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Do Asian American Young Adults Differ in their Help Seeking Compared to Older Adults? Help Seeking Patterns and Predictors

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We sought to characterize the help seeking behavior of Asian Americans living in a southeastern community in the U.S. by examining different types of services sought, help seeking preferences, and how individual-level characteristics (including mental health problems and domestic violence victimization) predicted help seeking behaviors. 610 Asian adults (mean age = 39.43 years; 59.6% female; 75% immigrants) living in the U.S. completed an anonymous survey that included measures of different types of help seeking behaviors and preferences, mental health symptoms, and domestic violence victimization. The two most-frequently reported help seeking behaviors were *seeking advice from friends, family members, or relatives* (66.7%), and *visiting a medical doctor* (46.4%). In logistic regression models, older age, sex, immigrant status and symptomatic depression predicted different types of help seeking behaviors and preferences. Neither domestic violence victimization experience nor symptomatic anxiety significantly predicted help seeking.
Keywords: Asian American, young adult, mental health, help seeking.

Introduction

Asians living in the United States (U.S.) and other countries continue to demonstrate low rates of mental health service utilization, fewer intentions to seek mental health treatment, negative attitudes towards mental health care, and greater perceived barriers for accessing mental health services (Chong, Abdin, Vaingankar, Kwok, & Subramaniam, 2012; Kim & Zane, 2016; Kam, Mendoza, & Masuda, 2018; Lu, Dear, Johnston, Wootton, & Titoy, 2014; Sue, Cheng, Saad, & Chu, 2012). Southeast Asian college students living in Australia, for example, reported more negative attitudes towards mental health care than Australian college students (Logan, Steel, & Hunt, 2017). Asian young adults living in the U.S. are also less likely than their White and other racial/ethnic minority peers to utilize mental health care and perceive greater barriers to care (Hunt, Eisenberg, Lu, & Gathright, 2015; Kam et al., 2018; Kim & Zane, 2016; Kratt, 2018; Wu, Bathie, Kalibatseva, Sung, Leong, & Collins-Eaglin, 2017).

Lower rates of mental health service utilization are also documented among older Asian adults. In fact, only 37.5% of Asian women living in the U.S who experienced significant distress or suicidal behavior had received "any mental health care" (Augsberger, Yeung, & Hahm, 2015). Similarly, low rates of service utilization (31.7%) were found among adults living in Singapore (Chong et al., 2012). This underutilization of mental health care among Asians living in the U.S. and other countries is concerning because when they do seek services, they often present with more serious conditions due to delays in treatment seeking (Abe-Kim, Takeuchi, & Hwang, 2002; Wang, 2015). Accordingly, we continue to require a better understanding of the types of mental health services that may be more acceptable and accessible for Asian adults.

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Predictors of Mental Health Service Utilization among Asian Adults

Various system-, cultural-, family-, and individual factors are associated with mental health care utilization among Asians living in the U.S. and in other countries. Two system-level barriers in the U.S. that are negatively associated with mental health help seeking are access to linguistically and culturally appropriate mental health services and insurance coverage (Lee, Juon, Martinez, Hsu, Robinson, Bawa, & Ma, 2009). However, even when these system-level barriers are addressed/controlled for, low rates of mental health care utilization persist among Asian adults.

Cultural-level factors associated with mental health service utilization include discrimination, stereotypes (e.g., model minority myth), adherence to Asian cultural values, and acculturation. Typically, Asian Americans who are less acculturated (e.g., foreign-born, non-English speaking, those who have lived in U.S. for fewer years) are less likely than their acculturated peers to use or intend to use mental health services and encounter greater barriers to care (Cheng, Wang, McDermott, Kridel, & Rislin, 2018; Le et al., 2009; Spencer, Chen, Gee, Fabian, & Takeuchi, 2010; Yigit & Tatch, 2017). Greater adherence to Asian cultural values is also associated with less formal mental health help seeking (Kim & Omizo, 2003). Finally, Asian adults living in the U.S are more likely to seek out informal sources in general and when faced with discriminatory experiences (Lee et al., 2009; Spencer et al., 2010).

Familial factors (e.g., family history of mental health problems, low family social support, increased family conflict) are negatively related to help seeking behavior among Asians living in the U.S. and other countries (Chang, Natsuaki, & Chen, 2013; Kenna & Russell, 2018; Kenna & Poole, 2017; Mirza, 2018; Lee et al., 2009; Roh, Burnette, Lee, Lee, Martin, & Lawler, 2017). For instance, Lee et al. (2017) found that the odds of seeking formal mental health care increased 61% with one standard deviation increase in family conflict. Abe-Kim and colleagues (2002) considered how family functioning predicted treatment-seeking in a sample of Chinese Americans in Los Angeles County. They found that the influence of family support on service use was not significant. In contrast, greater family conflict predicted use of higher rates of mental health and medical service utilization above and beyond the influence of traditional help-seeking factors, including stress, health status, and psychological distress. Notably, family conflict did not predict informal help seeking (i.e., from family or friends); rather, distress and lack of knowledge about available resources did. This indicates that it may be important to examine predictors of service utilization of different providers in order to disentangle these effects and determine whether unique factors influence treatment selection.

Finally, individual-level factors associated with underutilization of mental health services include sex (being male), greater perceived need, illness conceptualizations, greater distrust of mental health professionals, experiencing psychological distress, and greater mental health stigma (Abe-Kim et al., 2002; Bauer, Chen, Alegría, 2012; Clement et al., 2015; Han & Pong, 2015; Kayaalp, 2016). Kam et al., (2018) reported that Asian American college students (compared to African American, Latina/o, and White students) reported more stigma surrounding mental health services, more distrust of mental health professionals and less interpersonal openness regarding their own difficulties. Even though Asians (regardless of age) report significant mental health symptoms (e.g., depression and anxiety symptoms), they still access mental health services at low rates and have less favorable attitudes towards mental health care (Cheng et al., 2018; Park, Cho, Bernstein, & Shin, 2013).

The Current Study

While we have learned quite a bit from the extant literature, most work in this area has focused primarily on identifying systems-, cultural-, family-, and individual-level barriers for formal mental health services (e.g., seeing a psychologist or psychiatrist). Relatively less work has identified predictors for the different types of formal and informal services that Asians living in the U.S. and abroad may access. For example, Asian adults may rely more on other medical professionals or alternative resources (e.g., spiritual leaders, family) to address mental health concerns, rather than seeking treatment from mental health professionals (Sue, Cheng, Saad, & Chu, 2012; Lee et al., 2009). Accordingly, the current study contributes to the literature by identifying individual-level predictors (e.g., sex, age, generational status, mental health symptoms, domestic violence victimization) for the different types of services sought by Asian adults living in the U.S.

A second contribution is that we also explored whether experiences of domestic violence victimization are associated with different types of mental health help seeking. The majority of the prior work in this area typically examines help seeking behavior that is directly related to incidents of domestic violence victimization (El Khoury et al., 2004; Hyman, Forte, Du Mont, Romans, & Cohen, 2009; Krishnan, Hilbert, & VanLeeuwen, 2001). Formal services often include reporting to police or pursuing

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other legal action, and obtaining medical treatment for injuries sustained during an incident of domestic violence. Even then, these services represented social aid, such as housing assistance and police reporting rather than mental health care. As such, there remains a gap in the literature regarding the relation between domestic violence victimization and broader help seeking behaviors among Asian adults.

In sum, the present study examined the complexities of help seeking behavior by surveying the different types of services sought and how individual-level characteristics (including mental health problems) predicted these behaviors. We specifically considered help seeking in the face of "family problems or difficulties" and then examined how demographic variables and domestic violence status, anxiety, and depression predicted utilization of services from different providers.

Method

Participants

610 Asian adults living in the U.S. (59.6% female) completed an anonymous survey. Participants' mean age was 39.43 years (*SD* = 14.69) with a range of 18 to 82 years. Seventy-five percent had immigrated to the U.S.; immigrant participants reported living in the U.S. for an average of 18.98 years (*SD* = 12.41). Most participants were married (65.1%), employed (72.0%), and held a Bachelor's degree or higher (60.0%); the median annual household income was between $70,000 and $79,000 (see Table 1).

Table 1.
Participant Characteristics (n = 610)

	M	SD	n	%
Age	39.43	14.69	574	94.1
Below 26			122	20.0
26-39			179	29.3
40-55			185	30.3
Over 55			88	14.4
Missing			36	5.9
Immigrant Status				
Immigrated to U.S.			461	75.6
Born in U.S.			101	16.6
Missing			48	7.9
Years in U.S.	18.97	12.41	598	98.0
Missing			12	2.0
Gender				
Male			261	42.8
Female			347	56.9
Missing			2	.3
Ethnicity				

Bangladesh	14	2.3
Bhutanese	27	4.4
Cambodian	5	.8
Chinese	128	21.0
Filipino	98	16.1
Indian	67	11.0
Indonesian	2	.3
Japanese	16	2.6
Korean	70	11.5
Pakistani	22	3.6
Singaporean	3	.5
Sri Lanken	1	.2
Taiwanese	9	1.5
Thai	6	1.0
Vietnamese	119	19.5
Other	18	3.0
Missing	5	.8
Marital Status		
Single	183	30.0
Married	397	65.1
Separated/Divorced	13	2.1
Widowed	4	.7
Living with Significant Other	10	1.6
Other	1	.2
Missing	2	.3
Employment Status		
Yes	439	72.0
No	164	26.9

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Missing	7	1.1
Education		
High school or below	92	15.1
Some college	105	17.2
Bachelor's degree	191	31.3
Master's degree	129	21.1
Doctoral degree	49	8.0
Other	40	6.6
Missing	4	.7
Annual Household Income		
Less than $9,999	92	15.1
$10,000 to $19,999	35	5.7
$20,000 to $29,999	28	4.6
$30,000 to $39,999	41	6.7
$40.000 to $49,999	27	4.4
$50,000 to $59,999	26	4.3
$60,000 to $69,999	35	5.7
$70,000 to $79,999	37	6.1
$80,000 or more	250	41.0
Missing	39	6.4

Procedures

Data were collected in a mid-size city in the southeast of the U.S. Data collection took place over the course of a two-year period through an on-line survey and presentations and survey administrations at 16 community events that were sponsored by Asian organizations. Our community partner was instrumental in identifying community events that best served to collect survey data. On the day of a community event, bilingual researchers set up a table and invited potential participants to learn about the study. Participants were told that they were being invited to participate in a study to learn more about the health and service needs of the local Asian community. Participants who expressed an interest in participating were given an anonymous survey to complete. The cover page to the survey informed participants of the purpose of the study, the persons involved in the research project and their institutional affiliations, the voluntary and confidential nature of the survey, a number to call in case of distress, information about their chance to win an iPad tablet via a raffle (an incentive for their time and effort), and a statement informing participants that completing the survey indicated their consent to participate. Participants received a raffle ticket for a chance to win one of four iPad tablets. Participants completed the survey independently with bilingual researchers available to answer questions.

The survey included questions about demographic information and information regarding basic

needs, community/social issues, family/relationship issues, health issues, mental health issues, types of hardships, migration issues, domestic violence victimization, and help seeking behaviors and preferences when suffering from health and family problems. The survey has been previously used in a study that sampled Asian adults living in Houston, Texas (Leung, Cheung, & Tsui, 2012). The survey was reviewed and revised by our community partner to ensure the survey was relevant and appropriate to the local Asian population. Given the diversity of the Asian population in our community, several members of our community partner organization translated the survey into Korean, Vietnamese, Chinese Complex, and Chinese Simplified. Meetings with local Filipino and Asian Indian leaders determined that the local population was proficient in English and, as a result, did not necessitate translation of the survey into those languages. The University Institutional Review Board reviewed the ethical, welfare, rights, and privacy of the subjects and approved the study.

Measures

Demographics. Participants were asked to report on their age, sex, ethnicity, marital status, time living in the U.S., religious affiliation, annual household income, and number of people living in the home. To clarify differences between age groups, four groups were created: 18- 26, 26 to 39, 40 to 54, and 55 and older.

Help seeking behaviors. Participants were asked who they would consult with if they experienced any "family problems or difficulties," including a medical doctor, alternative or non-Westernized health providers, religious consultation, consultation with friends or family, mental health professionals/agencies, or non-mental health agencies. They were then asked "if given only one choice, which one they would prefer?"

Mental health symptoms. Participants completed the *Hopkins Symptom Checklist-25* (HSCL-25), which assesses anxiety (10 items) and depressive symptoms (15 items). Participants were asked how much they were bothered or distressed by 25 different symptoms in the past month using a 4-point Likert scale: None, A Little Bit, Quite a Bit, and Very Often. We took the average of the 10 anxiety symptom items to form an anxiety subscale, and the average of the 15 depressive symptom items to form a depression subscale. An average of 1.75 or above on either scale was considered symptomatic (Sandanger et al., 1998). The HSCL-25 has been translated into different Asian languages and has been used reliably with this population (Nguyen, Leung, & Cheung, 2011). In the current sample, Cronbach's alphas were .902 and .935 for anxiety and depressive symptoms, respectively.

Domestic violence victimization. To assess participants' exposure to domestic violence, participants completed the 8-item *Conflict Tactics Scale* (Straus, 1979). The instrument has proved to be a highly valid instrument in assessing perceptions from both sexes and in survey format (Hamby et al., 2006). Participants were asked how many times their partner had physically assaulted them (e.g., hit, punched, slapped) in the past 12 months. Participants responded using an 8-point scale: Never, Once, Twice, 3-5 times, 6-10 times, 11-20 times, More than 20 times, Not in the past year, but before. Participants who responded they had been victimized were coded as 1 and those who had not experienced any victimization were coded as 0. The *Conflict Tactics Scale* has been translated into different Asian languages and has been used reliably with this population (Nguyen, Leung, & Cheung, 2011).

Data Analysis Plan

Chi-square tests were completed with each type of help seeking behavior to determine if males and females displayed significantly different help seeking behaviors. To identify predictors of help seeking behavior, a series of logistic regressions were performed predicting each help seeking behavior from symptomatic depression, symptomatic anxiety, and domestic violence status while also controlling for demographic variables of age, sex, income, and immigrant status.

Results

Participants reported using a number of services when they encountered family problems or difficulties. Most participants would *seek advice from friends, family members, or relatives* (66.7%), and nearly half would *visit a medical doctor* (46.4%). Participants also reported that they would *visit a mental health professional or agency (psychologist, counselor, therapist, social worker, etc.)* (22.8%) or seek *religious consultation* (19.2%). Some participants reported that the *problem would take care of itself* (18.2%), whereas fewer would *visit herbal, alternative, or non-Westernized doctors or services* (9.0%), *visit non-mental health agencies* (2.5%), or *use other methods* (3.9%). When asked which method they would prefer to use, 37.2% stated they would *seek advice from friends, family members or relatives* and

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27.0% said they would *visit a medical doctor*. Chi-square tests revealed only one sex difference; namely, that females were more likely than males to seek advice from friends, family members, or relatives (X^2 = 5.58, df = 1, p = .02).

Logistic regression was used to examine the relation between symptomatic anxiety, symptomatic depression, domestic violence victimization, and help seeking behavior, controlling for the demographic variables of age, income, immigration status, and sex (see Table 2). Across the seven logistic regression models, several significant relations were found. For the logistic regression predicting participants' likelihood to visit a *medical doctor*, those with higher incomes were less likely to visit a doctor (OR = .922). Both symptomatic depression and age significantly related to participants' responses that they would seek *religious consultation*. People in the 55 or older category were 3.266 times more likely than those below 26 to seek religious consultation (OR = 3.266). Further, participants with symptomatic depression were 2.436 more likely than those without depression to seek religious consultation (OR = 2.436).

Logistic regression indicated that participants age 40-55 (OR = .320) and those over 55 years old (OR = .321) were less likely to *seek advice from friends, family members, or relatives* compared to their counterparts under 26 years. Income also related to seeking advice from friends and family members, with participants with higher income being 1.217 times more likely to turn to friends or family for advice. Women were also 1.956 times more likely than men to say that they would *seek advice from family or friends* (OR = 1.956).

Age was a significant factor in the logistic regression predicting *visiting a mental health provider*, with participants ages 26-39 being 5.550 times more likely to seek help from a mental health provider than those below 26 (OR = 5.550). Similarly, participants ages 40-55 were 3.346 times more likely to visit a mental health provider than those below 26 (OR = 3.346). Income was also a significant predictor, such that those with higher income were 1.136 times more likely to seek help from a mental health provider (OR = 1.136). Additionally, immigrant status (those who were not born in the U.S.) was significantly related to help seeking behavior, such that those with immigrant status were less likely to visit a mental health provider (OR = .460).

Participants ages 55 and over were less likely to say that the *problem would take care of itself* (OR = .191) compared to participants younger than 26 years old. Notably, except for religious consultation, neither symptomatic anxiety nor domestic violence status related to participants' help-seeking behaviors and their likelihood of choosing a provider.

Table 2.
Logistic Regressions Predicting Help Seeking Behaviors

Dependent Variable	Independent Variable	*B*	*SE*	OR (exp B)	*p*	95% CI for OR Lower	95% CI for OR Upper
Medical Doctor							
	Constant	.108	.402	1.114			3.790
	Age (26-39)	.577	.385	1.781	.134	.837	4.093
	Age (40-55)	.628	.399	1.873	.116	.857	3.709
	Age (55+)	.414	.457	1.513	.365	.618	.998
	Income	-.081	.040	.922	.045*	.852	1.469
	Immigrant status	-.222	.310	.801	.473	.436	1.043
	Sex	-.389	.220	.678	.077	.441	2.798
	Depression	.288	.378	1.334	.447	.635	1.547
	Anxiety	-.370	.411	.691	.368	.309	1.754

	Domestic violence	.013	.280	1.013	.963	.585	
Alternative							
Doctor	Constant	-21.072	4816.261	.000			
	Age (26-39)	-.113	.932	.893	.903	.144	5.552
	Age (40-55)	.323	.894	1.381	.718	.239	7.972
	Age (55+)	.643	.923	1.902	.486	.311	11.611
	Income	-.044	.076	.957	.560	.824	1.111
	Immigrant status	18.707	4816.261	†			
	Sex	.273	.429	1.314	.524	.567	3.045
	Depression	-.541	.835	.582	.517	.113	2.991
	Anxiety	.724	.753	2.062	.336	.472	9.011
	Domestic violence	-.708	.647	.493	.274	.138	1.752
Religious							
Consultation	Constant	-1.318	.483	.268			
	Age (26-39)	.296	.461	1.345	.521	.544	3.322
	Age (40-55)	.454	.484	1.574	.349	.610	4.064
	Age (55+)	1.184	.538	3.266	.028*	1.138	9.380
	Income	-.044	.048	.957	.359	.871	1.051
	Immigrant status	-.633	.367	.531	.085	.258	1.091
	Sex	.181	.276	1.199	.511	.698	2.059
	Depression	.890	.423	2.436	.035*	1.063	5.584
	Anxiety	.108	.460	1.115	.813	.453	2.744
	Domestic violence	-.160	.356	.852	.653	.424	1.712
Seeks advice							
from friends/	Constant	.632	.475	1.881	.160		
family	Age (26-39)	-.637	.454	.529	.013*	.217	1.287
	Age (40-55)	-1.139	.460	.320	.026*	.130	.788
	Age (55+)	-1.136	.512	.321	<.001**	.118	.875

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	Income	.196	.045	1.216	.051	1.113	1.329
	Immigrant status	-.751	.384	.472	.006**	.222	1.002
	Sex	.671	.246	1.956	.876	1.208	3.169
	Depression	-.066	.424	.936	.775	.408	2.147
	Anxiety	-.128	.447	.880	.433	.366	2.114
	Domestic violence	.247	.314	1.280		.691	2.369
Visit to mental							
health provider	Constant	-2.922	.647	.054			
	Age (26-39)	1.714	.573	5.550	.003**	1.807	17.051
	Age (40-55)	1.208	.597	3.346	.043*	1.039	10.774
	Age (55+)	.916	694	2.5000	.187	.642	9.734
	Income	.128	.056	1.136	.022*	1.018	1.267
	Immigrant status	-.776	.366	.460	.034*	.225	.942
	Sex	-.122	.270	.885	.650	.522	1.501
	Depression	.499	.444	1.646	.262	.689	3.934
	Anxiety	.328	.476	1.389	.490	.547	3.527
	Domestic violence	.214	.338	1.238	.527	.638	2.404
Visit to non-							
mental health	Constant	-4.496	1.488	.011			
provider	Age (26-39)	-1.092	1.487	.336	.463	.018	6.184
	Age (40-55)	-.436	1.464	.646	.766	.037	11.401
	Age (55+)	-.477	1.574	.621	.762	.028	13.561
	Income	.119	.154	1.126	.441	.832	1.523
	Immigrant status	.436	1.279	1.546	.733	.126	18.966
	Sex	.274	.702	1.318	.694	.333	5.220
	Depression	-16.900	4640.916	.000	.997	.000	
	Anxiety	-16.352	5011.450	.000	.997	.000	
	Domestic violence	1.059	.741	2.883	2.883	.675	12.321

Problem will							
take care of	Constant	-1.321	.476	.267			
itself	Age (26-39)	-.579	.434	.560	.182	.239	1.313
	Age (40-55)	-.906	.464	.404	.051	.163	1.004
	Age (55+)	-1.653	.627	.191	.008**	.056	.655
	Income	.047	.051	1.048	.360	.948	1.159
	Immigrant status	.054	.367	1.056	.882	.514	2.169
	Sex	.379	.280	1.461	.176	.844	2.531
	Depression	.493	.434	1.63	.256	.700	3.828
	Anxiety	-.770	.520	.463	.139	.167	1.283
	Domestic violence	.324	.338	1.382	.338	.713	2.681

† 133148492.4
* $p < .05$
** $p < .01$

Discussion

This study explored different types of formal and informal help seeking behaviors among Asian adults living in the U.S. We were also interested in identifying demographic (e.g., age, sex, income, immigrant status) and mental health (i.e., symptomatic depression, anxiety, and domestic violence victimization) factors that predicted utilization of services from different providers. In this study, the majority of Asian adults reported that they would seek help from friends, family members and relatives and nearly half of them would seek help from a medical professional. Less than one third would seek help from a mental health professional and even fewer (nearly one-fifth) would seek help religious consultation or believed the problems would take care of themselves. Females were more likely than males to seek help from friends, family members, or relatives. Different patterns of help seeking emerged based on participant age. Specifically, young adults (compared to older adults) were less likely to seek help from a mental health professional or to seek religious consultation but were more likely to seek help from friends, family members, and relatives and to believe that the problems would take care of themselves.

Our results extend the findings of studies that do not separate the types of provision (e.g. Appel et al., 2011), and further clarify who seeks which services. When faced with family problems or difficulties and asked to choose one service provider, Asian adults living in the U.S. preferred to consult family and friends or a medical doctor, which is consistent with past research (Lee et al., 2009; Leung et al., 2012; Spencer et a., 2010). This result can be expected in the Asian culture where "face" or public perception of the individual and family is an important value and only close friends and relatives are privy to intimate family issues. Since Western culture encourages openness and communication in dealing with difficulties this can potentially cause dissonance for Asian Americans given the openness, intimate communications and the willingness to verbalize intense emotions in psychotherapy (Leong & Lau, 2001).

Asian Americans may also confer with people in their intimate circle rather than seeking outside help because of the stigma associated with mental health problem. In the U.S., Abdullah and Brown (2011) reported that African Americans and Asian Americans have higher levels of mental illness stigma compared to the "majority" individuals. However, experiencing mental health stigma is not unique to the Asian population in the U.S. Globally, stigmatizing attitudes persist among the public and have been shown to be prevalent and associated with a reluctance to seek help from mental health providers (Henderson, Evans-Lacko, & Thornicroft, 2012). For example, South Indian families hide family members with severe psychosis within their home and Chinese family members keep illness a secret to save face (Cifti, Jones & Corrigan, 2013). Leong and Lau (2001) compared Chinese Canadians and European Canadians and found

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that due to shame and stigma, Chinese Canadians delayed mental health treatment while European Canadians sought psychiatric help early and stayed in care.

Nearly half of the Asian adults in our sample reported that they would visit a medical doctor (general practitioner) to deal with family issues, which is consistent with findings from studies of Asians living in the U.S. (Le Meyer, Zane, Cho, & Takeuchi, 2009). Turning to medical professionals for help may be related to how some Asians conceptualize mental health issues in terms of physical health. Leong and Lau (2001) suggest that "Chinese medicine emphasized an organ-oriented concept of pathology" (p. 209)." In other words, psychic distresses were expressed through bodily organ symbols. They further assert that it is more acceptable to express physical complaints than emotional complaint since emotional complaints can be viewed as a sign of weakness. For example, rather than identifying low energy with little appetite as a sign of depression Asians, in general, suspect something is physically wrong and would want to be treated by a general practitioner.

Religion plays an important role in the Asian culture given the dominance of Christianity or Buddhism. About 20% of Asian adults in our study reported that they would seek religious consultation when faced with family problems and older adults were more likely than those younger than 26 to seek religious consultation. Religious officials, generally in all cultures, serve in the advisory role or in some counseling capacity. South Americans tend to utilize shamans for healing or Christians in North American turn to priests for spiritual advising. Imams in the Muslim community play a critical role in promoting mental health since they are seen as indirect agents of Allah's will and facilitators of the healing process (Cifti, Jones & Corrigan, 2013). Older adults may turn to those in the religious community because of cultural and religious familiarity, fewer language barriers, and access to religious institutions.

We also found that Asian young adults living in the U.S. were more likely than older adults to prefer to seek help from friends and family and less likely to seek help from mental health professionals. While this finding may seem counter-intuitive (especially for young adults who are in college and/or more acculturated), it is consistent with prior literature. For instance, Lee et al. (2009) reported that Asian young adults preferred to seek help from family, friends and religious leaders and not from mental health professionals. Other studies have also demonstrated that older adults have more positive attitudes towards help seeking with mental health providers when compared to younger participants (Luu et al., 2009; Shea & Yeh, 2008). We were unable to examine group differences within the young adults based on factors that are associated with greater help seeking from mental health professionals (e.g., acculturation/generational status) highlighting an area for future research.

In our sample, Asian American women were more likely than Asian American men to seek advice from family or friends when faced with difficulties. These findings extend the work of Nam and colleagues (2010) who found that there were only small differences in help seeking by sex in samples of Asians and Asian Americans. Jimenez, Cook, Bartel, and Alegria (2013) reported that women in general were more likely to initiate care and to have adequate care than men. Leong and Lau (2001) suggest that Asian American women may be more vulnerable than Asian American men to psychological distress due to possible dual oppression of race and gender in addition to dealing with expectations of intra and inter-group expectations. For example, they are subjected to multiple stereotype of the U.S. society of being erotic, shy, submissive, and eager to please while meeting the Asian culture expectations of deference, acceptance of suffering and personal sacrifice.

Thus far, there has been a gap in the literature regarding the relation between domestic violence victimization and help seeking behaviors that are not specific to domestic violence incidents in the Asian American community. Results from the present study show that domestic violence victimization was not related to participants' help seeking preferences for any types of providers.

Implications & Limitations

Given that the majority of Asian adults in this sample would chose to seek help from friends, family, and relatives, training community members as lay health promotion workers may help facilitate mental health service utilization among Asian adults living in the U.S. Training lay health workers has been implemented globally to help address the scarcity of mental health professionals in some countries and/or in rural areas (Barnett, Lau, & Miranda, 2018; Hoeft, Fortney, Patel, & Unutzer, 2018; Mutamba, van Ginneken, Paintain, Wandiember, & Schellenberg, 2013). Lay health professionals can deliver interventions effectively for mental health problems such as depression. The success of these programs highlights their potential for addressing mental health disparities in countries where there are more mental health professionals (such as the U.S.) but where help seeking patterns and mental health stigma may make accessing those services less likely for certain sub-groups of the population (e.g., racial/ethnic minorities).

Moreover, in the U.S., a partnership between lay health workers and mental health professionals could help reduce mental health stigma and increase Asian adults' service utilization and treatment engagement.

Nearly half of the Asian adults in our sample indicated that they would also seek care from a medical professional. This finding highlights the importance of better training medical professionals to identify mental health problems in their patients, especially in patients whose cultural conceptualizations of illness may result in mental health distress being expressed through physical ailments. In addition, findings from this study suggest that integrating mental health or behavioral health strategies into primary care settings may help facilitate access to and the reach of mental health interventions for Asian adults living in the U.S. In fact, integrating behavioral health care services into primary care clinics in the U.S. has been shown to increase mental health service utilization, decrease rates of inpatient services, and decrease symptoms of anxiety and depression (Bridges et al., 2014; Lanoye et al., 2017; Sadock, Perrin, Grinnell, Rybarczyk, & Auerbach, 2017).

We found that those under the age of 26 do not seek mental health professionals when compared with those older. One way to address this is to conduct mental health education and awareness through peer education or mentoring programs. Further, given the ubiquitous use of smart phones this can another venue to reach out to the younger generation through apps where they may be more exposed and familiar with the use of technology. For example, apps may be used to conduct self-assessment, monitor symptoms (e.g. mood), provide information about mental health diagnoses, and hotline information. They can also be used to work with mental health professionals to track and monitor progress with privacy and protect from being seen in public. Another way to reach the younger population is through social media where mental health can be promoted with information and online support groups. It would be interesting to explore if technology is one venue where younger Asian American would turn to for mental health help given all of the cultural issues mentioned above. However, it is equally important to examine the efficacy of mental health treatment via technology when it is actually utilized.

This study is not without limitations. Findings from this study are from a diverse group of Asian sub-groups from a southeastern community in the U.S. Findings may not generalize to other geographical areas or countries. We asked participants a general question to assess their help seeking behaviors and preferences. Asking participants more specifically about help seeking when faced with domestic violence or mental health problems may elicit different responses. Despite these limitations, the current study contributes to the literature by exploring predictors of help seeking behavior when Asian American adults are faced with problems more generally.

References

Abe-Kim, J., Takeuchi, D. T., Hong, S., Zane, N., Sue, S., Spencer, M. S., . . . Alegrı´a, M.(2007). Use of mental health-related services among immigrant and US-born Asian Americans: Results from the National Latino and Asian American Study. *American Journal of Public Health, 97*, 91–98. doi:10.2105/AJPH.2006.098541

Abe-Kim, J., Takeuchi, D., & Hwang, W. (2002). Predictors of help seeking for emotional distress among Chinese Americans: Family matters. *Journal of Consulting and Clinical Psychology*, *70*(5), 1186-1190. doi: 10.1037//0022-006X.70.5.1186

Abdullah, T., & Brown, T. L. (2011). Mental illness stigma and ethnocultural beliefs, values, and norms: An integrative review. *Clinical Psychology Review*, *31*, 934-948.http://dx.doi.org/10.1016/j.cpr.2011.05.003

Appel, H. B., Huang, B., Ai, A. L., & Lin, C. J. (2011). Physical, behavioral, and mental health issues in Asian American women: Results from the National Latino Asian American Study. *Journal of Women's Health*, *20*(11), 1703-1711. doi: 10.1089/jwh.2010.2726

Atkinson, D. R., & Gim, R. H. (1989). Asian-American cultural identity and attitudes toward mental health services. *Journal of Counseling Psychology*, *36*(2), 209-212. doi:10.1037/0022-0167.36.2.209

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*(1), 542. https://doi.org/10.1186/s12913-015-1191-7

Barnett, M. L., Lau, A. S., & Miranda, J. (2018). Lay health worker involvement in evidence-based treatment delivery: A conceptual model to address disparities in care. *Annual review of clinical psychology*, *14*, 185-208. https://doi.org/10.1146/annurev-clinpsy-050817- 084825

Bauer, A. M., Chen, C.-N., & Alegría, M. (2012). Associations of physical symptoms with perceived need for and use of mental health services among Latino and Asian Americans. Social Science & Medicine, 75(6), 1128–1133. doi:10.1016/j. socscimed.2012.05.004.

ISSN: 2149-1291

Bridges, A. J., Andrews III, A. R., Villalobos, B. T., Pastrana, F. A., Cavell, T. A., & Gomez, D. (2014). Does integrated behavioral health care reduce mental health disparities for Latinos? Initial findings. *Journal of Latina/o Psychology*, *2*(1), 37-53. http://dx.doi.org/10.1037/lat0000009

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 and Ethnic Minority Psychology*, *19*(3), 236-247. doi: 10.1037/a0032901

Cheng, H. L., Wang, C., McDermott, R. C., Kridel, M., & Rislin, J. L. (2018). Self-stigma, mental health literacy, and attitudes toward seeking psychological help. *Journal of Counseling & Development*, *96*(1), 64-74. https://doi.org/10.1002/jcad.12178

Chong, S. A., Abdin, E., Vaingankar, J. A., Kwok, K. W., & Subramaniam, M. (2012). Where do people with mental disorders in Singapore go to for help? *Annals Academy of Medicine*, *41*(4), 154-160.

Cifti, A., Jones, N., & Corrigan, P. W. (2013). Mental health stigma in the Muslim community. *Journal of Muslim Mental Health*, *7*(1), 17-32. doi: 10.3998/jmmh.10381607.0007.102

Clement, S., Schauman, O., Graham, T., Maggioni, F., Evans-Lacko, S., Bezborodovs, N., ... & Thornicroft, G. (2015). What is the impact of mental health-related stigma on help-seeking? A systematic review of quantitative and qualitative studies. *Psychological medicine*, *45*(1), 11-27. https://doi.org/10.1017/S0033291714000129

El-Khoury, M. Y., Dutton, M. A., Goodman, L. A., Engel, L., Belamaric, R. J., & Murphy, M. (2004). Ethnic differences in battered women's formal help-seeking strategies: A focus on health, mental health, and spirituality. *Cultural Diversity and Ethnic Minority Psychology*, *10*(4), 383-393. doi: 10.1037/1099-9809.10.4.383

Hamby, S., Sugarman, D. B., & Boney-McCoy, S. (2006) 'Does Questionnaire Format Impact Reported Partner Violence Rates? An Experimental Study', *Violence and Victims 21*(4):507–18.

Han, M., & Pong, H. (2015). Mental health help-seeking behaviors among Asian American community college students: The effect of stigma, cultural barriers, and acculturation. *Journal of College Student Development*, *56*(1), 1-14. doi:10.1353/csd.2015.0001

Henderson, C., Evans-Lacko, S., & Thornicroft, G. (2013). Mental illness stigma, help seeking, and public health programs. *American Journal of Public Health*, *103*(5), 777-780. doi: 10.2105/AJPH.2012.301056

Hoeft, T. J., Fortney, J. C., Patel, V., & Unützer, J. (2018). Task-sharing approaches to improve mental health care in rural and other low-resource settings: a systematic review. *The Journal of rural health*, *34*(1), 48-62. https://doi.org/10.1111/jrh.12229

Hunt, J. B., Eisenberg, D., Lu, L., & Gathright, M. (2015). Racial/ethnic disparities in mental health care utilization among US college students: applying the Institution of Medicine definition of health care disparities. *Academic Psychiatry*, *39*(5), 520-526. https://doi.org/10.1007/s40596-014-0148-1

Hyman, I., Forte, T., Du Mont, J., Romans, S., & Cohen, M. M. (2009). Help-seeking behavior for intimate partner violence among racial minority women in Canada. *Women's Health Issues*, *19*, 101-108. doi:10.1016/j.whi.2008.10.002

Jimenez, D. E., Cook, B., Bartels, S. J., & Alegria, M. (2013). Disparities in mental health service use of racial and ethnic minority elderly adults. *Journal of American Geriatrics*, *61*(1), 18-25. doi: 10.1111/jgs.12063

Kam, B., Mendoza, H., & Masuda, A. (2018). Mental health help-seeking experience and attitudes in Latina/o American, Asian American, Black American, and White American college students. Advance online: *International Journal for the Advancement of Counselling*, 1-17. https://doi.org/10.1007/s10447-018-9365-8

Kayaalp, A . (2016). The Impact of "Temporal Personality" on Individuals' Organizational Citizenship Behaviors. *Journal of Management and Information Science*, *4* (2), 79-86.

Kenna, J., & Russell III, W. (2018). The Culture and History of Standards-Based Educational Reform and Social Studies in America. *Journal of Culture and Values in Education*, *1*(1), 26-49. Retrieved from http://cultureandvalues.org/index.php/JCV/article/view/2

Kenna, J. L., & Poole, C. M. (2017). Social science pre-service teachers' preparation to teach about asia: A research study. *Journal of Social Studies Education Research*, *8*(1), 93-114.

Kim, B. S. K., & Omizo, M. M. (2003). Asian cultural values, attitudes toward seeking professional psychological help, and willingness to see a counselor. *The Counseling Psychologist*, *31*(3), 343-361. doi: 10.1177/0011000003252268

Kim, J. E., & Zane, N. (2016). Help-seeking intentions among Asian American and White American students in psychological distress: Application of the health belief model. *Cultural Diversity and Ethnic*

Minority Psychology, *22*(3), 311-321. http://dx.doi.org/10.1037/cdp0000056

Kratt, D. (2018). Teachers' perspectives on educator mental health competencies: A qualitative case study. *American Journal of Qualitative Research*, *2*(1), 22-40.

Krishnan, S. P., Hilbert, J. C., & VanLeeuwen, D. (2001). Domestic violence and help-seeking behaviors among rural women: Results from a shelter-based study. *Family Community Health*, *24*(1), 28-38. doi:10.1097/00003727-200104000-00006

Lanoye, A., Stewart, K. E., Rybarczyk, B. D., Auerbach, S. M., Sadock, E., Aggarwal, A., ... & Austin, K. (2017). The impact of integrated psychological services in a safety net primary care clinic on medical utilization. *Journal of clinical psychology*, *73*(6), 681-692. https://doi.org/10.1002/jclp.22367

Lee, S., Juon, H. S., Martinez, G., Hsu, C. E., Robinson, E. S., Bawa, J., & Ma, G. X. (2009). Model minority at risk: Expressed needs of mental health by Asian American young adults. *Journal of community health*, *34*(2), 144-152. https://doi.org/10.1007/s10900-008-9137-1

Leong, F. T. L., & Lau, A. S. L. (2001). Barriers to providing effective mental health services to Asian Americans. *Mental Health Services Research*, *3*(4), 201-214. doi:10.1023/A:1013177014788

Le Meyer, O., Zane, N., Cho, Y., & Takeuchi, D. T. (2009). Use of specialty mental health services by Asian Americans with psychiatric disorders. *Journal of Consulting and Clinical Psychology*, *77*, 1000–1005. doi:10.1037/a0017065

Leung, P., Cheung, M., & Tsui, V. (2012, 01). Help-Seeking Behaviors among Chinese Americans with Depressive Symptoms. *Social Work*, *57*(1), 61-71. doi:10.1093/sw/swr009

Logan, S., Steel, Z., & Hunt, C. (2017). Ethnic status and engagement with health services: Attitudes toward help-seeking and intercultural willingness to interact among South East Asian students in Australia. *Transcultural psychiatry*, *54*(2), 192-210. doi: 10.1177/1363461517696437j

Lu, S. H., Dear, B. F., Johnston, L., Wootton, B. M., & Titov, N. (2014). An internet survey of emotional health, treatment seeking and barriers to accessing mental health treatment among Chinese-speaking international students in Australia. *Counselling Psychology Quarterly*, *27*(1), 96-108. https://doi.org/10.1080/09515070.2013.824408

Luu, T. D., Leung, P., & Nash, S. G. (2009). Help-seeking attitudes among Vietnamese Americans: The impact of acculturation, cultural barriers, and spiritual beliefs. *Social Work in Mental Health*, *7*, 476–493. doi:10.1080/15332980802467456

Mirza, S. (2018). Impact of Mentoring on At-Risk Youth. *Research in Social Sciences and Technology*, *3*(1), 36-53. Retrieved from http://ressat.org/index.php/ressat/article/view/341

Mutamba, B. B., van Ginneken, N., Paintain, L. S., Wandiembe, S., & Schellenberg, D. (2013). Roles and effectiveness of lay community health workers in the prevention of mental, neurological and substance use disorders in low and middle income countries: a systematic review. *BMC health services research*, *13*(1), 412. https://doi.org/10.1186/1472-6963-13-412

Nam, S. K., Chu, H. J., Lee, M. K., Lee, J. H., Kim, N., & Lee, S. M. (2010). A meta-analysis of gender differences in attitudes toward seeking professional psychological help. *Journal of American College Health*, *59*(2), 110-116. doi:10.1080/07448481.2010.483714

Nguyen, P., Leung, P., & Cheung, M. (2011). Bridging help-seeking options to Vietnamese Americans with parent-child conflict and depressive symptoms. *Child & Youth Services Review*, *33*(2011), 1842-1846. doi:10.1016/j.childyouth.2011.05.009

Park, S. Y., Cho, S., Park, Y., Bernstein, K. S., & Shin, J. K. (2013). Factors associated with mental health service utilization among Korean American immigrants. *Community mental health journal*, *49*(6), 765-773. https://doi.org/10.1007/s10597-013-9604-8

Roh, S., Burnette, C. E., Lee, K. H., Lee, Y. S., Martin, J. I., & Lawler, M. J. (2017). Predicting help-seeking attitudes toward mental health services among American Indian older adults: Is Andersen's behavioral model a good fit? *Journal of Applied Gerontology*, *36*(1), 94-115. https://doi.org/10.1177/0733464814558875

Sadock, E., Perrin, P. B., Grinnell, R. M., Rybarczyk, B., & Auerbach, S. M. (2017). Initial and follow-up evaluations of integrated psychological services for anxiety and depression in a safety net primary care clinic. *Journal of clinical psychology*, *73*(10), 1462-1481. https://doi.org/10.1002/jclp.22459

Sandanger, I., Moum, T., Ingebrigtsen, G., Dalgard, O. S., Sørensen, T., & Bruusgaard, D. (1998). Concordance between symptom screening and diagnostic procedure: The Hopkins Symptom Checklist-25 and the Composite International Diagnostic Interview. *Social Psychiatry and Psychiatric Epidemiology*, *33*(7), 345-354. doi:10.1007/s001270050064

Shea, M., & Yeh, C. J. (2008). Asian American students' cultural values, stigma, and relational self-construal: Correlates of attitudes toward professional help seeking. *Journal of Mental Health Counseling*, *30*(2),

ISSN: 2149-1291

157-172. doi:10.17744/mehc.30.2.g662g5l2r1352198

Spencer, M. S., Chen, J., Gee, G., Fabian, C. G., & Takeuchi, D. T. (2010). Discrimination and mental health – Related service use in a national study of Asian Americans. *American Journal of Public Health, 100*(12), 2410-2417. doi: 10.2105/AJPH.2009.176321

Straus, M. A. (1979). Measuring intramarital conflict and violence: The Conflict Tactics Scale. *Journal of Marriage and the Family*, *41*(7), 5-8.

Sue, S., Cheng, J. K. Y., Saad, C. S., & Chu, J. P. (2012). Asian American mental health. *American Psychologist*, *67*(7), 532-544. doi: 10.1037/a0028900

Tata, S. P., & Leong, F. T. L. (1994). Individualism-collectivism, social-network orientation, and acculturation as predictors of attitudes toward seeking professional psychological help among Chinese Americans. *Journal of Counseling Psychology*, *41*(3), 280-287. doi:10.1037/0022-0167.41.3.280

Wang, T. (2015). Marginality of rural migrant students in eleven Chinese high schools. *Journal of Ethnic and Cultural Studies*, *2*(2), 21-32.

Wu, I. H., Bathje, G. J., Kalibatseva, Z., Sung, D., Leong, F. T., & Collins-Eaglin, J. (2017). Stigma, mental health, and counseling service use: A person-centered approach to mental health stigma profiles. *Psychological services*, *14*(4), 490-501. http://dx.doi.org/10.1037/ser0000165

Yigit, I. H., & Tatch, A. (2017). Syrian refugees and Americans: Perceptions, attitudes and insights. *American Journal of Qualitative Research, 1*(1), 13-31.

Ying, Y. W., & Miller, L. S. (1992). Help-seeking behavior and attitude of Chinese Americans regarding psychological problems. *American Journal of Community Psychology*, *20*(4), 549-556. doi: 10.1007/BF00937758