

The Risk Factors of Poor Mental Health Outcomes in Second-Generation Asian Americans

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Abstract

Poor mental health is a prevalent public health issue, especially among Asian American populations. Due to cultural barriers, Asian Americans may not understand the concept of mental health and may underutilize mental health resources. With Asian Americans being the largest and fastest-growing racial group in the United States, mental health research is essential to improving the well-being of future generations of Asian American generations. Having a better understanding of the determinants for poor mental health in Asian American communities is critical for effective public health interventions. This qualitative study examined how cultural and social expectations, gender roles, intergenerational trauma, and evolving attitudes influenced the mental health outcomes of six second-generation Asian Americans, one White American, and one Latinx American. Our findings suggest that Asian Americans have a greater burden to succeed academically compared to their white and Latinx counterparts. Furthermore, our study suggests that gender roles and intergenerational trauma may increase the risk of poor mental health outcomes for cisgender females Asian Americans and Southeast Asian Americans, respectively. Finally, our findings suggest mental health is becoming normalized which would ultimately improve mental health outcomes.

Introduction: The Importance of Mental Health Research for Asian Americans

Asian Americans are the largest and fastest-growing racial group in the United States, increasing from 11.9 million to 23.2 million between the years 2000 and 2019.¹ This increase

¹ Abby Budiman and Neil G. Ruiz. 2017. "Key Facts about Asian Americans, A Diverse and Growing Population." Pew Research Center, <https://www.pewresearch.org/fact-tank/2017/09/08/key-facts-about-asian-americans/>

makes Asian Americans 7 percent of the nation's overall population; a percentage that is only projected to increase as the population is expected to double to 46 million by 2060.¹ Within this population, the Asian American community is comprised of many different ethnic groups, each with its own diverse cultures, beliefs, and traditions that intersect with American culture in complex and challenging ways. These challenges can manifest themselves in the forms of stress and mental illnesses. According to a 2018 national survey on drug use and health, 22.1 percent of Asian American adults reported that they suffer from a mental illness.² Due to cultural barriers, Asian Americans may underuse mental health services, which could further exacerbate their mental health challenges. In fact, it is reported that only 8.6 percent of Asian Americans seek out mental health services and resources compared to 18 percent of the general U.S. population.³ This underutilization of mental health resources was one of many factors as to why suicide was the leading cause of death for Asian Americans ages 15 to 24 in 2017.⁴ The underutilization of mental health resources coupled with the increasing growth of Asian American populations in the United States reinforces the precedence of mental health research among Asian Americans for future generations. Research uncovering other potential determinants for poor mental health in the Asian American community is critical in developing public health and community health interventions to prevent mental illnesses and deaths related to mental illness. Research findings

² Substance Abuse and Mental Health Services Administration. (2019). 2018 National Survey on Drug Use and Health: Methodological summary and definitions. Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. <https://www.samhsa.gov/data/>

³ Michael S. Spencer et al. (2010). "Discrimination and Mental Health-Related Service Use in a National Study of Asian Americans." *American Journal of Public Health*, 100(12), 2410-2417.

⁴ CDC, 2016. National Center for Injury Prevention and Control. Web Based Injury Statistics Query and Reporting System (WISQARS) <http://www.cdc.gov/injury/wisqars/index.html>

can also equip healthcare professionals with the knowledge and tools necessary to provide and promote specific, culturally-appropriate care. My research provides insight into the cultural and social factors and evolving attitudes that influence the mental health of second-generation Asian Americans and their utilization of mental health resources.

Literature Review: The Cultural Influences of Mental Health

The underutilization of mental health resources among second-generation Asian Americans can be attributed to the stigma surrounding mental health in Asian culture. Unlike Western culture, which is more individualistic, many Asian cultures emphasize collectivism, where personal identity is defined by the interconnectedness and relationships with other members of the community. This type of culture emphasizes the goals and needs of the group over the desires and demands of the individual to achieve harmony in the collective.⁵ These collectivistic values root themselves in Confucianism and explain the behavior and attitudes surrounding mental health in Asian culture. Traditional Confucian concepts of mental health encourage people to avoid exposure of personal weakness by suppressing their emotions and avoiding interpersonal conflicts because they can reflect poorly on the collective.⁵ These concepts have been woven into present day Asian American culture. Since discussion of mental health is considered taboo, many Asian Americans will dismiss, deny, and neglect their mental health symptoms. They are reluctant to seek help because of cultural pressures to save face and withhold their familial difficulties from public knowledge. Furthermore, since mental health is seldom talked about in Asian American households, many second-generation Asian Americans

⁵ Kam-shing Yip (2003) Traditional Confucian Concepts of Mental Health: Its Implications to Social Work Practice with Chinese Communities, *Asia Pacific Journal of Social Work and Development*, 13:2, 65-89, doi: 10.1080/21650993.2003.9755929

find themselves unequipped with the tools to maintain or identify their mental well-being.

This stigma against the discussion of mental health is coupled with the cultural and social expectations found in Asian American communities. Along with collectivism, there is also a large emphasis on filial piety in Asian culture—the expectation for the younger generation to pay their respects to their parents and elders by being responsible for their well-being and by bringing honor to their family.⁶ To live up to this expectation, Asian Americans often grow up with an emphasis on loyalty, conformity to social norms, and academic achievement as well as a strong inclination to respect authority. The pressure to uphold expectations can manifest itself through academic performance, gender roles, sexual orientation, and trauma. Asian Americans also face many societal expectations that emerge from the model minority myth, which is a fabricated notion that assumes all Asian Americans are studious, hard-working, and successful.⁷ This myth results in immense pressure for Asian Americans to live up to such stereotypes, and the failure to live up to both cultural and societal expectations can be a source of significant stress. The burden of meeting these standards often leads to poor mental health in creating feelings and symptoms of inadequacy, anxiety, and depression.

Research Methodology and Interviewees

I performed qualitative research throughout eight interviews that took place virtually over Zoom video calls. All eight participants grew up in California and were either undergraduate

⁶ Li Mengting and Xinqi Dong. The Association Between Filial Piety and Depressive Symptoms Among U.S. Chinese Older Adults. *Gerontol Geriatr Med.* 2018;4:2333721418778167. Published 2018 Jul 11.
doi:10.1177/2333721418778167

⁷ Varaxy Yi and Samuel D. Museus. (2015). Model Minority Myth. In *The Wiley Blackwell Encyclopedia of Race, Ethnicity, and Nationalism* (eds A.D. Smith, X. Hou, J. Stone, R. Dennis and P. Rizova).
<https://doi.org/10.1002/9781118663202.wberen528>

students or had recently graduated. Their ages ranged from 20 to 25. Six of the eight participants were second-generation Asian Americans. I interviewed a cisgender, heterosexual Chinese American man named Jacob*, a cisgender, heterosexual Cambodian American man named Chris*, a cisgender, Laotian woman named Sally*, and a cisgender, Vietnamese American man named John*. To see how differences in gender might impact mental health, I also interviewed one cisgender, heterosexual Vietnamese American woman named Sarah* and one cisgender, heterosexual Chinese American woman named Kathy*. To observe how mental health might differ between Asian cultures, I interviewed second-generation Asian Americans from both East and Southeast Asian backgrounds.

For my last two participants, I interviewed a cisgender, heterosexual white man named Wyatt* and a cisgender, second-generation Latinx American woman named Emily*. I interviewed Wyatt and Emily to examine how differences in ethnicity may account for racial disparities in mental health outcomes. All non-white participants are either currently facing mental health challenges or have faced mental health challenges in the past.

The Cultural and Social Expectations to Succeed

All of my Asian American interviewees stated that they have experienced mental health challenges due to the high expectations and family pressure to achieve academic success. In fact, academic success is often heavily emphasized in Asian American households as Asian American parents typically believe that academic achievement is the only practical pathway resulting in career achievement, financial stability, and increased socioeconomic status.⁸ This view on

⁸ Charissa S L Cheah, Christy Y Y Leung, and Nan Zhou. Understanding "Tiger Parenting" Through the Perceptions of Chinese Immigrant Mothers: Can Chinese and U.S. Parenting Coexist? *Asian Am J Psychol.* 2013 Mar;4(1):30-40. doi: 10.1037/a0031217. PMID: 23914284; PMCID: PMC3729394.

* Name of all participants changed to protect confidentiality

education is often internalized by Asian Americans due to the sentiment that the sole method in compensating one's parents' sacrifices is through their academic and professional achievements. The pressure to achieve creates a sense of obligation that engenders an immense amount of stress. In particular, these feelings were highlighted in my interviews with Kathy and John. I asked them what academic expectations their parents held and how these expectations might have affected their mental health. "My father placed a huge emphasis on education," Kathy said, "he would invest a lot of money in private tutoring and would not accept any grade lower than an A. And when I would bring home an A, his first question would always be 'How many other students got an A?' He was never satisfied and always compared me to others. I never felt like I was good enough, and I think that's why I experience a lot of anxiety now."⁹ Despite her achievements, her father would place other students on a pedestal, devaluing her self-confidence and worth. Paralleling Kathy's experiences, John also found himself being compared to others as a child. "My parents always compare me to my peers and would get frustrated if they felt like I wasn't doing as well as other kids," John recounted, "when the kid next door who was my age skipped a grade, they asked me why I couldn't do the same. Or when my older cousins were doing well in school or sports, they expected me to perform as well as them. It was a lot of pressure for a kid. Now I get anxious with school if I am not performing as well as I think I should be."¹⁰ Both Kathy and John struggle with anxiety and depression, attributing their mental health challenges to the pressure their parents placed on them to succeed.

In contrast, Wyatt, a white man, and Emily, a Latinx American woman, had different experiences. "My parents were very supportive," Wyatt recounted, "education was important to

⁹ Kathy (undergraduate college student) in discussion with the author, April 2021.

¹⁰ John (undergraduate college student) in discussion with the author, April 2021.

them, but I knew that all they wanted was for me to try their best. I would say that my parents' expectations never affected me in a negative way."¹¹ For Emily, the anxiety and depression she currently experiences does not stem from academic expectations from her parents; instead, Emily talked about how her "parents' expectations revolved around financially supporting [her] family and being the responsible eldest daughter. As a result, in college, [her] mental health improved because [she] did not have to worry about supporting [her] family as much."¹² Juxtaposing Kathy and John's experience to Wyatt and Emily's experience, it is apparent that Asian American parents may hold greater academic expectations for their children compared to their non-Asian American counterparts, which can lead to symptoms of anxiety or depression for their children. The contrast between these experiences is consistent with past studies which revealed Asian American college students having higher rates of depressive symptoms and having greater educational expectations compared to White and Latinx students.¹³¹⁴

Furthermore, when asked about societal pressures, all Asian American interviewees expressed that they felt pressured to live up to the model minority myth, which negatively affected their mental health. Alternatively, I found that my Asian American participants, Sarah and Sally, who grew up in non-dominant Asian American communities, internalized the model minority stereotypes more than the Asian American interviewees who grew up in predominantly Asian American communities. This is likely the case due to the trend of positive Asian American

¹¹ Wyatt (graduate student) in discussion with the author, March 2021.

¹² Emily (graduate student) in discussion with the author, April 2021.

¹³ Zornitsa Kalibatseva et al. (2020) Minority status, depression and suicidality among counseling center clients, *Journal of American College Health*, doi: 10.1080/07448481.2020.1745810

¹⁴ Samuel S. Peng and Deeann Wright (1994) Explanation of Academic Achievement of Asian American Students, *The Journal of Educational Research*, 87:6, 346-352, doi: [10.1080/00220671.1994.9941265](https://doi.org/10.1080/00220671.1994.9941265)

stereotypes being perpetuated more heavily among non-Asian American dominant environments as opposed to Asian American dominant environments. In *The Asian American Achievement Paradox*, Lee and Zhou termed this perpetuation of positive stereotypes as “stereotype promise”, defined as the “the promise of being viewed through the lens of a positive stereotype.”¹⁵ These stereotypes create immense pressure for Asian Americans to be high-achieving and ultimately impact the mental well-being of Asian Americans as they judge themselves according to said stereotypes. In the case of Sarah and Sally, both went to predominantly white high schools and recounted feeling pressure to live up to the expectations of their teachers and peers. “My peers would always expect me to do well because I was Asian,” Sarah said. “When I did well on an assignment, it was because I was Asian, and when I did poorly on an assignment they would say, ‘are you even Asian?’ This made me anxious about school.”¹⁶ Sally also iterated that being unable to live up to these stereotypes contributed to her depression. “I was not as smart as the other few Asian Americans at my school,” she stated. “I was always known as the ‘dumb Asian’ and was bullied for it. To this day in academia, I never feel like I am good enough.”¹⁷

Alternatively, Jacob also felt pressured to live up to the model minority stereotypes, but since he went to a predominantly Asian American school, he recounts that he “did not feel as alienated. If [he] did average on a test, [he] would be average with [his] many other Asian American classmates.”¹⁸ It is clear that the model minority myth has created social pressures for Asian Americans to achieve more than their peers and that this social pressure can often be amplified in non-Asian American dominant communities. When Asian Americans feel that they are not living

¹⁵ Jennifer Lee and Min Zhou. (2015). *The Asian American Achievement Paradox*. Russell Sage Foundation.

¹⁶ Sarah (undergraduate college student) in discussion with the author, April 2021.

¹⁷ Sally (clinical laboratory assistant) in discussion with the author, April 2021.

¹⁸ Jacob (undergraduate college student) in discussion with the author, April 2021.

up to societal standards, they feel inadequate. The constant societal burden paired with high parental standards pushes Asian Americans to excessively worry about their achievements, ultimately leading to mental health challenges.

Gender Disparities in Mental Health Outcomes

Gendered norms and expectations tied to cultural values often lead to poor mental health outcomes. For example, in Asian culture, women are expected to care for their siblings and elders, and they experience more inhibitions on their social behaviors and life choices. A previous study conducted by Hyeouk Chris Hahm at Boston University's School of Social Work showed that this gendered, unequal burden in caring for the family and the societal enforcement of restrictions based on gender leads to significant distress.¹⁹ Hahm found that second-generation Asian American females with parents that exhibit disempowering parenting styles have difficulty navigating between fulfilling their gender role expectations, familial norms, and obligations for parental approval while having a desire to rebel from those pressures to fulfill their own needs.¹² This causes them to have a "fractured identity" which causes a sense of low self-worth and ultimately produces self-harm and suicidal ideation.¹²

During my interviews, I asked my interviewees to describe their parents' parenting style and the type of relationship they had with their parents. I found that all four of my female participants experienced having parents with disempowering, gender-prescribed parenting where their parents had more expectations for them and were more strict with them compared to their brothers. Sally recalls her experience taking care of her siblings while receiving emotional abuse

¹⁹ Hyeouk Chris Hahm et al. (2014). Fractured identity: A framework for understanding young Asian American women's self-harm and suicidal behaviors. *Race and Social Problems*, 6, 56–68.

¹² Emily (graduate student) in discussion with the author, April 2021.

from her mother: “My mom has a history of emotionally manipulating me. As the oldest daughter, I often had to act like the second mom for my siblings. When I would bring up a concern about one of my siblings to my mom, she would scream at me saying ‘Do you think I am not a good enough mother?’ She would constantly dismiss my feelings.”¹⁷ Sarah also recalled her experience supporting her parents: “Despite being the youngest child, I was the emotional bearer of the family. I would be the one that would listen to my mother’s rant and have to emotionally support her. And unlike my older brother, I also was the one that helped around with filling out paperwork and bills.”¹⁶ Similarly, Kathy recounted, “My parents were stricter with me than my younger brother. They expected me to always take care of him and every time he would do something wrong, it would be my fault. They were also a lot stricter on my social life. My brother had more freedom to go out.”⁹ Sally, Sarah, and Kathy all shared that they felt a tremendous burden from having an obligation to care for their families.

More specifically, within Asian families, daughters are often responsible for maintaining the well-being of their families, which includes being responsible for financial management and adopting caretaking roles in their parents’ absence.²⁰ Sarah and Kathy expressed how they were treated unfairly compared to their brothers and felt restricted on what they could and could not do. Daughters often have an expectation to protect their family’s honor in Asian culture, and thus, parents will often regulate their daughters’ peer interactions more than their sons in order to

¹⁷ Ibid.

¹⁶ Ibid.

⁹ Ibid.

²⁰ Angie Y Chung. From Caregivers to Caretakers: The Impact of Family Roles on Ethnicity Among Children of Korean and Chinese Immigrant Families. *Qual Sociol* 36, 279–302 (2013). <https://doi-org.stanford.idm.oclc.org/10.1007/s11133-013-9252-x>

have control over their daughters' sexuality.²¹ As daughters, Sarah, Kathy, and Sally carried multiple types of burdens. They had many roles to fulfill, including being the second mother to their siblings and being their parents' caretakers while navigating their own lives. On top of fulfilling these roles, they were abused by their parents. Largely as a result of this treatment, Sarah, Kathy, and Sally all suffer from anxiety and depression, reporting that the stress they experienced as daughters contributes to these mental health challenges. Conversely, none of my male participants expressed that they had toxic relationships with their parents. Emily did not experience any form of abuse growing up; however, she attributes some of her mental health challenges to the gender expectations she had to fulfill. She disclosed that she received unfair treatment compared to her brothers. Like my female Asian American participants, Emily had more social restrictions and was imposed responsibilities to take care of her parents. It is evident, based on said interviews and shared experiences, that second-generation daughters in Asian American and Latinx households are at risk of poor mental health outcomes due to increased stress from gender norms and gender expectations.

The Lasting Effects of Trauma

Many second-generation Asian Americans also have to combat lasting impacts of stress and trauma experienced by their parents and earlier generations. First-generation Asian Americans who came to the U.S. as refugees tend to experience mental illnesses such as post-traumatic stress disorder (PTSD) due to their experiences escaping the war-torn country. Refugee parents' psychological distress can affect the health and well-being of their descendants for multiple generations, which is a phenomenon called intergenerational trauma.¹² Intergenerational

²¹ Angie Y Chung. (2017). Behind the myth of the matriarch and the flagbearer: How Korean and Chinese American sons and daughters negotiate gender, family, and emotions. *Sociological Forum*, 32(1), 28–49.

<https://doi.org/10.1111/socf.12316>

trauma is prevalent among Southeast Asian Americans specifically due to the events that took place during the American Wars in Vietnam. A study conducted by Aina B Vaage from the University of Bergen found that Vietnamese refugees' fathers' risk of PTSD accurately predicted the mental state of their children's mental health 23 years later.²² Living with a traumatized parent can be threatening to the child's psychological development, and traumatized parents can pass genetic vulnerability of mental illnesses onto their offspring.¹² Among my Southeast Asian interviewees, three out of four expressed that they were abused by their parents and experienced mental illnesses at a young age. Chris, who is Cambodian American, discussed his relationship with his mental health: "I remember I first started thinking about suicide when I was nine. From nine until 14, I attempted to kill myself several times."²³ Sarah, who is Vietnamese American, has a similar relationship with mental health: "I started having depression and suicidal ideations when I was 11. On top of being bullied at school, I grew up being physically and emotionally abused by my mom who suffers from PTSD."¹⁶ Sally, who is Laotian American, has had symptoms of depression and anxiety since she was 13. Chris, Sarah, and Sally's relationships with mental health highlight how growing up with traumatized parents predisposed them to depression at a young age. It was interesting to see that my Chinese American participants, Jacob and Kathy, did not experience depression until their late teenage years, an indication that mental health can differ among different Asian groups. From my interviews, I concluded that

¹² Ibid.

²² Aina B Vaage et al. Paternal predictors of the mental health of children of Vietnamese refugees. *Child Adolesc Psychiatry Ment Health*. 2011;5:2. Published 2011 Jan 10. doi:10.1186/1753-2000-5-2

²³ Chris (undergraduate college student) in discussion with the author, April 2021.

¹⁶ Ibid.

intergenerational trauma plays a role in increasing the risk of mental illnesses for second-generation Asian Americans.

Evolving Attitudes Surrounding Mental Health

Studies have shown that Asian Americans seek mental health treatment less than White Americans and at less than half the rate of other racial-ethnic groups.^{24,25} This underutilization of mental health care resources is largely attributed to cultural barriers. Since mental health has traditionally been taboo in Asian culture, many Asian Americans have a lower perceived need for mental health treatment compared to racial-ethnic groups and whites.¹³ A study conducted at the University of Maryland School of Public Health found that Asian Americans believe mental illness does not require professional help and can be, instead, fixed by oneself.²⁶ Furthermore, stigma and feeling of shame surrounding mental health both contribute to the underutilization of mental health treatment among Asian Americans with mental illnesses. When I interviewed Wyatt—who is a cisgender, heterosexual, white male—he expressed how he never encountered difficulty or discomfort in discussing mental health. “My parents always reminded me to prioritize my mental well-being,” he said. “They were very open with their mental health problems and their treatment in therapy. This encouraged my brother and me to be open with our mental health struggles. I think that’s why compared to some of my peers, I feel like I have a

²⁴ Kelly Guanhua Yang, et al. Disparities in Mental Health Care Utilization and Perceived Need Among Asian Americans: 2012–2016 *Psychiatric Services* 2020 71:1, 21-27

²⁵ Benjamin Le Cook, et al. Trends in racial-ethnic disparities in access to mental health care, 2004–2012. *Psychiatr Serv* 2017; 68:9–16

²⁶ Sunmin Lee. (2009). Model minority at risk: Expressed needs of mental health by Asian American young adults. *Journal of community health*, 34(2), 144.

healthy relationship with my mental health and never had any severe mental health challenges.”¹¹ For Wyatt, navigating mental health conversations was easier as mental health was normalized by his parents. He was encouraged to open up about his mental health challenges and seek treatment if needed. However, Wyatt’s experience with mental health contrasts starkly with the experiences of my non-white interviewees. In fact, all non-white interviewees grew up with stigma surrounding mental health in their households, preventing them from being able to seek mental health treatment. Chris shared his experience: “Mental health was never talked about in my home and was never brought up in my K-12 education. In high school, I was suffering from depression, but I always felt scared to talk about it with my parents and peers.”²³ Likewise, Sarah found it difficult to bring up the topic of mental health as her mom tended to disregard her feelings and divert conversation toward her own trauma. Sarah explains, “As a kid, I knew I was depressed, and when I tried to open up about it to my mom, she would immediately dismiss it. She didn’t understand how I could be depressed when she had lived through poverty and hunger to give me the opportunities I have today.”¹⁶ Due to the lack of knowledge and understanding of what mental health encompasses, Sarah’s mom dismissed and misunderstood her daughter’s concerns as “complaints” and being seemingly “ungrateful” in juxtaposition to the sacrifices and suffering she endured. Both Chris and Sarah were unable to talk about their mental illnesses growing up, exacerbating their mental illnesses as their mental health challenges were left untreated.

From my interviews, I deduced that mental health is being normalized at a rate higher than ever before due to an increase of spaces to discuss mental health issues and of mental health information being spread on social media. During our interview, John asserted, “Mental health is everywhere on social media. I see infographics daily on mental health resources and recognizing mental illnesses.”¹⁰ The widespread accessibility of mental health education contributes to its

normalization, tremendously helping both the younger and older generations. This was evident in my interview with Kathy, who revealed that her younger sister is currently going to therapy at the age of thirteen for her mental illnesses. Furthermore, all my non-white participants have recently been able to talk about mental health with their families, having been educated about mental health through the news and social media. As a result, their parents are now much more understanding of mental health challenges and more open to having conversations about mental health. John stated, “One day when I came home to visit from college, my parents asked me about my mental health. I was surprised because I never was able to talk to them about mental health growing up. I think they are finally understanding the importance of mental health and want to make sure I am doing well mentally.”¹⁰ I conclude that many second-generation Asian Americans grew up with a stigma surrounding mental health preventing them from receiving mental health treatment, further exacerbating their mental illnesses. However, due to mass media, mental health is rapidly being destigmatized. Alleviating the stigma surrounding mental health may increase access to mental health care resources and ultimately may lead to better mental health outcomes for future generations.

Discussion and Conclusion

Mental health is a global concern, yet the level of support or lack thereof varies widely throughout Asian American communities. The current study has clinical and research implications for understanding the complexities of mental health among Asian Americans. My study found that across all Asian American interviewees, education was highly valued by their parents, but a racial distinction still subsists. Specifically, my white interviewee experienced supportive parenting, whereas my Asian American interviewees endured harsh parenting and thus developed a sense of disempowerment. The model minority myth compounded with parental pressure to perform well in academic studies revealed a negative impact on the well-

being and functioning of all Asian American interviewees. Additionally, further research support for female Asian Americans needs to be conducted as the stress levels of female interviewees seemed to be more pronounced due to the gender double standards in their households. The expectations of young Asian American women to be the perfect obedient and soft-spoken daughters facilitated mental strain and emotional distress. This reinforces the need for mental health services in order to better understand the unique experiences of Asian American women and to adequately provide them with effective care. Moreover, my research shows that parents who suffer from trauma predispose their children to mental health risk factors. To dismantle intergenerational trauma among Asian Americans, further studies are needed to understand the mechanisms in which trauma in one generation induces stress-related health issues in future generations. Finally, the stigma surrounding mental health has caused second-generation Asian Americans to avoid or delay seeking mental health treatment, resulting in unmet mental health needs that can spiral into serious mental illnesses such as anxiety, depression, and suicidal ideations. However, the increase in mental health being covered in mass media has caused mental health to be widely normalized. This trend in normalizing mental health needs to continue to fully destigmatize mental illness and remove any barriers to accessing mental health treatment.

It is important to note there are limitations in my study. My sample size was small, restricted to college-aged, second-generation Asian Americans from California, and limited in the representation of different Asian cultures. Therefore, my results cannot be generalized to all Asian Americans as there is vast diversity among all Asian cultures; more research should be conducted to understand the unique mental health needs of each Asian ethnic subgroup.

Furthermore, queerness is a potential factor for poor mental health that was not explored in this study. Past studies have shown that queer individuals had higher depressive symptoms scores compared to heterosexual individuals.⁹ Further studies need to be conducted to understand

the process in which stigma and discrimination against queerness manifest in Asian culture and how such processes affect the mental health of queer Asian Americans.

Responses from all my interviews unequivocally show the need to understand the risk factors that lead to poor mental health in the Asian American community as proper and effective care is not widely available. This can start with policymakers paying more attention to creating more accessible, culturally sensitive resources to better address the unique needs of Asian Americans and provide more funding for community mental health interventions. Healthcare professionals and mental health services could take an active role in providing early depression screening for Asian American youth while providing culturally appropriate care. Finally, leaders and members of the Asian American community can continue their work on educating the community on mental health and making mental health resources widely known. This is especially important during the COVID-19 pandemic, where economic hardships and increased xenophobia and racism against Asian Americans have caused a mental health crisis in the Asian American community. Cultivating a holistic approach to mental health through federal and community-based efforts is imperative to maintaining the mental wellness of the Asian American community.

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