International Journal of Psychosocial Rehabilitation, Vol. 24, Issue 10, 2020
ISSN: 1475-7192

A QUALITATIVE STUDY OF ASIAN IMMIGRANT-ORIGIN YOUTH'S STRESS FACTORS AND BARRIERS TO SEEKING PROFESSIONAL HELP FOR A MENTAL DISORDER

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Abstract

Immigration-origin youth (IOY) from Asia constitute a substantial and growing portion of the American population (U.S.). Few studies have examined the likely causes of mental health issues in Asian IOY. Although there are low use rates, no research has focused on the Asian IOY's perspective on mental health care utilization obstacles. An Asian IOY perspective on pressures that may lead to mental health concerns and their difficulties in seeking treatment for such problems was agreed upon via qualitative research. In-depth focus groups with 33 Asian IOYs (n = 33; 58% female) were held to get direct input. The data were examined using a grounded theory method. Pressure to succeed and the stress of being an ethnic minority and an immigrant were among the stressors that Asian IOY experienced, both of which led to their mental health issues. When researchers examined the barriers to Asian IOYs receiving mental health therapy, they considered their parents' reactions anxiety about treatment and services. Their concerns about stigma, mental health literacy, and practical or logistical reasons for seeking assistance for those with mental health issues. Researchers advocate personalizing outreach programs to persuade more Asian IOY to seek treatment for mental health difficulties.

***Keywords**: Stress, Mental health, Immigrant, Asian American.*

Introduction

More than twenty countries in East and Southeast Asia and the Indian subcontinent make up the Asian American community (Pew Research Center 2017). Between 2000-2010, Alcoholics Anonymous' membership grew by more than 40%, and there are currently as many as 20 million A.A. members worldwide (Hoeffel *et al.,* 2012) and the Pew Charitable Trusts (2017, p. 2).

One in every ten Americans under the age of 25 is likely to be an Asian IOY, whether first- or second-generation immigrants. Based on Asian American Federation's findings (AAF). As a result, Asian IOYs make up a large and fast-expanding section of the American population.

Stress Factors for Asian Interns and Youth

As a group, Asian IOY is considered to be more successful academically and socially than other ethnic groups (Lee 1996). In response to this viewpoint, the "model minority" myth was established, a racist stereotype that categorizes as universally high-achieving and untouched by systematic racism those who fall into this category (Lee 2009a). In AAIOY, mental health concerns such as low self-esteem, social anxiety, and anxiety are more prevalent, according to recent study findings (Greene and Zhou 2006). Suicide and self-harm were the leading causes of death. (Heron 2018) Research suggests that the suicide rates among AAPI women between the ages of 15 and 24 are greater than those of Black and Hispanic women (Heron 2018).

Asian IOY is more prone than their Western counterparts to suffer from mental health problems due to a wide variety of stressors (Wyatt *et al.,* 2015). In contrast to quantitative studies, qualitative research into the causes of mental health issues among Asian overseas students has received far less attention. Mental health practitioners that treat a significant section of the Asian IOY community have been interviewed about the psychological well-being of Asian IOY. The factors highlighted by mental health doctors were poverty, intergenerational family turmoil (including families and stepchildren), stigma, and discrimination (Ling et al., 2014; Li et al., 2016). They believe that stress caused by culture disparities, intergenerational conflict, prejudice, and scholastic stress harms their children. Chinese immigrant parents of school-aged children participated in focus groups that provided these findings (Li and Li 2017). There has been a lack of research on IOY viewpoints on the causes of stress, which may lead to mental health issues (Soleimanpour and colleagues 2008). One open-ended written questionnaire was provided to Asian immigrant youths between the ages of 12 and 18 to describe their experiences as immigrants (e.g., "Since arriving in the United States, what sorts of obstacles have you experienced?") in an early, primarily quantitative study of their viewpoints. Stressors linked to communication, unfamiliarity with local traditions, interpersonal connections, and academic challenges were cited by participants in their replies to the survey (Yeh and Inose 2002). The findings from a survey of eight Japanese teenage immigrants, ages 14 to 19, found that language

learning, maintaining friendships, and their most significant challenges in assimilating to life in America were related to racial prejudice. (Yeh *et al.,* 2003a, 2003b). Individuals aged 16 to 20 who are first-generation Chinese immigrants to the United States experienced stress due to a variety of factors, including limited English proficiency; poverty can be caused by a variety of factors, including changes in family relationships, racism, and a scarcity of social assistance (Yeh et al., 2008). According to qualitative research, acculturative stress and parental scholastic pressure are among the most common stress sources for immigrants living in china (Li and Li 2015). Despite using a variety of approaches, the results may not have been generalizable given that 44% of all of the participants' parents had earned a graduate or professional degree.

Furthermore, 24% had parents with doctorates (e.g., surveys, focus groups, one-on-one interviews, "ecomaps," and questionnaires in the form of written documents). A recent research study cited the acculturation gap and parental pressure to succeed as the main stressors for both children and their parents. Additionally, immigration-related issues were cited as a possible source of stress by respondents (Wang *et al.,* 2019b). Even while these studies were educational, they had limitations, including the use of small sample numbers and open-ended questions (e.g., predominant inclusion of Asian IOY from high SES households, problems connected to cultural integration, and immigration status exclusively).

Asian IOYs' Reliance on Mental Health Care Services

When it comes to getting the help they need for mental health issues, A.A. members are less likely than the general public to seek it out (Abe Kim *et al.,* 2007). AAPI youngsters had the lowest mental health care utilization rates, even among high-risk children (Garland *et al.,* 2005). While just 31 percent of white kids in the same age range had unmet mental health requirements, 72 percent of A.A. kids in the same age range had unmet needs, according to another study (Yeh *et al.,* 2003a, 2003b). Less than one-fifth of African-American and Latino teenagers diagnosed with depression received no treatment at all (Cummings and Druss 2011). Adolescents from A.A. homes are also less aware of the need to receive mental health assistance at school (Arora and Algios, 2019; Anyon *et al.,* 2014). We need to do more studies to determine what keeps Asian IOY from getting the mental health care they need. A wide-ranging quantitative study examines how many Asian IOYs lack contact with mental health treatment (Guo *et al.,* 2014; Bear *et al.,* 2014).

According to several studies, the general public lacks a fundamental understanding of mental health concerns and, in many circumstances, a strong feeling of shame and stigma (Anyon *et al.,* 2013). On this subject, Eisenberg and his colleagues wrote a paper in 2009. Adolescents in the Alcoholics Because of the difficulty they face in discussing their mental health concerns with their parents, members of the Alcoholics Anonymous (A.A.) group are often hesitant to seek mental health therapy (Rhee *et al.,* 2003). Asian IOYs are less likely to be examined using qualitative methods while seeking mental health care than other demographics. Only three studies have been published so far: one on the viewpoints of social workers (Ling *et al.,* 2014), one on the perspectives of Asian immigrants' parents (Wang *et al.,* 2020), and one on the perspectives of young people (Lee *et al.,* 2009a, 2009b) Stigma, cultural and language barriers to getting mental health treatment, in addition to a lack of mental health awareness, all contribute to the problem(the lack of resources, time, and cash, and language hurdles)prevent young adults and adolescents who identify as African-American (A.A.) from accessing mental health services (Lee *et al.,* 2009a, 2009b). In light of the dearth of mental health resources available in Asian nations, together with the social stigma associated with mental illness, this comes as no surprise (Meshvara 2002).

Regarding school health efforts, youngsters from the second generation of Chinese Americans were questioned about their thoughts in a similar study. According to several focus groups, second-generation individuals tend to have a more cheerful attitude on life. In the minds of Chinese American teenagers, school health programs are reserved for the most vulnerable kids (such as those engaged in drug use). Those who use these services regularly have a negative attitude toward those who do so (Anyon *et al.,* 2013). Although this research did not explicitly inquire about obstacles to getting care, several variables contribute to the underutilization of mental health therapies in the school environment.

Asian IOYs' Reliance on Mental Health Care Services

Treatment for mental illness is less likely to be sought out by those who participate in Alcoholics Anonymous programs (Abe Kim *et al.,* 2007). Treatment for mental illness was used at the lowest rates among high-risk adolescents recognized as Asian American or Pacific Islander (AAPI) (Garland and colleagues, 2005). Researchers found that 61% of African-American children between the ages of 6 and 17 had mental health needs that were not satisfied, compared

to only 31% of their White peers (Yeh *et al.,* 2003a, and 2003b). Even more troubling, just 19 percent of A.A. teenagers diagnosed with depression received any therapy, compared to 40 percent of their White, Black, and Latino counterparts, whom all received therapy (Cummings and Druss 2011). According to the findings of this research, teenagers from A.A. households were less aware of the mental health treatments available to them at school, even though schools play a vital role in providing mental health therapies to children and adolescents (Arora, Algios 2019). There is several quantitative research on Asian IOY mental health treatment underutilization (Guo *et al.,* 2014; Bear *et al.,* 2014). Researchers discovered a scarcity of mental health education and a greater level of shame and stigma affiliated with mental health illnesses due to their investigation published in the journal of Psychological Science (Anyon *et al.,* 2013).

As a result of Anyon and colleagues' (2013) work, we now have a system that is formally defined as "formalized," "formally defined," and "formally defined" (Anyon and colleagues 2013). On this subject, Eisenberg and his colleagues wrote a paper in 2009. A lack of family participation has hindered mental health therapy usage among A.A. adolescents. Teenagers who use A.A. find it more challenging to talk about their mental health difficulties with their guardians than before (Rhee *et al.,* 2003). A large number of qualitative researches on the difficulties that Asian IOYs have in obtaining mental health care have been conducted in the past. A few studies have looked at the viewpoints of social workers, Asian immigrant parents, and young people in general, but they are few and few between (Lee *et al.,* 2009b). The need for mental health awareness and financial assets in the lives of A.A. adolescents and young adults was strongly linked to the stigma associated with mental health (Ling *et al.,* 2014) and young adults (Wang & Wang *et al.,* 2020), (Ling *et al.,* 2020), (Lee and coworkers, 2009a and 2009b). These findings among recently arrived immigrants are not surprising, given the lack of attention devoted to mental health services in Asian nations and the stigma attached to seeking such treatment in Asian countries (Meshvara 2002). Second-generation Chinese American kids were polled regarding school health programs as part of an Asian IOY study, and the results revealed that they were largely supportive of such efforts. During focus groups, second-generation Chinese American high school students stated that they felt stigmatized by their friends. They often utilized school health services because they assumed these programs were mainly for children with severe difficulties (e.g., those engaged in drug use) (Anyon et al., 2013). It is possible. However, that data on students' impressions of school-based mental health programs

may illuminate why so many children are reluctant to seek help, even if the results of this research are unclear.

Current Study

It was hoped that the findings of this research would help address two questions: (1) what may be causing the mental health issues among Asian IOYs? Are there any common triggers for anxiety and depression among the Asian IOY population? How Asian IOYs in their communities see the barriers to seeking mental health care. Focus groups and interviews with Asian IOYs were used to supplement prior research, which had used in-depth focus groups and interviews with Asian IOYs directly.

Method

Participants

All 33 students identified as first or 2nd generation immigrants of Asia were included in the study, the majority female. Some 16 to 20-year-old exchange students attended the three high schools participating in the study, with a mean of 16.64 and a standard divergence of 1.30. Bangladeshi, Burmese, Indian, and Malaysian were the four nationalities of participants (n = 1, 1, 1, and 1) who self-identified as being of Asian descent. There were no other nationalities recognized among the participants. Only one was from Bangladesh; the others were mainly from Burma, India, Korea, and Malaysia. Participants from other nations were also present. 94% of participants (n = 31) were not native English speakers; Mandarin was the most frequently used language (n = 25; 76 percent), with English being the second most frequently used language. In addition, 82 % of participants (n = 27) were born in a country other than the U.S., which is a significant finding. The remaining participants were the children of immigrants (n = 16). During their time in the United States, participants were exposed to a wide range of events (mean of 3.43 years, a standard deviation of 3.17 years).

Measures

For the focus group, here are some questions.

Based on feedback from stakeholders (e.g., administrators of elementary and secondary schools, school social workers), the research team designed semi-structured interview techniques initially

(e.g., after-school school educators). Protocol revisions were made by stakeholders, both substantively and linguistically, when judged essential. In order to help the primary interviewer to do their job effectively and quickly, all questions included additional guidance and language substitutions. Participants were asked "why" and "what would happen" when they replied "no" when asked whether Asian youths with mental health concerns sought treatment regularly. Mental health services in their community, what causes stress in their community, what prevents individuals from accessing mental health services, what encourages people to seek assistance, and what people think about mental health services in schools are all explored in this section? We decided to incorporate only data from focus groups that dealt with stresses that cause mental health issues in addition to hurdles to accessing mental health treatment in our current study.

A demographics survey

Participants needed to complete a demographic questionnaire in the language of their choice (i.e., English, Mandarin, or Korean). Each participant's present location, birthplace, gender, race/ethnicity, grade level, native language, and any additional languages they can speak were among the questions on the survey. They were unable to verify the participants' immigration status.

Procedures

The final goal of the study is to investigate mental health issues that IOY residents were facing at the time of the investigation (Indian Ocean Territory). Foundational relationships were built and maintained with schools and community organizations that serve a substantial number of Asian first and second-generation IOY. Following a needs assessment, the current study addressed the challenges of integrating Asian IOY into school-based mental health treatment programs. In order to educate students about the study and answer any questions they may have had, members of the research team visited eligible students during their lunch break or after-school program. Students might access study materials and parental permission forms in their preferred language in addition to English as a convenience measure (i.e., English, Mandarin, or Korean). Translations were double-checked for accuracy by first being translated into Mandarin or Korean and then into English. Participants in the focus groups had to sign a written agreement before participating.

Seven focus groups (n = 7) were held during or after school hours to get input from students at the partner schools. Four to six participants were usual in a focus group that lasted 53 minutes (Greenbaum 1988; Greenbaum *et al.,* 1996; Vaughn *et al.,* 1996) (Greenbaum *et al.,* 1996). In line with industry best practices, this was done. Participants were separated into groups depending on gender and grade level to foster teamwork (Hoppe *et al.,* 1995). Participant ethnicity was not a factor in the study's primary goal of obtaining various perspectives from first and second-generation Asian immigrants. All participants completed a demographic survey prior to the commencement of each focus group before entering into a database. The researchers were then given access to the focus groups' findings. Members of the research team or the study's primary investigator conducted in-depth interviews with participants. All interviewers received extensive training from the study's primary investigator. University of Michigan-developed semi-structured interviews was employed in this study, and trained researchers posed rigorous and objective questions. Candidates were able to ask follow-up questions and make suggestions throughout the interview process to create rapport and clarify facts. A translator proficient in both English and Mandarin or Korean is needed from time to time to help us with our research. Before each focus group, participants were instructed that the interviewer would not disclose their families' immigration status throughout the conversation.

Students were told they might walk out if they were uncomfortable for any reason during a class. Participants in the focus groups were given $20 gift cards as a token of appreciation once the meetings ended. All focus group meetings were transcribed verbatim from the audio recordings so that researchers could better understand what they were hearing. The study participants needed to be proficient in both Mandarin and English to comprehend the sessions conducted in Mandarin. After the English sessions were recorded, the original transcripts were translated into Mandarin immediately (van Ness *et al.,* 2010). Keeping all transcripts anonymous was necessary to preserve study participants' identities and ensure that the research was conducted strictly. In order to be put into practice, the procedures and materials utilized in this research had to be authorized by two Institutional Review Boards: one at the University of Pennsylvania and another at the New York City Department of Education before they could be used.

Results

Analyses were carried out using a grounded theory framework (Strauss and Corbin 2008; Corbin and Strauss 1997). As an example, (Strauss and Corbin 2008, and Corbin and Strauss 2008). Please check out our prior posts for further information: Corbin and Strauss (2008) and Stafford & Strauss (1997; Corbin and Strauss 2008). With the support of three PhD-level psychology students who were specialists in school-based research and therapeutic practice, a multistage coding technique was employed to code the data from focus groups. 373 initial codes were obtained from seven focus group transcripts that were coded. During the second round of study, three of the seven focus group transcripts were transcribed. It was clear to all three programmers that these first programs had many similarities and differences. They were then employed in the open-coding step, the last element of the technique, to explain additional data. More data might be explained using the focus codes created from the original set of codes at this level. An operational definition for each code was created from those submitted. There is a connection between mental health issues and parental/family worries, for example, according to the operational description of the "Causes of Mental Health Problems - Parent/Family Concern" code. We operationalized the following participant's claim that mental health treatment is hindered because of the stigma associated with counseling: Counseling is less likely to be sought or acquired when participants say that the stigma associated with it is a deterrent.

Stress-Inducing Factors

The intense competition to achieve success

People in Asia who took part in the International Organization for Youth (IOY) survey said that academic pressure and professional expectations were vital sources of stress in their lives. Two sub-themes evolved within the context of this topic. Parental pressure and internalized pressure to achieve were the focus of two subthemes in this study - Aspirations of parents for their children's future success. In many Asian IOYs, their parents' expectations and demands to excel in school significantly influenced their mental health. Young people's mental health may be negatively affected by increased academic demands, even if they lead to more significant career opportunities: I am a student, and I am looking for a summer internship (in lowercase letters). Many Asian parents place a lot of pressure on their children to succeed in school and attend a prestigious university. Kids are under much stress because of school, and it is not a secret. They might have been unhappy and unsatisfied if they failed to meet their expectations in a class

where they had high expectations. Several individuals said their parents routinely compelled them to participate in activities in which they had no interest to meet these objectives. A lack of choice and sense of obligation to achieve these standards were often cited as reasons for their behavior. According to one teenager, his parents did not consider his preferences while selecting schools. Finally, participants said that when their expectations were not met, their parents either chastised them for not trying hard enough or often made comparisons between them and others, explicitly expressing their disappointment: As a result, they (my parents) continually compare me to someone else's daughter, "Oh, look at their baby," they will say in awe. They have placed all of the weight on my shoulders. To characterize the stress felt within, the phrase "internalized pressure" has been used. Many participants also mentioned their ambition to succeed as a factor in Asian IOY's mental health, in addition to the pressures of their family members. Although most participants showed a strong desire to do well in school and recognized parental pressure to do well as "a benchmark I established for myself,... in terms of employment possibilities," other individuals expressed a great desire to perform well in school.

On the other hand, parental pressure was often connected with internalizing stress. The parents had great expectations for them as youngsters, contributing to their internalized pressure. It was just one student's confusion about the two types of pressure that resulted in this muddle:

S: If we want to succeed, we need to go to a good college and acquire an excellent career. Thus we need to be at the very top of our class. Moreover, parents want them to obtain a better grade on the exam, a better grade on the college application, etc. It is under much strain.

A common reaction to this peer pressure was to evaluate one's performance about others constantly'. For example, one person noted that outshining others was a sign of achievement and a cause of stress on their mental health:

S: As a result of this time, I feel like I am not performing better than others.

So, I am aiming to outdo them in this regard.

Anxieties stemming from one's position as an ethnic minority or immigrant

Ethnic or immigrant identity and experience were often cited as a source of stress by Asian members of the International Organization for Youth (IOY). Two subthemes were identified as part of this topic: ethnic and immigrant discrimination and linguistic bias.

Discrimination

Many people said they had been subjected to discrimination because of their ethnicity or immigration status. Some have alleged that they have been subjected to verbal abuse due to others' belief that they are outsiders who will never fit in: Due to a lack of understanding of whom [we] are at a deeper level. "Go back to your own country!" and "You are occupying our precious space!" will be yelled out in response. According to many people, bullying was a common occurrence at their school and community. One student, for instance, said: There are many people born in this country that bully one other, including myself. The phrase "You are from Asia, not the United States!" has been used by specific individuals to describe Asians. "Can you tell me why you came to this particular location?" To us, it seems like the people in charge are making fun of us. Right now, things are a bit chaotic.

A smaller number of students reported fear of being criticized for poor language skills and the additional burden of learning a second language while fulfilling their academic obligations.

Discussion

This study aims to help develop culturally relevant intervention programs for Asian IOY. Therefore it investigated the reasons and barriers that Asian IOY may have while seeking out mental health care. The findings are anticipated to improve efforts to minimize the disparity in mental health care for Asian IOYs. Stressors have taken a toll on the Asian IOY. The most common stressor in this study was the pressure to do well in school, particularly when coupled with familial expectations. According to previous research on Asian immigrant parents and Asian immigrant-origin young people, "adolescents' stress is exacerbated by their parents' academic pressure to perform, in particular the difficulty in balancing parental and adolescent expectations of success" (Lee *et al.,* 2009b; Li and Li 2015; Li and Li 2017; Wang *et al.,* 2019a, 2019b). Discrimination and language-associated anxiety were prevalent stressors for ethnic minorities and immigrants. According to prior quantitative and qualitative research, Asian International students (IOY) are more susceptible to racial prejudice and difficulty learning a

new language (Yeh *et al.,* 2003a, 2003b, and 2008). Data shows that parents in Asia have a significant role in deciding whether or not their children need mental health treatment. People who do not have their parents' permission to seek help for emotional issues might have difficulty getting mental health care.

Most qualitative research has been dominated by social workers, Asian immigrants, and young people rather than teenagers' thoughts. It may be a contributing issue since most qualitative research has concentrated on their points of view. Our knowledge of mental health treatment utilization may now include the distinctive perspective of Asian IOY. Mental health treatment use amongst this population has been hindered by stigma and a lack of mental health knowledge (Anyon *et al.,* 2013, Eisenberg *et al.,* 2009). In 2013, (Anyon *et al.,* 2013). For Asian IOY participants, fear regarding the therapy's anonymity, particularly for their parents, was a significant impediment to mental health treatment. Our findings illuminate previously unrecognized barriers to mental health care among Asian IOY (Li and Seidman 2010). According to the findings of this study, minorities face the same barriers to mental health care as other minorities (Alegria *et al.,* 2010).

Implications

The aim of this study has significant significance for coping with the under-recognized mental health issues of school-aged Asian IOY. Specific issues need to be addressed when it comes to IOYs from Asia. Preventive measures for Asian IOY teenagers may be tailored to their specific requirements. Students who learn to manage academic stress and have constructive conversations with parents may benefit from educational initiatives (Hoagwood *et al.,* 2007). According to this study, Asian immigrant parents' perceptions of stress might be dissimilar from their children's experiences of stress. A.A. immigrant parents may benefit from psychoeducation regarding their children's mental health. By working with culturally competent providers, prevention programs can take advantage of this understudied population's resources for building family strength and resilience (Wong *et al.,* 2012). Workshops that encourage parents and children of Asian immigrants to practice practical communication skills should be offered. The stress faced by Asian IOYs labeled Asian because of their ethnicity and immigration status necessitates a school climate free of racial bigotry and anti-immigrant attitude. Teachers and parents of Asian IOY kids must be taught culturally sensitive ways to improve home-school cooperation and establish

security settings for these youngsters (Allen *et al.,* 2018). Research has shown this to be the case (Vazquez-Nuttall *et al.,* 2006). Immigrant parents in general and parents of Asian IOY children; need to be educated about mental health issues and the benefits of seeking treatment. The purpose of mental health literacy initiatives is to raise awareness, reduce stigma, and encourage people to seek treatment for mental health issues. As a starting point, evidence-based mental health literacy therapies for adolescents are currently available (Wei *et al.,* 2013), but further research into Asian IOY-based programs is needed (Cheng *et al.,* 2018). For mental health therapists, it is essential to be honest about the counseling process, given the Asian IOY's support for worries concerning the confidentiality and effectiveness of treatment. For this reason, mental health literacy activities should be targeted at parents of Asian immigrants to increase their awareness and hence increase the usage of mental health services among their children as a consequence of the research. Conferences between parents and teachers (Ouellette *et al.,* 2004) or the internet may be utilized to accommodate working parents' hectic schedules (Deitz *et al.,* 2009).

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