

CHINESE COMMUNITY MENTAL HEALTH SURVEY REPORT 2022



UMASS PSYCHIATRY
CHINESE MENTAL HEALTH PROGRAM
麻州大学华裔精神卫生计划



About Us

心怡Harmonious is a UMass Chinese Mental Health Program initiative hoping to provide culturally appropriate mental health education and resources with the goal of decreasing stigma, encouraging help-seeking, and fostering a more supportive community. We are grateful for any thoughts or suggestions you may have and appreciate any opportunity to work with you on future projects. Together, we strive to create a more supportive environment for mental health in our communities!

Acknowledgements

Through our project thus far, we've met a number of inspiring individuals and Asian mental health organizations who are working hard towards these very same goals. Additionally, we'd like to thank all the graduate, undergraduate, and high school students that volunteered with us from various institutions in and out of the state of Massachusetts.

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Executive Summary

The purpose of this report is to share initial findings from the Chinese Community Mental Health Survey we conducted over 2020-2021. This yearlong online survey was sent to various communities of Chinese heritage in Massachusetts, with an aim to more thoroughly capture the experiences of our community from a wider range of age groups, language proficiency, and acculturation. A total of 326 responses were included in this initial analysis.

Our findings demonstrate that mental health service underutilization in Chinese communities may be more perplexing than previously anticipated. There exist complicated relationships among acculturation, stigma around mental health, and attitudes towards mental illness, each of which is associated with help-seeking behaviors. For example, even in individuals with less mental health stigma, some may still avoid seeking help if they don't think their problem requires professional help. Thus, we need more education in a wider variety of languages to expand the view of mental illness as simply a "character weakness" or "life problem," and acknowledge that it is okay to talk about mental health and seek professional help whenever needed. We hope these results will be useful in designing targeted mental health education and intervention programs for this underserved population.

What do we know about mental health in Asian Americans?

According to the 2019 National Survey on Drug Use and Health, about one in ten adult Asian Americans reported experiencing serious psychological distress in the past year (SAMHSA, 2020). However, use of mental health services remains low in our communities, at a rate almost three times lower than that of non-Hispanic whites (Yang et al., 2019) and two times lower than that of Hispanic and African American communities (Cook et al., 2017). One significant factor driving this disparity is mental illness stigma, which is real, pervasive, and severe in Asian American communities. Other barriers to care include English proficiency (how well the person can use English to communicate) and level of acculturation (how much American/Western culture the person adopts) (Kramer et al., 2002). Furthermore, linguistically and culturally appropriate mental health services are not always accessible, even to those who do choose to seek help.

What was the purpose of the survey?

The purpose of this survey was to improve our understanding of current attitudes towards mental health, patterns in use of mental health services, and the role of acculturation and other factors in these behaviors for community members of Chinese heritage living in Massachusetts.

The first round of surveys was distributed in the summer of 2020 to state, city, and town-based community organizations, churches, university student and scholar associations, and Chinese schools in Massachusetts. We shared the survey through emails, newsletters, WeChat, and the local bilingual Sampan newspaper. Three additional rounds of surveys were distributed to the same organizations within one year.

326 participants were included in this initial analysis.

Demographics

AGE	BASE SAMPLE (n = 326)
18 and under	7%
19-25	40%
26-35	30%
36-45	12%
46-55	8%
56 and above	3%
GENDER IDENTITY	
Female	67%
Male	27%
Gender nonconforming	2%
EDUCATIONAL ATTAINMENT	
8th grade or below	1%
9th-11th grade (including 12th grade with no diploma)	2%
High school graduate/GED or equivalent	16%
Some college, no degree/associate degree	16%
Bachelor's degree	23%
Graduate degree or professional school degree	21%

Demographics

SURVEY LANGUAGE	BASE SAMPLE (n = 326)
English	40%
Simplified Chinese or Traditional Chinese	60%

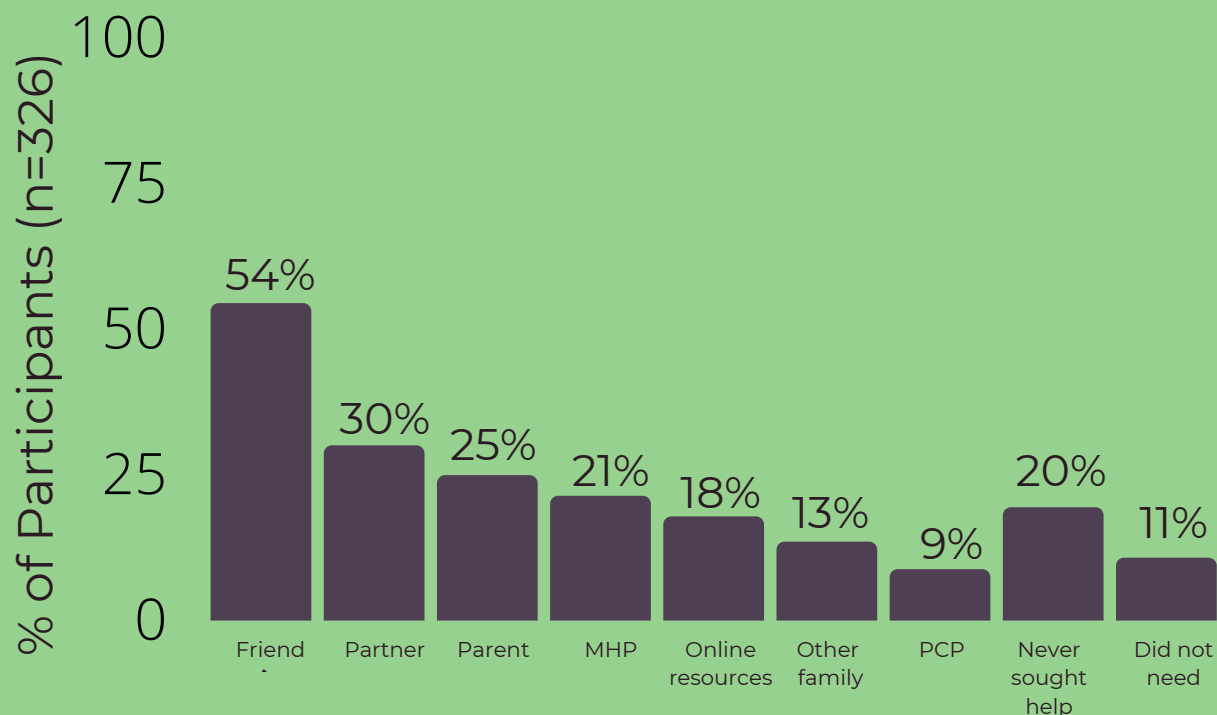
BACKGROUND

Born in the U.S. and lived here for most of my life	21%
Born in the U.S. but grew up in a Chinese-speaking country/territory	5%
Born in a Chinese-speaking country/territory and moved to the U.S.	51%

PRIMARY LANGUAGE SPOKEN AT HOME

English	48%
Mandarin	75%
Cantonese	17%
Taishanese	6%
Fuzhounese	4%
Taiwanese	3%
Sichuanese	2%
Shanghainese	2%

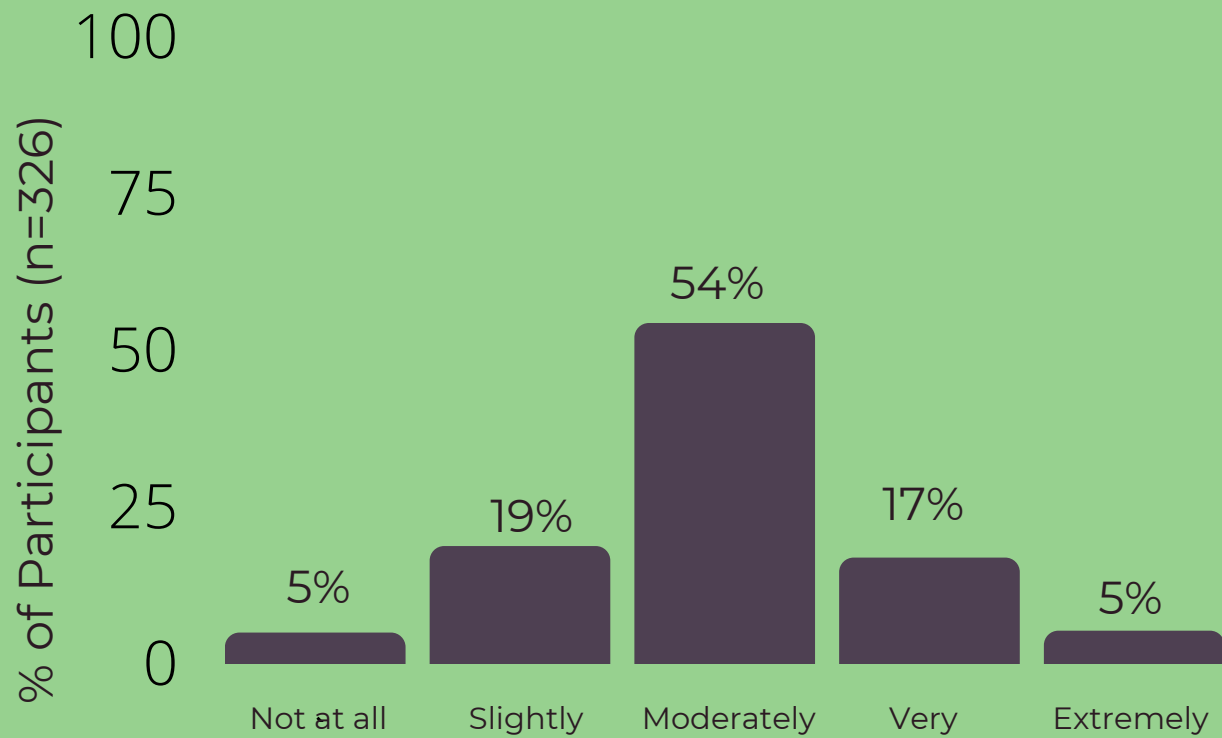
Mental Health Help or Advice



MHP = mental health professional; PCP = primary care physician

Among a list of possible resources, “Friend” was endorsed by survey participants as the most common resource (54%) they went to for help or advice regarding mental health problems in the past 12 months. This was followed by “Partner/significant other” (30%), “Parent” (25%), “Mental health professional” (21%), “Online resources” (18%), “Other family member” (13%), and “Primary care doctor” (9%). There were 20% who reported “Never sought help before” and 11% who reported “Did not need help or advice for mental health problems.”

Mental Health Knowledge



When asked about their self-appraised knowledge level of mental health, slightly more than half of the participants (54%) reported they were "Moderately knowledgeable." 5% of participants reported "Extremely knowledgeable" and "Not at all knowledgeable," respectively.

Acculturation

Acculturation refers to how much culture a person adopts from a new environment. In the Suinn-Lew Asian Self Identity Acculturation Scale (SL-ASIA), a score of 1 suggests a low level of acculturation (“less American”), while a score of 5 suggests a high level of acculturation (“more American”) (Leong & Chou, 1998; Suinn et al., 1992).

The mean of participants’ SL-ASIA score (2.6) indicates that, on average, participants were moderately acculturated. Further, the survey results indicate that participants who were more acculturated tended to report greater knowledge of mental health.

Stigma

We looked at two types of stigma in our survey. “Public stigma” refers to when one holds negative beliefs towards individuals with mental illness. This was measured using the Social Stigma for Seeking Psychological Help (SSRPH) scale (Komiya et al., 2000). “Self-stigma” refers to when an individual internalizes these negative perceptions and social norms. This was measured by the Self-Stigma of Seeking Help Scale (SSOSH) (Vogel et al., 2013). Both public stigma and self-stigma about mental illness can negatively impact help-seeking behaviors (Corrigan et al., 2014).

The survey results indicate that participants who were more acculturated tended to report greater public stigma, but there was no relationship between acculturation and self-stigma. In contrast, participants with greater knowledge of mental health tended to report significantly less self-stigma.

Attitudes

The Inventory of Attitudes Toward Seeking Mental Health Services (IASMHS) measures three types of attitudes: psychological openness (PO), help-seeking propensity (HSP), and indifference to stigma (ITS). Higher PO indicates more openness to psychological problems, higher HSP indicates openness to displaying help-seeking behaviors, and higher ITS indicates lower influence by stigma. Higher scores overall indicate more positive attitudes toward mental health services (Mackenzie et al., 2004).

The survey results indicate that participants who were more acculturated tended to be more open to psychological problems and recognize the need for professional help, but they were more wary about mental health stigma. Participants who rated themselves as “extremely/very knowledgeable” of mental health tended to have more overall positive attitudes towards mental health services.



Summary

1. There exist complicated relationships among acculturation, stigma around mental health, and attitudes towards mental illness. All three play an important role in determining an individual's help-seeking behavior.
2. Participants who adopted more American culture tended to report greater mental health knowledge. More acculturated participants also tended to report greater awareness of stigma about mental illness in their community. Those with greater mental health knowledge tended to have less internalized negative perceptions about mental illness.
3. Higher acculturation and greater mental health knowledge tended to come with increased psychological openness - the recognition that mental health problems exist and may require professional help. For example, people who had higher acculturation were less likely to agree with statements such as, "People with strong characters can get over psychological problems by themselves and would have little need for professional help."
4. We caution overgeneralizing the survey findings as our sample is not representative of all Chinese communities in Massachusetts. Compared to data from the Census (U.S. Census Bureau, 2019), our survey had more participants of younger age (19-35 years of age), who identified as female, and who completed a high school to college level of education.
5. This survey was conducted during the beginning of the COVID-19 pandemic, but the negative impact of the pandemic and the rise of anti-Asian incidents on mental health was not assessed in our survey.

Going Forward

Our results highlight the importance of increasing awareness and understanding of mental health within Chinese communities; such knowledge can increase openness to seeking professional help for mental health issues. Collective efforts are needed to create and share culturally and linguistically appropriate mental health resources. We hope our initial survey results will be useful in designing targeted mental health education and intervention programs for this underserved population.

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