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A Review of Factors Contributing to Asian Americans' Underutilization of Mental Health Services

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ABSTRACT

Asian American and Pacific Islander (AAPI) people are three times less likely than white Americans to seek any type of mental health care services or resources. Understanding this phenomenon requires a nuanced approach due to the cultural differences and heterogeneity within Asian American (AA) communities. The purpose of this review is to explore the multitude of factors that contribute to the underutilization of mental health services among AAs. I will synthesize peer-reviewed articles that cover factors contributing to AAs' attitudes and behaviors related to mental health and mental health services. Primary mechanisms include stigma and shame, knowledge and beliefs about mental health treatment, and access to care. Additionally, implications for understanding and treating AA communities will be discussed.

Introduction

Asian American (AA) individuals have a high level of need for mental health services (Lee et al., 2009). However, when compared to other racial/ethnic groups in the U.S., AA adults underutilize mental health care, such as inpatient and outpatient services, as well as prescription medication. For example, they are about three times less likely than white Americans and two times less likely than Black Americans to seek any type of mental health care services or resources (Substance Abuse and Mental Health Services Administration, 2015). Furthermore, research demonstrates that when AAs do start treatment, they have higher levels of distress at intake compared to other racial/ethnic groups (Kearney et al., 2005). Given these findings, the reduced help-seeking behaviors among AA communities have been a prominent subject of public health concern and research.

Because AAs include those with ancestry or origins from more than 20 countries across East Asia, Southeast Asia, and the Indian subcontinent, the utilization of mental health services among AA people can vary. Factors influencing differential help-seeking behaviors include levels of acculturation, with U.S.-born individuals using mental health services at higher rates than immigrants (Abe-Kim et al., 2007). Limited English language proficiency is also linked with reduced mental health service use among AA individuals (Bauer et al., 2010). Existing reviews have focused on either the structural factors or the cultural beliefs impacting AAs' help-seeking behavior (Abdullah & Brown, 2011; Clough et al., 2013; Kim & Lee, 2022; Kwok, 2013; Lu et al., 2021; Misra et al., 2021). Many of these studies examine these topics in relation to a specific subgroup, whether an age demographic, ethnic group, or aspect of identity like religion or sexuality (Cochran et al., 2007; Chandra et al., 2016; Nguyen et al., 2023). This review incorporates current literature on the various factors that lead to the underutilization of mental health services in AAs, covering both structural and cultural barriers to treatment. In the process, the review synthesizes findings across various subgroups, recognizing that a general understanding of patterns of AA help seeking is necessary for the development of culturally-appropriate mental

health interventions. The review reveals that factors including stigma unique to AA communities, varying beliefs and knowledge about mental health treatment, and issues of access are key roots of reduced help-seeking behavior.

Methods

In order to examine the barriers that contribute to the reduced help-seeking behaviors of AAs, I established a set of inclusion and exclusion criteria to guide my search for relevant scientific literature, focusing my search on articles in PubMed Central, Web of Science, and APA PsychNet. Throughout my search process, I used several key terms, including Asian Americans, mental health, mental health services, help-seeking, mental health seeking, access, barriers, and stigma. This review relied on the following inclusion criteria: original research articles engaging quantitative and/or qualitative methods, papers published after 2000, and studies discussing AA people living in the U.S. at the time of the study. Exceptions include the use of government data on the utilization of mental health services by different racial/ethnic groups, a general reference source defining individualistic versus collectivist values, and a scholarly review on the importance of cultural humility in mental health services. The paper excludes literature on mental health attitudes among people living in Asia, gray literature like magazine and newspaper articles, papers that examine the intersection of mental health with poorly generalizable topics, such as domestic violence, refugee status, and specialty mental health services for individuals with psychosis or personality disorders. In examining common themes related to AAs' utilization of mental health services, I grouped all sources into the following domains: knowledge about what constitutes a mental health need, beliefs and attitudes about treatment, and external barriers impacting help-seeking behavior. This approach allowed me to identify patterns in AA conceptualizations of mental health services across various ethnic groups.

Results

Stigma and Shame

Stigma surrounding mental health often prevents AAs from receiving help. When compared with other racial/ethnic groups, AAs expressed greater shame about both having a mental illness and engaging in mental health treatment (Jimenez et al., 2013). A sample of AA women (mean age 22.5 years old) with depression or a history of suicidal ideation or suicide attempt reported that community-level stigma around acknowledging and seeking help for mental health issues contributes to the underutilization of mental health services in AAs (Augsberger et al., 2015). For example, elderly Korean American men and women in Lee-Tauler and colleagues' 2016 study reported that feelings of being judged and looked down upon by family for mental illness prevented them from receiving treatment. Consistent with these findings, negative attitudes toward mental health services among Korean Americans was higher among those who linked mental illness with character weakness and shame (Jang et al., 2007). Some Vietnamese American adults noted that even terms like "depression" carry stigma themselves due to previous experiences in Vietnam, where mental illness carried connotations of imprisonment, institutionalization, or being "crazy" (Fancher et al., 2010). Across ethnic groups and AAs of different ages, various stigmatizing attitudes emerged as a common barrier to treatment.

Numerous studies have highlighted collectivist cultural identities as being central to the stigma and shame surrounding mental illness. Many AAs come from collectivist cultures, which emphasize the importance of family and community. In contrast, in more individualistic cultures prominent in the U.S., individual needs and care are emphasized over group unity and cohesion (Kagitçibasi, 1997). For those from collectivist cultures, mental health issues are often seen as representative of one's whole family or larger community and a disruption

of social group functioning, as opposed to solely an individual problem (Jang et al., 2007; Fancher et al., 2010). While these values may not seem directly related to help-seeking, they do influence individual attitudes toward mental health treatment.

Participants across various studies reported valuing interdependence within the family, which affected mindsets toward seeking external treatment. Specifically, in Augsberger and colleagues' 2015 study, participants reported several barriers to accessing care, including the importance of maintaining familial privacy by not speaking to people outside of the family, the pressure from parents to act like everything was okay, and the fear of burdening others outside of the family. Similarly, Lee et al. (2009) found that AA parents hindered the help-seeking attitudes of their children by conveying that seeing a mental health professional is a sign of not being able to deal with personal issues. Due to the culture of interdependence within AA communities, these young adults likely internalized parental preferences in the interest of maintaining familial bonds. Building on this research, other studies have found that the emphasis on family directly reduced help-seeking behavior among some AA individuals. In Guo et al. (2015), researchers discovered that Vietnamese American adolescents felt a stronger sense of family obligation compared to European American adolescents. This prioritization of helping, respecting, and contributing to one's family moderated the link between stressful family events and help-seeking, where a stronger sense of family obligation prevented adolescents from utilizing formal mental health services (Guo et al., 2015). Overall, the stigma rooted in familial interdependence found in many AA communities negatively impacts their help-seeking attitudes.

In addition to stigma stemming from collectivism and interdependence, existing literature shows that expectations from those outside the AA community also undermine AA people's utilization of mental health services. Kim and Lee (2014) investigated the role of internalized model minority myth—the perception that AAs are inherently problem-free, smart, and successful—in predicting the help-seeking attitudes of AA college students. Several studies ascribed the unfavorable help-seeking attitudes among AA students to the internalization of the model minority myth (Kim & Lee, 2014; Liu et al., 2022). Another study found that AA individuals who subscribe to positive Asian stereotypes had more negative attitudes toward help-seeking (Gupta et al., 2011). It is clear that alongside stigma felt from within AA communities, external pressures also negatively impact AAs' utilization of mental health services.

Knowledge and Beliefs About Mental Health

In understanding factors beyond stigma and shame that influence help-seeking behaviors of AAs, some literature points to misunderstandings of mental health and subsequent treatment. Other literature focuses on different cultural beliefs about the causes and treatment of mental illness. While the first explanation focuses primarily on limited awareness and access to information about mental health, the second emphasizes more deep-rooted cultural beliefs and preferences. Although factors involving knowledge and beliefs are likely both relevant, the two perspectives are described separately below.

Lack of Awareness/Access to Information about Mental Health

Some studies attribute the underutilization of mental health services in AA communities to a lack of knowledge about mental health and difficulties recognizing when to seek help. Many AAs are not aware of the importance of mental well-being and the fact that the use of appropriate services can significantly benefit them (Lee et al., 2009). This challenge is largely due to the fact that some mental conditions are not recognized in certain cultures, and parents often have trouble identifying signs of mental health distress in their children as intergenerational sources of stress differ (Lee et al., 2009). Lee and colleagues (2009) found that first-generation AA immigrants (came to the U.S. after age 16) dealt with different types of stress than their children, leading them to perceive their children's stressors as insignificant. Additionally, some research has identified poor mental health literacy as a key factor contributing to AAs' underutilization of mental health treatment (Collier et al., 2012).

A more recent study has demonstrated that even when AA adolescents are able to identify mental health issues, they often do not seek help due to misunderstandings about the process of receiving therapy (Wang et al., 2019). It is clear that AAs often lack awareness both about mental health and mental health treatment processes.

This lack of awareness is reflected in AAs' low perceived need for mental health treatment. A 2017 study by Breslau et al. provides evidence that AAs are three times less likely to recognize the need for mental health care compared to white Americans. This held true across a large range of mental illness severity and among those without mental illness (Breslau et al., 2017). Tse and Haslam (2021) utilized the term "concept breadth" to describe the range of psychological symptoms and presentations that a person identifies as disordered, with a narrower concept meaning a smaller range. AAs were found to hold narrower concepts of mental disorder relative to white counterparts. This was associated with less positive help-seeking attitudes (Tse & Haslam, 2021). Because some AAs believe that only severe cases warrant attention and formal care, they do not deem their situations worthy of treatment.

Different Beliefs About Causes of Mental Illness and How It Should Be Treated

Studies suggest that beliefs about the causes of mental illness, as well as how it should be treated, influence the help-seeking behaviors of AAs. In a study conducted by Jang et al. (2007) on the attitudes of older Korean Americans toward mental health services, more than half of the participants believed that becoming depressed was just a normal part of aging. Another commonly attributed cause of mental illness was financial pressure, in that some older Korean Americans believe that depressive symptoms will disappear once they achieve financial stability (Lee-Tauler et al., 2016). A study of South Asian Americans reported that in some Indian societies, mental illness is attributed to the concept of karma, which holds that mental illness is a sign of being punished by God for prior misdoings (Raguram et al., 2004). Consistent throughout these findings is the belief that the sources of mental illness cannot be appropriately addressed by mental health services.

In addition to holding varying beliefs of the causes of mental illness, AAs also have different stances on how to treat them. According to Chen et al. (2015), Chinese-American immigrants who suffer from depression often have alternative preferences to using formal mental health services. More than 75% of participants ranked self-help (e.g., reading, exercise, talking to friends and relatives) as the most beneficial form of care, while 9.5% of participants perceived spiritual care (e.g., faith healers, astrology, prayer) to be the most useful (Chen et al., 2015). In contrast, only 4.7% of participants selected formal mental health services, such as meeting with a psychiatrist or psychotherapist, as the most helpful (Chen et al., 2015). Furthermore, many AAs prioritize secondary coping strategies, which involve the acceptance of difficult realities, over primary coping strategies often found in Western mental health services, which work to actively change the source of the stressor (Nagayama Hall et al., 2011). As seen through their treatment and coping preferences, many AAs hold different beliefs about how best to address mental illness.

Access

Existing literature demonstrates that even when AAs do reach out for mental health services, they face barriers in accessing appropriate care. In a study by Augsberger et al. (2015), 82% of participants stated that the lack of a holistic approach and dual-culture practitioners, as well as the failure of professionals to understand the stigma around mental health in the AA community, hindered help-seeking behavior. Many of these participants reported having to use other coping methods, ranging from self-help books to drug and alcohol use (Augsberger et al., 2015). This demonstrates that AAs lack access to culturally-appropriate interventions that align with their values, attitudes, and behavioral preferences. According to a study by Lee et al. (2021) on the utilization of mental health services by AAs with perceived mental health problems, language difficulty was the highest cited barrier to treatment followed by financial burden. Half of the respondents reported having language difficulties

(e.g., language barrier, lack of translator services), and over a quarter of participants stated that having a financial burden prevented them from accessing care (Lee et al., 2021). Finally, literature on the preferences for depression help-seeking among Vietnamese American adults illuminates that having health insurance coverage and a usual source of care is linked to an increased likelihood of preferring professional help-seeking over non-professional help-seeking options (Kim-Mozeleski et al., 2018). As shown by such studies, service-level and structural factors like financial access, insurance coverage, and the lack of culturally-informed interventions are important barriers to mental health care among AAs.

Discussion

The studies synthesized in this review highlighted the many layers that contribute to AAs' underutilization of mental health services. Starting with stigma and shame, the belief that mental illness is a sign of character weakness often causes AAs to ignore the need for treatment altogether. Additionally, the shame associated with seeking mental health treatment extends beyond the individual due to the emphasis on familial interdependence rooted in collectivism. Alongside the fact that some AAs believe mental illness reflects poorly on their whole family, pressure from outside AA communities stemming from the model minority myth hinders help-seeking behavior.

When AAs acknowledge the importance of mental health, there is often a lack of awareness about mental health and mental health treatment. Research indicated that AAs often fail to understand the importance of mental health, struggle to identify when to get help, and are often unfamiliar with how the help-seeking process works. AAs demonstrated a lower perceived need for mental health care and held narrower understandings of mental illness compared to white Americans. On top of this, intergenerational differences often mean that parents and children are grappling with different challenges, making it difficult for each party to understand and recognize clinically significant stressors of the other.

Other studies attribute AAs' underutilization of mental health services to deep-rooted cultural perspectives, rather than a lack of awareness. AA individuals hold a variety of beliefs about the causes of mental illness, ranging from the idea that depression is a normal part of aging to the notion that mental illness is a form of karmic punishment. These different cultural beliefs extend to mental health treatment, with many AAs often preferring self- and lay-help alternatives over formalized care. Compared to Western culture, which emphasizes identifying and working to eliminate a stressor, many AA communities value coping with mental illness by coming to terms with it as a challenge.

Finally, even when AAs hold favorable help-seeking attitudes and decide to utilize mental health care services, they often face structural barriers that prevent them from accessing care. Some commonly attributed deterrents include the lack of culturally-appropriate care and dual-culture practitioners, language difficulties, financial burdens, and inadequate insurance coverage. Compounding these challenges is the fact that mental health professionals often do not understand the profound stigmas surrounding mental health within AA communities. Because of these structural obstacles, many AAs turn to informal alternatives to professional care, such as self-help books, drugs, and alcohol.

Limitations and Future Directions

A key limitation of this review paper is that the scope was determined by the databases I had institutional subscriptions for, which prevented me from exploring literature in databases of interest like the Education Resources Information Center (ERIC), Oxford Handbooks Online, and Psychiatry Online. To expand on my findings, future review papers could include literature from these databases, and look into subgroups of focus that arose during the research process. For example, differences may exist across specific ethnic groups within the

AA community, gender may impact the help-seeking behavior of AAs, and AAs' utilization of mental health services may differ according to the type and severity of their disorders. Regardless, this review offers a general overview of attitudes toward mental health among AAs that may shape interventions going forward.

Efforts to increase AAs' help-seeking for mental health must be culturally appropriate and tailored to the specific needs of AA communities. While mental health providers should not assume that all AA people exist as a monolith, it is important to continue to identify shared beliefs that may contribute to the underutilization of mental health services in order to develop cultural awareness and humility. Future studies could identify community interventions that promise to offer resources and information on mental health services in culturally-relevant ways. One form this has taken was the 2017 "Let's Talk" Conference at the Harvard Graduate School of Education, which featured breakout sessions and panels with mental health professionals on topics related to parent-child communication about mental health needs to help AA parents and their children. Because language difficulty was a prominent barrier to mental health treatment, other interventions could include pinpointing ways to improve language accessibility, such as translating educational materials like pamphlets into more languages or making sure commonly spoken languages are represented among the professional competencies of mental health providers. Given the profound stigma attached to mental health services within AA communities, it is important to create spaces for AA people to voice their mental health needs in the context of cultural norms and beliefs, whether through support groups, therapist directories, or advocacy projects. Finally, because the barriers to mental health treatment experienced by AAs are often specific to the AA experience, more efforts must be made to build pathways for people within AA communities to become mental health providers.

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