

Mental Health Research on Asian Americans

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Because of the dramatic increase in the ethnic diversity of Americans and the shrinking world in which international contacts are commonplace, our society is confronted by problems and issues associated with race/ethnic relations. In the fields of community psychology and community mental health, ethnic diversity has posed challenges and opportunities, as well as problems. How can we better understand the cultural, experiential, and psychological sense of different ethnic communities? What means can be found to facilitate ethnic and racial harmony? What kinds of prevention and intervention strategies can be used to promote the well-being, growth, and development of individuals from diverse ethnic groups?

Focus on Asian Americans

This Special Issue of the *Journal of Community Psychology* is devoted to one particular ethnic minority group—namely, Asian Americans. The articles in this Special Issue serve important functions. First, they provide some insight into the culture, community, and experiences of Asian Americans, especially as they pertain to mental health. Understanding of Asian Americans is important because of the many misconceptions concerning the adjustment and success of Asian Americans. Indeed, many Americans are unaware that the unrest and rioting in Los Angeles during the aftermath of the Rodney King verdicts—far from being an African-American/White confrontation—resulted in Asian Americans (primarily Koreans) suffering about half of all property damage that occurred in the city. (One of the articles in this Special Issue discusses the effects of the rioting on the well-being of Korean Americans.) Thus the public is often surprised by research findings that reveal major mental health problems among Asian Americans, criticisms of the adequacy of services for Asian Americans, and appeals for increased research efforts directed to this ethnic minority group.

Second, the within-group diversity is often masked by the term “Asian American.” Although much of our research is devoted to Asian Americans in general, substantial individual differences exist between different Asian-American groups and within each group. These individual differences are important to recognize, and several papers compare different Asian-American groups, discuss a particular Asian-American group, or focus specifically on women or children.

Third, the articles represent some of the advanced and programmatic research being conducted on Asian Americans. They examine utilization of mental health services, help-seeking behaviors, evaluations of the effects of culture-specific forms of intervention, and conditions affecting mental health. In all of the analyses, culture and minority group status in society are viewed as important determinants. It should be noted that although the work is among the most advanced, the research and theoretical contributions

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on Asian Americans have not reached the methodological and conceptual level found with those of other populations. The reasons for this state of affairs are discussed later. What should be kept in mind is that the work provides a basic foundation on which to conduct other research. To a large extent, the articles are a product of research being conducted by the National Research Center on Asian American Mental Health, a research center at UCLA funded by NIMH. Therefore, some articles report on different aspects of data obtained or collected by the Center.

Finally, although research on Asian Americans is important in and of itself, it can also have broader implications. Triandis and Brislin (1984) have argued that research on culturally different groups can yield significant benefits in terms of theory expansion, increasing the range of variables, and unconfounding variables. Theory expansion refers to the fact that many theories of human behavior are developed and tested within the theory developer's own cultural group. Under such circumstances, the theory may not be robust or valid in other cultures (i.e., may not be universally applicable). Another advantage is that by studying other cultural groups, investigators may be able to increase the range of variables beyond what is obtainable in a single culture. For example, a researcher examining a personality variable such as orientation toward individualism-collectivity may encounter a relatively restricted range on the collectivistic orientation in the United States. By including Asian cultures, which are more collectivistic, opportunities are available to increase the range of the variable. Finally, the study of Asian Americans (or any culturally different groups) may enable the researcher to unconfound variables. One article in this Special Issue, for instance, posed an interesting question: Is ethnic match between therapist and client associated with positive treatment outcomes above and beyond the language match? By studying therapists and clients of different ethnicities and language proficiencies, it was possible to disentangle or unconfound two highly correlated variables—ethnicity and language.

Given that research on Asian Americans is important, we want to provide a brief background of Asian Americans and mental health research as a context from which to view the articles in this Special Issue. The review of research is followed by a commentary on the specific articles and potential directions for future research.

Asian Americans

Asian Americans (including Pacific Islander Americans) are, in terms of percentage increase, the fastest growing ethnic group in the United States. In 1980, the population of Asian Americans exceeded 3.7 million, easily doubling the 1.5 million figure in 1970 (United States Bureau of the Census, 1988); the current population is about 7.3 million, nearly double that of 1980. Projections are that by the year 2020, the population will be 20 million (Ong & Hee, 1993). The three largest groups are Chinese, Japanese, and Filipinos; significant numbers of Asian Indians, Koreans, Southeast Asians (e.g., Vietnamese, Cambodians, Laotians, and Hmong), and Pacific Islanders are also included in the Asian-American category. The Asian-American population is not only the fastest growing but also the most diverse group in terms of cultural background, country of origin, and circumstances for coming to the United States. For example, more than 50 ethnic groups, which may primarily speak one of more than 30 different languages, are included in the Asian-American category. Ironically, although Asian Americans are viewed as a small ethnic minority group, Asians represent over half of the world's population.

Serious mental health research on Asian Americans began less than two decades ago. Although some investigators observed significant mental health problems among

Asian Americans, these problems were not widely recognized by researchers, service providers, and policy makers (Kitano, 1976). It was not until the mid-1970s that mental health administrators began to design programs for Asian Americans. These services arose from the increasing demands by Asian communities for assistance in addressing their mental health needs. The design of these services was largely based on the experience of community workers, not on research, because there was a paucity of empirical studies on mental health and treatment (i.e., psychotherapy and psychopharmacology) issues associated with this population. Even now, not much mental health research has been devoted to Asian Americans (Leong, 1986; Sue, 1993). For example, although major epidemiological studies of the prevalence of mental disorders have been conducted for ethnic minority groups such as African Americans and Latinos, none can be found for Asian Americans. Valid measures of disturbance have not been well established and the effectiveness of treatment has not been evaluated for the various Asian groups.

Research has consistently demonstrated that Asian Americans tend to underutilize mainstream mental health services; Asian Americans are much more likely to underutilize mental health services than are African Americans, American Indians, Latino Americans, and White Americans (Matsuoka, 1990; Sue, 1993). Some studies have found that, once in treatment, Asian Americans tend to exhibit high levels of disturbance and premature termination of therapy (Brown, Huang, Harris, & Stein, 1973; Sue & McKinney, 1975). This pattern of utilization cannot be attributed to lower levels of psychopathology or adequate alternative forms of help. Sue (1993) has argued that the most likely explanation of the findings is that Asian Americans tend to avoid using mental health services because of the shame and stigma associated with using such services, because Asian Americans may have culturally biased views of mental health and illness and appropriate sources of treatment that are inconsistent with Western views, and because mental health services often do not consider the cultural and linguistic backgrounds of Asian-American clients. Consequently, they avoid or delay using services until the symptoms become very pronounced and the family or other forms of support are unable to assist. The few available surveys of mental health needs reveal that Asian Americans have high mental health needs (Kim, 1978; Peralta & Horikawa, 1978; Prizzia & Villanueva-King, 1977). Studies of college students also suggest that Asian Americans experience major adjustment problems (Leong, 1986), and certain groups such as Southeast Asian refugees and immigrants have extremely high levels of depression and other disorders (Chung & Okazaki, 1991; Gong-Guy, 1987; Owan, 1985; Westermeyer, 1988). Concern has been expressed over the levels of mental health disturbances and the lack of adequate mental health assistance among Asian-Americans (President's Commission on Mental Health, 1978).

Of course, all groups experience mental health problems, so it may seem trivial to state this obvious fact. This statement is made because of prevailing popular beliefs that Asian Americans are extraordinarily well adjusted, based on statistics that reveal relatively low divorce rates, high socioeconomic and educational attainments, and low rates of social deviance such as crime (Sue & Morishima, 1982). Nevertheless, most investigators believe that rates of psychopathology have been underestimated; that because of cultural factors, Asian Americans are not likely to seek treatment in the mental health system; and that service providers have difficulty in working and devising effective treatments with Asian-American clients (Furuto, Biswas, Chung, Murase, & Ross-Sherif, 1992).

In addressing these issues, one important task is to use research to gain insight into the nature of mental disorders among Asian Americans and the kinds of services and

culturally responsive forms of treatment that may be helpful in increasing utilization, preventing drop-outs, and fostering positive outcomes. Although research gains have been made, progress has been slow due to the fragmented, repetitious, or insignificant efforts in theory, research design, and policy/program development. The problem is attributable to a whole host of factors including the lack of funding for Asian-American research, need for more researchers, difficulties in finding research designs and measures that are cross-culturally valid, reluctance of some Asians to participate in research, and so on. As a result, basic questions have been and continue to be unanswered: What are the rates of mental disorders among Asian Americans? How do Asian Americans deal with emotional distress and what social and cultural resources are available to them? How can the utilization and effectiveness of mental health services be enhanced? The gaps in our knowledge and the lack of researchers point to the importance of conducting systematic and programmatic research, forming collaborative research ties, increasing the knowledge base by which to develop theories and service programs, and training more researchers for work on Asian Americans.

We have been fortunate in that the National Research Center on Asian American Mental Health was established at UCLA in 1988 to address these and other questions. The Center has undertaken several research projects to examine the validity of assessment instruments, prevalence of mental disorders, effectiveness of mental health services, help-seeking behaviors, and familial and cultural networks among Asian Americans.

Overview of the Articles

The articles in this Special Issue are a product of the Center's research. They are organized under three major areas of research conducted by the Center: Services and Utilization, Mental Health and Stress, and Treatment.

The availability of effective mental health services and the differential utilization of them by different ethnic groups are among the longest standing concerns in the short history of Asian-American mental health research. The first four articles in the issue examine several aspects of these problems. Zane, Hatanaka, Park, and Akutsu systematically evaluate whether culturally sensitive services specifically designed to be similar to mainstream facilities in structure and methods can affect the level of utilization and effectiveness of services for Asian-American clients. In the second article, Leong extends research in the general findings that Asians underutilize mental health services. The study assesses the differential utilization by three Asian-American groups: Chinese, Filipino, and Japanese. On the assumption that the stigma associated with mental health problems contributes to underutilization, utilizations of inpatient and outpatient services are comparatively assessed.

Durvasula and Mylvaganam further emphasize the necessity of recognizing the characteristic needs of different ethnic groups by demonstrating that Asian Indians are distinct from the major Asian-American groups such as Chinese and Japanese and the more recent Southeast Asian immigrants. They differ demographically, in geographic location, and by their own self-perception. The authors discuss the importance of giving special attention to the specific culturally related mental health problems and needs of these people.

The types of help-seeking behavior (traditional vs. Western medicine) employed by Southeast Asian refugees previously in their native countries and currently after resettlement in the United States are compared in the article by Chung and Lin. They

found interesting differences in the help-seeking patterns of the five refugee groups (Vietnamese, Cambodians, Lao, Hmong, and Chinese-Vietnamese). The authors cite the importance of this information for future development of community and health care services for these relatively new arrivals.

The two articles in the Mental Health and Stress section address unique political, economic, and socially related stressful experiences of specific Asian ethnic groups and the effect of these experiences on their mental health and well-being. The special group that was the focus of the Abe, Zane, and Chun study was Southeast Asian refugees who had experienced severe stress in their native countries that led to their migration to the United States. Those who were diagnosed with post-traumatic stress disorder (PTSD) were matched with individuals who had similar traumatic histories but who were not diagnosed with PTSD. Interesting results that included comparisons with PTSD American war veterans are presented. Particularly intriguing was the parallel in expression of anger towards those who were blamed for the traumatic experiences. The fact that this direct expression of anger occurred in the Asians where it is culturally unacceptable is quite notable.

The timely study of the consequences of the Los Angeles riots, in the spring of 1992, on the well-being of the Korean residents was conducted by Sasao and Chun. They examine how certain culturally based perceptions and social responses to the stressful riot events contributed to or detracted from the subsequent psychological and physical health reported by these people. Some interesting observations include the different responses by women and men, and the potential for stressful life events to produce both deterioration or positive mobilization of social resources such as emotional support among closely related individuals.

The two articles in this section provide comprehensive examples that accentuate the reasons why intra-Asian ethnic groups require differential attention to their respective health problems and the development of culturally sensitive services.

The four articles on Treatment examine different ethnic and client variables and their interactions on the effectiveness of treatment of mental health problems. Yeh, Eastman, and Cheung present interesting findings showing that the combinations of therapist-client match on ethnicity and language have different effects for different ethnic children. A study similar in strategy and design by Fujino, Okazaki, and Young examined the therapeutic effects of different combinations of client and therapist and ethnic and gender matchings. Here again certain combinations were shown to be more effective than others with ethnicity being a more powerful factor than gender. Zane, Enomoto, and Chun examine short-term, mental health treatment effects, using multiple measures of outcomes. Their provocative findings suggest that Asian-American clients had poorer treatment outcomes than did White-American clients.

The final article, by Kagawa-Singer and Chung, suggests that the literature that emphasizes the importance of ethnic and cultural factors in mental health treatment has not directly dealt with why consideration of culture is critically important. The authors' central objective is to propose an explicit, culturally based rationale for effective treatment. Their presentation includes a brief review of theoretical premises of current psychotherapy, working definitions of culture and ethnicity, comparisons of Western and Asian cultural concepts, such as sense of self, meaning of human existence, and so on, that are fundamental to their theory of culturally responsive intervention. The article provides useful implications for future work in the treatment of culturally diverse populations.

Future Directions for Research

Research on the mental health of Asian Americans is a young and expanding field, diverse in its theoretical focus and its methods. The contributions in the Special Issue highlight the range of topics currently under investigation as well as the differing stages of scientific inquiry that have been achieved within the field. Topics such as utilization of mental health services and treatment, for example, have received comparatively more attention than issues around prevalence and prevention of mental health problems among Asian Americans. Several themes arise from the articles reported in this issue, and a number of directions emerge for further research.

First, continued efforts to address the socioenvironmental context will contribute substantially to our understanding of the social determinants of psychological disorder. As several of the studies demonstrate, mental health is a function not only of individuals but of the social stresses with which they must contend. Because Asian Americans are quite diverse in culture and in life experiences, researchers are provided with unique opportunities to assess not only the impact of minority and immigrant status on adaptation and mental health but also the effects exerted by social relationships in increasingly multiethnic, multiracial, and multiregional contexts.

Second, large-scale epidemiological studies are sorely needed to determine the prevalence of mental illness in the Asian-American population. As several of the articles acknowledge, interpretations of the reported data are hindered by a lack of information about the extent of psychiatric disturbance in Asian Americans. Moreover, research on the nature of mental disorder among Asian Americans will be of considerable value not only in assisting with diagnostic decisions but in expanding the knowledge necessary for understanding the determinants and expression of psychiatric symptoms.

Third, two of the articles discuss sources of referral and entry into the mental health system. Particularly striking is the low rate of referral by health services for some of the Asian-American ethnic groups. This finding raises several possibilities. One interpretation is that underutilization of mental health services by Asian Americans may reflect a general tendency to underutilize Western health services in general. Another option is that medical services may be contributing to an apparent pattern of underutilization by failing to make appropriate mental health referrals for Asian-American clients. Alternatively, Asian-American clients may elect to disregard the referral because of the shame and stigma associated with mental disorders. A related issue, as raised by the article on help-seeking behaviors among Southeast Asians, concerns the utilization of dual health care systems. Given the availability of alternative medicine, pastoral counseling, and even substance abuse as a means of self-medication, perhaps increased attention should be directed towards studying these alternative forms of seeking relief from psychological distress.

Fourth, at the risk of contributing to the stereotype of Asian Americans as the model minority, continued efforts should be devoted to examining factors that protect members of a group from the experience of psychological distress and disorder. For example, researchers might consider individual factors that may help to account for such encouraging reports as differential responses to trauma and the development of post-traumatic stress disorder in Southeast Asian refugees or a lower rate of suicide among Asian Indians.

Fifth, treatment research is only at the initial stages of exploring those aspects of the therapeutic process that will prove effective with Asian-American clients. The contributors to this issue are to be commended for addressing complex and important

treatment concerns. As work progresses in this area, it will be important to assign clients to treatment conditions on a random basis and to assess treatment outcome with long-term follow-up studies. Likewise, as more data become available, it may be necessary to make distinctions concerning the reliability of psychiatric diagnoses, differential treatment response as a function of age and gender, and the utility of subjective reports of symptoms in the absence of corroborating reports of functioning.

Finally, as all of the contributors to this issue note, developing viable programs to provide outreach and to educate Asian Americans about the nature and treatment of psychological problems is of paramount importance.

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