

5-2022

THE EFFECT OF THE PERCEPTION OF MENTAL HEALTH SERVICES ON ASIAN AMERICANS

Angela Dao

Follow this and additional works at: <https://scholarworks.lib.csusb.edu/etd>



Part of the [Social Work Commons](#)

Recommended Citation

Dao, Angela, "THE EFFECT OF THE PERCEPTION OF MENTAL HEALTH SERVICES ON ASIAN AMERICANS" (2022). *Electronic Theses, Projects, and Dissertations*. 1391.
<https://scholarworks.lib.csusb.edu/etd/1391>

This Project is brought to you for free and open access by the Office of Graduate Studies at CSUSB ScholarWorks. It has been accepted for inclusion in Electronic Theses, Projects, and Dissertations by an authorized administrator of CSUSB ScholarWorks. For more information, please contact scholarworks@csusb.edu.

THE EFFECT OF THE PERCEPTION OF MENTAL HEALTH
SERVICES ON ASIAN AMERICANS

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
Angela Sovatha Dao

May 2022

THE EFFECT OF THE PERCEPTION OF MENTAL HEALTH
SERVICES ON ASIAN AMERICANS

A Project
Presented to the
Faculty of
California State University,
San Bernardino

by
Angela Sovatha Dao
May 2022

Approved by:

Dr. Carolyn McAllister, Faculty Supervisor, Social Work

Dr. Laurie Smith M.S.W. Research Coordinator

© 2022 Angela Sovatha Dao

ABSTRACT

Previous studies have examined mental health issues and barriers in minorities, such as Asian Americans. With a basic understanding of the differences in mental health perception, this study dove deeper into the effect of perception of mental health services has on Asian Americans. The knowledge and understanding that arose from this study will ideally contribute to increased acceptance and usage of mental health services. The study was conducted in an interview format with volunteers from the community. The data was analyzed through transcription and coding. The findings of the study included a difference in generational acceptance of mental health services as well as a belief of being open to obtaining mental health services, while still demonstrating hesitancy. Social work practice can benefit from an understanding of perception to change perception and present services to fit the perspective some Asian Americans may hold.

ACKNOWLEDGEMENTS

I would like to express great appreciation to my husband, sister, and friends for providing immense support during my pursuit of a concurrent degree in social work and public administration with the continuous push to continue through the program allowed me to successful during my journey through higher education. I would also like acknowledge my professors who taught us how to be effective social workers during the chaos of COVID and my coworkers for helping me when I was limited in time and energy.

TABLE OF CONTENTS

ABSTRACT	iii
ACKNOWLEDGEMENTS	iv
LIST OF TABLES	vii
CHAPTER ONE: INTRODUCTION	1
Problem Formulation.....	1
Purpose of the Study	3
Significance of the Project for Social Work Practice	5
CHAPTER TWO: LITERATURE REVIEW.....	8
Introduction	8
Asian American Family Structure.....	8
Mental Health Stigma.....	10
Utilization of Mental Health Services	11
Theories Guiding Conceptualization	12
Summary	13
CHAPTER THREE: METHODS	14
Introduction	14
Study Design	14
Sampling.....	16
Data Collection and Instruments.....	16
Procedures	17
Protection of Human Subjects	18
Data Analysis.....	19

Summary	20
CHAPTER FOUR: RESULTS.....	21
Introduction.....	21
Presentation of the Findings	21
Demographic Data	21
Themes.....	23
Generational Differences	23
Talking and Therapy	27
Family Support.....	28
Summary	30
CHAPTER FIVE: DISCUSSION	31
Introduction.....	31
Discussion	31
Unanticipated Results	36
Limitations.....	37
Further Research	38
Recommendations for Social Work Practice, Policy, and Research	38
Conclusion.....	40
APPENDIX A: INTERVIEW GUIDE.....	41
APPENDIX B: INFORMED CONSENT FORM.....	43
APPENDIX C: INSTITUTIONAL REVIEW BOARD APPROVAL.....	46
REFERENCES.....	48

LIST OF TABLES

Table 1. Demographics	22
-----------------------------	----

CHAPTER ONE

INTRODUCTION

Problem Formulation

Mental health continues to be a stigma for many cultures. Asian Americans historically participate in mental health services less than other racial groups in the United States due to cultural barriers (Jang et al., 2017). Asian Americans maintain the lowest mental health service utilization rates regardless of gender, age, or location (Sue et al., 2012). Research has shown that 25% to 32% of Asian Americans utilize mental health services in comparison to 43% of other Americans (Jang et al., 2017). As the largest growing minority, Asian Americans are still not obtaining mental health services due to the beliefs instilled in their communities (Zhang & Ta, 2009). There is a massive prevalence of underutilized mental health services among Asian Americans.

Image and perception play a significant role in Asian Americans and their pursuit of mental health services. Unfortunately, many Asian cultures still see negativity associated with mental health illness, leading to a lack of formal mental health service engagement (Sangalang & Gee, 2012). There is a decreased desire for Asian Americans to obtain mental health services due to its rarity in Asian culture. The collectivist culture of sharing only with the individual's microsystem provides most of the emotional support for Asian Americans (Zhang & Ta, 2009). The existing barriers instilled in Asian culture make obtaining mental health services difficult for Asian Americans with high family dependency.

The lack of acceptance of mental health permeates in Asian American families. Asian American families typically do not support the pursuit of services due to the unwillingness to share their problems with outsiders (Park et al., 2011). The hesitation to seek help elsewhere may be due to family norms and protective factors that differ due to immigration and acculturation (Reyes et al., 2018). Previous research confirms the lack of mental health usage in Asian Americans is due to the facade of the model minority and the ability to excel in American assimilation (Mercado, 2000). For many Asian Americans, there are expectations of caring for family through illness without asking for assistance, which deters many from seeking physical or mental health services (Park et al., 2011). Family dynamics and perception play a huge role in whether or not an Asian American will obtain mental health services.

Due to the lack of information on the perception of mental health services on Asian Americans, individuals are not obtaining services potentially due to various factors that may or may not include perception. The study explored the lack of utilization due to perception and understand how Asian Americans deal with their mental health. The study also led to more social worker understanding of Asian American culture. The consequences of this study provided a better understanding of the culture and its effect on mental health service engagement. Without a deeper understanding of the Asian American perception of mental health, low utilization of services will continue leading to a considerable increase in untreated mental health concerns. The issue of resisting mental health

services cause mental illness to reach a severe level of care until help-seeking is utilized in Asian Americans. This study provided insight into why this might occur and aid in increasing utilization through the perspective of Asian Americans.

Social workers should begin to work towards family acceptance efforts and develop educational community interventions for Asian Americans to build successful help-seeking strategies (Miller et al., 2011). As more social workers become trained in working with a specific community like Asian Americans, the likelihood of mental health service usage increases. With a better understanding of how mental health is perceived by Asian Americans, there will be better engagement and acceptance of services.

With the recognition of the underutilization of mental health services in Asian Americans, there is importance in the knowledge of why this occurs. Social workers must continue to build cultural understanding to provide knowledge about the importance and availability of mental health services to Asian Americans. The families and cultures of many Asian Americans create discomfort in seeking assistance with mental health.

Purpose of the Study

The purpose of the research study is to assess how the perception of mental health services on Asian Americans affects their ability and willingness to access services. In looking at the demographics of what ethnic background utilizes mental health services, Asian Americans tend to obtain less mental health services in comparison to their Caucasian counterparts (Mokkarala et al.,

2015). This leads to an increased rate of mental health illness in Asian Americans that goes undiagnosed and untreated (Augsberger et. al., 2015). The lack of service utilization affects the Asian American culture significantly as their mental health deteriorates without support and services and can lead to significant disruptions due to the inability to obtain services when there are minor mental health issues.

If Asian Americans can better understand how they and their families perceive mental health, there is a possibility to present mental health services in a manner that is better perceived by Asian Americans. This understanding of perception could help increase the rate of mental health service attainment in Asian Americans to address mental health issues at the onset rather than at the extreme. With cultural factors and stigma still overcoming individual willingness to access services, the study provided insight into the perceived barriers to obtaining mental health services in Asian Americans. By understanding perception, there can be work developed to altering how mental health services are seen by Asian Americans to shift towards a more accepting perception of services.

The overall research method used in this research study is a qualitative design. The study employed virtual interviews with volunteer participants. The research design was selected since the study focused on collecting the unique perspective of Asian American individuals and the mental health system. This type of research was due to the restrictions set forth by the COVID-19 pandemic

limiting access to in-person volunteers. The design provided an opportunity for in-depth responses from individuals with open-ended and follow-up questions to provide more robust data collected from an open-ended survey.

Significance of the Project for Social Work Practice

The need to conduct this study is due to the low delivery of mental health services to Asian Americans by social workers in the community. Increased knowledge of why Asian Americans do not obtain mental health services will allow social workers to alter their approach to educating Asian Americans about mental health services. With an understanding of how mental health services are perceived by social workers, strategies to engage with Asian Americans can be created to improve negative perception or continue the positive perception of mental health services. Without a realization of the perception of obtaining mental health in Asian Americans, there lacks an ability to ensure that Asian Americans are receiving the healthcare needed to achieve social equity.

The study can contribute to the field of social work as it increased the number of individuals who are obtaining mental health services from social workers. The study provides growth for a demographic that has historically not searched for services (Sue et al., 2012). This will provide more job security for social workers and a larger impact on the community in the ability to serve the whole community with a better understanding of how mental health services are perceived by Asian Americans and potentially in similar cultures as well. The generalization of the study can be applied to Asian Americans, but also in other

collectivist cultures who tend to see a stigma in mental health services and reliance on family members rather than others (Chang et al., 2013).

Implications of this study can be applied in the mental health field to ensure more resources and outreach is developed to support services for Asian Americans. Although Asians represent 60% of the world, Asian Americans only represent 5% of the population in the United States (Sue et al., 2012). With this study, there is more representative research on Asian Americans and mental health. By developing larger-scale research to find practices that Asian Americans support, more Asian Americans will feel comfortable searching for mental health assistance without carrying the burden of negative perception. Without significant research done with a representative sample, policies will not reflect the Asian American population properly. With an increase in the utilization of mental health services, individuals are less prone to depression, relationship issues, family conflicts, and more able to address mental health issues before they escalate to major problems. As more research is focused on Asian Americans, more systematic and cultural change can occur to encourage representative mental health systems to be put in place.

The study explores the perception Asian Americans have about mental health services to utilize the findings to contribute to a better understanding of why Asian Americans tend to not search for mental health services. With the exploration process, social work practice can be altered in how it is presenting to different cultures using cultural humility. With this understanding, the research

question set for in this paper is: What is the effect of the perception of mental health services among Asian American families?

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter consists of the examination of relevant research in regards of mental health service usage and perception of mental health by Asian Americans. The subsections will include family structure, stigma in mental health services, and the use of mental health services in Asian Americans. The final subsection will examine the Behavioral Model of Health Services, which is applied to this population as they determine the need to access mental health services.

Asian American Family Structure

About 69% of Asian Americans are recent immigrants, leading to a desire to fit into American culture, while still maintaining traditional values (Ta et al., 2010). Asian Americans are thought to quickly assimilate into the traditional American culture leading to the fallacy of filling the role of the model minority with success, achievement, and no problems (Mercado, 2000). There is a perception that Asian Americans can behave like the stereotypical family with an assumption of a similar culture due to the desire to fit in. But due to the pressures of fitting into the mold of the model minority, many Asian Americans place overwhelming amounts of pressure on themselves to maintain respect and duty to their families

(Mercardo, 2000). With this obligation to their family, many Asian Americans struggle to break free of their families to search for help outside of their family.

The collectivist culture that is instilled in many Asian cultures has migrated into the culture of many Asian American families. Research has shown that Asian Americans tend to have more family disputes in comparison to other ethnic groups as the cohesion of the family unit creates support and conflict in a family (Chang et al., 2013). The collectivist family finds more value in finding support from one another than searching for outsider help, which can be seen as shameful and disrespectful. With acculturation being a significant component of Asian American families, there is a struggle to show weakness due to the cohesiveness instilled in the family (Chang et al., 2013). There is a general reliance on family due to factors such as immigration and small social circles. This has created a family structure that solves problems internally and goes to one another in times of distress rather than utilize external help-seeking methods.

In families that exemplify stronger family cohesion, there tends to more protection in those in lower socioeconomic levels with fewer resources, reporting less mental health distress (Zhang & Ta, 2009). There is evidence that with a strong family connection that there is less likelihood for an individual to be diagnosed with a mental health disorder, therefore a possibility exists that familial support proves strong enough for individual emotional support (Ta et al., 2010). Asian Americans who have a strong bond with their family may not feel the need

to seek mental health services due to the belief that their family will be able to support them. This idea can be significant in how the family influences the individual but can be detrimental in severe mental health crises.

Mental Health Stigma

The stigma of mental health runs rampant in Asian American culture. Asian Americans tend to be less accepting of mental health services with less desire to ask for help and a general increase in seeing mental health as a stigma in comparison to other cultures (Masuda & Boone, 2011). Asian Americans tend to be less open about their problems leading to self-concealment and a belief that mental health is negative and disgraceful (Masuda & Boone, 2011). This reoccurring idea of the stigmatization of mental health projects a negative light on those who attempt to seek mental health services. With the reliance on family, an Asian American individual may be embarrassed or ashamed to seek services due to the stigma placed on mental health by their families and their culture.

There has been a general shame and stigma placed upon mental health services for Asian Americans, leading to an overall service disparity (Sue et al., 2013). Due to the stigma and lack of acceptance of mental health services, there tends to be a delay in accessing services upon onset of symptoms and a fear of asking for help. With the pressures to care for one's own family, there is a disgrace towards those who ask for help as there is a weakness or guilt that comes with the help-seeking behaviors (Park et al., 2001). There is a need to create a foundation of legitimacy to mental health for Asian Americans to help

decrease the stigma around obtaining services. Overall, Asian Americans still see a stigma in mental health, and a restructuring of how mental health is presented to this group can aid in removing the stigma. By exploring the perception Asian Americans have on mental health, there can be a determination if stigma is the only barrier for Asian Americans to access services or if there are other underlying factors that have yet to be exposed.

Utilization of Mental Health Services

Research has shown that only 8.6% of Asian Americans received mental health assistance (Chu & Sue, 2011). As family dynamics and culture play a large role in the utilization of mental health services, there is just a larger reliance on informal systems rather than a formal mental health system. Asian Americans tend to perceive help-seeking differently than other cultures leading to a lower utilization rate; as earlier mentioned, the idea of shame and problem disclosure is a major issue for Asian Americans (Chu & Sue, 2011).

Unfortunately, the underutilization of mental health services continues to be a major problem even as the acculturation of younger generations has led to increased service usage. High-risk mental health Asian Americans have seen more utilization than low to moderate risk individuals, but even so, more than half of the high-risk individuals are not seeking services due to inconclusive factors that may include stigma or family structure (Augsberger et al., 2015). The low utilization rate of mental health services represents a poor perception of mental health services, potentially due to the fear of help-seeking and rejection or shame

by family members. The perception of an individual attempting to obtain mental health services by the family is as significant as it can represent how Asian Americans as a whole perceive mental health services.

Theories Guiding Conceptualization

Andersen's Behavioral Model of Health Services Use provides a framework of characteristics that examine why an individual might or might not seek services. These predisposing characteristics introduced by Andersen's model determine the likelihood for an individual to seek help. The model has gone through many different changes and phases since its inception and is currently in phase five, focused on factors that predispose, enable, or suggest (Andersen, 2008). Understanding the contextual and individual detriments allows for an exploration of what behaviors lead to the utilization of health services, which includes that of mental health. Looking at factors such as demographics, beliefs, and financing, these influences can affect in a positive or negative manner on whether an individual will seek help.

When applying this help-seeking model to Asian Americans, there is an underutilization of services potentially due to the factors of beliefs and social circles as well as the perceived need. This theory focuses on the assumptions that the environment the individual was raised in, and their personal beliefs contribute to the lack of utilization of mental health services. Asian Americans tend to have a negative belief towards mental health services and maintain a high stigma towards accessing services, which is supporting by the model as a

decision to not obtain services. The social supports in Asian American families are also heavily reliant on the family and trusted family friends rather than entrusting others, which can be transferred to the idea of help-seeking when in mental distress. Lastly, many Asian Americans might not perceive a need to seek services, as there is no desire to obtain services or diminish the extent of their mental health issues.

Summary

This study explores the perspectives that Asian Americans have on the mental health system and service utilization. The mental health service utilization rate of Asian Americans is drastically low compared to others and this exploration can lead to an understanding of how mental health services are perceived and the potential to change that perspective. By understanding the family and culture of Asian Americans, this will provide insight on the internal influences an individual has on deciding to seek mental health services. The opportunity to understand the stigma of mental health and hear from Asian Americans will provide great insight into the inability of Asian Americans to become more tolerant and accepting of those who utilize mental health services. Through the implementation of the behavioral model of health service use there will be a better understanding of this population. This study expands the knowledge of Asian Americans and mental health services and identify barriers to utilization to provide strategies to increase service seeking individuals.

CHAPTER THREE

METHODS

Introduction

This study explored Asian Americans' perception of mental health services and seek to expand Asian Americans access to mental health services to understand utilization. This chapter contains the details of how this study was carried out. The sections discussed will be study design, sampling, data collection and instruments, procedures, protection of human subjects, and data analysis.

Study Design

The purpose of this study is to explore and identify the perception of mental health services on Asian Americans to apply the perceptions to increasing access to services and improving perceptions. This is an exploratory research project due to the limited research that addresses this topic in Asian Americans, as most research is done on utilization rather than perception. In order to explore and identify the perception of Asian Americans, the opinion of individuals was gathered, leading to a qualitative study using words as data. Data was collected through individual interviews with predetermined open-ended questions to explore the perception that Asian Americans have on mental health services.

The strength of utilizing an exploratory, qualitative study includes incorporating the experiences and perspectives of Asian Americans rather than

be limited to quantitative data that only allows for simple answers that are limited in their responses. Utilizing a qualitative study allows for the specific perspective of Asian Americans to be shared and understood compared to past studies that have included other minorities or comparisons of Asian Americans with Caucasian Americans. This exploratory study provided relevant research in understanding the unique perspective of Asian Americans on mental health, which is broadly understood, but rarely studied in detail. By utilizing interviews, more in depth information was collected through open-ended questions leading to robust, detailed perspectives of mental health. Virtual interviews were used due to the COVID19 pandemic.

The limitations of utilizing an exploratory, qualitative study include participants' willingness to be honest in the interview and the effects of observer bias. With participants in a one-on-one interview with the researcher, there are limitations on how honest and open the participant is with a researcher they are unfamiliar with. Research participants were apprehensive and guarded in answering questions or withhold sharing to be seen positively by the researcher. Observer bias by the researcher may also have occurred as the researcher might have a bias in reviewing the interview to find data that corresponds with the desired results. Qualitative data does not determine causality, leading to no determination that mental health perception causes a relationship with access to services.

Sampling

This study utilized nonprobability sampling of purposive sampling from Asian Americans through the researcher's current social network, social clubs, and college organizations. Sampling included individuals who self-identify as Asian Americans of any gender, with the selection criteria only bound by individuals who know of mental health services either by any type of exposure, whether the exposure is of direct service or simple knowledge of mental health services. There was a total of ten volunteer participants participating in one-on-one interviews with the researcher.

Data Collection and Instruments

Qualitative data was collected through live, one on one, virtual interviews conducted through the Zoom video platform. Each interview reviewed the informed consent for the study, followed by an introduction, description, and purpose of the study. Demographic information was collected from each participant. The demographic information collected includes age, gender identification, ethnicity identification, socioeconomic level, education level, and employment status.

The interview was conducted by the researcher utilizing the interview guide recreated in Appendix A. The interview guide used in this study was created specifically for this study to explore the varying perspectives of mental health services in Asian Americans. The interview guide aimed to provide participants with opportunities and insight to share their unique perspectives on

the mental health system and its relation to their individual and familial views. The interview guide was created with the assistance of Dr. Armando Barragan Jr. to ensure the validity and reliability of the questions being asked.

The interview guide was created of questions asked to every participant from their perspective as well as to take consideration their parent's perspective of mental health. By developing questions that can be explicitly asked about generational acceptance and support, different perspectives of mental health can be explored. The explored perspectives include general emotional support, experience with mental health services, supporting someone obtaining mental health services, and comfort with receiving mental health services. Limitations of the interview guide include the accuracy of the questions in measuring actual perspective of mental health from participants. Participants may be intimidated to share their opinions in the interview setting. The researcher utilized probing questions to explore further into the perspectives the participants share during the interview to gather robust, meaningful data.

Procedures

A flier was created outlining the purpose and goals of the study and the need of participants and expectations. Interviews were available to be conducted at the time most convenient for the participant and scheduled around the participant. The researcher shared the flyer with the researcher's own social network through email, social media, and social work forums, as well as with college campuses and social organizations that had potentially eligible

participants. The flier included the phone number and email of the researcher to schedule a Zoom timeslot to conduct the research interview.

The Zoom session was coordinated by the researcher. The researcher and participant determined the best time for the interview and the researcher sent the research participant an online Zoom link for the agreed upon time. Each interview lasted about 10 to 15 minutes.

Once participants logged into the Zoom session, the researcher reviewed confidentiality, informed consent, and the goals and purpose of the study. The researcher then obtained verbal or electronic informed consent from the participant. Participants were thanked for their willingness to participate in the study. The Zoom session was recorded upon completion of consent documentation. The researcher began the interview by collecting demographic information from the participant. The researcher utilized the interview guide to continue the interview. Following the completion of the interview guide, the researcher thanked the participant and ended the recording.

Protection of Human Subjects

Interviews were conducted by the researcher in a private space in an office with a locked door and a white noise machine running. Participants were encouraged to find a private, secure location to complete the Zoom interview. Participants reviewed the informed consent before the start of the interview reviewing confidentiality and privacy as well as consent to being audio recorded. Confidentiality of research participants was maintained as Zoom interviews took

place on an encrypted computer and the audio recording was also saved onto the encrypted computer. The Zoom video recording will be deleted. Recorded audio is also stored on the encrypted computer in a hidden file with no identifying information. Each participant was provided a letter to represent each participant to protect each participant and provide anonymity. Three years after the completion of the study, all audio recordings and documentation will be deleted and/or destroyed.

Virtual interviews were in place to continue the protection of human subjects during the COVID19 pandemic. The utilization of the Zoom platform allowed for no risk of exposure to the COVID19 virus with participation in the study. The interviews allowed for mitigation of pandemic exposure to study participants.

Data Analysis

The data that is gathered through the interview process was transcribed and grouped thematically. The thematic analysis began with interviews that were first recorded then transcribed into written form. Individuals were assigned a unique code to maintain privacy and confidentiality. Non-verbal actions were also be noted in the transcript. Upon review of the transcript, themes were pulled, labeled, and coded through the constant comparison method (Dye et. al., 2000).

Coding of categories was done at a first and second level coding. The transcripts were read thoroughly and reread to ensure vigilant identification of themes and categories. The coding system included abbreviations and letters

that correspond with a master code list. Upon coding of the transcripts, all comments regarding perception of mental health and its consequences were used in understanding mental health services In Asian Americans.

Summary

This study explored the varying perspectives that Asian Americans have on mental health services through qualitative methods. Interviews focused on exploring the perspectives of mental health by determining where emotional support is received from to determining if mental health services are being used. Through these interviews participants continued to maintain confidentiality and privacy through recruitment and explored how perspectives potentially affect how services are delivered, offered, or utilized in Asian Americans.

CHAPTER FOUR

RESULTS

Introduction

This chapter provides the data collected through interviews with Asian Americans who were willing to volunteer in sharing information about their experience and perspective of mental health. The participant responses were gathered from individual interviews conducted through Zoom.

Presentation of the Findings

Demographic Data

This qualitative study consisted of ten participants who reside in the United States and identified as Asian American. Participants were interviewed one-on-one and answered four demographic questions. Interviews averaged about 10 to 15 minutes. The results indicated 60% of participants were female and 40% of participants were male. The participants' ages ranged from 22 to 48, with a median of 28 and a mean of 30. All participants identified their race as Asian, with ethnicities identified as 30% Filipino, 30% Vietnamese, 20% Cambodian, 10% Chinese, and 10% Chinese and Vietnamese. The participants' educational background comprised of 30% with some college education and 70% with a bachelor's degree.

The following table listed below displays the demographic information gathered on this study.

Table 1. Demographics

Gender	Age	Ethnicity	Education
Female	22	Cambodian	Bachelor's Degree
Female	22	Cambodian	Some College
Female	24	Filipino	Bachelor's Degree
Female	26	Filipino	Bachelor's Degree
Male	27	Filipino	Bachelor's Degree
Male	29	Vietnamese	Bachelor's Degree
Male	32	Chinese	Some College
Male	35	Vietnamese	Come College
Female	36	Chinese/Vietnamese	Bachelor's Degree
Female	48	Vietnamese	Bachelor's Degree

All participants agreed to participate in the interview following a review of Informed Consent (APPENDIX A) and recorded via the Zoom application with camera off and pseudonym provided on screen. Participants were asked a total of 16 open ended questions on the interview guide (APPENDIX B), with 4 of those questions being the demographics previously discussed. Participants were asked about their help seeking tendencies when faced with emotional problems. Participants were asked about their current understanding of mental health services. Participants were asked about their perception of and experience with

mental health services. Participants were asked about their acceptance and support around mental health.

Participants were informed that any questions they were not comfortable with responding to could be skipped without issue. Participants did not indicate any concern about answering any questions on the interview guide. The researcher took brief notes during the interview and transcribed each interview on a Word document following completion of all interviews. After multiple reviews of the interview transcripts, the researcher utilized the Constant Comparative Method of Qualitative Analysis (Dye et. al., 2000) to provide an in-depth analysis of the information gathered. Once data bits were collected, compared, and refined, categories were identified with similar themes to connect the interview data (Dye et. al., 2000).

Themes

Through data analysis, the researcher was able to identify the following themes that emerged from review of the interviews regarding the effect of the perception on mental health services on Asian Americans: generational differences in perspective, mental health services perceived as talk therapy, and family as the main support system.

Generational Differences

An emerging theme in the interviews included the idea of generational differences when perceiving mental health. Participants were asked about their individual view on mental health services as well as how their families would

perceive a family member seeking mental health services. Participants were also asked to identify the support they would provide their own children, real or hypothetical, around mental health services. Participant 3 identified their older generations would be more hesitant to participate in mental health services:

The older generation of family, they are like what's it called they're immigrants from another country, who really just don't believe in mental health. They don't believe in therapy or psychiatry, or you know even medications of that sort, so there's definitely a really big barrier there when it comes to mental health. (Participant 3, personal communication, September 2021)

It seems that for most Asian Americans that the older generations do not have a strong understanding of mental health and still have a perception that mental health services are not needed. There is still a stigma that remains around seeking mental health services. Participant 8 describes this issue:

[My family] would probably think, uh maybe I was crazy, you know I think coming from you know, a being first generation Asian American here there is that stigma attached to you know mental health right, like you're supposed to be stronger and you, you deal with it on your own. I think with the experiences of your family being refugees and everything coming here, that is, you know a huge experience right for them to go through like a horrible experience for them to go through so anything else kind of miniscule. (Participant 8, personal communication, September 2021)

There seems to be a continuous theme that the older generation might be more hesitant to accept family members seeking mental health services. This does differ from generation to generation though as explained by Participant 4 when asked if participant would feel judged to seek services:

I think that maybe like traditionally yes... my parents are kind of more old school. Growing up like it just looks to me as they grew up with it, and so they weren't aware of it. But maybe younger generation, like my siblings, definitely wouldn't as they've always encouraged therapy and thought that that would be a really positive thing so just depending on my family.

(Participant 4, personal communication, September 2021)

As Participant 4 introduced, it seems that the older generation still has a negative perception of mental health services due to a lack of understanding, but more recent generations are open to mental health services. It seems that the younger generation is more open to talking about mental health and perceive it as a positive experience as discussed by Participant 3:

We all know that we need to go to therapy. We're very open and understanding about and... you know we're very supportive of each other when it comes to seeking help and getting help, whether that be, you know medications, therapy, even just talking to our doctors about those things, or even talking to each other. (Participant 3, personal communication, September 2021)

With a shift of how mental health is perceived in the younger generation, all the interviews indicated a willingness to support their future generation in obtaining mental health services if needed. Participants with children displayed immense support for their children, as evidenced by Participant 7:

Any way I can [support] um you know regardless of what he needed help on is, as long as he says, or as long as he tells me what it is, and I'll help to the best of my ability. (Participant 7, personal communication, September 2021)

Participant 10 also discussed how they support their children in regard to mental health:

I totally would because I think sometimes, they have a harder time talking to you just because it's awkward and they don't know how to approach and say if they go to someone who is some sort of outside of that emotional element of it. They can better process and it can better share, and I would definitely support that. (Participant 10, personal communication, September 2021)

Overall, it seems that although the older generations still perceive mental health services as a stigma, the younger generations are more open to mental health services. The participants all seem to verbalize the willingness to support others and their children in obtaining mental health services if needed. There are generational differences between the participants and their parents on how mental health is perceived and approached.

Talking and Therapy

Throughout the interviews, when asked about what mental health services is a common theme arose that mental health support is talking. It seems that many participants believed that mental health services provide a space to talk about one's problems. Throughout the interviews, there was a commonality in that mental health services were limited to talk therapy and medications.

Participant 9 defined mental health services as "these therapy sessions that you see on TV" (Participant 9, personal communication, September 2021).

Participant 1 also identified mental health services as "like therapy and such I guess" (Participant 1, personal communication, September 2021). There was hesitancy in many responses when identifying mental health, Participant 2 stated "Well I'm not sure I mean, a way for people to talk about their mental health, I guess" (Participant 2, personal communication, September 2021). It seems that talk therapy is a common way mental health services are perceived.

Many participants described therapy and mental health services as a safe place to talk about issues and problems. Mental health services seemed to be perceived positively by the participants in their description of their experiences and general feelings towards others who might receive mental health services. Participant 2 goes to discuss the importance of having someone to talk to:

They gave me somebody to talk to like to get my feelings out and my you know, like when I couldn't talk to, or I didn't feel like I could talk to other

people I could talk to them and uhm it made me feel better. (Participant 2, personal communication, September 2021)

The participants continue to discuss how having the space to talk to someone is what mental health is and that provides emotional support. Participant 3 indicates how it helps with stability:

I feel like it keeps it keeps you more stable, I guess. You know If I'm really pent up you know a lot of things inside you... kind of causes mood swings you know... Talking to someone... would definitely give you a vent for your frustrations and keeping more level probably day to day. (Participant 3, personal communication, September 2021)

Mental health continues to be perceived as talk therapy by many of the participants. Participant 8 also identified mental health services as beneficial due to the potential ability to talk about feelings and obtain medication:

I don't know I guess it's just you know, maybe talking about your feelings. Maybe a possible medication would if there's you know something chemical that's wrong. I'm not too sure I never, obviously, never used mental health services, myself and I haven't really known anybody that has or that has told me they have. (Participant 8, personal communication, September 2021)

Family Support

Participants identified their family and loved ones as their emotional support during hardship and when help seeking turned to their family, significant

others, and friends. The researcher identified significant others as family during the analysis. This was exemplified by multiple participants, 60% of participants (Participant 1, 3, 5, 6, 9 and 10, personal communication, September 2021) identified a significant other as the person they turn to for support. Many participants also identified their parents as supportive with their emotions as described by Participant 6:

My family was very supportive of me and my brothers, but at the same time, their educational level is like not as high because they're they came from Vietnam, they're immigrants... so they don't really understand mental health and the benefits that you know it provides but they're open minded to help in any way. (Participant 6, personal communication, September 2021)

Other parents also seem to demonstrate support for their children to being each other's support network. Participant 10 further discusses the support the family provides one another:

She has been through a lot, so I think that, like she can empathize and recognize that, like we're operating like you know... I think she would totally be open and totally like you know, welcome the fact that I'm seeking services if I need to, but we don't really necessary talk about it, you know...I think we're very, very strong are very resilient. So, I don't know that we feel that we need it, but I think it's also because we have such a

strong network too. (Participant 10, personal communication, September 2021)

Generationally, family might have different perspectives on mental health, but many participants felt that their family would support them even they chose to pursue mental health services. Participant 4 further describes the support they feel from their family:

I think they would be supportive; I think that they would see it like, you know, me trying to better myself as opposed to me having some sort of like, Quote unquote, illness, or something. (Participant 4, personal communication, September 2021)

Summary

The chapter provided a presentation of the findings from individual interviews with Asian Americans and their perception of mental health services. Data was collected through audio recordings through the Zoom application and analyzed with Constant Comparison Method. The emerging themes from the data included: generational differences in perspective, mental health services perceived as talk therapy, and family as the main support system. The qualitative approach provided the research with an in depth understanding of experiences and perceptions of mental health in Asian American adults.

CHAPTER FIVE

DISCUSSION

Introduction

This chapter will provide a review of significant results that address the question set forth by the paper: What is the effect of the perception of mental health services among Asian American families? Overall, the participants seemed to identify their family as support and would be open to obtaining mental health services. The themes that were uncovered from the interviews were: generational differences in perspective, mental health services perceived as talk therapy, and family as the main support system. Based on the synopsis of the research, the researcher will discuss further recommended social work practice, policy, and research.

Discussion

With Asian American family structure enveloped in a collectivist culture as discussed in Chapter 2, there tends to be more reliance on family for support (Ta et al., 2010). There is a strong sense of cohesiveness and value in leaning on family members rather than outsiders when help seeking, especially in terms of emotional support or mental health. The study explored this idea of a collectivist culture and its impact on how mental health is perceived by integrating questions around emotion support system and potential support in hardships during the interviews. The results from this research seemed to align with current literature

discussed in Chang et. al. (2013) and Ta et. al. (2010) with the idea that family support continues to be at the forefront and the first step in the help seeking process for many Asian Americans.

Many participants continue to identify that family support would be provided in the situation that mental health services would be needed. Many felt that their significant others, siblings, and parents in some cases would be completely supportive or supportive in their own way limited by their own perception of mental health. There was a recurrent motif that even with a deep understanding of mental health services that most participant families would demonstrate support as best as they can. This is important to understand as even though there is not a universal understanding of mental health services throughout all Asian Americans, that there seems to always be family support that has continued to exist in the Asian American family structure. With the emphasis on respecting their families as introduced by Mercado (2000), participants still feel connected to their families even with differing views.

With the identified support from families, social workers can develop a better understanding of how to approach care with Asian Americans. This could be by increasing one's cultural humility and developing mental health services with the collectivist culture in mind. The family structure continues to put a focus on respecting elders, therefore there is no surprise in the research finding to discover that many participants still lean on their family for continued support rather than seek mental health services out.

Although the family is reported to demonstrate support for one another, the perception of mental health services still differs from generation to generation. This is due to the mental health stigma that still runs throughout the Asian American culture, especially in the older generations as mental health is seen to be negative (Masuda & Boone, 2011). This stigma around mental health was further discussed in Chapter 2 but continues to be an issue for those who feel supported by family who might not fully understand what mental health services is. With the shame and portrayal of weakness that arises when seeking mental health support, there comes a feeling of being judged that was identified by many participants in their interviews. Numerous participants reported concern about the acceptance of seeking mental health services even if they knew their family would support. It seemed to be a conflict between familial support and beliefs and values. The stigma of mental health seemed to interfere on how the older generations would perceive their pursuit for mental health support; there remains an ongoing concern preventing many individuals to seek services.

Looking at mental health stigma, it seems that traditions and generational experiences impact how mental health is perceived. Participants reported that their parents have survived hardships and difficult times without additional support such as mental health services therefore might find difficulty in understanding why someone would seek services. Some participants also identified their parents as immigrants who simply do not believe in mental health. This relates backs to the mental health stigma discussed in Chapter 2 as the

continuous self-concealment of issues and corresponding guilt prevents involvement with the mental health system (Masuda & Boone, 2011).

Looking at more recent generations, it seems that the stigma around mental health has subsided. Many participants reported feeling comfortable with seeking mental health services if they needed to and saw individuals who seek out services as strong and respectable. Mental health services overall were reported as a positive thing even by the participants who have not had experience with mental health or any desire to participate in mental health services. All the participants were willing to support future generations on any mental health services as needed. Those who had children provided concrete responses of how they would attempt to support their own children if mental health services were needed. This provided a better understanding that the mental health stigma is still prevalent in the older generation with beliefs instilled around emotions of shame and guilt but has shifted for the current generation to feel more comfortable to seek mental health services without a stigma attached.

In reviewing the usage of mental health services, Asian Americans continue to have a low usage of mental health assistance and tend to not seek services (Chu & Sue, 2011). This may relate to the previously discussed stigma and family structure and throughout the interviews, it was discovered that 40% of participants have had some mental health services, which is more than the 8.6% of Asian Americans identified in Chapter 2 (Chu & Sue, 2011). This may partly be due to the perception of mental health in a younger adult generation interviewed

in the study. The median age of the participants was 30 and were all more comfortable with receiving mental health services. This may be due to a variety of factors such as media, generational difference, increased conversation on mental health, and openness to seek assistance.

More participants did not have experience with mental health services rather than have experience. This aligns with the existing literature as many participants reported that they did not have a need for mental health services (Sue et. al., 2012). This may be due to a development of effective coping skills or on the other hand an ability to disclose problems outside the family. Most participants indicated that they saw mental health services as talking or therapy, so talk therapy for the most part. It seems that the participants lack a robust understanding of the different facets of mental health services and saw mental health services as talking and therapy that is more often than no presented to individuals in today's world.

Talking and listening were continuous themes that arose in each interviewing about mental health services. It seems that that mental health according to the participants was focused on the ability to talk to someone and having someone on the other end to listen. When looking at the cultural connections to this, it seems that many participants might lack the comfort of being able to talk openly with family about certain topics even as they identify them as their strongest supporters. Even with the basic understanding of mental health services as talk therapy, many of the participants were willing to

participate if offered and felt comfortable seeking out mental health services. Utilization of mental health services in Asian Americans is hopefully increasing with the upcoming generation and their openness in conversation and participation in the study. With an opportunity to talk and share issues with a mental health professional, it seems that there is an opportunity to change how mental health services is perceived by Asian Americans.

Unanticipated Results

An unanticipated result from this study was the reported change of perspective by the participants who received mental health services. Although most of the participants reported being comfortable with obtaining mental health services and identifying its benefit, there were unanticipated results in those who had prior experience with mental health services. Many participants had similar beliefs to those identified in existing literature around the stigma of mental health and reliance on the family. A sense of hesitancy seemed to exist prior to participating in mental health services that shifted to acceptance following their time in therapy. Their perception of mental health services moved to a more positive outlook following their own experiences.

Another unanticipated result was that 90% of the participants would feel comfortable telling others about their participation in mental health services. Looking at existing literature, it seems that Asian Americans tend to avoid help seeking outside the family so it was unanticipated that many reported that they would tell their close family and 40% would tell anyone that asked. This led to a

better understanding on how the perception of mental health has changed as stigma around mental health has changed with the times.

Limitations

Limitations that existed in this study include the small sample size, differences in ethnicity, and the effectiveness of the instrument of the interview guide. The sample size of 10 participants was sufficient for the setting of this study, but not might be the best representative sample of the Asian American community. Its ability to be applied to the larger population of Asian Americans may not be feasible. Further research must be conducted around the perception of mental health in Asian Americans to provide a comprehensive scope with other research projects or a larger, representative sample. The sample of Asian Americans also came from 4 different ethnic backgrounds; therefore, each unique ethnic group might have different perspectives that did not all align. Further research would be beneficial to focus on one ethnic group at a time to provide a better understanding of their unique perspective.

The interview guide developed by the researcher was also a limitation as it had been tested with research supervisors and other student researchers prior to use. The instrument's validity and reliability was lacking due to its ability to be tested properly outside of the scope of this study. The questions were developed following a review of the literature and the intention of the proposes research questions. A better understanding of how to measure perception would benefit this study. Another limitation of the study is that participant recruitment method.

Participants who participated in this study chose to volunteer and discuss mental health with the researcher, therefore the voices who would be unwilling to discuss mental health is missing in this study. The participants also may believe that they must speak of mental health services positively due to the researcher being a social work student. This limitation lies in the social desirability felt by the participant.

Further Research

Further research around the perception of mental health in Asian Americans would be beneficial especially throughout generations. Research focused on measuring three generations and their perception of mental health could help with the discovery of why the belief around mental health stigma exists as well as the willingness to seek support from outsiders. This research can then provide a deeper understanding on the varying perspective and how they have changed throughout time to allow for more agreeability to mental health services in modern day. With additional research around Asian American perception of mental health, social workers can better serve this racial group and their values and beliefs.

Recommendations for Social Work Practice, Policy, and Research

Social work practice can benefit from additional understanding of the perception of mental health in order to overcome stigma and underutilization of mental health services in the Asian American community. With an increased understanding of how Asian Americans perceive mental health, services can be

presented that better aligns with the values and cultural relevancy that would encourage more individuals to seek mental health services. As more knowledge is discovered around Asian American mental health more practices can be created specifically for ethnic groups to be relevant and specific to individual perspectives to best serve Asian Americans at their comfort level. This is a continual effort that aligns with the concept of cultural humility and a push to be more equitable and inclusive in social work. With more Asian Americans participating in mental health services, there would also be a push for more social workers, which would ideally impact the practice of social work and its approach when working with Asian Americans.

Looking at social work policy, there is no established policies around servicing Asian Americans specifically, but policy could be better developed to demonstrate cultural humility regarding all cultures. Policies could be implemented for all social workers to be trained to the demographics that they are serving. By integrating culturally specific continuing education into policy, more social workers would be better prepared to serve Asian Americans in regard to their unique perspective of mental health, stigma, and family. Social work policy could also help to increase outreach in underserved racial groups by ensuring that there is time and funding put aside to educate people on what mental health services is to destigmatize the topic. Social work can benefit from an increase in policies around cultural engagement, cultural humility, and diversity, equity, and inclusion around all people, not only Asian Americans.

As reviewed previously, further research would be beneficial to the field of mental health perception by Asian Americans. There is current literature on the utilization of mental health services and the stigma that arises from a collectivist culture, but additional research on perspectives on different generations of Asian Americans can help develop a better understanding of how to approach mental health education and services in this community. Research in this topic would provide a wider scope of information around how perception is changed around mental health in Asian Americans. This will allow for changes in social work practice and policy with more established research to support a push for more culturally relevant mental health approaches for Asian Americans.

Conclusion

This research aimed to identify the perception of mental health services among Asian American families to develop an understanding of how stigma, family structure, and underutilization of services affect Asian Americans. The study aligned with previous research around mental health stigma that is continuing to diminish with each generation of Asian Americans. There is hope for future increase in mental health service usage in Asian Americans due to their shift in perception of mental health as more are comfortable with the idea of seeking mental health services and understanding of their differences from prior generations. Through developing a better understanding of mental health perception, social work can aim to continue to work with Asian Americans to develop a better understanding of mental health and normal seeking services.

APPENDIX A
INTERVIEW GUIDE

Questions for Perception of Mental Health in Asian Americans

1. What gender do you self-identify as?
2. How old are you?
3. What ethnicity do you identify as?
4. What is your education level?
5. Who do you go to with emotional problems?
6. How do you support others when they have emotional problems?
7. What do you think mental health services is?
8. Would you feel comfortable to seek mental health services?
9. What is your view of someone who obtains mental health services?
10. Who would you tell about obtaining mental health services?
11. How do you feel like you could benefit from mental health services?
12. Would you feel judged by your family for looking into mental health services?
13. If your child need mental health services, would you support your child?
14. If you received mental health services, how supported would you be by your parent?
15. What is your experience with mental health services?
16. Have you ever used mental health services?
 - a. If yes, how was your experience?
 - b. If yes, how has your perspective on mental health services changed?

APPENDIX B
INFORMED CONSENT FORM

INFORMED CONSENT

The study in which you are asked to participate is designed to examine the effect of the perception of mental health services on Asian Americans. The study is being conducted by Angela Dao, a graduate study under the supervision of Dr. Janet Chang, Professor in the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved the Institutional Review Board at CSUSB.

PURPOSE: The purpose of the study is to explore the perception of mental health services on Asian Americans.

DESCRIPTION: Participants will be asked questions on the understanding of mental health services, usage of mental health services, experience with mental health services, view of individuals who obtain mental health services, and some demographics.

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 without identifying information.

DURATION: It will take 30 to 45 minutes to complete the interview.

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. However, findings from the study will contribute to our knowledge in this area of research.

CONTACT: If you have any questions about this study, please feel free to contact Dr. Chang at (909) 537-5184.

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 2022.

.....

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. I have read and understand the consent document and agree to participate in your study.

Place an X mark here

Date

APPENDIX C
INSTITUTIONAL REVIEW BOARD APPROVAL



CSUSB INSTITUTIONAL REVIEW BOARD
Administrative/Exempt Review Determination
Status: Determined Exempt
IRB-FY2021-112

Janet Chang Angela Dao
CSBS - Social Work
California State University, San Bernardino
5500 University Parkway
San Bernardino, California 92407

Dear Janet Chang Angela Dao:

Your application to use human subjects, titled "The Effect of the Perception of Mental Health Services on Asian Americans" has been reviewed and determined exempt by the Chair of the Institutional Review Board (IRB) of CSU, San Bernardino. An exempt determination means your study had met the federal requirements for exempt status under 45 CFR 46.104. The CSUSB IRB has not evaluated your proposal for scientific merit, except to weigh the risk and benefits of the study to ensure the protection of human participants. Important Note: This approval notice does not replace any departmental or additional campus approvals which may be required including access to CSUSB campus facilities and affiliate campuses due to the COVID-19 pandemic. Visit the Office of Academic Research website for more information at <https://www.csusb.edu/academic-research>.

You are required to notify the IRB of the following as mandated by the Office of Human Research Protections (OHRP) federal regulations 45 CFR 46 and CSUSB IRB policy. The forms (modification, renewal, unanticipated/adverse event, study closure) are located in the Cayuse IRB System with instructions provided on the IRB Applications, Forms, and Submission webpage. Failure to notify the IRB of the following requirements may result in disciplinary action. The Cayuse IRB system will notify you when your protocol is due for renewal. Ensure you file your protocol renewal and continuing review form through the Cayuse IRB system to keep your protocol current and active unless you have completed your study.

Important Notice: For all in-person research following IRB approval all research activities must be approved through the Office of Academic Research by filling out the [Project Restart and Continuity Plan](#).

- **Ensure your CITI Human Subjects Training is kept up-to-date and current throughout the study.**
- **Submit a protocol modification (change) if any changes (no matter how minor) are proposed in your study for review and approval by the IRB before being implemented in your study.**
- **Notify the IRB within 5 days of any unanticipated or adverse events are experienced by subjects during your research.**
- **Submit a study closure through the Cayuse IRB submission system once your study has ended.**

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 number IRB-FY2021-112 in all correspondence. Any complaints you receive from participants and/or others related to your research may be directed to Mr. Gillespie.

Best of luck with your research.

Sincerely,

Nicole Dabbs

Nicole Dabbs, Ph.D., IRB Chair
CSUSB Institutional Review Board

ND/MG

REFERENCES

- Andersen, R. (2008) National health surveys and the behavioral model of health services use. *Medical Care*, 46(7), 647-653.
- Augsberger, A., Yeung, A., Dougher, M. & Hahm, H.C. (2015). Factors influencing the underutilization of mental health services among Asian American women with a history of depression and suicide. *BMC Health Services Research*, 15(542). <https://doi.org/10.1186/s12913-015-1191-7>
- Chang, J., Natsuaki, M. N., & Chen, C. (2013). The importance of family factors and generation status: Mental health service use among Latino and Asian Americans. *Cultural Diversity & Ethnic Minority Psychology*, 19(3), 236-247. <https://doi.org.libproxy.lib.csusb.edu/10.1037/a0032901>
- Chu, J. P., & Sue, S. (2011). Asian American mental health: What we know and what we don't know. *Online Readings in Psychology and Culture*, 3(1). <https://doi.org/10.9707/2307-0919.1026>
- Dye, J.F., Schatz, I.M., Rosenberg, B.A., & Coleman, S.T. (2000). Constant comparison method: A kaleidoscope of data. *The Qualitative Report*, 4(1-2), 1-10. <https://doi.org/10.46743/2160-3715/2000.2090>
- Jang, Y., Yoon, H., Park, N. S., Rhee, M., & Chiriboga, D. A. (2019). Mental health service use and perceived unmet needs for mental health care in Asian Americans. *Community Mental Health Journal*, 55(2), 241-248. <https://dx.doi.org.libproxy.lib.csusb.edu/10.1007/s10597-018-0348-3>

- Masuda, A., & Boone, M. S. (2011). Mental health stigma, self-concealment, and help-seeking attitudes among Asian American and European American college students with no help-seeking experience. *International Journal for the Advancement of Counselling*, 33(4), 266–279.
<https://doi.org/10.1007/s10447-011-9129-1>
- Mercado, M. M. (2000). The invisible family: Counseling Asian American substance abusers and their families. *The Family Journal*, 8(3), 267–272.
<https://doi.org/10.1177/1066480700083008>
- Miller, M. J., Yang, M., Farrell, J. A., & Lin, L. (2011). Racial and cultural factors affecting the mental health of Asian Americans. *American Journal of Orthopsychiatry*, 81(4), 489.
- Mokkarala, S., O'Brien, E., & Siegel, J. (2015). The relationship between shame and perceived biological origins of mental illness among South Asian and white American young adults. *Psychology Health and Medicine*, 21.
<https://doi.org/10.1080/13548506.2015.1090615>
- Park, M., Chesla, C., Rehm, R., & Chun, K. (2011). Working with culture: Culturally appropriate mental health care for Asian Americans. *Journal of Advanced Nursing*, 67(11), 2373-2382.
- 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), 80-82.

- Sangalang, C. C., & Gee, G. C. (2012). Depression and anxiety among Asian Americans: The effects of social support and strain. *Social Work, 57*(1), 49-60. <https://doi.org.libproxy.lib.csusb.edu/10.1093/sw/swr005>
- Sue, S., Cheng, J., Saad, C., & Chu, J. (2012). Asian American mental health. *American Psychologist, 67*(7), 532-544.
- Ta, V. M., Holck, P., & Gee, G. C. (2010). Generational status and family cohesion effects on the receipt of mental health services among Asian Americans: findings from the National Latino and Asian American Study. *American Journal of Public Health, 100*(1), 115–121. <https://doi.org/10.2105/AJPH.2009.160762>
- Zhang, W., & Ta, V. M. (2009). Social connections, immigration-related factors, and self-rated physical and mental health among Asian Americans. *Social Science & Medicine, 68*(12), 2104-2112.