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Mental Health Initiatives for Asian American Women

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Abstract

Despite being one of the fastest growing minorities of the United States, Asian Americans are most at risk for developing mental disorders and least likely to seek professional help. With a significant portion of the United States represented by Asian ethnicities, addressing the mental health needs of this population is not only important but necessary to advance the overall health of all Americans. The purpose of this paper is to describe the influences of cultural norms and standards that increase risk factors for poor mental health outcomes and negative help seeking attitudes in first generation Asian American college-aged females. These influences include: cultural beliefs, school-related peer relationships, and familial relationships. The paper also will conclude with a discussion about some potential strategies to improve overall health of Asian American female college students, such as the increased utilization of treatment services, and implications for future research study.

Introduction

Asian American females are an incredibly vulnerable subgroup of the Asian American population. They have the highest lifetime rate of suicidal thoughts (Kuroki & Tilley, 2012). Regrettably, Asian Americans as a whole are significantly less likely than Caucasians to mention



their mental health concerns to a relative (12% vs 25%), a mental health professional (4% vs 26%), or a physician (2% vs 13%) (Asian American Federation, 2009). The fact that this population is most susceptible to compromised psychological health, yet are also the least likely to seek help for mental health treatment is alarming. This indicates the need for more awareness and culturally appropriate services. Still, the data surrounding Asian American female students related to mental health and service utilization is scarce. In order to improve the quality of care provided for this population, more research needs to be completed.

In general, the Asian American population encompasses a variety of ethnicities. The term “Asian” identifies those who are Asian Indian, Chinese, Filipino, Korean, Japanese, or Vietnamese

(Hoeffel, Rastogi, Kim, & Shahid, 2012). Given the diversity of the Asian population in relationship to culture and ethnicity, it is no surprise that the Asian population grew more than any other racial group in the last 15 years (Hoeffel et al., 2012). Currently at 15.5 million people, Asian Americans are projected to be the fastest-growing ethnic group in the United States (U.S. Department of Health & Human Services, 2014). With a significant portion of the United States represented by Asian ethnicities, addressing the mental health needs of this population is not only important but necessary to advance the overall health of all Americans.

Unfortunately, mental illness is often harder to diagnose because of the lack of diagnostic lab testing available and qualitative nature of the signs and symptoms. Furthermore, due to the cultural influences affecting the perception of mental disorders, diagnosing and treating mental illness is even more elusive in the Asian community. As a result, admitting any signs of mental distress is characterized as a sign of weakness for the family. In addition, there is a factor of shame for not just the family but also the individual for not having lived up to the standards that were expected from them. To this end, there is less initiative for the affected individual to seek help or treatment which can spiral them further into the progression of the mental illness. In fact, Asian Americans are three times less likely to seek mental health services than Americans (Nishi, 2015). In particular, first generation Asian Americans are most vulnerable to this pattern. It is important to understand the types of intervention techniques involved to encourage them to take advantage of their resources.

To address the growing prevalence of mental health illness in the Asian American population and improve the help seeking attitudes of this community, it is critical to explore the variables that contribute to these issues. Identifying cultural and familial influences, peer and school pressures, parental relationships and evaluating how they affect the mental health of Asian

Americans can help improve their outcomes. In particular, understanding the role of these factors on Asian American mental health can allow for improved interventions that are efficient, successful, and beneficial for this community.

As the fastest growing ethnic minority of the United States, it is fundamental to invest in the health of the Asian Americans in order to provide a hopeful future for America's health. Investigating all the factors related to their mental health development and poor treatment-seeking behaviors in this population can yield applicable data that applies to other minority or immigrant groups in this country. This will allow opportunities to support vulnerable populations and help advance the overall health of all diverse communities. In particular, there is a focus on the role of higher education on mental health outcomes to raise awareness on how to better support the student subculture. With the demand for pursuing higher education increasing, this endeavor is key to maintaining a safe environment for students to grow and become successful.

Purpose

The purpose of this paper is to describe the influences of cultural norms and standards that increase risk factors for poor mental health outcomes and negative help seeking attitudes of first generation Asian American college-aged females.-According to Guiao and Thompson (2004), later adolescent (17-19 years old) Asian American females are at a higher risk for developing a depression (a psychiatric disorder) than their younger counterparts (12-14). Because the age range of college students overlaps with the later adolescent age range, a study should be conducted to investigate how the college lifestyle plays a role in this relationship.

While general cultural factors like pressure for academic excellence and protective parenting styles have already been found to play a role in poor mental health outcomes in Asian

American female students, the college experience has yet to be considered. For example, the availability of mental health resources and social support in the college setting is poorly understood. First generation Asian Americans females are forced to navigate through college without the social support of the friends or family they left back home. Likewise, despite the availability of college counselors, there is a paucity of Asian American representation. The lack of adequate representation can result in an incompetent understanding of the cultural influences that are contributing to an Asian American female's psychological distress. Addressing the needs of this population to improve mental health outcomes can lead to healthier, happier communities, benefiting all Americans as a whole.

Review of Literature

The factors that can influence mental health in Asian American women are multi-dimensional, but understanding them may offer some ideas for assisting people with mental health issues or crises. Cultural influences, relationships in a school environment, and parent-child relationships may all contribute both positively and negatively to the mental health of Asian Americans.

Cultural Influences on Mental Health

Filial piety. There is a strong cultural component in the way of life for many of these Asian groups. Filial piety is one such example. This principle focuses on the importance of family togetherness. It emphasizes bringing pride to the family and respecting the decisions and opinions of one's elders.

In a study performed by Rhee, Chang, and Rhee (2003) Asian adolescents were naturally more dependent on their parents' opinions than their Caucasian peers. This behavior is common

for Asian families because of the cultural belief of filial piety. Although maintaining their cultural heritage is important, Asian American adolescents are pressured to assimilate to American ideologies in order to be successful. In contrast, however, these new Western ideologies place emphasis on the individual rather than the family (Zhou & Siu, 2009). In immigrant parent families, the pressure to retain their cultural identity while assimilating to the American belief system is overwhelming to many Asian Americans. The discrepancy in cultural identities can cause conflicts to arise within the family, resulting in intergenerational conflicts, and ultimately contributing to poor emotional health (Rhee, Chang, & Rhee, 2003).

Filial piety also emphasizes on upholding the family honor. This responsibility to uphold the family's pride may dissuade the individual from communicating problems to their elders out of shame and embarrassment (Uba, 1994). Not surprisingly, Asian adolescents reported more communication difficulties with their parents than Caucasian students (Rhee, Chang, & Rhee, 2003). This reluctance to communicate with the only social support system available can exacerbate the problem into an unmanageable and progressively unhealthy one.

Interestingly, the influence of filial piety on Asian Americans can be easily observed in social circumstances. The Asian student population reported significantly fewer friends than their Caucasian peers which is consistent with the cultural emphasis on familial unity (Rhee, Chang, & Rhee, 2003). Because the family is the most prioritized source of social support, peer-to-peer interactions are not as significant. Unfortunately, this reality is associated with social isolation, rejection, and poorer interpersonal skills, resulting in an inadequate social support system (Rhee et al, 2003). This is a significant risk factor for Asian adolescents to develop depression and other mental illness disorders.

Religious philosophies. Beliefs rooted in Confucianism, Buddhism, and Taoism encourage students to exercise emotional restraint to avoid public embarrassment and familial shame (Shea & Yeh, 2008). Not only are Asian American adolescents at risk for poor mental health, they are discouraged from seeking appropriate resources as a result of their culture's ideologies.

Another important cultural standard for Asian Americans is the value for a quality education to reach financial security. Often, the financial success of an individual is a way of honoring their family. The foundation of this attitude is from the Confucian respect for learning (Zhou & Siu, 2009). Coupling this attitude with the strong reverence for their parents and the heavy emphasis on education, Asian American students set high academic expectations for themselves. Regrettably, these high achieving academic attitudes that Asian Americans adopt predispose them to increased levels of stress. Evidently, it is clear that Asian culture can contribute significantly to the behaviors and attitudes that lead to unfavorable mental health outcomes. However, it is important to respect and maintain culture in order to preserve intergenerational stability because strong family relations also facilitate positive mental health outcomes. Indeed, these cultural values put these individuals at risk but with the appropriate interventions, and publicity of available treatment options and resources, Asian Americans can achieve optimal mental health. One such intervention includes addressing unrealistic societal expectations like the model minority standard frequently imposed on this group.

School Relationships on Mental Health

The model minority myth. This notion expresses that Asian Americans are the ideal racial group in the United States due to their academic and financial success (Fong, 2008). Unfortunately, this notion oversimplifies the economic and educational realities of this population (Fong, 2008).

The expectation to live up to the standard proposed by the model minority myth creates overwhelming stress for many Asian American students. This pressure can discourage these students from seeking help in the event of a psychological crisis. According to a recent study, there is an inverse relationship between internalized model minority myth and help-seeking attitudes (Kim & Lee, 2014). In other words, the model minority stereotype acts as a barrier for Asian American students to seek appropriate resources for help. Kim and Lee (2014) explain that an individual may value emotional self-control in order to satisfy the conditions of the model minority myth. Essentially, emotional restraint is considered a valuable attribute for Asian American students who internalize the model minority myth and are likely to have unfavorable help seeking attitudes as it compromises the former (Kim & Lee, 2014). The model minority myth not only places unnecessary burden for Asian American students to meet the exaggerated academic expectations of the stereotype but also deters them from seeking appropriate help. In return, this not only compromises the mental health of Asian American students but also hinders their ability to seek treatment.

High susceptibility to peer and social pressures. School relationships were positively correlated with suicide attempts due to acculturated stress from social pressures (Wong & Maffini, 2011). These include conformity to other peers' fashion, the desire to fit in with social groups, and the need to show interest in boys, all of which are antithetical to their parents' values (Wong & Maffini, 2011). This peer pressure can create internalized confusion and guilt because of the conflict of interests between family values and the assimilated values from a Westernized society. Therefore, due to the vulnerability of Asian American women to peer pressure, there is a mental health concern for individuals attending academic institutions as a result of the high social community.

At the same time, strong peer relationships was also associated with increased drug and alcohol use in Asian American females with depression (Fang, Barnes-Ceeney, Schinke, 2011). It was theorized that these citizen may engage in substance use to “fit in” with their peers who are using because they are very peer oriented and therefore susceptible to social influences (Fang, Barnes-Ceeney, Schinke, 2011).

Poor coping techniques in school. Asian American female college may also engage in maladaptive coping methods which further put these individuals at risk for long term issues. A vast majority of these students are at risk for substance use despite high academic performance (Fang et al., 2011). Therefore, school performance is not a relevant factor for identifying substance use but rather the parental expectations and their pressure on students to succeed.

Often times, these students resort to illicit drugs and alcohol to alleviate their depression (Iwamoto, Liu, & McCoy, 2011). Indeed, women who drank more heavily and used more substances reported poorer mental health compared to those who drank and used less (Cheng, Iwamoto, & Lee, 2012). There is a positive correlation between drug and alcohol use and poor mental health. Additionally, avoidant coping was identified as a strong predictor for depressive symptoms because such strategies included self-blame or self-criticism, which contributed to decreased self-worth (Iwamoto, Liu, & McCoy, 2011). These results illustrate the need to resolve mental health issues before individuals resort to alcoholic or substance abuse that can cause physiological harm.

Parent-Child Relationships on Mental Health

Risk factors. One of the risk factors Asian American female students experience is having more expectations imposed on them than their male peers. For instance, Asian mothers may expect their daughters to be psychologically and financially independent which emphasizes the

importance of an excellent education (Yuwen & Chen, 2013). This demonstrates the added pressure for Asian American females to not just meet the standards of the model minority myth but also achieve financial independence to please their parents. In fact, due to increased pressure to perform well in school, female Asian students reported higher rates of suicide attempts when they had stronger school relationships (Wong & Maffini, 2011). Evidently, gender-based pressure may contribute to the growing statistic for mental health illness in Asian American women.

Compared to their male counterparts, female Asian Americans are consistently evaluated on higher standards and with more protective gestures by their parents (Yuwen & Chen, 2013). This could be attributed to the philosophy that female students who are harder workers and well educated can become financially independent whereas it does not matter as much for male students. Females perceived higher levels of parental monitoring and control than males did. This leads to increased parent-child conflicts which can compromise the psychological and emotional health of Asian American females (Yuwen & Chen, 2013). Overall, stricter parental control, more familial obligations and greater expectations to retain Asian cultural traditions can lead to an acculturative experience of stress for female Asian American students. In fact, the influence of these stricter standards for Asian American females is demonstrated by a study performed by Guiao and Thompson (2004) which revealed that 17-19 year old Asian American females were at a significantly high risk for developing depression and engaging in alcohol use.

Higher acculturation. Asian American women who are more acculturated to the Western communities have a higher risk factor for poor mental health outcomes. For instance, women born in another country were less likely than those born in the United States to have a lifetime case of mental disorders (Takeuchi et al., 2007). In fact, US nativity was strongly associated with developing an anxiety disorder (Takeuchi et al., 2007). This notion is further supported by the data

that second generation women were more at risk for lifetime and 12 month disorders (Takeuchi et al., 2007).

Recently, it was discovered that among Asian American women who were children of immigrants, severe family conflict led to alcohol and drug use as coping mechanisms (Hahm et al., 2013). In other words, the presence of intergenerational conflict predicted increased drug use, suicidal ideation, and suicidal attempts (Hahm et al., 2013). This relationship highlights the significance of immigration-related factors on mental health in Asian American women. In particular, Asian Americans who are children of immigrants had a higher prevalence of suicidal ideation and attempts than U.S. adult women (Hahm et al., 2013). This is likely due to the greater divergence of values and ideals between immigrant family members and United States born women.

Decreased self-esteem. Another risk factor in parent child relationships is low self-esteem. Students who grew up with poor maturational support had a lower perception of self-worth (Chung, 2003). The difference in communication style for affection between Asian and Western cultures caused cultural turmoil for students exposed to them. Hard discipline and family honor led to inadequate maturational support for these college women. To fill this emotional void, they sought out romantic relationships in college. With many lacking appropriate judgement in mate selection, they soon became emotionally distraught over their unsuccessful romances. This continuous rejection of love from the college and family settings reinforced feelings of hopelessness which contributed to their suicidal behaviors (Chung, 2003). It is evident that family belongingness and communication for affection are critical variables that protect against adverse mental health behaviors like suicide and depression for Asian American college females.

Coincidentally, adolescents with poor parental communication had a higher likelihood of low self-esteem (Rhee et al., 2003).

It is true that Asian American college females are more likely to have positive attitudes about seeking professional help than their male counterparts because society disapproves of males displaying emotions (Shea & Yeh, 2008). However, their utilization of adequate mental health resources is still lacking. While cultural stigma has been commonly identified for this outcome, new research proposes that self-stigma, a reduction of self-worth, is a more potent reason for poor professional help usage among Asian American college women (Miville and Constantine, 2007). Therefore, the role of self-esteem should be explored more to comprehend the reasoning for underutilization of professional support for this population.

Protective factors. It is clear that there are several risk factors involving parent child relationships that contribute to poor mental health outcomes. At the same time, the very variables that increase risk for the Asian American female community can be recognized as protective factors, depending on the circumstance. Protective factors are qualities that prevent individuals from developing mental illness or improve their likelihood for utilizing professional treatment (Lund, Chan, & Liang, 2014).

Sense of belonging. It was also determined that strong relational health defined as grounded relationships with mentors, peers, and the community had a lower depression incidence than those with poorer relational health (Lund, Chan, & Liang, 2014). In other words, a sense of belonging within a community was a protective factor for developing depression in a college setting. In fact, Joiner's interpersonal-psychological theory states that belongingness is protective against suicidal desire (Wong & Maffini, 2011). Family belonging was an especially protective

factor from suicide attempts possibly because it was a main source of self-esteem and acted as a security buffer (Wong & Maffini, 2011). This could be illustrated by high family responsiveness, and verbal affection which are protective family behaviors that minimize the Asian value gaps between daughters and their parents (Park, Tsong, & Vo, 2009).

Implications for Mental Health Care

With so many culturally rooted behaviors that contribute to disadvantageous mental health outcomes, there is a need for culturally competent health care services available in order to provide quality care. Literature has definitely supported the need for increased awareness of mental health services, addressing inaccurate societal expectations about culture and gender, improving intergenerational relationships, reducing mental health stigma within the community, and culturally competent and ethnically diverse health care staff to improve mental health outcomes for this community.

Any health care professional should have some familiarity with some of the belief systems of a particular culture to provide quality care. The professionals' self-awareness for their own culture and professional background is equally important (Campinha-Bacote, 1997). Any care provider who may be providing mental health assistance should have some familiarity with the practices and belief system of a culture group to provide good care. This care includes being aware of one's own culture influences that may both facilitate or inhibit care.

Unfortunately, there are not a lot of current interventions available to address the growing mental health concerns of the Asian American female student population at a university setting. To this end, strategies to initiate assistance and promote positive treatment seeking attitudes for this community continue to remain unclear. Improving mental health outcomes and encouraging treatment utilization is a multifaceted effort all members of the community should invest in

whether it exists on a local, state-wide, or even federal level. In particular, addressing mental illness should be an agenda for not just health care professionals but also for political stakeholders and academic institutions. While at infancy, development of policies to raise awareness, establish local resources, and create a supportive community are promising.

It is evident that there are many variables related to the development of mental illness in Asian American women and their poor help-seeking attitudes. These factors include cultural values, school-related pressures, and parental relationships. Due to the growing population of this ethnic demographic, it is imperative to identify early intervention strategies to reduce the prevalence of the problem and raise awareness and promote establishment of local resources to encourage treatment utilization. There is a paucity in research that specifically addresses the needs for the vulnerable population identified in this paper so more research initiatives should be developed to aid this cultural demographic.

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