0 (0)	
Ethnic Background		
Chinese	1 (7.1)	
Chinese/Filipino	1 (7.1)	
Filipino	5 (35.7)	
Korean	1 (7.1)	
Vietnamese	6 (42.9)	
US Born		
Yes	10 (71.4)	
No	4 (28.6)	
Immigrated to US	4 (28.6)	4.75

<u>Help-Seeking Behavior Analysis</u>

Table 2 illustrates the respondents who cope through family support or not. A Chi-square test for independence indicated no significant association between the Asian participants and Coping with Family, X^2(4, n= 14) = 4.75, p= .31.

Table 2

Coping with Support from Family

	Yes n (%)	No n (%)
When you are trying to cope with emotional distress or a personal problem, do you seek help from your family?	6 (42.9)	8 (57.1)

Table 3 illustrates the respondents who cope through support from friends or not. A Chi-square test for independence indicated no significant association between Asian participants and Coping with Friends, X^2(4, n= 14) = 2.20, p= .70.

Table 3

Coping with Support from Friends

	Yes n (%)	No n (%)
When you are trying to cope with emotional distress or a personal problem, do you seek help from your friends?	13 (92.9)	1 (7.1)

Table 4 illustrates the respondents who cope through intimate partners or not. A Chi-square test for independence indicated no significant association

between Asian participants and Coping with Intimate Partners, X^2(4, n= 14) =

4.93, p= .30.

Table 4

Coping with Support from Intimate Partners

	Yes n (%)	No n (%)
When you are trying to cope with emotional distress or a personal problem, do you seek help from your intimate partners, such as spouse, boyfriend/girlfriend, significant others, etc.?	9 (64.3)	5 (35.7)

Table 5 illustrates the respondents who cope with support from mental

health professionals or not. A Chi-square test for independence indicated no

significant association between Asian participants and Coping with Mental Health

Professionals, X^2(4, n= 14) = 2.41, p= .66.

Table 5

Coping with Support from Mental Health Professionals

	Yes n (%)	No n (%)
When you are trying to cope with emotional distress or a personal problem, do you seek help from mental health professional, such as a psychiatrist, psychologist, social worker, marriage and family therapist, etc.?	3 (21.4)	11 (78.6)

Table 6 illustrates the respondents who cope with support from clergy or

not. A Chi-square test for independence indicated no significant association

between Asian participants and Coping with Clergy, X^2(4, n= 14) = 6.48, p= .17.

Table 6

Coping with Support from Clergy

	Yes n (%)	No n (%)
When you are trying to cope with emotional distress or a personal problem, do you seek help from clergy, such as a reverend, pastor, priest, rabbi, etc.?	2 (14.3)	12 (85.7)

Table 7 illustrates respondents who cope with support from their work colleagues or not. A Chi-square test for independence indicated no significant association between Asian participants and Coping with Colleagues, X^2(4, n= 14) = 4.11, p= .39.

Table 7

Coping with Support from Colleagues

	Yes n (%)	No n (%)
When you are trying to cope with emotional distress or a personal problem, do you seek help from a colleague at work?	4 (28.6)	10 (71.4)

Table 8 illustrates respondents who cope with support from a teacher or not. A Chi-square test for independence indicated no significant association between Asian participants and Coping with Teachers, X^2(4, n= 14) = 2.41, p= .66. Table 8 is continued on the next page.

Table 8

Coping with Support from Teachers

	Yes n (%)	No n (%)
When you are trying to cope with emotional distress or a personal problem, do you seek help from a teacher, instructor, professor, someone affiliated with education?	3 (21.4)	11 (78.6)

Table 9 illustrates if respondents have faced cultural barriers when handling stressful events or not. A Chi-square test for independence indicated no significant association between Asian participants and Cultural Barriers, $X^2(4, n= 14) = 8.71$, p= .07.

Table 9

Cultural Barriers Regarding Mental Health

	Yes n (%)	No n (%)
If you have ever sought help with a stressful event, did you ever face cultural barriers such as facing a sense of shame, stigma, conflict with your family's or culture's values, etc.?	8 (57.1)	6 (42.9)

Table 10 illustrates if respondents have faced structural barriers when handling stressful events of not. A Chi-square test for independence indicated no significant association between Asian participants and Structural Barriers, $X^2(4, n= 14) = 4.10$, p= .39.

Table 10

Structural Barriers Regarding Mental Health

	Yes n (%)	No n (%)
If you have ever sought help with a stressful event, did you ever face structural barriers such as not being sure of where to look for services and if they had enough resources for you? For example, language barrier.	4 (28.6)	10 (71.4)

Table 11 illustrates the participants willingness to discuss mental health related topics. A Chi-square test for independence indicated no significant association between Asian participants and Willingness to Discuss Mental Health, $X^2(8, n= 14) = 8.57$, p= .38.

Table 11

Willingness to Discuss Mental Health

	Very Willing n (%)	Willing n (%)	Somewhat Willing n (%)
How willing will you be talking to people you know about mental health related topics?	4 (28.6)	8 (57.1)	2 (14.3)

Table 12 illustrates the participants awareness of a counseling center at their university. There was no statistical test conducted. Table 12 is continued on the next page.

Table 12

Awareness of Counseling Center

	Yes n (%)	No n (%)	Unsure n (%)
Is there a counseling center available at your university?	12 (85.7)	0 (0)	2 (14.3)

Table 13 illustrates the participant's willingness to utilize the university's counseling services. A Chi-square test for independence indicated no significant association between Asian participants and Willingness to Utilize Counseling Services, $X^2(20, n= 14) = 17.43$, p= .63.

Table 13

Willingness to Utilize Counseling Center

	Willing n (%)	Somewhat Willing n (%)	Neutral n (%)	Unwilling n (%)	Very Unwill-ing n (%)	No Response n (%)
How willing would you be to visit your university counseling center in times of emotional distress?	2 (14.3)	5 (35.7)	1 (7.1)	2 (14.3)	3 (21.4)	1 (7.1)

Qualitative Findings

All respondents to the survey, participated in an interview to further investigate their perceptions of mental health regarding how their culture

influences their perception (n=14). The researcher conducted a content analysis and discovered themes that included: positive and negative association with mental health, positive and negative perception and cognition, positive and negative behaviors, proactiveness associated with mental health, stigma, acculturation, generational differences, awareness, and self-care methods.

<u>Mental Health Definitions</u>

Question 1 stated, what is your definition of mental health? The emerging themes included: positive and negative associations with mental health. Within positive associations, there were subcategories that included: one's perception and mindset as well as one's well-being. Seven participants defined mental health as part of a mindset or the way one perceives daily living. "[It's] what your mindset is at… what you're thinking in your thoughts, like your thought process" (Respondent 10, personal interview, February 2020). "[It's] view on their control, on how they control not only their emotions but like how they give their emotions to the world… how you interpret things" (Respondent 11, personal interview, February 2020). Five participants had positive association towards one's well-being. "Your ability to deal with like issues…I guess, or your own thoughts… a general well-being" (Respondent 7, personal interview, February 2020). Other responses included, "well-being of both physical, you know what you're thinking, how you're feeling overall…" (Respondent 2, personal interview, March 2020).

Negative association had subcategories that included: negative feelings, and abnormal functionalities. Respondent 9 reported, "not having people, so like

loneliness" (February 2020) while Respondent 4 reported, "feeling a way you shouldn't be feeling" (February 2020). Mentions of abnormal functions included Respondent 1 stating, "someone who is need of… brain health … someone isn't like as normal as we are… So, I think it's just something abnormal" (February 2020).

<u>Associations to Mental Health</u>

Question 2 stated, when you think about mental health, what do you think about? The following theme emerged: positive and negative perceptions and cognitions as well as coping behaviors. Within these themes, subcategories were identified as followed: positive/negative feelings and stigma.

More than half of participants thought of the negative and/or positive perceptions that one may have when thinking about mental health. "I feel like if your mental health is bad, you typically tend to perceive things as pessimistic" (Respondent 3, personal interview, February 2020). "Like maybe you're feeling insecure, you have anxiety, you're feeling depressed… not feeling confident… like scatterbrain" (Respondent 8, personal interview, February 2020). Furthermore, under the negative perceptions and cognitions, there were repeated mentions of the stigma regarding mental health. "First thing that comes into mind is like all the disorders and stuff like depression or anxiety" Often times, (Respondent 13, personal interview, February 2020). "When people talk about mental health, it kind of makes me feel that, it's like sad… it's a depressing time for them… a touchy subject" (Respondent 9, personal interview, February 2020).

Respondents also believed that thoughts about mental health included coping behaviors of individuals. Some participants aligned with the thoughts of, "how do you manage stress? How do you manage what's happening in your life, like impacting your well-being?" (Respondent 2, March 2020).

Positive Mental Health Description

Question 3 stated, how would you describe positive mental health? The themes emerged included: proactiveness, sense of control, and self-esteem. Within proactiveness,3 respondents discussed describing mental health as taking initiative in doing self-care. "Just taking care of yourself and doing whatever you need to do" (Respondent 13, personal interview, February 2020). "Doing stuff to improve your own emotional health…" (Respondent 14, personal interview, February 2020).

Having a sense of control was expressed through 4 participants when it came to positive mental health. "A general understanding that you are in control of your emotions… and of the world around you…who doesn't spiral… someone who doesn't project" (Respondent 7, personal interview, February 2020).

Many respondents also associated positive mental health with self-esteem. Associated with self-esteem, respondents related mental health to self-confidence and a positive outlook. "You're in a state of pure happiness… you don't really care what people think of like you don't worry too much… kind of carefree" (Respondent 9, personal interview, February 2020). "Actively being

involved in whatever they're involved with…" (Respondent 4, personal interview, February 2020).

Negative Mental Health Description

Question 4 stated, how would you describe negative mental health? The themes that emerged included: negative feelings, and the discount of emotions. Negative feelings included common responses of the behavioral and emotional side. There was a general consensus of lack of control that looks like, "doing certain things they wouldn't really do or like they're doing it too the extreme, a lot of erratic behavior…" (Respondent 3, personal interview, February 2020). "Someone who can't deal with little things…things go wrong or will blame other people for their problems" (Respondent 7, personal interview, February 2020). Social disengagement was a pattern from respondents. "You can kind of tell because they just seem more down inside…they shut people out or don't want to go out and do stuff and just want to be by themselves" (Respondent 13, personal interview, February 2020). Another responded, "isolation by people they're really close with before, like their loved ones…just to hide their- how they're truly feeling" (Respondent 6, personal interview, February 2020).

Furthermore, there was an understanding of a discount of emotions when talking about negative mental health. "It's more like you kept to yourself like you have problems or [they] don't really talk to you... it's like in the Asian household it's, why do you want to talk about it? You're supposed to study" (Respondent 14, personal interview, February 2020).

Cultural Background Views

Question 5 stated, how do you think your cultural background views people using mental health services? From the responses, themes emerged included: taboo and stigma. Within taboo, respondents had common responses regarding speaking about mental health was not encouraged, the topic was to be more for keeping it to oneself, as well as minimizing their challenges. "[It's] not something they would encourage… like any Asian culture in general…they think it's like, 'Oh, if you get help, you're like do you have a disability? Like why would you need help?'" (Respondent 14, personal interview, February 2020). "No one really asks how you're feeling. That's kind of something you keep kind of to yourself" (Respondent 5, personal interview, February 2020). "Asian people push it to the side and they're like, 'oh you're fine, like that's what life is like'" (Respondent 10, personal interview, February 2020).

The idea of stigma was expressed through respondents as they felt that mental health automatically means mental illnesses. "Growing up mental problems was seen as, you're crazy or you're going insane... it's either you're okay or you're mentally- you have mental disabilities or issues" (Respondent 8, personal interview, February 2020). "In general, they view people who look out for mental health services as like somehow mentally disabled even though it's not necessarily what they're going in there for" (Respondent 6, personal interview, February 2020).

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Opinion about Cultural Views

Question 6 stated, what do you thin about those cultural views? From the responses, the themes included: generational differences and a need for more psychoeducation. Almost half of respondents discussed a form of generational differences that talked about the older generation having a more traditional mindset. "It's a little old fashioned. I'd say there's so much more into it than just either you're okay or not" (Respondent 8, personal interview, February 2020). Many respondents disagreed with their cultural perspective.

" I disagree because I feel like it's important to use your resources and if you have a problem or issues then you should check it out…I don't think when they push it to the side. I don't want it to seem like it's a negative thing. I feel like they just do it out of a good heart, in a good place… they just want you to have successful life" (Respondent 10, personal interview, February 2020).

In addition, while respondents disagreed with the cultural views, they understood there being a need of more psychoeducation about mental health.

"I feel the only thing they really need is education and how mental health is actually the same exact thing as physical health where it's like, 'Oh, if you're ever worried about your physical body, you should also worry about your mental health also" (Respondent 6, personal interview, February 2020).

Change in Views Overtime

Question 7 stated, have those views changed over time? Almost all participants felt that there was at least a minimal shift towards changes in perspective. Among the minimal changes, these changes included: acculturation and increase in awareness. With the context of the Vietnamese culture immigrated to the United States, a respondent reported, "I'd say it's definitely a lot more positive now than how it was back then" (Respondent 1, personal interview, February 2020). Furthermore, it was found that the changes are coming from the younger generation. "Younger generation has more access to see the services as opposed to the older generation" (Respondent 2, personal interview, March 2020).

In addition, many respondents felt that there was more awareness about mental health. "It's not as black and white as before. The knowledge about mental health is spreading" (Respondent 8, personal interview, February 2020).

> "I do think that they're changing because we're [more] knowledgeable
> about mental health. People are actually getting treated and seeking help
> instead of keeping it within themselves" (Respondent 6, personal
> interview, February 2020).

Causes to Change in Views

Question 8 stated, what do you think caused you to change views over time, if changed at all? The findings of the cause in the change of views included: increase in awareness and education and changes in assimilating to new

environments. At least half of respondents believed that there is an increase in awareness through social media access and changes in the education system.

"You see a lot of things online, social media, TV, talking about it and letting people be more aware of it. Especially students…It's easier to spread awareness. I guess the studies on it are a lot better or have improved over time" (Respondent 8, personal interview, February 2020). "It's the exposure [to] social media, this kind of American recognition that mental health is an issue or needs to be addressed in addition to physical health, then that kind of putting that message out there has been around for at least long enough for younger generation to be able to think of it as a norm as opposed to an exception" (Respondent 2, personal interview, March 2020).

Changes in the environment led respondents to feel that it influences individuals to recognize the importance of mental health more.

"Maybe we were living with our parents or high school didn't really have that big of an effect or change to me, but then when I moved to college, there's so many changes, so many more emotions so maybe it came out" (Respondent 10, personal interview, February 2020).

Taking Care of Mental Health

Question 9 stated, how do you take care of your mental health? All participants were able to identify means of self-care. The themes that emerged were having time to yourself, social support, and religion. Respondents found

that taking time to themselves allowed for reflection and doing activities that they enjoy. "I sleep in… make time for myself. That's a big thing but solely myself" (Respondent 11, personal interview, February 2020).

In addition to taking time to oneself, there was a pattern of gaining social support through family and/or friends. "I try to hang out with the people that I like more so that we can- I could be happier" (Respondent 9, personal interview, February 2020). "I typically rant to my dad and [he] usually gives me really good advice" (Respondent 3, personal interview, February 2020).

Religion was reported as a mean to take care of one's mental health. "I'm Catholic, I usually pray about it" (Respondent 5, personal interview, February 2020). "He sends me Bible verses to help me cop with it…" (Respondent 3, personal interview, February 2020).

CHAPTER FIVE

DISCUSSION

Introduction

This chapter will discuss the overview of the results and the findings that were observed through the responses from the survey and interviews. In addition to the overview, other limitations that emerged during the study will also be reported. This chapter will also include recommendations for social work practice, policy, and research.

Review of Results

The goal of the project was to gain insight on the perceptions of mental health among API college students. This insight aimed to provide more understanding for a community that are often overlooked when providing services in addition to having a history of minimizing and misunderstanding the important of taking care of one's mental health. Through the research, results displayed an understanding of the meaning of mental health; however, the research observed patterns of minimization from respondents when it comes to addressing challenges that impact their mental health. While some respondents reported understanding where their culture may be coming from, there was still disconnects from understanding their culture and practicing what respondents wishes to see in the culture's perspective on mental health. The researcher infers that it is due how deeply rooted the perception of mental health has been

ingrained in participants that while they may support those who may utilize services or take care of their mental health, respondent may have the belief that "it can never happen to them."

While it was reported that there has been a subtle shift towards mental health awareness, responses indicated that there is still a stigma against mental health. Many expressed mental health and reported mental illnesses interchangeably, demonstrating that there are still areas of improvement for recognizing the importance of mental health and the different aspects of the concept. Further investigation showcased that there is still a need to provide more psychoeducation to the community. While respondents feel that the stigma is rooted in the older generation, there shows that psychoeducation for the younger generation can be helpful to break down barriers and misconceptions because of their influences of their upbringings.

While many reports their cultures believing that talking about one's problems and how it impacts an individual should not be talked about, respondents indicated expressed how it has impacted their mental health. However, it raises a question on how much that belief has impacted individuals that it has pushed individuals to accept the fact of not speaking about mental health and learning to minimize their challenges. This can be inferred through comparing respondents' thoughts about their culture views on mental health and comparing the responses towards the survey. While there was positive perspective in the interviews that taking care of mental health is important, it did

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not portray the same message in the survey. The survey indicated minimal avenues of coping behaviors in addition to willingness to seek services. Although this research is not demanding individuals to utilize services, the research is indicating that there is more areas to look into as to why utilization of services and addressing mental health needs are not as apparent while responses are stating otherwise.

Limitations

While the researcher was able to obtain narratives from a variety of API college students, the parameters of the research and the population created challenges of having focus groups following through. In addition, the nature of mental health is a dense topic to discuss and by the nature of the interviews, the researcher had challenges to create the optimal environment to allow respondents to be completely vulnerable.

There were limitations with the time researcher had to create a safe environment while allowing respondents to feel comfortable in answering questions while showing their authentic perspective of the matter. While there were no specified time constraints, researcher was mindful of student's time which showed impact on responses as respondents may have felt pressured to be quick with the interview and not elaborate as much.

Limitations of the study was that it was unable to encompass the entire API community. The study was made up of a convenience sample and while their

responses that aligned with the current research, there were not enough

representation of the various API ethnic groups.

Recommendations for Social Work

Social Work Practice

Recommendations for social work practice is for an increase in recognition

towards the API community. There is a lack of advocacy and community

engagement that empowers the API community to accept mental health as a

component to one's well-being. Similarly, when providing mental health services

to any individual, it is important to also recognize that API individuals are still

unique and will also require their own treatment plans. In doing so, this includes

ensuring improvements in the Social Work field so that those workers have the

appropriate resources and support to take care of their clients.

While API community has deep rooted history that has influenced the

many generations to come, it is important to recognize that, but to also empower

the community to take care of their mental health. Moreover, an increase in

advocacy can work towards normalizing mental health problems and combat the

stigma that remains. Nonetheless, there has been progress in the field that has

allowed mental health to be more known among the communities.

Social Work Policy

Social work policies can improve towards working to enhance available

services. Improvements on delivery of services that welcomes clients. This can

include advocating for more funding to be able to implement new plans to

improve services. Advocacy work to increase funding can allot for more opportunities and time to engage in the community. Providing more access to expand and change organizations can allow for innovative strategies to engage the API community. This calls for more opportunities at the macro level to empower the mental health profession to advocate for the resources that is needed to conduct the work that sustains the quality of life needed for individuals. Furthermore, it allows for a much-needed platform to empower the social work community to advocate for the resources that is needed to provide the services for the underserved communities.

Social Work Research

Research pertaining mental health treatment within API community is limited. While there has been improvement over the years in understanding the lack of utilization of mental health services, it is recommended that further research is needed to explore the origins of the social issue. Creating a more depth understanding of the community and the narrative can allow for better awareness when providing services for the diverse communities. While it is recognized that the API population underutilizes mental health services, recommendations for research include gathering a more depth understanding of either the cause of underutilization or other ways to support and empower the community.

Moreover, mental health research can improve through the API community by providing more information on the differences among the

community. Asian ethnic groups compose of countries and often get lumped into one category, although each country experiences dramatic challenges. Improving future research can allow a more definite narrative and allow a clearer understanding to create innovative and community reaching services.

Conclusion

As part of the social work values of service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence, this project aimed to provide insight on the API community to better enhance quality of services and a call to action to empower the community to recognize the importance of mental health. While the interviews and surveys conducted for study was a minor representation of the population, there perspective illustrated the minimal awareness of mental health and the cultural influences of the concept. Mental health carries stigma and through the study, it demonstrated the influence in perspectives as respondents minimizes the challenges that the community has been through.

Although many of the findings supported the stigma revolving mental health, the study showed hope and improvement as there is a shift towards awareness. Younger generation are seen to be more understanding and conscious of their well-being. With the change in society and advances in technology, platforms like social media has enabled youth to have more exposure to the concept of mental health and the avenues to take care of one's well-being.

Through this study, insight on the perceptions of mental health carries the narrative of conflicting generations as values align elsewhere. While more work needs to be done to have mental health be more accepting, there shows some progress as generations move away from the beliefs that they were raised with. To encourage continuous growth with acceptance in mental health, it is imperative to continue to acknowledge the narrative and keep the discussion going.

APPENDIX A

INSTITUIONAL REVIEW BOARD APPROVAL LETTER

January 21, 2020

CSUSB INSTITUTIONAL REVIEW BOARD
Administrative/Exempt Review Determination
Status: Determined Exempt
IRB-FY2020-128

Jenny Phan Herbert Shon
CSBS - Social Work
California State University, San Bernardino
5500 University Parkway
San Bernardino, California 92407

Dear Jenny Phan Herbert Shon

Your application to use human subjects, titled "Perceptions of Mental Health Among API College Students " has been reviewed and approved by the Chair of the Institutional Review Board (IRB) of California State University, San Bernardino has determined that your application meets the requirements for exemption from IRB review Federal requirements under 45 CFR 46. As the researcher under the exempt category you do not have to follow the requirements under 45 CFR 46 which requires annual renewal and documentation of written informed consent which are not required for the exempt category. However, exempt status still requires you to attain consent from participants before conducting your research as needed. Please ensure your CITI Human Subjects Training is kept up-to-date and current throughout the study.

The CSUSB IRB has not evaluated your proposal for scientific merit, except to weigh the risk to the human participants and the aspects of the proposal related to potential risk and benefit. This approval notice does not replace any departmental or additional approvals which may be required.

Your responsibilities as the researcher/investigator reporting to the IRB Committee the following three requirements highlighted below. Please note failure of the investigator to notify the IRB of the below requirements may result in disciplinary action.

- Submit a protocol modification (change) form if any changes (no matter how minor) are proposed in your study for review and approval by the IRB before implemented in your study to ensure the risk level to participants has not increased,
- If any unanticipated/adverse events are experienced by subjects during your research, and
- Submit a study closure through the Cayuse IRB submission system when your study has ended.

The protocol modification, adverse/unanticipated event, and closure forms are located in the Cayuse IRB System. If you have any questions regarding the IRB decision, please contact Michael Gillespie, the Research Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at mgillesp@csusb.edu. Please include your application approval identification number (listed at the top) in all correspondence.

If you have any questions regarding the IRB decision, please contact Michael Gillespie, the Research Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at mgillesp@csusb.edu. Please include your application approval identification number (listed at the top) in all correspondence.

Best of luck with your research.

Sincerely,

Donna Garcia

Donna Garcia, Ph.D., IRB Chair
CSUSB Institutional Review Board

DG/MG

APPENDIX B

INTERVIEW GUIDE

Perceptions of Mental Health Among API College Students Interview Guide

1. What is your definition of mental health?
2. When you think about mental health, what ideas or images do you think about?
3. How would you describe positive mental health?
4. How would you describe negative mental health?
5. How does your cultural identity have any influences on your perceptions of mental health?
6. How has mental health been talked about while you were growing up
7. How often is mental health talked about in your day to day life in general? Describe how it is talked about.
8. How do you take care of our mental health?

Developed by: Jenny Phan, MSW Advanced Year Candidate

APPENDIX C

DATA COLLECTION SURVEY

Perceptions of Mental Health Among API College Students Data Collection

Please mark the best choice for each question or fill in the most appropriate response for each question:

1. What gender do you best identify with?

    a. Male   b. Female   c. Other (Please specify): _____

       d. Prefer not to answer

2. What is your age?

    a. _____

3. Are you of Asian Pacific Islander descent?

    a. Yes   b. No

4. What is your ethnic background?

    a. _____

5. What is your current education level?

    a. First year in college   b. Second year in college   c. Third year in college

    d. Fourth year in college   d. 5th year and above   e. Graduate student
    f. Other (please specify) _____

6. Were you born in the United States? (If yes, skip to #8, if no, answer #7)

    a. Yes   b. No

7. At what age did you move to the United States?

    a. _____

8. When you are trying to cope with emotional distress or a personal problem, do you seek help from your family?
    Yes
    No

9. When you are trying to cope with emotional distress or a problem, do you seek help from your friends?

Yes

No

10. When you are trying to cope with emotional distress or a personal problem, do you seek help from an intimate partner, such as a spouse, boyfriend/girlfriend, significant other, etc.?

    Yes

    No

11. When you are trying to cope with emotional distress or a personal problem, do you seek help from mental health professional, such as a psychiatrist, psychologist, social worker, marriage and family therapist, etc.?

    Yes

    No

12. When you are trying to cope with emotional distress or a personal problem, do you seek help from clergy (such as a reverend, pastor, priest, rabbi, etc.)

    Yes

    No

13. When you are trying to cope with emotional distress or a personal problem, do you seek help from a colleague at work?

    Yes

    No

14. When you are trying to cope with emotional distress or a personal problem, do you seek help from a teacher, instructor, professor, someone affiliated with education?

    Yes

    No

15. If you have ever sought help with a stressful event, did you ever face cultural barriers such as facing a sense of shame, stigma, conflict with your family's or culture's values, etc.?
    Yes

    No

16. If you have ever sought help with a stressful event, did you ever face structural barriers such as not being sure of where to look for services and if they had enough resources for you? For example, language barrier.
    Yes

    No

17. Is there a counseling center available at your university?

    a. Yes (Please go to question #18)   b. No   c. I am not sure

18. How willing would you be to visit your university counseling center in times of emotional distress?

a. very willing   b. willing   c. neutral (neither willing or unwilling)
d. unwilling   e. very unwilling

Developed by: Jenny Phan, MSW Advanced Year Candidate

APPENDIX D

INFORMED CONSENT

INFORMED CONSENT

The study in which you are asked to participate is designed to examine the perceptions of mental health among Asian Pacific Islander (API) college students. The study is being conducted by Jenny Phan, a graduate student, under the supervision of Dr. Herbert Shon, Assistant Professor in the School of Social Work at California State University, San Bernardino (CSUSB).

PURPOSE: The purpose of the study is to examine the perceptions of mental health among API college students.

DESCRIPTION: Participants will be asked a series of open-ended questions about their perceptions of mental health, the factors that play a role in their willingness to address their mental well-being, and for some demographic information.

PARTICIPATION: Your participation in the study is totally voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

CONFIDENTIALITY: Your responses will remain confidential and data will be reported in group form only.

DURATION: It will take about an hour to an hour and a half for interview/focus group including time to complete the survey at the end.

RISKS: Although not anticipated, there may be some discomfort in answering some of the questions. You are not required to answer and can skip the question or end your participation.

BENEFITS: There will not be any direct benefits to the participants.

CONTACT: If you have any questions about this study, please feel free to contact Dr. Shon at (909) 537- 5532

RESULTS: Results of the study can be obtained from the Pfau Library ScholarWorks database (http://scholarworks.lib.csusb.edu/) at California State University, San Bernardino after July 2020.

****

I agree to have this interview be audio recorded: _____ YES _____ NO

I understand that I must be 18 years of age or older to participate in your study, have read and understand the consent document and agree to participate in your study.

_____   _____
Place an X mark here_____   Date

APPENDIX E

DEBRIEFING STATEMENT

Debriefing Statement

This study you have just completed was designed to better understand the current perceptions of mental health among API college students and understanding the barriers that prevent students from addressing their mental health. Mental health can be a challenging topic to discuss and can cause some discomfort. If in result of the study, you feel the need to further explore your own person mental health, please refer to your universities', Counseling and Psychological Service Centers. If your university does not have an established Counseling Center, you may also dial 2-1-1 to get more information of additional services that may best fit your needs.

Thank you for your participation and for not discussing the contents of the discussion with other students. If you have any questions about the study, please feel free to contact Jenny Phan or Professor Shon at (909) 537- 5532. If you would like to obtain a copy of the group results of this study, please contact Professor Shon at SBS 407 at the end of Spring Quarter of 2020.

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