The Depression of Asian American Adolescents in School, Family and Society: A Systematic Review

Yilin Liu *

Department of Psychology, University of Washington, State of Washington, United States

* Corresponding Author Email: yl0726@uw.edu

Abstract. This review identifies a variety of underlying psychological variables that affect Asian American adolescents' depressive symptoms at school, family, and society levels. Among them, school-related elements are divided into three sections: (a) school system, (b) internalization of Asian model minority myth, and (c) peer relationship, while family-related factors are separated into two sessions: (a) parenting styles and (b) assimilation difficulty. These findings provide a basis for further research into factors that need to be taken into account during the creation and evaluation of depression prevention initiatives. Future studies still need to concentrate on providing care that is sensitive to cultural differences, strengthening ties between the home, school, and community, and making concerted research efforts to address the needs of Asian American teenage patients with a range of depression symptoms.

Keywords: Major depressive disorder; model minority myth; parenting styles; Asian American adolescents.

1. Introduction

Major depressive disorder (MDD) was ranked as the third most important contributor to the global disease burden in 2008 by the World Health Organization (WHO). Also, the WHO projects that MDD will overtake all other diseases as the most common by the year 2030 [1]. When someone exhibits a sustaining low or negative mood, fatigue, trouble focusing, anhedonia or a lack of interest in entertaining activities, worthless feelings or guilt, changing eating behaviors, psychomotor agitation or retardation, sleep problems, or suicidal intention [2]. The Diagnostic and Statistical Manual of Mental Disorders-Fifth Edition (DSM-5) states that individuals must exhibit the five aforementioned symptoms for MDD to be diagnosed, depressive or anhedonia-related social or professional dysfunction must be of one these symptoms. Also, When diagnosing MDD, a history of manic or hypomanic episodes must be ruled out. Additionally, MDD exacerbates a variety of other conditions and is linked to a worsened prognosis for diabetes, HIV, neurological disorders, cardiovascular disease, and other conditions [2].

MDD will affect 10% of males and 20% of females at one point in their lives [3]. A severe decline in normal functional capacity affected 59% of affected individuals, whereas only 28% had mild impairment [3]. Due to the high prevalence of the disorder and significant functional impairment, MDD caused the unemployment of the worldwide, and is the second cause of disability the United States [4]. American Adolescents now experience depression at a rate of 12.9%, up from 8.3% ten years ago. And even more women and older adolescents (ages 14-19) than men experience depression nowadays [5]. The existing literature acknowledges this increased trend and stresses the necessity of improving teenage screening and treatment [6]. Asian Americans make up 6.5% of the US population, making them one of the racial and ethnic groups in North America with the fastest rate of growth [7]. By 2060, the percentage of Asian Americans aged 5 to 17 is expected to rise from 5.58% to 8.09% [8]. Differences include more depression in Asian Americans. According to data from 2003, Asian American teenagers had a depressive disorder at a rate of 47% compared to 30% for European American adolescents [9].

It is necessary to expand access to mental health treatments and identify Asian American adolescents who are at risk for depression more precisely. There has been no conclusive answer to the age-old question of what influences depression symptoms in Asian Americans aged 10 to 19 [10].

A overview of psychosocial aspects may provide perspective into protective factors, monitoring procedures, and culturally appropriate treatments that ought to be further investigated. This review seeks to synthesize some of the existing research on the potential causes of this disparity, which is broken down into school-related, family-related and social factors.

2. Method

Using the academic databases Google Scholar, a thorough literature search was carried out. The following keywords and their derivatives were used in the search: Asian American adolescents, school system, family relationship, depression, model minority myth, and Asian parenting style. From the literature, a total of 30 empirical analyses were found.

3. Literature review

3.1. School-Related Factors

Asian Americans reported a higher level of depression in a study that examined how parents and children interacted with early adolescents and college students who were European or Asian Americans [11]. When the strength of the parent-adolescent interaction was statistically controlled, racial disparities in depressive mood were insignificance. As predicted, early adolescence was more affected by melancholy mood than later adolescence by perceptions of parent-adolescent connections [11]. Despite being supported by the majority of studies, research results that link academic difficulties to depressive symptoms are inconclusive. Asian Americans place high importance on education in their ethnic culture, and this influencing factor is indeed significant. Academic performance is inextricably linked to stress from school and peers, which may have an impact on the psychological development of adolescents.

3.1.1 A close look at Asian school system

The vast majority of Asian countries are developing countries. Due to the recent implementation of inclusive and compulsory education, the inclusive education system in the region is not as mature as in developed countries [12]. The school system is the general system of school education in a country. It is a system of various schools from primary education (some countries also include preschool education) to higher education, including the entry age, length of study and the connection between each level of education. The school system of compulsory education is a part of the whole school system of the country, corresponding to the school system of other stages, and has its characteristics. Compulsory education belongs to basic education, which is open to all children of a certain age. It involves the most extensive scale and occupies a pivotal position in the entire school system.

3.1.2 Internalization of Asian model minority myth

The model minority myth refers to the misconception that Asians are more successful than other minorities in terms of their academic and financial achievements as a result of their dedication, perseverance, and sense of personal worth [13]. Previous discussions have contested the impact of this stereotype. According to some studies [13], Asian teenage mental health issues are mostly the result of unrealistic expectations and pressure brought on by the notion of the model minority. Examples include stress from academic expectations, despair, general and physical discomfort, performance issues, and a lack of willingness to seek help. According to some researchers [14], the model minority myth can help Asian Americans experience better academic and psychological outcomes with fewer pressures from academic standards, which will lessen their psychological suffering.

3.1.3 Peers: diverse ethic group in school

A significant proximal factor influencing the development of Asian American teenagers may be the racial composition of schools, which could play a modest part in the relationship between mental discomfort and the internalization of the model minority myth [13]. It depends on having strong bonds with peers of the same race who experience comparable hardships and preconceptions. The school environment has an direct effect because it is where teenagers connect with one another [13].

The ethnic composition of schools may also influence how much the stereotype is internalized by Asian American adolescents. According to bioecological theory, in schools with a high proportion of Asian adolescents, the model minority myth may become less prevalent, because these schools are less inclined to regard Asian Americans as a collective and are more likely to enhance each student their own individual identity and personality development [15]. As a result, having more peers who defy preconceptions helps to lessen the internalization of beliefs and even confronts and debunks them. The racial density hypothesis also argues that Asian American adolescents who attend schools with a majority of Asian American students are healthier and more likely to have less psychological discomfort, because such an environment fosters a stronger sense of belonging, social support and a sense of community [16]. If they don't conform to the stereotype, they are subjected to school bullying and thus forced to conform to the model minority stereotype, creating psychological distress for themselves.

3.2. Family-Related Factors

Warm, responsive parenting and good parent-child relationships were linked to fewer depressive symptoms, but strict parenting was linked to more severe depression symptoms. This result is in line with a comprehensive review that looked at parenting practices into the relationship between parenting styles and depression and suicide intention in a large adolescent group[17]. The majority of studies do support an association between child-parent conflict and depression symptoms, albeit the link is not conclusive. This result is consistent with the study on the relation between family conflict and depression symptoms among adolescents of mainland Chinese descent, African American, and European American [18]. Asian Americans have distinct mediators of acculturation stress despite sharing many family variables with other ethnicities.

3.2.1 Parenting styles

In order to understand the mechanisms or processes behind the links between parental autonomous motivation, emotional self-regulation, adaptive abilities, and academic achievement, one study looked at 92 Chinese-American teenagers and their parents who are first-generation immigrants [19]. Findings imply that self-regulation of emotions and parental autonomy support are both factors in resilience and academic success. The "guan" (supervision), or safeguarding, and "jiao xun" (exhortation), or demand for excellence, indicate severe parental oversight which, when counterbalanced by independent assistance, can be called yin-yang in parenting that fosters academics in teenagers without injuring them, the success in these situations involving social, emotional, or mental health [19].

Kim investigated adolescents from 444 Chinese-American families from early adolescence through early adulthood in another three-wave longitudinal study that lasted 8 years [20]. Fathers and mothers reported six developmental outcomes (such as GPA and academic stress) and eight parenting aspects (such as warmth and humiliation) [20]. The examination of likely profiles across eight parental variables led to the identification of four parenting patterns: easygoing, supporting, harsh parenting, and tiger. [20]. Over time, the percentage of mothers who were categorized as "tiger parents" fell, while the percentage of fathers rose. According to path analysis, the most common supporting parenting style, followed by easygoing, tiger, and harsh parenting were related with better developmental outcomes. Tiger-style parenting was connected to poorer GPAs, lower educational attainment, and fewer family duties than supportive parenting [20]. It was also connected to higher academic stress, depressive, and estrangement. Contrary to popular belief, tiger parenting is not the

typical parenting style among Chinese American households and fails to promote the best possible adjustment in Chinese American adolescents [20].

3.2.2 Assimilation difficulty

Based on child-reported measures, there were no significantly racial differences in adolescent anxiety and depression. More symptoms were reported by Japanese, Filipino, Chinese ,and Native Hawaiian parents than by white parents [14]. Social anxiety was shown to be more common among girls. Chinese American parents reported more anxiety and depressive symptoms than white parents. Parents may also exaggerate their children's symptoms due to the low consistency between parent-reported and child-reported intrinsic diseases [21]. Responses to their children's anxiety and depression symptoms are influenced by how well parents have assimilated and adapted to new circumstances. Additionally, compared to white parents, parents of Filipino descent reported greater anxiety and depressive symptoms. Compared to Caucasian parents, Japanese American parents are more likely to identify with anxiety and sadness [14].

In comparison to Caucasian parents, parents of Asian Americans reported greater indications of internalizing problems. Asian parents need to apply for citizenship in order to get assistance and services for their children in the United States [22]. However, social integration can also result in depression and anxiety. Adolescents showed higher symptoms of a social phobia than younger children did, while younger children reported more symptoms of anxiety, panic, Obsessive-compulsive disorder (OCD), and depression [23]. Only Filipino-American parents showed a positive correlation significantly between depression and age in their kids. Filipino Americans may have been the last Asian Americans to immigrate to the Hawaiian Islands, which could have shortened the integration period and, in consequence, decreased socioeconomic status (SES) [14]. Anxiety and depression reported by parents were negatively correlated with SES, indicating that comparing to adolescents with higher SES, adolescents with lower SES may exhibit more internalizing symptoms [14].

3.3. Social Factors

In Asian American female adolescents, lower depression symptoms are related to religious or spiritual importance. The majority of the more than 90 observational studies that have looked at the connection between religion as well as depression in the overall population have found that people who practice more religion have fewer depressive symptoms [24]. Although the majority of the included studies were inconclusive, they did show a connection between depressive symptoms in Asian American female teenagers. Given that this link was also discovered in adult Asian immigrant communities, gender is a significant potential predictor of depression [25]. Notably, research on adult Asian Americans has revealed that Asian females who strongly connect with their ethnic culture are more harmed by family conflict [26].

In addition, the native families of Asian adolescents may speak languages other than English. However, the immigrant history of Asian families will more or less experience some forced language transfer. In the process of learning a new language and letting go of their native language, children and even parents themselves can feel disconnected. This sense of separation is not only a separation from one's native culture, but also a barrier to integration into the new environment. English was designated as the dominant language of the United States as a result of the "English Only" movement's efforts and the idea of the constitutional amendment. Researchers in a range of professions are now examining the impact of language on minorities in the United States as a result of these efforts by linguistic radicals [27]. Contrary to the ideas of language-excluded groups like English Only, studies of minority language use in the United States typically show that numerous of these communities are rapidly losing their native tongues as they attempt to learn English and assimilate into American society [27]. In their encampments, the very first Japanese immigrants who arrived in Hawaii worked hard to preserve their culture and dialect [28]. Hawaii became their new home as many Japanese formed families there. Early Japanese settlers in Hawaii supported steps for cultural and linguistic preservation because they wanted to pass along their traditions to children who

would be brought up in the United States [28]. Along with the growth of traditional language schools and a thriving news industry, the first generation of Japanese also retained their languages and culture through storytelling, folk music, and cultural events [29]. The community went through multiple phases of language transition despite the initial Japanese immigrants to Hawaii making best attempts to keep their heritage and culture. Speaking English was a need for Japanese Americans that remained in Hawaii during World War II along with those who went overseas to fight to demonstrate their patriotism and authenticity as citizens of the United States [29]. As a result, there was no longer any effort to preserve the legacy tongue, and English replaced it as the major tongue used by the community.

4. Implications and Future Directions

This review summarizes potential factors underlying depression in adolescents. It is essential to provide Asian American adolescents with the care that is culturally sensitive and takes into account the specific variables causing their depression. Healthcare practitioners should be aware of the significance of parent-child relationships in the lives of Asian American adolescents. Based on the research mentioned in this review: Peer interactions among Asian American adolescents can be effective in alleviating the psychological stress of minority myths, and insight into teenage functioning, academic success, parent involvement, and potential family obstacles to receiving mental health care can be gained via medical consultants with teenagers and their families. The engagement between healthcare professionals and teenagers will also give families a chance to connect with additional racial and social services to handle any potential financial, social, or linguistic problems. Various Asian immigrant communities could experience varying degrees of academic difficulty. The dichotomy of great achievement and poor psychological adjustment was brought to light in a study of Chinese high-school students that indicated that academic stress could predict symptoms of depression [30]. Data should therefore be broken down by Asian American populations in future studies on the scholastic challenges faced by Asian American teenagers.

5. Conclusions

This systematic analysis outlines a number of underlying psychological factors that affect Asian American adolescent depressive symptoms at the school, family, and society levels. These results serve as a springboard for investigating the components that must be taken into account in the planning and assessment of depression prevention programs. To address the needs of Asian American adolescents with a variety of depression symptoms, future research will still be required to focus on culturally sensitive care, improved home-school-community connections, and specialized research efforts.

References

[1] World Health Assembly. Global burden of mental disorders and the need for a comprehensive, coordinated response from health and social sectors at the country level: report by the Secretariat. World Health Organization, 2012, 65. Retrieved from https://apps.who.int/iris/handle/10665/78898

[2] American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.).

[3] Polanczyk, G. V., Salum, G. A., Sugaya, L. S., Caye, A., & Rohde, L. A. Annual research review: A meta-analysis of the worldwide prevalence of mental disorders in children and adolescents. Journal of Child Psychology and Psychiatry and Allied Disciplines, 2015, 56(3): 345–365.

[4] Greenberg, P. E., Fournier, A. A., Sisitsky, T., Simes, M., Berman, R., Koenigsberg, S. H., & Kessler, R. C. The economic burden of adults with major depressive disorder in the United States (2010 and 2018). Pharmacoeconomics, 2021, 39(6): 653-665.

[5] Lu, W. Adolescent depression: national trends, risk factors, and healthcare disparities. American journal of health behavior, 2019, 43(1): 181-194.

[6] Mojtabai, R., Olfson, M., & Han, B. National trends in the prevalence and treatment of depression in adolescents and young adults. Pediatrics, 2016, 138(6): e20161878.

[7] U.S. Census Bureau. 2017 National Population Projections Tables: Main Series. https://www.census.gov/data/tables/2017/demo/popproj/2017-summary-tables.html.

[8] U.S. Census Bureau. 2017-2021 American Community Survey 5-Year Estimates Data Profiles. https://data.census.gov/cedsci/table?q=united%20states&g=0100000US&tid=ACSDP5Y2018.DP05&hidePreview=false

[9] Kubik, M. Y., Lytle, L. A., Birnbaum, A. S., Murray, D. M., & Perry, C. L. Prevalence and correlates of depressive symptoms in young adolescents. American journal of health behavior, 2003, 27(5): 546-553.

[10] Zou, P., Siu, A., Wang, X., Shao, J., Hallowell, S. G., Yang, L. L., & Zhang, H. (2021, May). Influencing factors of depression among adolescent Asians in North America: A systematic review. Healthcare (Basel, Switzerland), 2021, 9(5): 537.

[11] Greenberger, E., & Chen, C. (1996). Perceived family relationships and depressed mood in early and late adolescence: A comparison of European and Asian Americans. Developmental psychology, 1996, 32(4): 707-716.

[12] Hosshan, H., Stancliffe, R. J., Villeneuve, M., & Bonati, M. L. Inclusive schooling in Southeast Asian countries: a scoping review of the literature. Asia Pacific Education Review, 2020, 21(1): 99-119.

[13] Atkin, A. L., Yoo, H. C., Jager, J., & Yeh, C. J. Internalization of the model minority myth, school racial composition, and psychological distress among Asian American adolescents. Asian American Journal of Psychology, 2018, 9(2): 108-116.

[14] Okamura, K. H., Ebesutani, C., Bloom, R., Higa-McMillan, C. K., Nakamura, B. J., & Chorpita, B. F. Differences in internalizing symptoms across specific ethnic minority groups: An analysis across Chinese American, Filipino American, Japanese American, Native Hawaiian, and White youth. Journal of Child and Family Studies, 2016, 25(11): 3353–3366.

[15] Chentsova-Dutton, Y. E., Chu, J. P., Tsai, J. L., Rottenberg, J., Gross, J. J., & Gotlib, I. H. . Depression and emotional reactivity: variation among Asian Americans of East Asian descent and European Americans. Journal of abnormal psychology, 2007, 116(4): 776.

[16] Lee, S. J., Park, E., & Wong, J. H. S. Racialization, schooling, and becoming American: Asian American experiences. Educational Studies, 2017, 53(5): 492-510.

[17] Gorostiaga, A., Aliri, J., Balluerka, N., & Lameirinhas, J. Parenting styles and internalizing symptoms in adolescence: A systematic literature review. International Journal of Environmental Research and Public Health, 2019, 16(17): 3192.

[18] Herman, K. C., Ostrander, R., & Tucker, C. M. Do family environments and negative cognitions of adolescents with depressive symptoms vary by ethnic group?. Journal of Family Psychology, 2007, 21(2): 325-330.

[19] Liew, J., Kwok, O., Chang, Y. P., Chang, B. W., & Yeh, Y. C. Parental autonomy support predicts academic achievement through emotion-related self-regulation and adaptive skills in Chinese American adolescents. Asian American Journal of Psychology, 2014, 5(3), 214-222.

[20] Kim, S. Y., Wang, Y., Orozco-Lapray, D., Shen, Y., & Murtuza, M. Does “tiger parenting” exist? Parenting profiles of Chinese Americans and adolescent developmental outcomes. Asian American Journal of Psychology, 2013, 4(1), 7-18.

[21] Choi, Y., Park, M., Noh, S., Lee, J. P., & Takeuchi, D. Asian American mental health: Longitudinal trend and explanatory factors among young Filipino-and Korean Americans. SSM-population health, 2020, 10: 100542.

[22] Hong, S., Walton, E., Tamaki, E., & Sabin, J. A. Lifetime prevalence of mental disorders among Asian Americans: Nativity, gender, and sociodemographic correlates. Asian American journal of psychology, 2014, 5(4): 353-363.

[23] Gee, C. B. (2004). Assessment of anxiety and depression in Asian American youth. Journal of Clinical Child and Adolescent Psychology, 2004, 33(2): 269-271.

[24] Koenig, H. G. Research on religion, spirituality, and mental health: A review. The Canadian Journal of Psychiatry, 2009, 54(5): 283-291.

[25] Leu, J., Walton, E., & Takeuchi, D. (2011). Contextualizing acculturation: Gender, family, and community reception influences on Asian immigrant mental health. American Journal of Community Psychology, 2011, 48(3): 168-180.

[26] Walton, E., & Takeuchi, D. T. Family structure, family processes, and well-being among Asian Americans: Considering gender and nativity. Journal of Family Issues, 2010, 31(3): 301-332.

[27] Tamura, E. H. The English-only effort, the anti-Japanese campaign, and language acquisition in the education of Japanese Americans in Hawaii, 1915–40. History of Education Quarterly, 1993, 33(1): 37-58.

[28] Kondo, K. Japanese Language Learning, Academic Achievement and Identity: voices of new second generation Japanese-American university students in Hawaii. Dissertation Abstracts International, A: The Humanities and Social Sciences, 1999, 59(8), 2826-A.

[29] Kawamoto, K. Y. Hegemony and language politics in Hawaii. World Englishes, 1993, 12(2), 193-207.

[30] Liu, Y., & Lu, Z. Chinese high school students' academic stress and depressive symptoms: Gender and school climate as moderators. Stress and Health, 2021, 28(4): 340-346.