

Risk Factor of Asian Americans' Mental Health: A Psychological Review

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Abstract. This article is an examination of the risk factors of Asian Americans' Mental Health and whether they are more prone to depression. The term "Asian American" and "Asian or Pacific Islander American" include over 25 groups in the US and make up a major proportion of the immigrants in the 21st century. Researchers and scholars have put in an arduous effort to analyze their mental states as it is essential to the American population. This article is going to discuss perspectives such as cultural differences, social support and discrimination, and family origin and education. Due to cultural differences, some Asian Americans might receive indigenous treatments such as herbal medicines in Chinese Medicine, and their diagnosis could also be different compared to the Western model of major depressive disorder in DSM-V. They also tend to have less social support, more stigma in their family, and face discrimination in educational or work settings. To conclude, due to the hardship of collecting data from the survey and experiments, future scholars or social workers should be more considerate of patients' ethnic backgrounds and attain more information on the treatments they have received.

Keywords: Asian; Asian Americans; immigrants; mental health; cultural differences; depression.

1. Introduction

Nowadays, people live in a very diverse world with lots of immigrants, as known to all, especially in America. "Asian American" refers to those and their descendants who have migrated to the United States from Asian countries, such as Cambodians, Filipinos, and Chinese [1]. This group is the fastest-growing minority group in America and has made a significant contribution to American society over the years [2]. As society progressed in immigration law in the late 1960s, more research emerged on the mental health issues of immigrant families [3]. Contrary to the intuitive belief that Asians have little problems due to the "model minority" myth, the psychopathology in the Asian American group is super underestimated, and there is a lack of attention to this issue [3]. Asian Americans' self-identities are often in a struggle, and there is a conflict between their family and cultural values and Western societal values, which often creates confusion and stress [4].

However, there is a gap in the current research to explore the effects of family factors and their interaction with each other, as previous studies have mostly focused on personal risk factors [2, 3]. More studies should be conducted with samples that include Asian American populations, and their background from a collective cultural strength should also be considered to understand the psychological states of this unique minority group fully. On the other hand, among all the mental disorders, major depressive disorders have gradually come into the public eye. According to the data collected by the Substance Abuse and Mental Health Services Administration in 2021, an estimated 21.0 million adults in the United States had at least one major depressive episode. This information shows that mental health problem, especially depression, has become a huge societal problem that we have to face in the 21st century. Therefore, this article aims to review previous literature to discuss and analyze the relationship between Asian Americans and depression to improve the general public's well-being.

2. Methodology

A comprehensive literature search was conducted using a few databases, include JSTOR, EBSCO, and Google Scholar. The following terms were used by the researcher: “Asian,” “Asian Americans,” “immigrants,” “mental health,” and “depression.” The researcher also includes definitions for some terminology from The Diagnostic and Statistical Manual of Mental Disorders-V as a supplementary source. Studies were included if they: (i) included empirical data; (ii) have been published after 2000 years; (iii) contain analysis relating to at least one of mental health problems; (iv) population of Asian immigrants.

3. Literature Review

3.1. Risk Factors of Mental Health

3.1.1. Culture Differences

For Asian Americans who come from completely different cultural backgrounds, there might be lots of hidden cases of psychopathology for them and their parents’ generation due to the differences. For example, a few studies indicated that some of the somatic syndromes in Asian cultures are anxiety presentations. There are multiple unique “functional somatic syndromes” that could be seen as symptoms of anxiety disorders. These syndromes are called “functional somatic symptoms.” [4, 5] These syndromes should be added into the considerations when diagnosing Asian patients with any mental disorder and perhaps give us some insights into the relationship between Asian and depression. Another example of this phenomenon is the fact that panic is not a widely understood concept in Chinese culture, as the combination of physical and mental symptoms are presented with complex social, work, interpersonal, and societal issues [6]. Besides the point that some of the disorders could be diagnosed as cultural somatic syndromes by indigenous approach, Asian patients also tend to have disparate perspective on their symptoms [4]. In Cheung’s study, she mentioned that Chinese patients typically focus on their somatic symptoms a lot more than their emotional distress and that most patients there might only tell the symptoms that they perceive as appropriate [7]. That is because it is usual in their culture to avoid expressing feelings in order to maintain social harmony. Depressed moods could be expressed as “hears being pressed,” and frustration may be referred to as “blocking of air.” In other words, even if some of their symptoms match the criteria for depression and other diseases in the DSM, there is a chance for doctors to ignore them due to the expression.

3.1.2. Social Support and Discrimination

Contrary to the traditional belief that relationships are almost always beneficial for improving one’s mental health, things might be tricky for Asian Americans [8]. In general, social relationships are supposed to have pros and cons as it is divided into family or friend support or strain. Lots of previous studies have focused on the positive side of these social relationships without having to realize the downside-social strain, which is defined as a series of events, including conflicts, unrealistic family expectations, and unwilling obligations [9]. These two aspects can affect people accordingly as they may cause one’s mental health to deteriorate. In the Sangalang study, with a sample of 2095 participants who are all Asian Americans, the rates of both social support and strain were measured. The support frequency was measured mostly based on the criteria that the respondents rely on their family members about serious life issues and worries. The social strain was measured based on their argument and the demands they made. As a result, family support is negatively correlated with the odds of major depressive disorder (MDD), while family strain is the opposite. In other words, for Asian Americans, whether they have a more supportive family could be very determinant of their well-being. Sangalang also points out that social workers should be more cautious of whether networks for individuals are beneficial as they can have negative interactions with their family members. For Asian American clients, it is especially important to acknowledge the quality of their social behaviors [3, 8].

It is also important to acknowledge the existing discrimination in society to get to the roots of Asian Americans' social behaviors. According to the biopsychosocial model used by Western researchers, depression is associated with perceived discrimination, as this can act as a stressor to hinder the individual's mental well-being [10]. The researchers at Johns Hopkins University and Thomas Jefferson University conducted an experiment to test the relationship between perceived discrimination and depression among the different groups of Asian Americans, with a sample evenly distributed by foreign-born Chinese, Korean, and Vietnamese Americans [11].

As known to all, each Asian American group has its unique culture and might have a different pattern of data depending on the surveys due to, for example, the length of time for immigration as Vietnamese have the longest. Factors like these could contribute to the differences among the mental health states among different Asian groups. According to the results, Korean Americans have the highest rate of MDD, with a prevalence of 34%. They also rank the highest in reporting to experience "high discrimination," with a 37 percent prevalence, which was more than twice that of Chinese Americans. The author noted that one of the reasons might be that most Korean Americans came to the US for employment, such as owners of grocery stores in the Baltimore, Washington region. This study demonstrates two things relating to this topic: (1) The rate of depression for Asian Americans in their study is over a quarter, which strongly supports the claim that Asian Americans are more prone to MDD; (2) Perceived discrimination is highly correlated with developing depressive symptoms, but that correlation is more associated with high levels of discrimination than mean level [11].

3.1.3. Family Origins and Education

Now that we know family relationships are an important factor in understanding the identity of Asian Americans, some sources show that Asian Americans tend to struggle with their identity more. The researchers should pay more attention to these social issues and family factors. It is a central value in their culture to have a responsibility to care for their family members as one of the attributes of collectivist culture, compared to the Western American culture, which is more individualistic. Due to these cultural differences and other reasons such as the language and minority social status, there is discrimination and unfair treatment in the US towards Asian Americans, and its correlation with increased mental health symptoms is robust [3]. According to some social studies, major complaints about Chinese Americans were that they were "unassimilable."

The Chinese Exclusion Act, enacted by Congress in 1882, prohibited any Chinese from entering the States for a year. Over the years, a few other Acts, such as the 1888 Scott Act and the 1907 Act, imposed different levels of restrictions on Chinese Americans regarding citizenship [12]. This confusion and insecurities for Chinese Americans, who make up most of the population of Asian Americans, could become a major stressor in their life. This is supported by another study conducted by Kim and his colleagues, arguing that cultural marginalization is highly relevant to symptoms of MDD in Asian Americans.

Parents who are first-generation immigrants came from a direct experience of Asian culture and thus are considered "authentic" when integrating their values into the home culture of the next generation. There is no doubt that adolescents who are Asian descendants born in the US often feel isolated as they are torn between these two cultures when constructing their own identities [13]. As a result, because first-generation immigrants do not have the ability to provide sufficient knowledge in socialization, the feeling of being marginalized is highly correlated with depressive symptoms.

Research has shown that Asian Americans experienced more discrimination from their peers than any other racial minority group, while black and Latino students are more likely to receive discrimination from society [14]. Asian Americans are being marginalized from their school as institutions [15]. It is noted that the educational environment is essential to students' development during their adolescence. A supportive teaching environment for the students is highly correlated with better mental health conditions and lower rates of depressive symptoms. These positive interactions between students and teaching staff can also strengthen the academic atmosphere and buffer discrimination. In that way, it might once again contribute to MDD. Polk and his colleagues also

remind the researchers to focus on not only race but other factors, including race, ethnicity, and gender identity, when identifying the relationship between academics and mental health. To follow up with their claims, the researchers designed an experiment to develop a more in-depth observation of how students who belong to racial minority groups experience marginalization and connection. Three questions were asked to examine the pattern between these two factors in considering other intersectionality factors as mentioned above. The hypothesis was that even among students who are feeling marginalized, they can find small portions of support in school but are not necessarily sufficient to buffer whatever discrimination they have faced; on the other hand, while acknowledging the existence of systematic inequalities, some students can still form personal connections without feeling discriminated against them. For the methodology, marginalization was measured based on a number scale, and interracial climate equity was also measured in some samples. This can give the audience some insight into the complex social circumstances in school settings, as we can assume that it is essential for Asian Americans to get a sense of belonging and make connections, improve their mental well-being, and make higher academic achievement to prevent depressive symptoms.

Moreover, teachers play a huge role in students' mental health and their overall well-being in school, which is not surprising [15]. In this study, the samples of the students were classified under three profiles: above the fray, exposed and protected, and the third one targeted and unsupported. Most of the Asian Americans were thought to belong to the third group. These students rated the lowest in the sense of belonging and connection in the school environment, and they also tend to feel more discrimination towards them than the other two groups. Unsurprisingly, they also demonstrate the highest rate of depression. One might easily suggest that all racial minorities must belong to the targeted and unsupported group and thus have higher rates of depression. However, that is not the case. Results show that each racial and ethnic group is evenly distributed under these three profiles [15]. While this data does not directly support the claim that Asian Americans are more prone to develop depressive symptoms, it is very limited in its school context, and the profiles do not include factors such as societal and family pressure. From another perspective, this study could suggest that racial minority groups like Asian Americans may be less prone to mental health problems if they do well in school. However, achieving that per se is not easy because they gain less social support [8].

4. Conclusion

This review is necessary for researchers in the psychological field because we now live in a diverse and modern world, and it is important to notice the differences between the mental health states of various races and ethnicities, such as Asian Americans, "the model minority," in the US. From these previous studies, we are able to deduce that Asian Americans face more challenges and thus are riskier in developing MDD. While some data does not directly support this hypothesis, they might be confounded by factors such as hidden cases caused by cultural differences or fewer discoveries of the number of cases due to the lack of social support and stigmas. These factors make the overall research environment extremely complex, and it is difficult for researchers to design any surveys/experiments without the interaction of these confounding variables, which may represent an inaccuracy in the data collected. For example, as previously mentioned, there are existing effective indigenous approaches that are not considered in the Western medical field, so there are also cases where Asian patients who used to have MDD are cured by receiving these treatments, which are not recorded. Future researchers should be more inclusive in the surveys by asking if patients had any indigenous treatments or if they had received family/societal pressures on their mental well-being.

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