How Cultural Attitudes, Familial Dynamics, and Societal Expectations Affect Mental Health Outcomes and Resource Usage for Asian Americans

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Suicide is the leading cause of death for Asian Americans aged 15-24. Additionally, Asian Americans are three times less likely to seek out mental health resources compared to other Americans (*Mental Health By the Numbers | NAMI: National Alliance on Mental Illness*, 2019). These statistics highlight the need for mental health support and resources for the Asian American community, one that specifically acknowledges and accommodates the unique cultural values and perspectives on mental health within the community. For many Asian Americans, the topic of mental illness is considered taboo, and any discussion of it is often stigmatized by the family and the larger community. This stigmatization has led to Asian Americans underusing mental health resources, which further decreases the amount of culturally competent resources (Abe-Kim et al., 2007). Factors unique to Asian Americans that can lead to poor mental health include the model minority myth and familial collectivism, or the prioritization of the needs of the family over the needs of the individual. These factors contribute to a shared experience by Asian Americans. It is important to note that while there are similarities across Asian cultures, there are over 48 diverse and nuanced cultures and countries within Asia. Therefore, it is unfair to take monolithic view on the experiences and perspectives of all Asian Americans regarding mental health. The frameworks Technological Momentum and Coproduction are used to analyze and identify factors that influence how mental health and mental illness is perceived and experienced by Asian Americans in order to create a culturally appropriate approach to mental health care.

Research Question and Methods

The analysis in this paper elucidates the question "How can cultural attitudes, familial dynamics, and societal expectations be taken into consideration to improve mental health usage

and outcomes in Asian Americans?" This analysis is accomplished through documentary research methods and case studies. Documentary research is conducted through several sociology and psychology research journals, which include the American Journal of Public Health and SAGE journals. The framework of Technological Momentum is used to evaluate how mobile health technologies can be used destigmatize mental health within the Asian American community. Coproduction is used to analyze the importance of community and patient involvement when administering care. Gaps in patient needs and treatment are identified through the literature review and the framework analyses. The case study analysis is useful in giving insight into current practices and treatments to create an organizational mental health structure that supports the needs specific to Asian Americans. The literature review provides insight on the cultural, familial and societal implications of mental health within Asian Americans while the framework and case study analysis elucidate potential solutions to increase mental health resource usage and create better patient outcomes.

The Shared Experiences of Asian Americans

There are social and mental stresses unique to the Asian American community. One of the most prominent contributing factors is the model minority myth. A model minority is a seemingly harmless compliment that describes how Asian Americans are successful in assimilating into the Western world through their hard work and dedication, living in a post-racial society where they have overcome oppression and discrimination (Shih et al., 2019). This assumption is not only wrong, it is dangerous to perpetuate a narrative where Asian-Americans are portrayed as problem-free and that they are able to overcome hardships solely through hard work and not through institutional and societal changes. This notion also does not acknowledge the differences in immigrant experience across Asian Americans or the disparities in

socioeconomic status, as the median household income spans a range of $70,000 across different Asian American ethnicities (Edlagen & Vaghul, 2016). This harmful narrative can result in more generalized anxieties among Asian-Americans, as they internalize society's expectation of success and struggle to close the gap between how society views them and reality. In addition to the model minority myth which places unrealistic societal expectations on Asian Americans, there is also the expectation as an immigrant (or child to an immigrant) to provide for the family and carry on the family legacy. This places even more pressure on the individual to succeed financially, causing mental distress if they cannot attain the expectations placed by the family. It is important to acknowledge the complex factors that contribute to the experience of being Asian American, and the unique mental stresses that come with it when administering mental health care.

A number of factors contribute to how Asian-Americans deal with and react to mental illnesses or poor mental health, such as the cultural values and upbringing, familial support, and societal expectations. Cultural value and upbringing differ among Asian cultures, but many practices familial collectivism, where they typically prioritize family needs over individual needs, as opposed to the western more individualistic view. Due to this, Asian-Americans often do not seek out social support and instead rely on themselves to deal with distress, because any information they share will also reflect on the family (Murray, 2015). There is an emphasis in the community to "save face", therefore the family may be dismissive of a patient's symptoms even if they do reach out for help, out of concern for family reputation, Furthermore, the community has a similar perspective on mental illness and considers it to be a taboo topic. Minimizing a patient's symptoms is also common, since many in the community do not view mental illness as a serious issue since there are no physical manifestations (Augsberger et al., 2015). This in

addition to the general societal stigma attached to mental illness may deter someone from seeking professional help, leading to underutilization of mental health resources. Understanding these obstacles is critical in developing culturally appropriate mental health care for Asian Americans.

Technological Momentum and Coproduction

The two frameworks used in this paper are Technological Momentum and Coproduction. Technological Momentum is defined by historian Thomas Hughes as: "A more complex concept than determinism and social construction, Technological Momentum infers that social development shapes and is shaped by technology." (Hughes, 1994). This framework is a response to Technological Determinism, or the idea that technology drives social change, and social constructivism, or the idea that social changes drive the progression of technology (Smith, 1994; Klein, Kleinmann, 2002). In Technological Momentum, the sociocultural and the technological components of a system influence each other. However, they may not have equal weight in influence. Typically, a developing system is influenced more by sociocultural factors (Hughes, 1994). In this analysis, the mental health system for Asian Americans is still considered developing, therefore factors like cultural attitudes towards mental health, societal expectations, and familial dynamics shape how technology, or treatment of mental health is used and created. Critics of Technological Momentum argue that the framework places a technological component at the core of the system and relates other sociocultural factors to the core. The emphasis on the technological component results in a system where it is essentially deterministic, as the technology is driving the sociocultural change (Hughes, 1994). However, in this analysis the system is the mental health infrastructure for Asian Americans, and it is not a single technology

driving change within the system, but a combination of technologies that is also influenced by sociocultural factors.

The other framework used in this analysis is Coproduction. Coproduction is defined as "the proposition that the ways in which we know and represent the world (both nature and society) are inseparable from the ways in which we choose to live in it" (Jasanoff, 2004). In other words, technology and scientific knowledge is coproduced by the dynamic interactions of a variety of people and institutions, all with their inherent biases and motives. In this analysis, the system is the mental health infrastructure for Asian Americans, which consists of medical professionals, activists, patients, their families and friends, and community leaders. Community leaders can include, but is not limited to, religious leaders, involved citizens, local politicians, and activists. These stakeholders interact to form new technologies and best practices to treat mental illness. However, there are cultural obstacles that prevents collaboration and understanding between these stakeholders. The analysis uses Coproduction to identify these obstacles and use this knowledge to produce a better mental health infrastructure that accommodates the needs of Asian Americans. One criticism of Coproduction is that it assumes all stakeholders are willing and able to participate, however stakeholders such as community leaders may not be willing to drive social change with regards to mental health (Mattson, 1986). Coproduction only works effectively if all relevant stakeholders are actively participating and exchanging knowledge and information. However, in the clinical setting, Coproduction is especially important in order to encourage shared decision making and trust among health professionals and patients, and often results in new knowledge that would have otherwise been overlooked (Gillard et al., 2012). Therefore, the use of Coproduction as a framework to analyze the mental health infrastructure for Asian Americans is especially fitting.

Barriers to Mental Health Care for Asian Americans

There are two types of obstacles preventing Asian American from seeking professional help: societal and cultural obstacles preventing acknowledgement that the individual needs help, and lack of access to culturally relevant professional resources after acknowledgement that they do need help. In order to improve mental health resource usage and outcomes in Asian Americans, both types of obstacles must be addressed. Many Asian Americans have similar behavioral patterns involving mental health, such as the saving face mentality and model minority myth. Because of this, they tend to rely on themselves during times of distress (Shih et al., 2019). It is important to acknowledge these patterns and overcome the societal/cultural obstacles through education of the Asian American community and destigmatization of mental illness. Effective educational outreach must include community leaders who serve both as an educational resource and a cultural outreach agent to promote mental health awareness in Asian American communities (Wong et al., 2018).

Once the individual decides they need professional help, it may still be difficult to know where to start. First, they have to consider the financial impact of seeking professional help. In addition to these concerns, there are communication and cultural competency gaps between Asian American patients and mental health service providers. For example, only 18% of hospitals have a formal assessment of foreign language proficiency, while more than one third of Asian Americans have limited English proficiency (Huang et al., 2009; Ramakrishnan & Ahmad, 2014). This language barrier causes miscommunication and increases the likelihood of misdiagnosis (Masland et al., 2010). The language barrier is especially prominent in underrepresented Asian American communities such as Laotian-Americans or Hmong-Americans, since there are not as many fluent speakers. Therefore, there needs to be more

investment in multilingual healthcare professionals or technologies to bridge the communication gap. There are also large cultural competency gaps among healthcare professionals for Asian Americans, as 13% of Asian Americans reported experiencing discrimination while seeing a healthcare professional. These gaps are in part due to lack of cultural competency training, underrepresentation of Asian Americans in the psychology field, and lack of coproduction of resources and services involving Asian Americans (Lin et al., 2018). In order to rectify this issue, healthcare professionals should be required to go through additional cultural training, academic and professional organizations should ensure that they are producing healthcare professionals that are representative of their community, and the community should be involved in creation of best practices and decision making.

There are many sociocultural factors that influence whether mental health care is received or even sought out by Asian Americans. The first obstacle to overcome when seeking care is the stigma of mental health disorders and the fear of backlash. Mental health disorders are heavily stigmatized within the Asian American community because they reflect poorly on not just the individual, but also the family (General (US) et al., 2001). This fear of disappointment from family and community hinders genuine dialogue about mental health so often the individuals do not voice their struggles and concerns. Due to the emphasis on familial respect within Asian cultures, this stigma also prevents Asian Americans from seeking treatment (Augsberger et al., 2015). These sociocultural factors influence how mental health resources, or the technology is utilized. The mental healthcare system can be described using Technological Momentum framework, where the sociocultural and technical components of the system interact and influence each other. Without the societal shift to destigmatize mental health, the technology and resources cannot be properly utilized. Poor mental health often cannot be cured by only

technological means, such as medicine, but also social means, such as therapy. Effective mental health resources and care are accomplished through both sociocultural and technological means.

In recent years, there has been an explosion of mobile mental health technologies that has provided individuals with mental health resources while maintaining their privacy (NIMH, 2019). Patients are able to circumvent the stigmatization from family or community because they can seek treatment without the involvement of others. Without the fear of backlash, these mobile technologies encourage more Asian Americans to seek professional help. They have also increased accessibility by removing the language barrier and closing the communication gap, leading to more accurate and fast diagnoses. These technologies have influenced the healthcare system by normalizing and increasing visibility for mental health issues and creating a culture shift encouraging open dialogue about mental health. This relationship is evident of Technological Momentum, as these mobile technologies remove the stigma from seeking help and spark sociocultural change. This has had profound impacts on the cultural conversation and attitudes on mental health within the Asian American community. In turn, the sociocultural factors unique to Asian American mental health, such as the effects of model minority myth on mental health and saving face mentality, help guide best practices within the healthcare community (Juckett, 2014). Awareness of these sociocultural factors influences the technologies and services being provided to Asian Americans, as more information is accessible through the influx of mobile technologies. It is important to acknowledge the dangers of only relying on mobile technologies, as it does not compare to receiving medical services from trained healthcare professionals. Therefore, mobile health technologies can be used to become more mindful and increase accessibility to these services, but does not replace them.

After overcoming the social stigma attached to seeking mental health resources, there are often financial obstacles to consider. One study found that 40% of Asian Americans did not seek professional medical help due to financial concerns (NPR, 2017). Another study found that one in three Asian Americans diagnosed with depression did not go to the doctor in the past year due to cost (CDC, 2018). These statistics highlight how socioeconomic status affects mental health resources usage. In order to improve access to healthcare resources, there must be changes at the legislative level, such as expanding coverage for immigrants or providing free access to mental health services. These changes is included in some Medicare for All proposals (Center for American Progress, 2018). Expanding coverage for immigrants is especially important since Asian Americans are projected to be the largest immigrant group by 2055, and often do not have good healthcare coverage due to their immigration status (Radford, 2019). Advocating for these changes requires organizing from the Asian American community and other minority groups, since they are disproportionately affected by lack of healthcare coverage. Here, sociocultural changes are required before the society fully adopts the technology, or mental health resources.

Aside from financial considerations, there are also cultural differences that prevent Asian Americans from receiving quality and effective mental health care from healthcare professionals. Bridging this cultural gap requires coproduction of information, technologies and treatments. Current best practices for diagnosing and treating mental health conditions are determined by academic or professional organizations, such as the DSM-5 by the American Psychiatric Association. However, because Asian Americans are underrepresented in the psychology field, the knowledge produced by these organization do not cater specifically to Asian American mental health needs. Culture shapes the expression of mental health disorders; therefore, Asian Americans mental health symptoms can manifest differently than white Americans. For example,

Asians are found to have more physical symptoms of distress when compared to white Americans (General (US) et al., 2001). Additionally, first generation Asian American immigrants have widespread use of traditional medicine, and may be wary of Western medicine such as pills (Juckett, et al., 2014). Coproduction can reduce the social distance and cultural competency gap between healthcare professionals and the Asian American community (Filipe et al., 2017). In turn, this provides a level of trust and respect between the two parties, as all stakeholders participate in the decision-making process. Coproduction is beyond token involvement and consultation, as the community leaders and patients should take an active and equal role through genuine collaboration (Filipe et al., 2017).

Coproduction of knowledge can exist in many different forms. Figure 1 shows a conceptual model for Coproduction of healthcare services that can be adapted to fit Asian Americans mental health needs.

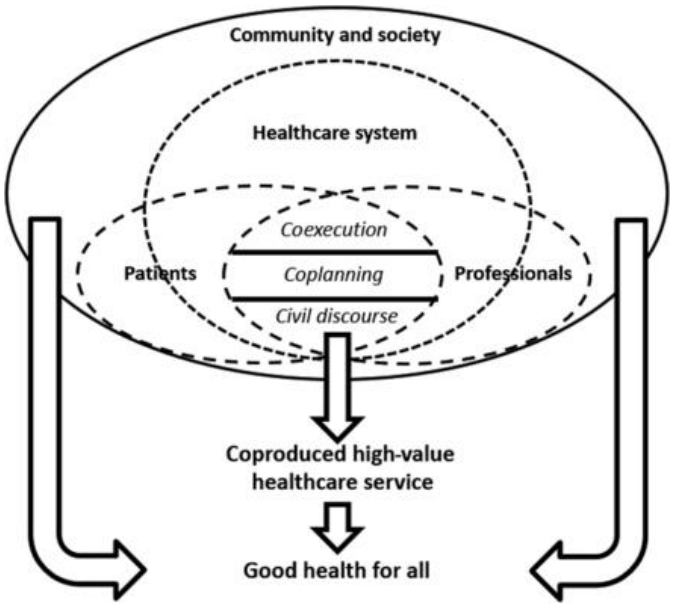

Figure 1. Conceptual model of healthcare service Coproduction (Batalden et al., 2016)

The dashed lines indicate that the roles of patients and healthcare professionals are blurred, as patients are not limited to those specifically seeking treatment, but rather the community as a

whole. The boundaries of the healthcare system are also blurred because interactions between healthcare professionals and patients are not always contained with the healthcare system, and people may interact with individuals and organizations outside of the healthcare setting (Batalden et al., 2016). An example of Coproduction of knowledge is utilizing religious and spiritual community leaders as mental health resources. Religious and spiritual leaders have historically served those with mental health needs, as they are often visible and well respected in the community and offer care that is more closely aligned with the cultural and religious values of the individual (John & Williams, 2013). However, previous studies have indicated that the religious and spiritual leaders have limited training and knowledge regarding mental health and may not adequately provide care (Farrell & Goebert, 2008). On the other hand, medical professionals have the training and knowledge regarding mental health, but lack the cultural sensitivity and/or language skills for Asian Americans. These leaders serve as a liaison between the patient and professional healthcare provider and connect them with appropriate resources, or serve as a resource themselves through counseling in the absence of financial accessibility to healthcare. It is important to note that not every Asian American community is religious or spiritual, and usage of these services differ across ethnicities (John & Williams, 2013). However, this model can be modified to include any prominent community leader, not just religious and spiritual leaders. Therefore, coproduction of mental health services and resources should involve these leaders and healthcare professionals to properly diagnose and treat mental health disorders in Asian Americans.

There are several limitations of this research which include lack of disaggregated data, overrepresentation of East Asian Americans within the research, and assumption of community involvement. There are over 20 countries, dozens of languages, and even more ethnicities that

fall under Asia. However, in many of the research materials used in this paper, these different ethnicities are often grouped together, which doesn't acknowledge the different experiences of mental health within different ethnicities. Generalizing Asian Americans misses the diversity in mental health needs of the different populations. In addition to this monolithic view of Asian-Americans, there is often overrepresentation of East Asians such as Chinese-Americans, Korean-Americans, and Japanese-Americans. It is often difficult to get representative and disaggregated data on Asian Americans due to the relatively small population in the U.S (5.6%) and linguistic diversity of Asian Americans (*The Office of Minority Health*, 2017). Including all populations of Asian Americans would require translation of questionnaires and studies into multiple languages such as Chinese, Vietnamese, and Taglog (Gao., 2016). Another limitation in this research is the assumption of community participation in the coproduction of knowledge regarding mental health. Coproduction is only effective if all parties are willing to participate, and that first requires a cultural shift destigmatizing mental health. It is important to acknowledge these limitations while making recommendations to improve mental health resource usage by Asian Americans.

Future works in this area include gathering more disaggregated data or focusing on one specific population because the diversity of experiences with Asian Americans is difficult to encapsulate within one paper. This also includes focusing on Asian American populations that are not as well studied or documented, such as Laotian Americans or Filipino Americans. Next steps would include implementing the recommendations and quantitatively analyzing the mental health outcomes of Asian Americans. This analysis can then be used to evaluate whether the recommendations actually resulted in an increase in mental health resource usage, and make additional recommendations or adjustments based on those findings.

Conclusion

Asian Americans are an underserved population when it comes to mental health resources partially because of lack of accessibility to culturally relevant and competent resources. There are several recommendations for overcoming the obstacles to accessing mental health resources for Asian Americans. There needs to be more financial accessibility to these services, which can be accomplished through changes at the legislative level and advocating for measures such as Medicare for All. Technologies such as mobile mental health applications increase accessibility to mental health resources for Asian Americans, circumventing the shame and stigma that is historically attached to seeking care. Additionally, incorporating community involvement and patient engagement within mental health care is critical in closing the cultural gap and social distance between Asian Americans and healthcare providers. Integrating these recommendations into the current mental health infrastructure will provide better mental health outcomes and resource usage within the Asian American community.

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