

Asian American Mental Health during the COVID-19 Pandemic

Iris Kim

Vanderbilt University

April 27, 2021

Under the supervision of Dr. Haerin Shin and Dr. Jonathan Metzl

A thesis submitted for honors in

Medicine, Health, and Society

Abstract

COVID-19 introduced a slew of pandemics, not only in a global response to health crises, but also in the realm of racial justice and socioeconomic disparities. For Asian Americans, the virus unveiled a perpetuation of hate crimes and racial “othering,” elements that impact the mental health of Asian and Asian American individuals. A review of the literature reveals that the current rise in anti-Asian racism is not a new concept, but rather is based in a longstanding history of scapegoating onto minority groups in times of crisis. Consequently, the external context of pandemic racism integrates with cultural and social values that uniquely shape the current landscape of Asian American mental health, factors that range from family and generational status to education and religion. This study analyzes the thematic findings from ten qualitative interviews conducted with Asian American students and mental health professionals, producing integrative questions on the future direction of existing mental health programs and resources for Asian Americans.

Introduction

In mid-March, the COVID-19 discrimination website “Stop AAPI Hate” received reports 673 incidents in the first week of its activity (Jeung, 2020). The number has grown to over 3800 over the year, revealing how Asian Americans have been victim to unprovoked attacks across the country and accusations of carrying the virus. Although media coverage of racism has decreased since its summer peak, the political associations of the virus to the Chinese government have persisted in the wake of the presidential election. The continuation of racial discrimination is evident in increased accounts of bullying, teasing, and violence towards Asian youths (Kam, 2020). The World Health Organization and medical professionals urge against mislabeling the virus due to its perpetuation of negative stereotypes and seeking treatment, but the rising rates in anti-Asian racism bring unknown consequences to the mental wellbeing of Asian Americans regardless of age and ethnic groups.

The issue of Asian American mental health is not new. Asian Americans reported higher levels of self-stigma than whites, and frequently encounter cultural and language barriers to appropriate mental health services (Wong et al., 2016). However, the current trends have yet to be analyzed through the lens of pandemic history. The scapegoat mechanism, a theory first introduced by contemporary philosopher René Girard, serves as a persistent psychological accomplice to the already damaging effects of natural disasters and health epidemics. There is a need for further examination of the scapegoat theory’s correlation with racism during times of crisis and for Asian Americans.

Racism as a disease is an idea associated with scapegoating that is further perpetuated and exposed during COVID-19. Recent studies from highly diverse areas have released mental health findings that compare between minority groups in the US, which indicate cultural

differences in mental health stigma in the new light of COVID-19 and racial trauma (Liu and Modir, 2020). Pandemic health intersects Asian American mental health at a critical point of potentially adverse effects. This study will contribute to the growing literature on Asian American mental health by providing a historical and cultural lens to the present-day situation of anti-Asian racism, presenting a critical analysis of the current conditions of mental health advocacy and how to prevent further harm to the human psyche, both internally and externally, during times of crisis.

Literature Review

Xenophobia versus Racism

2020 was the first year for many Americans to recognize the systemic racism that runs deep through the heart of history. However, a common misconception made by new antiracists is the homogenizing effect that the term has on its related concepts, such as xenophobia. While the terms racism and xenophobia are often used interchangeably, it is necessary in this study to first acknowledge the idiosyncrasies of the two, particularly in the context of the black-white binary of the United States. Xenophobia, or as Sundstrom and Kim describe it, “civil ostracism,” is when one believes that another does not belong (2008). Such stigmatization of individuals, however, is minimized in the U.S. in the face of the overwhelming history of enslavement and lynching of African Americans. Although the black-white binary lies at the root of racism against people of color in the U.S., rather than taking such measures of comparison and pitting the experiences of Asian, Latino, and Black communities against one another, Sundstrom argues that there are interwoven narratives between the groups that distinguish xenophobic actions from racist ones. The nature of the pandemic, where collective responsibility to socially distance and wear a mask goes beyond race, xenophobia is a limiting term and should be revised in literature

moving forward. In the specific circumstances for Asian Americans during the COVID-19 pandemic, doing so shifts the call to action from a distant, international perspective to a national one, and brings attention to the urgent needs of Asian Americans at hand.

A History of Pandemic Othering

There is a long-held assumption that pandemics cause an eruption of violence and destruction. Although it is true that death accompanies diseases that inevitably correlate with individual emotions of helplessness and frustration, it cannot be assumed that pandemics themselves bring about the waves of unrest (Cohn, 2012). I argue that the COVID-19 pandemic, as evidenced by pandemics throughout history, is not a cause for social violence but a catalyst, exposing the innate fear and inclination to blame the “other.”

The catalytic behavior of pandemics works through the many social, cultural, and economic barriers of health disparities that are exacerbated during the times of crisis. COVID-19 impacted Black and Latino populations with a death rate 2.8x larger than for Whites (CDC, 2020). When combined with the increase in discrimination against Asians, there is a significant mental burden growing from the racial trauma that stems from a history of colonization and U.S. imperialism (Man, 2020).

At the core of such disparities is the institutional racism that has followed immigrants into the United States since its founding. Just like other minority groups, Asian Americans experienced nativist prejudice upon immigration through restrictive policies and racialized attacks (Gover, 2020). Despite being a nation built by waves of immigrants throughout the past three centuries, there has a stubborn pattern to blame infectious diseases on newcomers. People of color have been most often marked as “dirty,” being forced to live in restricted zones that them in designated states of less hygienic living conditions (Taylor, 2019). At both the individual

and institutional levels, racism and othering is perpetuated and exacerbated during waves of adversity.

Scapegoating Theory

To understand the significance of marking Asian faces as the “other,” one must look to the origins of scapegoating. René Girard believed that violence and tension, once rising to a certain point, dispel through a collective projection onto an unidentified entity, known as a scapegoat (Andrade, 2020). By convincing oneself that the entity is not only associated with the problem but is the source, the elimination of such a scapegoat will eradicate the problem. Since Girard’s introduction of the concept, scapegoating has adapted into colloquial language to describe the person who is wrongfully blamed for the sake of convenience.

Scapegoats add another level to othering during pandemics because of its affiliation to medical scapegoating during public health crises. Trauner writes of the use of Chinese immigrant populations as medical scapegoats from the 1800s to early 1900s, describing how San Francisco’s Chinatown was quarantined and under heavy supervision as scapegoats for the dramatic reappearance of the bubonic plague (1978). Not only are the scapegoats portrayed as unclean, repulsive figures, but also appear to threaten the individualistic freedom that wavers during a public health crisis (Ali, 2008). Wearing a mask, limiting interactions with others, and unemployment are recurring issues of pandemics that can provoke further negative attitudes towards the scapegoat.

The State of Emergency

With times of crisis, then, comes a noticeable trend in heightened hostility and suspicion towards others. The universality of this pattern is evident throughout history: Gilman and Katz (1991) wrote of the anti-Semitism that reappears during times of crisis throughout the centuries,

from wars to famine. In Korea, Japanese imperialism led to the massive persecution and ultimate massacre of Koreans in Japan because they were scapegoated and blamed for the chaos brought by earthquakes and well water poisoning (Jung 2017). The cumulation of outward-facing factors such as ethnicity and nationality with the rising pressures of health and hygiene in a pandemic contribute to the resurfacing scapegoating sentiments during the COVID-19 crisis.

Scapegoating Asian Americans

The history of Asian American scapegoating extends into concepts of alienating the Asian migrants, going back as far as the mid-19th century. Tchen and Yeats (2014) presents an impressive history of exclusion, incarceration, discrimination, and dehumanization in their archival publication, *Yellow Peril!*. The evolving understanding of Asian American identity from an entity of fear and “peril” to one of success and “model” creates the framework of the alienating discourse observed during the pandemic. The term “yellow peril” has itself evolved in usage over time, as it was initially created to evoke fear of East Asian people as dangerous and dirty, but in recent decades, is applied considering the advancing economic and global power of East Asia (Lyman 2000). The threat of Asian existence has translated across time, but the perpetuation of anti-Asian fear has persisted, latent yet constant.

The example of San Francisco’s Chinatown is a parallel to the modern version of Asian American scapegoating during COVID-19. The model minority myth (MMM) is a nuanced form of othering that alienates Asian Americans from other communities of color, both through in-person interactions and higher education publications (Poon 2016). After more than a century, the roots of the perpetual foreigner status still exist and only came to surface through the exposure from the pandemic. Without clear contextual knowledge or ‘critical ethnic awareness,’ as Isok Kim puts it, mental health problems in the Asian American population persist as a result

of constant minimization and homogenization of an incredibly ethnically and culturally diverse group (2013). Evidence is demonstrated through a study on implicit bias regarding Asians before and after exposure to changes in media tone, describing COVID-19 as the “Chinese flu” and other stigmatizing labels (Darling-Hammond et al., 2020). Among those who followed the media, the clear trend of subconsciously categorizing Asian individuals as less American shows the psychological effect that scapegoating can have on entire populations of people of Asian descent. Gover et al., describes the trends as perfectly timed switches—in times of peace, the Asian Americans are othered through the MMM, and in times of pandemics and crises, as a scapegoat (2020).

There is no scientific evidence proving diseases can discriminate between ethnicity and race, yet the trends in hate crimes and increased anxiety among Asian Americans indicates an assumption along such lines. The Asian appearance of an American is inextricably linked to a foreign origin, and thus is included in the civil ostracism of all things foreign as threatening (Tessler et al., 2020). To an Asian American, the external factors of othering and scapegoating can be overwhelming, particularly when combined with preexisting pressures in mental health for many Asian Americans.

Cultural and Social Factors of AA Mental Health

Research Question

The definitive experiences of the Asian American population in mental health are highly varied and subject to each individual’s ethnic, national, and cultural identities. To address the limitations of literature, which can at times produce a monolithic perspective on Asian American mental health, this study analyzes ten qualitative interviews with Asian American students and professionals in fields ranging public health, psychiatry, sociology and history to establish a

broad landscape of Asian American perceptions on mental health. Through these interviews, the study seeks to address the question: Based on one's professional and personal background, what are the cultural and social factors attributing to Asian American mental health today? This type of analysis is loosely based upon grounded theory research, re-evaluating the direction of interviewing with each conversation to form themes beyond the limited scholarship of Asian American mental health.

Methods

The interviewees were recruited through established connections in Asian American nonprofit organizations, online communities, and referral networks. The questions asked were informal and fluid, and the interviewee was given the unstructured flexibility to maximize the time to describe how their professional interests provide a social and cultural lens on the factors influencing mental health. Each interview was hosted on Zoom, and with consent, the interviews were recorded and kept confidential and anonymous. Every interviewee was also informed that their narrative is not the sole representation of their independent backgrounds, as not including such information can unintentionally burden the interviewee with the pressure to represent an entire community in their words.

After the interview, the audio recordings were transcribed, initially by hand, and then through the free audio transcription service, Otter.ai. Each interviewee was arbitrarily labeled as a "P(number)" for references in the discussion. They were then coded for repeated topics that came up in multiple interviews. Those topics were organized into overarching themes of the current climate of mental health and the interaction between Asian cultural identity and American societal structure, which are examined in detail along with further literature review in the next section.

Discussion

General Sentiments

Although it was not on the initial set of questions, many of the interviewees were asked how they were feeling in the current moment, as well as in regard to the past year of living through the pandemic. Their responses were unique to their own situations, but many also confirmed the statistics outlined in the background literature as well as reflected the sense of racial melancholia laid out by Eng and Han (2019): the struggle to be visible and to be seen as visible in mental health spaces. For example, five of the ten interviewees, who are also the five currently attending school as students, expressed feelings of loneliness, discouragement, and exhaustion from various dimensions of the pandemic. The chronic and ongoing situation of social distancing and isolation from a broader physical community are noted to have also impacted interviewees' overall motivation and productivity in daily life. P7, a premedical undergraduate, described her tumultuous first weeks after moving back from school to continue learning online, where her father kept her quarantined in her bedroom for two weeks:

P7: I mean, I was in my bedroom by myself for two weeks, and he would bring food to me and I'd wash the dishes in my own bathroom and pass out. I was treated like an infected person already. And as that dragged on, I just felt super isolated and disconnected. It translated to my feelings now, I think I'm much less motivated, more sluggish, less likely to be proactive about getting things done. (03:27)

Even with the adjustment to online courses, interviewees have noted their overall demeanor has changed over the past months. P9 described his adjustments to medical school in a new city, and in the moment of the interview, expressed layers of exhaustion at the start of the interview:

P9: I feel tired. I've had Zoom all day. I feel like I could be doing more. And I feel like a little overwhelmed. Even though the quarter just started as there's a lot of stuff going on. There's some financial stress. Some, maybe not particularly due to the pandemic, were just due to like med school. (0:27)

With the added layer of racism and increased civil demands on racial justice from the past year, interviewees who were actively involved in advocacy work expressed specific disappointment and feeling tired from the lack of response and progress and doubting “if that work is truly sustainable” (05:05). The focus of mass media and national news outlets on anti-Asian hate crimes was also reflected in the realization that one’s personal mental health can be affected by the constant push to do work:

P5: I feel mentally tired from being isolated all the time, not being able to meet with friends, live life like we did before... I went from being pretty ready to have these conversations last summer, but now, it's gotten old. That drive to address these issues is much lower than what it used to be. (2:38)

P6: I feel very discouraged. All the hate crimes that were happening before the shooting in Atlanta, people kept saying it's not race-based, it's violence-based. (00:41)

P8: I have been guilty of not taking care of my own mental health. I think reiterating what a lot of other community members have been saying, it's like, the lack of oxygen mask comparison. Like, you got to take care of yourself before you can take care of anybody else. And so yeah, like, my mental health has been not struggling, I just haven't been as cognizant of it as, as I should be. And I've been trying to throw myself into community action, and that it's not good for like me or the community, because I'm not at 100%. And, you know, I can't serve the people that I want to serve at 100%. (36:42)

The mental health practitioners, who have had regular interaction with patients throughout the pandemic, further supported the feelings expressed by the student interviewees. P10 emphasized how “there are layers to this impact,” as seen here:

P10: The pandemic disproportionately affects communities of color. Asian Americans along with everyone else must deal with the isolation and loneliness associated with social distancing and the separation from family for safety. Filipinx nurses represent a disproportional number of healthcare workers who have died from COVID-19... (0:11)

Another layer that uniquely affects Asian Americans is the more recent attacks on vulnerable populations, including the elderly and Asian women, whose role in Asian households have been noted by P8’s interpretation of the symbolic representation of these incidents:

P8: Respect for elders, filial piety is within Asian cultures, as opposed to like Western cultures, where it's a much more individualistic society, a lot of people don't live with their aging parents, or aging grandparents. And so, it feels like a foundational attack on us as Asian Americans. Not only are they targeting the most vulnerable, but they're targeting the people that we respect the most. That's just, I don't even know, the effects that it's having on Asian American mental health. The bedrock of communities is under attack. (34:09)

For individuals living directly near where several anti-Asian violent attacks have been reported, P4, a psychiatric-mental health nurse practitioner, described the more increased reports of increased anxiety and depression as a result of witnessing violence:

P4: Most people are just feeling increased anxiety due to both COVID and the anti-Asian attacks. When I talk to clients, they say they're really anxious because, for example, someone they know got robbed in Chinatown. Or, one of my family members died from

COVID. In those cases, it's pretty difficult, because it's understanding that there are real external stressors affecting these people's lives. (11:07)

P8: And then also depression, or I think a lot of people, a lot of Asian Americans are coming to terms with the fact that our position in America is precarious. And it's always been precarious. (23:09)

These initial reactions and expressions supported the overall understanding that the dual presence of the COVID-19 pandemic and the anti-Asian racism has led to a profound sense of loneliness for many Asian Americans. Many are expressing fear in walking through public spaces that was not previously an issue before the pandemic; P3 described how “this is the first time that [many] have experienced or even witnessed such explicit and aggressive violence” in the Asian American communities, furthering the feelings of isolation (0:36). Others are being disproportionately affected by the stressors of job insecurity, socioeconomic issues, and working or learning in isolation from loved ones.

Half of all interviewees also recognized that there were secondary, less overt causes of the directly negative attributes to mental health from the pandemic. One such factor is the racist rhetoric used explicitly by the former presidential administration. P6 and P10 both commented on the unique combination of word usage and illness that encapsulates the idea of yellow peril, comparing it to other health crises in history:

P6: Like Ebola, Spanish influenza, smallpox, HIV, STDs—we never called those things the African virus, or the European virus, or the US virus. But for this case, they're calling it the China virus, Kung Flu, whatever. It doesn't help that the former President used those words all the time. (04:57)

P10: It's the combination of the pandemic and intentionally racist language from the man who was arguably the most powerful leader in the world, who leaned into his privileged identities to rally others with privileged identities to lash out against Asian Americans as a perceived threat. These factors created the perfect storm to exacerbate anti-Asian attitudes in the US. (00:11)

Naming proves to be a powerful enabler for external aggression, particularly at the critical point early in the pandemic when public opinion and perception of the pandemic were just beginning to form. As P7 described, the pandemic only "confirmed what had already been happening" in Asian American communities (07:35).

These sentiments cover a large breadth of what was illustrated in the background information, first-hand evidence that builds upon the causal origins of historically isolating Asians as the other. The next section will explore the common topics that were then used to explain the superficial emotions and difficulty with expressing what was happening to Asian Americans during the pandemic, the majority of which were not brought up by the interviewer, but by the interviewees themselves. These subtopics can be organized into two distinct yet connected categories of Asian cultural identity and the American societal structure, as the interviewees describe their in-between struggle to embody two systems of thought that seem to repel each other.

Asian Cultural Identity

Much of the following subtopics and themes are not only relevant to the pandemic and mental health which began the conversations, but stem from a longstanding and well-characterized presence of stigma against mental health among Asian American populations. The following discussion, however, attempts to frame the values in a newer lens of further

complications arising from the changes COVID-19 to daily life. These complexities center on the Asian cultural values in family relationships that Asian and American lifestyles and expectations clash within, isolating an individual in what would typically be an intimate space of connection.

Family

P1, a practicing Licensed Marriage and Family Therapist (LMFT), introduced the variable of family early on in the data collection, recounting an example from her Asian American patients' multilayered stresses:

P1: Not only are you living life and stress with COVID and jobs and life, you have your parents to fight too, within your own family, to explain why you have to leave a job because it was toxic. (11:35)

P1's negative portrayal of the family in the Asian American household is only one aspect of the internally isolating influence that the family can have, as spoken of by P2, a psychiatric medical resident. He described how the family is a foundation of inherent factors of social connectedness, and how closely it is tied to one's mental health:

P2: That doesn't matter, because resilience is what holds the family together—That's what holds the family together, that resilience. My family, my parents moved around to different cities, but they do well for themselves...Depending on how connected your family is, it affects mental health. We talk aspects of trauma and neglect and abuse. (16:57)

The family is presented as a singular unit as expected, but the frequency and extremes at which the subject of family arose in the interviews should be noted, particularly when describing it in reference to the barriers that exist in communication and mental health. P3, a mental health professional at a private university, summarized the barrier that can appear as a result of the

emphasis on family in Asian households as not a stand-alone force, but as one intimately intertwined with values that the family holds strongly to. She describes it as the following:

P3: AAPI folks often come from families that are low in emotional expression and high on criticism. Meaning that, outwardly expressing emotions and thinking that just getting through personal difficulties on your own without needing other's help is the expectation. (3:54)

The role of family in producing this stigma of expressing emotional needs or seeking help externally will be discussed in sections below. But the role is not always a position of invulnerability, as it may seem from the previous standpoints. In the following comparison of two college students, P5 expressed how he personally “never had a conversation about the importance of expressing your emotions” (30:32). Meanwhile, P7 spoke of how her active conversations with her dad about racism and discrimination against Asian individuals shaped her understanding of her identity:

P7: ... but my dad would say no, when other people look at you, they will see Chinese, not American. And so I was pretty upset about that, because I thought I was totally American. My mindset has changed now, because I see now that when people look at me, the first thing they will see is my Asian appearance. But in a sense, I still stand by my “I am American” belief. (09:20)

The differing experiences across interviewees can be explained by the various parenting styles and beliefs that Asian parents, specifically, immigrant parents, may hold based on traditional Confucian principles. In a review of the literature by Kim and Wong (2002), they found that Chinese parents have different relationships with sons and daughters, and that the parenting behavior may change with the age of the child. There is a belief system that is unlike those in the

American and Western households, which place less emphasis on hierarchical roles and more on emotional and vulnerable connection between the parents and their children. A more recent study focusing on a low-income, urban neighborhood found that Asian parents' cultural value of independence has a negative correlation to behavior problems and a positive relation to adaptive behavior in their children (Huang et al., 2017). P1 ultimately explained the unhealthy family patterns carried through the parents to the children as "you inherit them, without knowing, and then you project it onto your kids" (16:59). However, there is far more to the dynamics within the Asian immigrant household than simply parenting styles.

Generations

It is nearly impossible to discuss the role of family in Asian American households without discussing the significance of generational differences, which ties closely with immigration. This is perhaps the most critical factor for Asian American mental health, as the relationships between parents and their children is highly sensitive to cross-generational interactions. The slightest difference in generations can produce a shift in views in politics and public policy, a concept well known by American society (*Pew Research Center, 2018*). The time of immigration adds an additional complexity to the understanding of immigrational differences; for example, a study in 2017 observed horizontal differences across generations but also the time at which the first generation established themselves in the U.S. (Duncan and Trejo).

Immigration for Asian Americans is closely tied to mental health. In a study analyzing data from the National Latino and Asian American Study (NLAAS) 2002-2003, it was found that Asian immigrants experienced lower levels of acculturative stress with stronger reasons for migration (Gong et al., 2011). A limitation of this study, however, is that the retrospective nature

of the participants' answers limits unbiased causal factors for mental health improvement or worsening due to immigration factors alone.

The existing literature on family cohesion and suicide ideation among Asian Americans also drew data from the NLAAS, yet again signifying the need for more diverse sources of quantitative data (Wong et al., 2012). It was found that suicide ideation was negatively correlated to family cohesion, as previous research suggested, but also that English language proficiency acted as a moderator between the two variables, particularly for Asian American families with low English proficiency. Additionally, English-language proficiency differed significantly between subgroups of Asian American populations, which then significantly impacted subjective self-reports of mental and physical health but not for objective outcome measures (Kim et al., 2012). Language barriers are a known obstacle to mental health services, particularly for immigrant communities. The low usage of mental health services among Asian Americans in particular makes it difficult to quantitatively identify the source of barriers that lead to these disparities in access. However, a different study that used the NLAAS data on language proficiency also found that individuals with limited English proficiency and diagnosed mental disorders were found to have a less perceived need for mental health treatment, while the expected emotional stigma of embarrassment and discomfort were not significantly more present in low English-proficiency individuals (Bauer et al., 2010). The combined results of these studies suggest that mental health is not a matter of embarrassment among Asian immigrants, but that another unidentified cause is preventing access to mental health treatment. A potential explanation may be found in the complex interaction of family roles and the time of immigration, as both the conceptual awareness of mental health and the increasing transnational contexts of immigration are evolving with time.

P1 in the interview recognized the vast differences in perceptions of mental health between generations of immigration, first by commenting on how her personal experiences are still repeated in the younger generations:

P1: it's so funny that I still see the same issues today that I experienced in 1980-something. And it baffled me that I'm living my childhood in my client, and then I remember that immigrant families are still here. (13:27)

As a therapist for many Asian American clients, the interviewee described how the dynamic between first- and second-generation Asian Americans was the most strained relationship in a family, when compared to second- and third-generation relationships and so forth. P2 also mentioned how for the older first-generation immigrants, there were “much larger issues at hand than talking about mental health,” implying that there is less cross-talk between the generations because of the lack of awareness on mental health in the older parental generation (21:13). P7 reinforced the lack of relatability between the generations due to immigration with her personal experiences with microaggressions and ignorant remarks:

P7: The jokes that you hear when people say ching-chong, or they come up to you and don't know if you're Chinese or not, but they say “ni hao” or things like that—they don't take that offensively. They just assume that the people are trying to relate with whatever culture they are assumed to have, so it is about fitting in. It's different for our generation, people who are born here, because this is our land. (20:40)

Although the younger generation is born and raised here, they are unable to express their feelings of not belonging to their parents because the older generation sacrificed their sense of belonging to come here. P9 called the situation not just relative for Asian Americans, but all children of recent or established immigrants, because “your parents moved over here to give you a good

life” (11:20). The problem with mental health comes from this disconnect in priorities and values of what mental health is, and how prevalent the issues can be for younger individuals. P6

described the barrier as not only generational, but cultural and even a language barrier:

P6: My parents immigrated here, and I was born and raised here, so there’s a cultural and generational gap. I was not raised to talk about mental health or feelings, and I don’t think my parents have the vocabulary either to talk about emotions or what mental health is. They don’t have the skills to talk about it, and that got passed down to me—so it’s a cycle of not understanding that. (10:10)

The time of immigration and distance in generations from the immigration significantly influences the stigmas and attitudes towards mental health because of this difference in an almost hierarchy of needs in the social and emotional context. For second generation Asian youth, for example, there is the balancing act of proving one’s American-ness at school and work, but also retaining Asian identity at home and interacting with their parents of an entirely different upbringing and culture:

P5: The goal of our family was to not waste time—my mom worked a lot, my dad worked a lot but he also drove me to practice, to lessons, and my sister was always busy too. So there was never time to sit down and ask how your day was, all together, which hindered ultimately the formation of deep emotional connectedness. (30:32)

It is evident in P5’s description of family interactions that the family is brought together through productivity, the idea that producing substantive results will in essence produce a sense of emotional stability. This is not only seen in the first to second generation, but also passes into the third generation of children, as P1 explains in her observance of her own grandfather’s interactions with her mother:

P1: I got it when I met my grandfather early on, and I loved him, that bloodline, but I knew that my grandfather was so unaffectionate. He'd talk to my mom a certain way, and to me a certain way, and he wouldn't show that he loved my mom, even though he did. (16:59)

P1 also notes, however, that there is “less conflict” between second- and third- generations in the family household than there may be between first- and second-generation, as has been primarily focused upon in the discussion.

The pandemic increased conversation surrounding racism in America within families with preexisting complexities within the household. Not only are younger generations grappling with the sudden changes to their daily lives with COVID-19, but also must debate whether anti-Asian racism is too emotionally vulnerable or politically charged of a topic to share within the family. Many of the interviewees expressed difficulty with explaining Black Lives Matter and the history of Black people in the U.S. to their immigrant parents:

P2: My mom grew up in the South, though, and she said she never experienced racism. Now, she says it more like “a lot of people are ignorant” and need education. And I'm like, that's racism but okay. It's very frustrating on my end, because I can see it how she is seeing it, and it's more forgivable to call them ignorant than racist. Racism is a jab at their character, while ignorance is more like, they can still be taught and changed. (21:13)

P7: My dad was adamant about telling me about discrimination against Asians, so I tried to tell him that for Black people, the discrimination and racism they face is different—like when you as an Asian person are walking down the street, you wouldn't be in fear of police brutality as a Black man might. Just trying to get that across to them—like my mom for example, would say oh, but my best friend is Black. (12:08)

The parallel news of the pandemic, police brutality, and anti-Asian sentiments created an unusual dynamic within the Asian household, especially when many of the older children returned home for an indefinite amount of time. Relative to the highly publicized and protests of deaths in the Black community, the surge in racism against Asian Americans since March of 2020 was underreported, further complicating the conversation within Asian households about race and identity (Lee, 2021). At the same time, a core value among many immigrant generations is to avoid “stirring up trouble” or “shaking things up” (P7 17:32 and P8 23:09). These discussions are evident of how Asian immigrant parents and their children struggle to discuss the concept of racism beyond the Black/White binary and indicates an untapped conflict of where Asian ethnic groups may position themselves in relation to other communities of color in the United States.

Stigma and Migration

The previous section described the differences across generations, but most came from a highly Westernized standpoint of the children, speaking in reference to the Asian sociocultural values brought over by their immigrant parents. To provide more balance to the perspective, this section will make more pointed observations to the viewpoints of Asia in regard to mental health and illness. Although the criticisms of Asian cultural values cannot be dismissed, statements such as those made by P6 must be investigated from various viewpoints:

P6: I can't speak for other cultures, but for Korean culture at least, there is a big emphasis on image. Not just physically but like—is this person successful? Do they go to a good school? Do they get paid a lot? Are they high in ranks at work? Are they married? Do they have children? Do they live in a nice place? Like a lot of that is given a lot of weight, and if you have these things, then you are given a lot of respect... So the culture

itself is very bad at [showing weakness]—which is why, I think, there are such high suicide rates in Korea. Because everything has to be kept on the down low. (12:25)

The high suicide rates among youth in Korea is referenced by P6, which is statistically true but also, as seen in the current literature, caused by a myriad of environmental factors and not just the hypothesized emphasis on image described here (Liu J, 2020). Still, several of the interviewees also referenced to the large amount of stigma in Asian culture based on personal experiences and observations, which is the root factor for many of the generational conflicts noted in the previous section:

P9: I think there's a real shame idea, stigma, because I went to his parents with his troubles. And they just kind of rejected it. They're like, he doesn't have any idea. Like, what we don't want trouble, you know he's just like, doing this for attention. (22:18)

P4, in her clinical experiences, described the process she takes with more of the older generation that visits the health clinic:

P4: It boils down to there still being a lot of stigma in Asia, for the older generation. For most of them, who grew up in an Asian country, mental healthcare is still stigmatized, quite a bit... Those are the main cognitive frameworks that they immigrate with, so most of the visits I have, I'm thinking of the most severe patients who resist seeking care—I take a lot of time just talking about what mental health is, doing some education to normalize what the experience is. Framing it in a way that might be more palatable for them. (15:29)

Much of what P4 and P1 describe are connected to the differing views of the body, health, and illness between Western and Asian traditional medicine. There is a holistic approach to wellness in non-Western contexts, and specifically in the view of traditional medicine, that perhaps the

immigrant generations have carried into the American biomedical context and contributes to the gap between Asian and American sides of the immigrant household.

Traditional Medicine and Immigration

The advancing relationship between traditional Asian medicine and Western biomedicine in psychiatry cannot be described without the influence of globalization, and in this particular case, Asian immigrants in the United States. P2 noted the structural difference in which the medical model takes in shaping the perception of health and treatment of sickness:

P1: I think about it as, maybe traditional medicine being integrated into mental health, working with people in the community. Whereas in the US system, we have people in hospitals, medication-based care, but less of an emphasis on outpatient preventative care, which is arguably just as, or more important, form of care. (06:07)

In an older study comparing public mental health treatment among communities of color in the US, it was found that Asian American patients were most likely to be living with family members than other populations, which the researchers concluded represent the collectivist attitudes of Asian culture that may interfere with treatment seeking (Snowden 2007). However, this portrayal of the Asian American family as skeptical of biomedical treatment can also be misleading; the paper failed to further investigate the alternative forms of medicine and traditional beliefs that may have been providing for the patients as well. Immigration demands active efforts to understand and respect the cultural values that immigrant patients carry. Not doing so can even deter the initial stages of help-seeking.

TCM use has been shown to decrease with an increase in Westernization, but for immigrant children or first-generation immigrants, such patterns may delay access to psychiatric services (Yang et al., 2009). For psychosis in particular, treatment of Asian immigrants has

demonstrated great potential when combined with proper cultural training across the levels of providers. An in-depth case study of a 10-year-old Chinese immigrant boy experiencing ghost-seeing, the combined efforts of the pediatrician, psychiatrist, and therapist resulted in a collaborative relationship of understanding the “mind and body” concept in a manner that supported the traditional Chinese medicine background of the family, while ensuring that therapy was executed in a culturally sensitive manner (Fang et al., 2013). The anxiety of seeking help was clearly recognized by the providers and serves as an example to follow for future diagnosis and treatment of mental health among immigrants.

The traditional medicinal aspects that shape older immigrant generations’ views of mental health and illness are therefore not an inferior or ignorant manner of knowing, but a completely different perception of the body that should influence the approach to conversations about mental health. P4 detailed how she encounters such individuals in the workplace:

P4: I would say, generally for the older generation—if it’s a mood disorder, they’ll likely only have physical complaints and come for help for physical complaints. It will take a while for them to realize that is could be caused by deeper, mental health issues. (13:02)

Mental health treatment for Asian American populations across the generations will be discussed below, but it is important to recognize that the relative lack of baseline education or awareness about mental health is most likely due to the lack of an understanding around Western psychiatry unless it is integrated into aspects of existing structures of traditional medicine in Asia.

Additionally, there is a westernization of mental illness that continues to spread and hegemonize the scientific dominance of Western medicine over other cultural practices, an evolving issue that supporters and critics refer to as globalizing mental health (Cooper 2016).

Overall, the transnational communication of mental health from Asia to the U.S. is complex and constantly shifting, as the trends of immigration continue to further bidirectionally. But the immigrant family and its general push towards emphasizing “hard work” and “not causing a stir” reap variable effects on the children and subsequent generations (P10, 10:32). The crises emerging during the past year have exposed and strained many of these complicated familial tensions and relations across immigration and modes of thinking, a force of isolation that Asian Americans may be experiencing more than in the past. Although there are difficulties within the Asian immigrant household to speak comfortably about the pandemic and mental health, it is certainly not the only environment that Asian Americans interact with. The children of immigrants and beyond develop their understanding of belonging and citizenship during the critical periods of childhood and adolescence through American education and support systems, which the next section evaluates in detail.

Western Societal Structures

As the core cultural development of mental health awareness is predominantly Eurocentric in history, several of the interviewees attributed living and growing up in the U.S. towards their overall view of mental wellbeing:

P1: It’s not a total, patriarchal authoritarian culture because we’re American kids and didn’t listen to that hierarchy rule so present in Korea. (18:14)

P6: The US helps... There’s a much larger push as a society of making disorders visible, having more willingness to educate and bring awareness to mental illness. Not just to recognize it, but learn from it. (14:22)

P8: Broadly, America has become more accepting of mental health issues. But like Asian Americans, and Asian American community, like a lot of other immigrant communities is behind. Years, if not decades. (28:51)

However, there are many components of the Western societal structure that externally complicate the already existing barriers to positive perceptions of mental health among Asian Americans. The majority if not all of the determinants provided by the interviewees were in fact components of a greater institutional presence, whether in person or online, as discussed in the sections below.

Western Tropes and Gender

Perhaps one of the most popular concepts taught in Asian American studies is the model minority myth, which was briefly introduced in the background literature. What is not as widespread, however, is the way that mental health and perceptions are shaped by the acceptance and falling into of this myth. P7 describes her interactions with her parents and the Asian American community below:

P7: ...it's more like a source of pride [to them]—like yes you should feed into the model minority myth, why not, thinking that Asians are supposed to be smart, supposed to be successful. (17:32)

For P7's parents, the model minority status of being smart and successful were the norm set for their child, as seen in the community around them. As a result, P7 felt the pressure to meet those standards, many of which were set not by an ingrained racial or genetic advantage, but by immigration policy, "brain-drain" preferences, and political pushes to use Asian immigrants as the racial wedge between Black people in the Civil Rights era (Kiang et al., 2017). The unfair expectations placed upon Asian American youth, then, is not created by a foreign influence of

the “Asian tigers” but rather a pressure built through the systemic interaction between immigration and opportunity within the American racial landscape. Another reference to this raised expectation for Asian Americans was made by P8, who referred to the tropes seen in American television and media portraying Asian characters:

P8: ... Very high achievement, academically, nerdy, good at math. Good at sciences. And so, there is a lot of pressure placed on these students to perform to the stereotypes that they felt was imposed on them. This is stereotype threat. (17:08)

Stereotype threat is defined as the risk from confirming stereotypes about an individual’s racial, ethnic, gender, or cultural group, which can “create high cognitive load and reduce academic focus and performance” (Pennington et al., 2016). Although often used to describe the experiences of Black students, where the stereotype to fail or perform poorly in class impedes their overall ability and wellbeing, the term has more recently encompassed the opposing extreme of Asian Americans, who experience a parallel sense of frustration, anxiety, and pressure to maintain the stereotype of success. McGee (2018) concluded from a study conducted on college students that both Black and Asian student participants were placed under intense mental and emotional strain for the stereotypes for either achievement or failure. Believing that Asian Americans are successful translates into the misguided assumption that Asian Americans are also well-off in terms of mental and emotional health, and perpetuates the idea that they are not in need of focused mental healthcare.

The stereotypes of Asian Americans in academia are only one dimension of the portrayals in the modern Western lens. A second critical aspect of the harmful stereotypes regards the gender roles:

P8: There is a dual fetishization of Asian American women, and then a simultaneous emasculation of Asian American men. How the media portrays that, and how that influences like people's perceptions of themselves were high score. These students are young, just stepping into this dating field, right? And thinking about themselves and like how other people view them... It was hard for the students to feel like people were romantically interested in them for them. Like a fetish thing. Or they were invisible.

(19:36)

P8, when describing his experiences working with high school students which led him to study mental health counseling, stressed the additional layer of burden placed upon Asian youth when perceived as an object to be desired or rejected. Robin Zheng argues in her in-depth analysis of racial fetishes that even if they are not caused by racial stereotypes, they prove problematic because of how they “depersonalize and otherize their targets, subjecting them to disproportionate psychological burdens of doubt, suspicion, and insecurity on account of their race” (2016). The focus on race is taken out of proportion when the attention of politics and media witness a race-based hate crime, but rarely is it considered that the fetishes are themselves expressing stereotypic social meanings.

Asian men and women in Western society are placed under stereotypes of demasculinity and fetishization, respectively, and consequently attribute to the mental wellbeing of both in distinctive ways. Lu and Wong conducted an open-ended questionnaire and found that Asian American men are recipients of negative comments that deter from sustainable self-concept (2013). The interaction between immigration, gender-based violence, and trauma may also contribute to the statistic that Asian American women aged 65 and older have the highest suicide rate among females of all racial backgrounds (APA, 2020). To address the needs of a specifically

older Asian population, a community education program was implemented in New York to reach older Asian women through family members, caregivers, and social workers (Cao, 2014). Such initiatives, however, have been discontinued to the lack of perceived need for targeted mental health interventions for Asian Americans, both by the internal stigma of individuals and the view of the greater public.

The extreme stereotypes and tropes imposed upon Asian Americans, from youth to old age, is a risk factor for mental health that is heavily stressed during times of crisis. Throughout the pandemic, violence and harassment against Asian American women has been reported 2.3 times more than against men (Jeung et al., 2021). These results, both from the statistics and the personal accounts of interviewees, display the proximal effects of a deeper brokenness in the mental health infrastructure for Asian Americans. There are numerous points in the lifespan where mental health development can be addressed, but a point of particular relevance is the critical transition from adolescence to young adulthood, when mental health is brought to the forefront of conscience thought for the first time for many.

Adolescence and Mental Health Awareness

Of all the interviewees who were asked at what age did they hear about mental health for the first time, 100% answered high school (P5 30:32, P6 08:59, P7 23:25, P8 8:53, P9 22:18). The time period at which interviewees first heard of the term “mental health” in a professional setting was specifically attributed to college, but several of them noted that, in retrospect, their first encounter with mental health struggles was in high school:

P5: I started to struggle with mental health in high school, and it wasn't until later in college when I began to realize that. (30:32)

P6: I think as an official concept, it was in college...In high school, I think I had the beginnings of a personal mental health struggle. I didn't really know what it was. (08:59)

Until college, many of the interviewees expressed how they may have been aware that mental illness existed, but not within their own personal sphere of family and friends. It is possible that the physical act of leaving home, as well as the sudden visibility of mental health services and support on university campuses, contribute to the increased awareness (P5 30:32). However, two interviewees shared about their close friends in high school who struggled with mental health, and their own responses to each situation:

P7:...my roommate—who is Asian American—in high school dropped out because she was struggling with depression. She couldn't keep up with the boarding school's demands, it was too hard. And I just kept telling her to push through, like don't leave me, you can do it. And she wanted to, but it's not something you can force. It was hard for me to understand that it was not based on her own willpower. (23:25)

P9: I first encountered mental health through my best friend growing up in high school. He really struggled with depression, and sometimes suicidal ideation... I went to his parents with his troubles. And they just kind of rejected it. They're like, he doesn't have any idea...And then I told my parents, and they're like you shouldn't talk to his family. (22:18)

As described, the mental wellbeing of the interviewees' friends heavily weighed on the interviewees. Not only was there the barrier between immigrant parents and their children, but also the personal stigma and unawareness of mental health as being far more than just "willpower." There is an overall lack of utilization of mental health services in schools by Asian American adolescents, when compared to their peers (Whitaker et al., 2018). The two

interviewees who shared personal accounts of mental illness among their loved ones emphasized how their awareness was not without painful processing, and indicates the reactive rather than proactive structure currently in place for dealing with mental health among youth. The reasons for the low utilization statistic are vast, and the following section will integrate multiple cultural and social forces encountered thus far.

Mental Health Services

All interviewees mentioned the shortcomings and limitations of the mental health services that currently exist to bring awareness to and treat the mental health of Asian Americans, both youth and adult. P1 explained how the services have shifted slightly through the course of the pandemic:

P1: The services are very general, not geared towards Asian Americans, so they're not getting the help they need...COVID has shifted it a lot—lots of anti-Asian sentiment that I hear from students, and I wish the campuses did better with that. Even at my state school, where there's a huge Asian population, there is a lack of mental health services. (20:14)

P7 also described the “lack of resources...fitting resources for a particular target group” in the psychiatric hospital, when her friend was admitted (26:50). The lack of culturally sensitive services may be in large part due to the underutilization of services, starting in the adolescent stages of critical mental health awareness. Wang et al. (2020) discussed how the Asian American youth may misperceive mental health services at school as being only for severe illnesses or conditions, as well as how the immigrant parents have overall negative attitudes and stigmas towards the provided services in the American school system. P9 described his own walls that

were raised when the mental health professional he sought out recommended antidepressant medication:

P9: I never went back. I was like, I don't want to know if I have mental health issues, because I felt like that meant that I was less than normal, less than human. In some ways. I felt like that meant I had something, something wrong with me. So, I was at a time where I like very distinctly refused to consider the possibility that there's mental health. (19:26)

Although it was not explicitly addressed, there may be underlying fear and mistrust with biomedical mental health treatment among Asian American youth that has been passed through generations of more traditional Asian medicine backgrounds. P1's aversive reaction to an antidepressant medication is one not uncommon with individuals who have not been raised to trust Western medicine.

With the pandemic, however, the need for preventative mental health services, especially among the youth, becomes more urgent:

P9:...so many Asian American students have been bullied for their race in this past year. And I'm sure many of them have very traumatic experiences, probably have developed anxiety and depression because of it. That's a huge issue for mental health providers to deal with. Because not only are you going up against the stigma of mental health within the Asian American community, you are now also dealing with like a surge in demand for services. And they're not prepared to talk about these issues from a culturally competent perspective. (23:09)

Yet the current capabilities of these services are limited by the prioritization of services and the lack of representation among mental health professionals. P10 explained how higher education

institutions like colleges and universities invest in services, but the selective focus of such initiatives depends greatly on the externally perceived need among different student groups:

P10: oftentimes, Asian Americans are NOT included in this group due to high GPA scores and this perceived sense of success. They will say “they’re doing fine, they don’t need help. Let’s give help to those who really need it.” And because Asian Americans are the least likely to pursue help, they’re not going to see lots of Asian Americans coming to events, making appointments, which perpetuates the stereotype that Asian Americans don’t need mental health services. (10:32)

For high schools, the financial constraints are exacerbated, particularly in the public school system. P6 mentioned how the mental health initiatives are not “formally integrated into the curriculum” and P9 spoke on how “counselors right now are more focused on writing letters of rec than they are on any sort of social work or mental health work” (P6 10:10, P9 38:17). With the transition to online learning in the past academic year during the pandemic, students are less likely to be aware of the available mental health services, if any, which can result in deeper isolation in Asian American mental health.

Additionally, the lack of perceived need for these sources is difficult to demonstrate because the Asian American experience is extremely varied. Socioeconomic status is one such example: Asian Americans are perceived as highest earning income group in the U.S., yet it is overlooked that they also have the greatest income inequality within the group: In 2016, the highest earning Asian Americans had 10.7 times the income of Asian Americans at the 10th percentile, a ratio significantly higher than those among blacks (9.8), whites (7.8) and Hispanics (7.8) (Kochhar and Cilluffo, 2020). One of the results of this gap is the persisting idea that “therapy is often believed to be only for “rich white people” and so it seems inaccessible for

marginalized communities” (P3, 3:54). P4, who works in a community health center, also stressed how Asian immigrant patients “don’t have working phones, some don’t have Facetime availability” for the telehealth visits that have taken over during the pandemic, another barrier to mental health services experienced by Asian Americans (19:21). The difficulty of accessing proper mental healthcare persists regardless of age, but it presents in different forms.

The pandemic has ultimately revealed the disconnect between American systems of mental health services and the supposed Asian cultural values that foster stigma towards help-seeking. However, the bidirectionality of Asian American mental health implies that seeking help for Asian Americans is a responsibility both the individual and the system must work together to achieve, a step that has never been taken in history. P7 lamented the misperception she had that Asian Americans “don’t struggle with mental illness because it was so unseen” to her (26:50). There are current steps being taken on multiple levels to increase visibility and awareness of mental health issues among the Asian American population, but still much more that can be done.

Advocacy and Engagement

Despite the multiple barriers that Asian Americans encounter, both within their homes and in the external institutional systems, interviewees expressed optimism and cautious hope in the current situation of the COVID-19 pandemic for the future of mental health. P3 noticed that there was “an increase in AAPI students” in her counseling schedule, a potential sign that students are more actively seeking care because of the overwhelming push of both the pandemic and racism (3:54). At the same time, it may still be difficult for individuals to reach out and overcome the stigma of help-seeking. Therefore, there are three levels of engagement, both within the mental health sphere and beyond, that interviewees identified would ultimately work

to improve mental health for Asian Americans: at the individual-community level, the local-institutional level, and the broadscale policymaking level.

Individual-Community Level

P2 recognized the intricacies that traditional medicine can play in Asian American mental health, and suggested that “local resources... meet them where they are” (26:35):

P2: In the US, we associate psychologists and psychiatrists and therapists as very important for mental health. Understandably so. But population wide, in AAPI mental health, it will on a broad scale improve when there are people aside from those three groups to help with mental health. 07:41

Not only should mental health consider its interventions on a more holistic scale, but also consider the improvement of culturally sensitive programs with representative members of the AAPI community. P4 referred to the current students as the “future staff” and called for increased education of the younger generation, so that more improvements can tangibly be enacted upon (28:32). The COVID-19 pandemic has essentially catalyzed this movement, as racial attacks have spurred more conversation:

P9: ...with, like pandemic, as well as anti-Asian sentiments, that there will be increased racial consciousness for Asian Americans, which I think can improve mental health. (33:05)

P3: More and more influential people within our community are modeling talking about feelings, sharing about their experiences with therapy, and speaking out about the importance of mental wellness. (8:18)

There is hope that with a critical mass of individual conversations about the anti-Asian violence and the external emphasis on mental health during the pandemic that Asian Americans will

continue to step beyond the stigma and stereotypes placed upon them. Individuals are also recognizing the need for proactive work from the ground up, not only for mental health but for the Asian American identity:

P5: Asian American existence was not at the forefront of my thoughts then, or when I transferred here where there are less Asians—until the attacks against Asians began at the start of the pandemic. So, that alone has raised questions about what I've been doing...it's a slight feeling of guilt. Like, oh, why wasn't I more involved in my own community? (08:25)

The guilt felt by P5 in this particular moment, just after the death of six Asian women in Atlanta was reported, is a snapshot of the processing of cultural identity that many young Asian Americans went through for the first time. As this painful awareness grows, more individuals will join together and ideally call for change in their local neighborhoods, schools, and organizations so that proactive efforts can be made to prepare for future crises that attack mental wellbeing.

Local-Institutional Level

Although individual awareness is incredibly necessary, it is inefficient to rely on the organic growth of knowledge passing from one person to another. Three of the interviewees suggested that for the future of Asian American mental health to succeed, there must be changes called for at the institutional level—namely, in the educational spaces:

P4: I'm hopeful there will be more education for Asian Americans, i.e. more Asian American studies. I do think that is quite important, and if we look towards the West Coast, like the Bay Area, and see how the Bay Area and the Chicago area really fought

hard for Asian American classes, and how they ultimately revealed more about the issues within the community (28:22)

P6: if Asian Americans grow up in Asian households that don't talk about it, it's quite easy for a cycle to continue. They don't seek help, they don't know about the mental health struggles... Like no, it's an actual illness, with actual treatment plans and things like that. I think there needs to be a big education push. (18:33)

Both P4 and P6 pointed towards the need for more educational reform, although one mentioned Asian American studies while the other described more as, "psychology as a required component of the curriculum" (P6 18:33). But the physical space, one that is visible to the Asian American community and to others, is a significant symbol that can serve to support Asian Americans in their sense of belonging. For example, P2 compared the effectiveness of having a mental health center directly for a cultural group, versus having a general community space:

P2: Community organizations, having a physical building there, is a pillar of what the area stands for, is important. It doesn't have to always be related to religion or mental health even—but as long as there is an organization that contributes something, that's really helpful. (07:41)

There are spaces, items, and positions that can be established within the institutions to move towards true inclusion and belonging for Asian Americans. This is not only in reference to the second-generation immigrants, who may feel the largest conflict between their immigrant parents' values and the American education system, but also for future generations. P1 noted that her third-generation child would still "relate better to an Asian person... as Americanized as [he is]" (21:53). A case study of building and advocating for Asian American spaces is outlined in the future research below.

Policymaking Level

P2: It shouldn't just be Asian people advocating for Asian people. (25:38)

Policymaking is closely related to the changes made at the educational and institutional levels of engagement. Still, it is important to recognize that none of the changes are fully possible without knowing that the fight for justice is intertwined with solidarity for other communities of color. A unique such instance is given by P4, who works in a city with prominent Black and Asian communities of historical significance:

P4: After the anti-Asian attacks, [conversation] was very much focused on restorative justice and making sure that the initiatives that arrive were community-based—which bluntly means not asking the police for help. (00:41)

Asian Americans must continue to educate themselves and those around them as they advocate for changes. Although the work is exhausting, the collective practice of addressing injustices at the three levels of engagement will continue to bring more individuals within and beyond the Asian American community into awareness of the fragile mental health landscape, and begin calling for more preventative measures to be set in place.

Limitations and Further Research

Despite having more positive attitudes about mental health treatment than Latino and Black communities, the lesser-aculturated Asian American population carries a disproportionate amount of stigma in a range of experiences (Wong et al., 2016). It is necessary to look into existing mental health programs for Asian Americans and critically analyze their effectiveness. A case study is found in the recent wave of support for Asian American studies at college campuses across the country. Spurred by the anti-Asian hate crimes since the start of the pandemic, Vanderbilt University students led an effort in March 2021 to gather signatures from

peers as well as faculty, alumni, and affiliates to push for the academic establishment of an Asian American studies program, as well as a long-term goal to create a physical Asian cultural center on campus (Kim 2021). In the same month, over thirty-five colleges and universities gathered to host panels on anti-Asian racism and call for increased support from their respective administrations (ICAC 2021). The success and long-term implementation of these efforts should be examined and compared to previous movements at college campuses, where students led the majority of the movements for change.

Liu et al. (2020) reported the first prospective cohort study of mental health risk and resilience in U.S. young adults during the first few weeks of the pandemic but conducting a survey nine to ten months after the lockdowns began will provide a more long-term perspective into the mental health needs of young adults and if mental health interventions implemented for remote learning are effective. The mention of social media platforms (P3 8:18 and P10 17:45) as a positive tool for mental health during the pandemic is one that should be investigated further, particularly as the role of media on mental health has also had its negative aspects (Karim et al., 2020). Overall, there should be more telehealth research conducted on the potential benefits and deficits of using technology for mental health, and particularly for Asian Americans where cultural stigma barriers and insufficient institutional spaces may be ameliorated.

An unexpected finding from the qualitative interviews is the potential improvement, rather than worsening, of mental health through the isolation caused by the COVID-19 pandemic. The unique situation of collective and voluntary quarantining is unseen in other pandemics throughout history, and the interviewee mentioned that the pandemic may be shifting the field of mental health for the better in the years following the pandemic. Speaking about mental health openly is less stigmatized because there is a shared suffering among all peoples

through external mental health stressors such as job insecurity, racism, and sickness. Indeed, it may prove fruitful to examine the positive impacts of pandemics, especially in regard to racial reconciliation and mutual aid. Cohn writes that the Influenza of 1918-20, the pandemic that killed the greatest numbers in the world, was a “pandemic of compassion” that involved immense volunteerism, charitable actions, and aiding strangers regardless of nationality or race (2020).

For Asian Americans, there may be more of such unity occurring through microcosms of community, such as religious spaces, that have yet to be identified in the mental health literature. P10 mentioned how Asian Americans are some of the least likely to seek mental help due to the stigmatization of mental illness, and for some in religious spaces, the spiritualization of physical challenges, like they say, “You must pray about it” and nothing else” (4:47). A study conducted in 2016 found that self-rated mental health differed among Asian American subgroups depending on the group’s history of religion, assimilation, and acculturation (Ai et al., 2016). The intersection of faith, immigration, and mental health is an extension of the carried-over Asian cultural roots that can be analyzed in more detail as a potential accelerator for mental health programming, perhaps in a case study of religious and faith-based organizations creating initiatives for mental health.

A limitation of this study is the specificity of the backgrounds of the interviewees. Although not all of the interviewees were of mental health professions, most if not all have been educated in higher institutions and demonstrated solid awareness of their emotional and mental state. It would be interesting to look beyond the narrow scope of Asian Americans who are mostly second-generation and see what the thoughts and attitudes are that shape third-generation and beyond. Furthermore, the small number of interviewees made it difficult to see wider

representation of the Asian American diaspora, as many of the interviewees came from ethnic backgrounds that are predominantly East Asian. More diversified research can be done on the heterogeneity of the Asian American identity. Perhaps to combine the two, a horizontal diversity of ethnic backgrounds in addition to the vertical diversity of generations can be established.

There are many topics left to be discussed, but the main steps to be taken center around new understandings and questions about applying targeted, preventative mental health strategies that the COVID-19 pandemic brought into the Asian American community.

Conclusion

The literature review attempted to encompass an overarching view of pandemic racism in history, as well as some potential social and cultural factors that influence Asian American mental health. The third section of research integrated these two areas into a comprehensive extension of the current COVID-19 pandemic and a projection of the changes that should be made to improve mental health outcomes for Asian Americans. The findings from the ten interviews underscore the importance of studying mental health stigma and how the accessibility of mental health services is impacted not only by socioeconomic and geographic factors, but also more nuanced patterns of relationships within families and institutions. Loneliness, a common theme among the interviewees, is influenced both by the social isolation from the pandemic and the historical scapegoating and alienation of Asian individuals. Furthermore, the supposed split between Asian and American systems of health is an illusory concept. The distinct separation of the two cultural spheres of thought is built upon the racialized nature of othering both the Asian individuals and their associated cultural practices. The experiences of harmful stereotypes, isolation, and ignorant remarks from the Asian American interviews reflect the accumulation of constantly dividing Asian and American identities rather than unifying. The historical context of

Asians in America combined with the interview data strongly supports that the ongoing issues in Asian American mental wellbeing stem from an individualized notion of health, where blame is placed on the most foreign aspects of Asian culture. The pandemic has exacerbated and exposed neoliberal patterns of placing blame on the other as an individual, which requires immediate action to demystify the complexities of Asian American healthcare through education and advocacy.

As Atlani-duault et al. writes on the role of media during the H1N1 pandemic: “there is little that is really new about the construction of scapegoats: denying their shared humanity permits a distancing from feelings of moral and political responsibility” (2015). Perceptions of mental health between generations continue to grow more polarized, the media and technology produce unknown impacts for mental health awareness and treatment, and the increasing understanding of Asian immigrant history as it continues to evolve in our present day is shaping the pandemic as we know it. However, the current and ongoing attitude regarding Asian American mental health can be summed up by the following two quotes from the interviews:

P1: COVID has definitely shifted mental health for the better. Meaning, more Asian Americans seem less hesitant about talking on mental health, because they just couldn't handle it anymore with people losing jobs and racism and the pandemic. So stigma is being helped by COVID, bringing that to the forefront. And I think it's going to move forward from here. (22:49)

P6: I just think now is such a tumultuous time, since we're at the beginning stages of change, which is like identifying the issue, which nobody has pointed out before. (00:41)

There is a movement occurring among Asian Americans to establish the ontological status of mental health at the forefront of the community. Some have been moved to pursue a career and

dedicate their lives to helping the future generation of Asian Americans in mental health, whether from the medical perspective or a more therapeutic one. Others are learning about racial trauma, and how closely it correlates to our mental health. Ultimately, evidence-based projections on future effective mental health improvement will be made for Asian Americans during times of crisis and beyond. As another pandemic is bound to happen in the coming decades, our communities should be adequately equipped with the knowledge and services to provide for overlooked Asian American communities.

Reference List

- Ai, A., Appel, H., & Nicdao, E. (2016). Differential Associations of Religious Involvement with the Mental Health of Asian-American Subgroups: A Cultural Perspective. *Journal of Religion and Health*, 55(6), 2113-2130. <http://www.jstor.org/stable/44157066>
- Ali, S. H. (2008). Stigmatized ethnicity, public health, and globalization. *Canadian Ethnic Studies*, 40(3), 43-64.
Doi:<http://dx.doi.org.proxy.library.vanderbilt.edu/10.1353/ces.2008.0002>
- Andrade, G. (2020). René Girard. *Internet Encyclopedia of Philosophy*.
<https://iep.utm.edu/girard/#SH7b>
- Atlani-duault, L., Mercier, A., Rousseau, C., Guyot, P., & Moatti, J. P. (2015). Blood libel rebooted: Traditional scapegoats, online media, and the H1N1 epidemic. *Culture, Medicine and Psychiatry*, 39(1), 43-61. Doi:
<http://dx.doi.org.proxy.library.vanderbilt.edu/10.1007/s11013-014-9410-y>
- American Psychological Association. (2020). Statistics on Asian-Americans' Suicide-related Outcomes. *Office of Ethnic Minority Affairs*.
<https://www.apa.org/pi/oema/resources/ethnicity-health/asian-american/suicide>
- Bauer, A., Chen, C., & Alegría, M. (2010). English Language Proficiency and Mental Health Service Use Among Latino and Asian Americans With Mental Disorders. *Medical Care*, 48(12), 1097-1104. <http://www.jstor.org/stable/25767018>
- Cao, O. (2014). Preventing Suicide Among Older Adult Asian Women. *Generations: Journal of the American Society on Aging*, 38(4), 82-85. <https://www.jstor.org/stable/26556082>
- Center for Disease Control and Prevention. (2020, November 30). Covid-19 Hospitalization and Death by Race/Ethnicity. *Coronavirus Disease 2019 Cases, Data, & Surveillance*.
<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html>
- Cohn S. K. (2012). Pandemics: waves of disease, waves of hate from the Plague of Athens to A.I.D.S. *Historical journal (Cambridge, England)*, 85(230), 535–555.
<https://doi.org/10.1111/j.1468-2281.2012.00603.x>
- Cohn S. K. (2020). Social and institutional Reactions to the Influenza Pandemic of 1918-20. *Medicine, conflict, and survival*, 1–18. Advance online publication.
<https://doi.org/10.1080/13623699.2020.1820165>
- Cooper, S. (2016). Global mental health and its critics: Moving beyond the impasse [Editorial]. *Critical Public Health*, 26(4), 355–358. <https://doi.org/10.1080/09581596.2016.1161730>

- Darling-Hammond, S., Michaels, E. K., Allen, A. M., Chae, D. H., Thomas, M. D., Nguyen, T. T., Mujahid, M. M., & Johnson, R. C. (2020). After “The China Virus” Went Viral: Racially Charged Coronavirus Coverage and Trends in Bias Against Asian Americans. *Health education & behavior: the official publication of the Society for Public Health Education*, 1090198120957949. <https://doi-org.proxy.library.vanderbilt.edu/10.1177/1090198120957949>
- Duncan, B., & Trejo, S. J. (2017). The Complexity of Immigrant Generations: Implications for Assessing the Socioeconomic Integration of Hispanics and Asians. *Industrial & labor relations review*, 70(5), 1146–1175. <https://doi.org/10.1177/0019793916679613>
- Eng, D., & Han, S. (2019). *Racial melancholia, racial dissociation: on the social and psychic lives of Asian Americans* / David L. Eng & Shinhee Han. Duke University Press.
- Fang, L., Lee, E., & Huang, F. Y. (2013). A child who sees ghosts every night: Manifestations of psychosocial and familial stress following immigration. *Culture, Medicine and Psychiatry*, 37(3), 549-64. Doi: <http://dx.doi.org.proxy.library.vanderbilt.edu/10.1007/s11013-013-9326-y>
- Gilman, S., & Katz, S. (1991). *Anti-semitism in times of crisis* / edited by Sander L. Gilman and Steven T. Katz. New York University Press.
- Gong, F., Xu, J., Fujishiro, K., & Takeuchi, D. T. (2011). A life course perspective on migration and mental health among Asian immigrants: The role of human agency. *Social Science & Medicine*, 73(11), 1618-1626. Doi: <http://dx.doi.org.proxy.library.vanderbilt.edu/10.1016/j.socscimed.2011.09.014>
- Gover, A. R., Harper, S. B., & Langton, L. (2020). Anti-Asian hate crime during the COVID-19 pandemic: Exploring the reproduction of inequality. *American Journal of Criminal Justice: AJCJ*, 45(4), 647-667. Doi:<http://dx.doi.org.proxy.library.vanderbilt.edu/10.1007/s12103-020-09545-1>
- Huang, K. Y., Calzada, E., Cheng, S., Barajas-Gonzalez, R. G., & Brotman, L. M. (2017). Cultural Adaptation, Parenting and Child Mental Health Among English Speaking Asian American Immigrant Families. *Child psychiatry and human development*, 48(4), 572–583. <https://doi.org/10.1007/s10578-016-0683-y>
- ICAC. [@ic.apida.coalition]. Posts [Instagram profile]. Instagram. Retrieved from <https://www.instagram.com/ic.apida.coalition/>
- Jeung, R. (2020). *Incidents of Coronavirus Discrimination: March 19-25, 2020*. Stop AAPI Hate. <https://stopaapihate.org/>
- Jeung, R., Horse, A.Y., Popovic, T., Lim., R (2021). *Stop AAPI National Report: 3/19/20-2/28/21*. Stop AAPI Hate. <https://stopaapihate.org/2020-2021-national-report/>

- Jung, B. (2017). Migrant Labor and Massacres: A Comparison of the 1923 Massacre of Koreans and Chinese during the Great Kanto Earthquake and the 1931 Anti-Chinese Riots and Massacre of Chinese in Colonial Korea. *Cross-Currents* (Honolulu, Hawaii), 6(1), 177–204. <https://doi.org/10.1353/ach.2017.0007>
- Kam, K. (2020). *Asian American Students Face Bullying Over COVID*. WebMD. <https://www.webmd.com/lung/news/20200820/asian-ameerican-students-face-bullying-over-covid>
- Karim, F., Oyewande, A. A., Abdalla, L. F., Chaudhry Ehsanullah, R., & Khan, S. (2020). Social Media Use and Its Connection to Mental Health: A Systematic Review. *Cureus*, 12(6), e8627. <https://doi.org/10.7759/cureus.8627>
- Kiang, L., Huynh, V., Cheah, C., Wang, Y., & Yoshikawa, H. (2017). Moving Beyond the Model Minority. *Asian American Journal of Psychology*. 8. 1-6. 10.1037/aap0000070
- Kim, I. (2021, March 18). Diversity without the inclusion: Vanderbilt needs Asian American studies. Retrieved from <https://vanderbilthustler.com/39191/featured/guest-editorial-diversity-without-the-inclusion/>
- Kim, I., Chen, J., & Spencer, M. (2012). Social Determinants of Health and Mental Health Among Asian Americans in the United States. *Journal of the Society for Social Work and Research*, 3(4), 346-361. Doi: 10.5243/jsswr.2012.21
- Kim, I. (2013). The Relationship Between Critical Ethnic Awareness and Racial Discrimination: Multiple Indirect Effects of Coping Strategies Among Asian Americans. *Journal of the Society for Social Work and Research*, 4(3), 261-277. Doi:10.5243/jsswr.2013.17
- Kim S. Y., Wong V. Y. (2002). Assessing Asian and Asian American Parenting: A Review of the Literature. In: Kurasaki K.S., Okazaki S., Sue S. (eds) *Asian American Mental Health. International and Cultural Psychology Series*. Springer, Boston, MA. https://doi.org/10.1007/978-1-4615-0735-2_13
- Kochhar, R., & Cilluffo, A. (2020, August 21). Income inequality in the U.S. is rising most rapidly Among Asians. *Pew Research Center*. Retrieved from <https://www.pewresearch.org/social-trends/2018/07/12/income-inequality-in-the-u-s-is-rising-most-rapidly-among-asians/>
- Lee J. H. (2021). Combating Anti-Asian Sentiment—A Practical Guide for Clinicians. *The New England journal of medicine*, 10.1056/NEJMp2102656. Advance online publication. <https://doi.org/10.1056/NEJMp2102656>
- Liu, C. H., Zhang, E., Wong, G., Hyun, S., & Hahm, H. C. (2020). Factors associated with depression, anxiety, and PTSD symptomatology during the COVID-19 pandemic: Clinical implications for U.S. young adult mental health. *Psychiatry research*, 290, 113172. <https://doi-org.proxy.library.vanderbilt.edu/10.1016/j.psychres.2020.113172>

- Liu J. (2020). Need to establish a new adolescent suicide prevention programme in South Korea. *General psychiatry*, 33(4), e100200. <https://doi.org/10.1136/gpsych-2020-100200>
- Liu, S. R., & Modir, S. (2020). The outbreak that was always here: Racial trauma in the context of COVID-19 and implications for mental health providers. *Psychological Trauma: Theory, Research, Practice, and Policy*, 12(5), 439-442. <http://dx.doi.org.proxy.library.vanderbilt.edu/10.1037/tra0000784>
- Lu, A., & Wong, Y. (2013). Stressful Experiences of Masculinity Among US-born and Immigrant Asian American Men. *Gender and Society*, 27(3), 345-371. <http://www.jstor.org/stable/23486632>
- Lyman, S. (2000). The "Yellow Peril" Mystique: Origins and Vicissitudes of a Racist Discourse. *International Journal of Politics, Culture, and Society*, 13(4), 683-747. <http://www.jstor.org/stable/20020056>
- Man, S. (2020). Anti-Asian violence and US imperialism. *Race & Class*, 62(2), 24–33. <https://doi.org/10.1177/0306396820949779>
- Pew Research Center. The generation gap in American politics. (2020, August 14). Retrieved March 03, 2021, from <https://www.pewresearch.org/politics/2018/03/01/the-generation-gap-in-american-politics/>
- Poon, O., Squire, D., Kodama, C., Byrd, A., Chan, J., Manzano, L., . . . Bishundat, D. (2016). A Critical Review of the Model Minority Myth in Selected Literature on Asian Americans and Pacific Islanders in Higher Education. *Review of Educational Research*, 86(2), 469-502. <http://www.jstor.org/stable/24752861>
- Snowden, L. R. (2007). Explaining mental health treatment disparities: Ethnic and cultural differences in family involvement. *Culture, Medicine and Psychiatry*, 31(3), 389-402. Doi: <http://dx.doi.org.proxy.library.vanderbilt.edu/10.1007/s11013-007-9057-z>
- Sundstrom, R.R. & Kim, D.H. (2014). Xenophobia and Racism. *Critical Philosophy of Race*, 2(1), 20-45. <https://www.jstor.org/stable/10.5325/critphilrace.2.1.0020>.
- Tchen, J., & Yeats, D. (2014). *Yellow peril! : an archive of anti-Asian fear / edited and introduced by John Kuo Wei Tchen and Dylan Yeats*. Verso.
- Taylor, S. (2019). *The psychology of pandemics: Preparing for the next global outbreak of infectious disease*. Cambridge, England: Cambridge Scholars Publishing.
- Tessler, H., Choi, M., & Kao, G. (2020). The anxiety of being Asian American: Hate crimes and negative biases during the COVID-19 pandemic. *American Journal of Criminal Justice: AJCJ*, 45(4), 636-646. Doi: <http://dx.doi.org.proxy.library.vanderbilt.edu/10.1007/s12103-020-09541-5>

- Trauner, J. (1978). The Chinese as Medical Scapegoats in San Francisco, 1870-1905. *California History*, 57(1), 70-87. Doi:10.2307/25157817
- Wang, C., Marsico, K.F. & Do, K.A. Asian American Parents' Beliefs About Helpful Strategies for Addressing Adolescent Mental Health Concerns at Home and School. *School Mental Health* 12, 523–536 (2020). <https://doi.org/10.1007/s12310-020-09362-1>
- Whitaker, K., Nicodimos, S., Pullman, M. D., Duong, M. T., Bruns, E. J., Knaster Wasse, J., et al. (2018). Predictors of disparities in access and retention in school-based mental health services. *School Mental Health*, 10, 111–121. <https://doi.org/10.1007/s12310-017-9233-4>.
- Wong, E., Collins, R., Cerully, J., Seelam, R., & Roth, E. (2016). Racial and Ethnic Differences in Mental Illness Stigma and Discrimination Among Californians Experiencing Mental Health Challenges. *RAND Corporation*. <http://www.jstor.org/stable/10.7249/j.ctt1d41dhg.1>
- Wong, Y. J., Uhm, S. Y., & Li, P. L. (2012). Asian Americans' family cohesion and suicide ideation: Moderating and mediating effects. *American Journal of Orthopsychiatry*, 82(3), 309-318. Doi: <http://dx.doi.org.proxy.library.vanderbilt.edu/10.1111/j.1939-0025.2012.01170.x>
- Yang, L. H., Corsini-Munt, S., Link, B. G., & Phelan, J. C. (2009). Beliefs in traditional Chinese medicine efficacy among Chinese Americans: implications for mental health service utilization. *The Journal of nervous and mental disease*, 197(3), 207–210. <https://doi.org/10.1097/NMD.0b013e3181999513>

Appendix

P1—mental health therapist, private clinic, she/her/hers

IK 0:13

How did you get engaged in the field of mental health and what drew you to it?

Interviewee 0:22

I feel like the field of mental health found me. I did not start of wanting to be in mental health - if you asked me twenty years ago, I would have been like, "What?" Based on my own career path and experience over the last twenty years, I realized I was always quite keen on my mental health. Meaning, maybe unlike other twenty-year olds, I had put my own emotional wellbeing first, not knowing I was practicing my own mental health. I was just very in tune with how I was feeling emotionally, and thinking, *this doesn't seem right to feel so stressed at 23 years old. I won't survive*. So I made a made a decision to leave the very intense journalism field, a dream that I had to be the top, very famous journalist. That's how my mental health journey started, and after that, every decision had to do with whether it felt right, my purpose, if my family time would be sacrificed -- and that is how the mental health field found me, when I was feeling frustrated and searching through business school.

Interviewee 02:19

As a Christian, I prayed about it diligently. In my early thirties, feeling directionless, meant to do something. I remember praying to God, asking him to help me find my passion. It literally came over at 2am, I remember waking up with a jolt -- and marriage and family counseling came into mind.

Interviewee 02:59

People ask me if I researched it beforehand, but I would have never looked it up if I didn't have that experience. It took me maybe another two years to then enter graduate school. I had four young kids, seven and under, so I had to make that decision with research. I remember writing each of the papers and enjoying it so much in graduate school, because it was like a puzzle piece coming together, and I haven't looked back since.

IK 03:47

Wow, so you went through several grad programs?

Interviewee 03:50

Yeah, two grad programs. But there were at least 6-7 years in between. But as a mental health entrepreneur, my business skills come in handy. So all of it comes full circle. So mental health found me.

IK 04:58

Did you never experience mental health therapy yourself beforehand?

Interviewee 05:08

I did do premarital counseling with a pastor, and I remember how much fun it was to share with them. But I never had a stigma about therapy, was very in tune with it -- just didn't know that was my calling until it came to me. In graduate school, though, it was required to go through therapy. And I loved my counselor, I loved therapy -- I picked a white woman who had no clue about my Korean background, but she had the openness to learn. She was very open to learning through me, and we keep in touch today.

IK 06:35

I didn't know about the therapy requirement -- that's good to know. I wish that would apply to all students. My next question is: You speak at many Asian American (Asian American) events and are quite involved there. Are most of your population that you treat also of Asian American background?

Interviewee 07:45

I would say, when I first started my career, I was at the mercy of primary care, so I saw only one South Asian person. It was partly because of the demographic of the region, but also because of the organization. At the same time, I was involved in volunteering with the Asian American community. But when I opened up my own private practice, Asian Americans sought me out, because I'm Asian American. Referrals too. Slowly, the Asian American client base grew. Now, I almost think nearly 100% of my family-based clients are Asian American - including college students. I didn't plan that, but they found me.

Interviewee 09:21

And if they come to see me, and they're bringing a culture, I will immediately bring that up. If they bring up that their parents fought because they're dating a white person, I would say that's really cultural. So I'd bring that in, and I think that really helps with the therapy. People seek me out because they see the representation, but then I use my own Asian American identity to help them, without sharing too much about myself. Knowing that's what they're alluding to.

Interviewee 10:02

Asian Americans are not very good at expressing emotion. Even second generation. We're the product of our parents. So, we always say "we think" -- and I'll tell them that our Asian culture makes it hard to express it, so try to say it. Anyways, yes, the majority of my client base is Asian, but not planned.

IK 10:33

Going off of that, what are some unique issues that come up more often for Asian Americans, or different in general, that may set them apart from other communities of color or majority culture?

Interviewee 10:59

First, I think it's a huge win that more Asian Americans are going to therapy. I think there's still such a strong stigma -- there's still stigma everywhere, but especially in the Asian American community, a lot of young professionals, youth, teens to the younger millennials -- I've found that they struggle with their immigrant parents because of stigma, where the immigrant parents are just not open to talking about stress and changing jobs and such.

Interviewee 11:35

So it adds another layer. Not only are you living life and stress with COVID and jobs and life, you have your parents to fight too, within your own family, to explain why you have to leave a job because it was toxic. That's hard enough. But then if your parents want to disown you, because you want to leave a law school or become an entrepreneur. That's another layer -- the intergenerational conflict, stress, the trauma, symptoms you see passed down -- there's just a lot of relation to the little things in our culture.

IK 12:27

Do you see issues in differences between generations, also 3rd gen, 4th gen in addition to 1-2nd?

Interviewee 12:45

I want to say there's the biggest conflicts gen between 1st and 2nd generation. 2nd-3rd is, at least from what I've noticed, less conflict. 2nd generation would be someone like me, and the 2nd-3rd generation would be someone like me and my children. Because I'm American, third gen is probably the most well-balanced, because they're eager to be Asian but also very American because their parents are. Their parents speak English as the first language.

Interviewee 13:27

So I think Gen Z third-gens are not as much about culture in their struggles, but more based on anxiety, depression, social media. Second generation, though -- it's so funny that I still see the same issues today that I experienced in 1980-something. And it baffled me that I'm living my childhood in my client, and then I remember that immigrant families are still here. It's not like we closed up the US.

Interviewee 14:06

In the beginning of my career, I thought it was so weird, like you just described my childhood to me. That's how I've looked at it -- where I relate, without sharing too much about myself, to the teen, because that's what I went through. And then I'll talk to the parents, understanding that I had 1st-gen parents, but I'm also a parent, and I do understand that with empathy because it adds into the therapeutic trust. They'll think, she's a parent, so she has some credibility, some authenticity.

IK 15:00

Yeah, I grew up around mostly second-gens. I met more third-gens when I got to college, and I see how their relationship with parents is so different.

Interviewee 15:29

My children are definitely more open with talking to me about their stress, but I could never do that to my own parents, even to this day. My conversations with them never goes past the "how are you" on the phone.

IK 16:02

And as an Asian American therapist, you're covering not only the horizontal diversity of Asians, but also the vertical generational differences and everything.

Interviewee 16:12

That's the first time I've heard that - that's a good analogy, like a graph.

IK 16:37

Maybe my research will go in that direction. I brought up generational differences in my proposal, and I realized that my professor needed more elaboration on it, too.

Interviewee 16:59

Yes, and I think what I found the most in families was intergenerational, unhealthy family patterns that have definitely carried over, brought over from Asia, etc., and my grandparents -- I got it when I met my grandfather early on, and I loved him, that bloodline, but I knew that my grandfather was so unaffectionate. He'd talk to my mom a certain way, and to me a certain way, and he wouldn't *show* that he loved my mom, even though he did. So yes, intergenerational stressors and trauma are the two things I see the most. It's like you inherit them, without knowing, and then you project it onto your kids.

IK 17:55

Do you feel like that's worse for people who have immigrated? Because they have all that on top of settling into a new world. Does that intergenerational stress happen in Asia, for example, as well? Or just Asian Americans?

Interviewee 18:14

That's a good question. I want to say, if I'm honest, I can't answer it accurately fully. But intergenerational stressors are pretty Korean American, just from what I know of families. If anything, I might say Korean Americans have it a bit better because they came here for opportunity -- the American culture and some freedom there allows changes that could be made into the Korean American family. So I think that lets Korean American families to have a little more wiggle room. There's still unhealthy patterns, but it's not a total, patriarchal authoritarian culture because we're American kids and didn't listen to that hierarchy rule so present in Korea.

IK 19:27

Interesting. I want to ask one last question: As a parent of older children, some of whom are in college, what are some concerns you might have in regard to your children accessing mental health services on campus?

Interviewee 20:14

I do believe that in all honesty, colleges have services. They offer them even more with COVID. However, I don't think they're culturally *confident* -- they don't do a very good job in taking care of ethnic minorities, including Asian Americans. The services are very general, not geared towards Asian Americans, so they're not getting the help they need. That's very important, because COVID has shifted it a lot -- lots of anti-Asian sentiment that I hear from students, and I wish the campuses did a better with that. Even at my state school, where there's a huge Asian population, there is a lack of mental health services. I see mainly white, a few Black, providers.

Interviewee 21:53

And Asian Americans, as Americanized as they are, I still believe that, just because of the way they grew up, my child would relate better to an Asian person and could talk about certain things, even as a third-gen. He's never admitted that to me, but it's -- even he noticed that he stood out a bit when all the group is white and maybe one brown kid.

IK 22:25

Where do you think all of mental health is going? For Asian Americans, for after this pandemic ends? Is it getting better or worse?

Interviewee 22:49

COVID has definitely shifted mental health for the *better*. Meaning, more Asian Americans seem less hesitant about talking on mental health, because they just couldn't handle it anymore with people losing jobs and racism and the pandemic. So stigma is being helped by COVID, bringing that to the forefront. And I think it's going to move forward from here. The people are coming to therapy for a reason, but they can't quite verbalize it, put it into words.

P2—psychiatry resident at large urban hospital, he/him/his

IK 0:00 (started recording late)

What do you think contributes to the sense of belonging for Asian Americans, this idea of mental wellbeing and its relation to belonging?

Interviewee 0:22

There's a resilience piece, where some people feel their sense of belonging doesn't extend past their immediate family. That doesn't matter, because resilience is what holds the family together -- That's what holds the family together, that resilience. My family, my parents moved around to different cities, but they do well for themselves. Belonging and resilience, they go hand in hand.

IK 01:00

The fact that you mentioned family... that's huge. Resilience is new for me, though. I haven't heard it.

Interviewee 01:55

Well, I think about my friends, who want to live in coastal, Asian-centric places and cities, and they're in cities where there is not much of a community for Asians there. Going out to Asian restaurants, like Chinese New Year events -- I ask them why they don't feel connected, when they aren't even doing the things that help your sense of belonging, which they want to a certain degree. One of my other friends brought up how he'd go to other Asian friend's houses, where there is some cute oversized stuffed animal out of place -- and that's the one item that kept him feeling a sense of belonging, of attachment to the Asian community. Asian stationary, like those pens and pencils -- those help with the sense of belonging when there's no people nearby.

IK 04:33 Do you treat Asian American patients here?

Interviewee 04:45

We do, but there are not much at least at the psych hospital. Maybe it's me, but I mean even in major cities -- for example, in [major city], there's a psych hospital in the middle of Chinatown,

so I'd imagine they have Asian American patients. But then, not even two miles away, there's another psych hospital and their patients are like 99% White. Even in one of the biggest cities that are more immigrant-friendly, the hospital doesn't even reflect the local population.

IK 05:46

Do you think it's because of the receiving hospital's environment, or because of the patients and their own personal barriers?

Interviewee 06:07

Probably both, I also see it like logistics. But also, I think about it as, maybe traditional medicine being integrated into mental health, working with people in the community. Whereas in the US system, we have people in hospitals, medication-based care, but less of an emphasis on outpatient preventative care, which is arguably just as, or more important, form of care.

IK 07:10

Hm, yeah, I see people often don't go and seek help either until it reaches that point of needing medication or care. So tell me more about that, it's something I've been thinking of recently. Especially with how it intersects with other community values, like religion. So what's that like for Asian Americans?

Interviewee 07:41

In the US, we associate psychologists and psychiatrists and therapists as very important for mental health. Understandably so. But population wide, in AAPI mental health, it will on a broad scale improve when there are people aside from those three groups to help with mental health. In regard to religion, there are some less tolerant beliefs regarding mental illness that may or may not be rooted in the religious community's culture. For those who don't identify with a religious community as much, there are still spaces dedicated to those people -- places that might not necessarily be dedicated specifically to mental health, but I imagine they have some aspect of services offering help. Community organizations, having a physical building there, is a pillar of what the area stands for, is important. It doesn't have to always be related to religion or mental health even -- but as long as there is an organization that contributes something, that's really helpful. On an individual level, you want to have someone who understands your background, but it doesn't always happen.

IK 10:47

Yeah, what I've been reading on how religion can help some individuals be more attuned to their own mental health, but at the same time, can be limiting or presenting different obstacles to seeking help. So something I read about early on in mental health research is the statistic that Asian Americans actually have better mental health, as in, they don't get admitted into hospitals at as high a rate as other people of color. It's also true that this research has not been updated in a while -- so what's your take on that? Do Asian Americans actually have better mental health? What does that even mean?

Interviewee 13:03

Hm... I'd like to see more research. To measure population-wide mental health, psychiatric hospital admissions are so limited. Like I said, some people have that really strong family unit

that is so supportive. Some people don't. Some people have different socioeconomic statuses that make this statistic hard to prove. But I can say that we certainly don't know enough, because it's hard to characterize. There is a lot of absence of research studies in mental health among diverse populations. It's usually White, Black, sometimes Asian, sometimes Latino, but I mean it's so much more than that. Even within the Black population, for example, there are immigrants from Africa, descendants of, and then a lot of different groups. We can see part of our jobs is to categorize things. But at some time, you simplify it too much for a survey and that muddles the accuracy.

IK 15:22

What are cultural factors that make the Asian American community different from other communities of colors in terms of seeking mental health services?

Interviewee 15:54

It comes down to the local subculture. There's a lot of variability within socioeconomic status, and if you move from a certain place, you could move from Ohio to here, that's different from Beijing to here, which is different from part of Chicago to here... part of the thing people think about a lot is family values, that retention...

IK 16:53

Why is family so important?

Interviewee 16:57

It's hard to make such a sweeping statement. Even though it feels so important to me -- we want to have that sense of belonging. Depending on how connected your family is, it affects mental health. We talk aspects of trauma and neglect and abuse. Taking the whole cliché picture into consideration, it's important to think of Asian American mental health holistically, which we haven't done much of in the research, I think. Basically, we don't really know if some things we think are important. But it depends on a lot of factors.

IK 17:59

On a personal level, what are some cultural family values that you experienced growing up and its relation to mental health?

Interviewee 18:23

My grandfather was trying to get his PhD, and it was a pretty painful process. But my parents valued education strongly, so I would go visit my grandparents in the summers in Taiwan. He was a math professor, so we'd do math lessons -- which reinforced the stereotype for me being good at math -- but I didn't go to language school very much. I remember growing up, I went to a predominantly Black and Hispanic school for the first ten years, and then a predominantly White school ten years after that.

Interviewee 19:25

People are nice and they try their best, sometimes ignorantly so... When I moved to Taiwan after college, it was 99% Asians, and it was quite disorienting. I hadn't expected that, since even in the US Asian towns, it's not quite like being in Asia.

Interviewee 19:57

I've felt quite a few microaggressions from people in med school. One person, I don't think he got it at all, but one person was trying -- he said he really appreciated it, and felt he wasn't being shamed through the conversation or anything. I think for every person, there are a variety of experiences that influence the way we go around these conversations.

Interviewee 21:13

My mom grew up in the South, though, and she said she never experienced racism. Now, she says it more like "a lot of people are ignorant" and need education. And I'm like, that's racism but okay. It's very frustrating on my end, because I can see it how she is seeing it, and it's more forgivable to call them ignorant than racist. Racism is a jab at their character, while ignorance is more like, they can still be taught and changed. And she was not in a great economic position, either, so it seems like there were much larger issues at hand than talking about mental health.

IK 22:08

So this plays into your mental health, because...

Interviewee 22:42

Because, at least for my mental health... I see tragic events happening against Asians, and where I am right now is knowing that something like Atlanta is going to happen again. It's really sad to hear because you really hope it doesn't, but I'm pretty sure in the rest of humanity that something senseless will happen in our lifetime, it'll blow up on the news. We're all in different life stages when these things happen, and it's important to take time to work through those emotions of hope, a little different from optimism, and a little more different than false hope of just pushing through.

IK 24:30

What do you think the future of mental health is for Asian American community?

Interviewee 24:57

It's almost like cleaning out an abscess. It's going to hurt a lot, but it will heal in the long run. I was going to use the analogy of like, ripping off a band aid, but it seems a little... it doesn't hurt enough.

IK 25:30

A beautiful medical analogy.

Interviewee 25:38

Yeah -- but yeah I hope it looks like different policies in the future. There was Senator Duckworth and a few others advocated for AAPI representation in the newly elected people. It shouldn't be just Asian people advocating for Asian people.

Interviewee 26:35

Also in the future, hopefully there will be more local resources for communities that meet them where they are at. At least for me, there is a higher chance of having this conversation more with

individuals. So there are three levels to this future -- broad scale policy making, local level engagement with leaders so people don't always have to find a psychiatrist, and also individual level conversations with others. Trends are important, and it's encouraging to see the trend of anticipating tragedies and doing the best we can to prevent -- I guess I'm a bit optimistic.

P3– mental health therapist at private university

IK 0:07

From your personal and professional standpoints, do you think the COVID-19 pandemic has influenced mental health for Asian Americans uniquely?

Interviewee 0:36

Personally, I absolutely believe that AAPI mental health has been negatively influenced by the pandemic. On top of all of the stress and hardship everyone is facing, in isolation, financial difficulties, health concerns, etc., Asian Americans have the additional stressor of the racial tensions and racially motivated violence. For many, this is the first time that have experienced or even witnessed such explicit and aggressive violence. This has an impact on mental wellness. Professionally, there has been a call for increased support and space for AAPI students at this institution. The AAPI students I have seen has often spoken about the difficulties related to the intersectionality between their racial identity and the pandemic.

IK 3:25

Could you explain a bit about Asian American students and the barriers they might face in accessing mental health services, both interpersonally and institutionally?

Interviewee 3:54

I think the biggest barriers to accessing mental health services is stigma. Therapy is often believed to be only for “rich white people” and so it seems inaccessible for marginalized communities. AAPI folks often come from families that are low in emotional expression and high on criticism. Meaning that, outwardly expressing emotions and thinking that just getting through personal difficulties on your own without needing other’s help is the expectation. Institutionally, students at this institution are busy and often highly motivated. So unless they prioritize mental health and recognize that support is here, it is unlikely that AAPI students will reach out to our counseling services. Fortunately, I have noticed that there has been an increase in AAPI students in my schedule. I hope that means that mental health has become less stigmatized and more accessible for all.

IK 7:48 Do you see mental health for Asian Americans improving or worsening overall, in terms of accessibility, awareness, stigma, in the coming years? Why?

Interviewee 8:18

I’m an optimistic person and want to believe that mental health awareness and accessibility will improve in the next few years. More and more influential people within our community are modeling talking about feelings, sharing about their experiences with therapy, and speaking out about the importance of mental wellness. I think social media platforms like Instagram,

Facebook, and others has been monumental in connection within our community and making it easier to follow mental health positive pages and pages of shared identity.

P4—psychiatric nurse practitioner at Asian community health clinic, she/her/hers

IK 0:12

What are you feeling during this time, being on the West Coast where there are many Asian Americans and violent incidents being reported? How are you feeling?

Interviewee 0:41

Well, with all that's going on in Chinatown, the recent attacks on elders... it's been a couple weeks of processing all the emotions and taking time for myself. A couple days after the anti-Asian elder attacks, there was a lot of talk around processing, holding space for just working through all those feelings that were generally just a lot of sadness and mourning for the community. And after that, I think the discussion, the climate, really shifted towards restorative justice and community-based initiatives to sort out. I don't only see hope, but I see a lot of hope in the Chinatown community. After the anti-Asian attacks, it was very much focused on restorative justice and making sure that the initiatives that arrive were community-based -- which bluntly means not asking the police for help. Because as we know, those will only work to perpetuate injustice for minorities, especially our Black community members. So I think the focus on community initiatives, working with organizations that have huge histories of collaborating with the Black community in this city -- yeah so lots of cross-racial community work, as well as in our own Asian American community, working with well-established orgs that give work opportunities and volunteering support for Asian Americans who were formerly incarcerated and building them into the structure... A lot of the initiatives were focused on us, like how can *we* make the elders safe? We can provide opportunities for volunteers to help walk elders to the grocery store. Focusing on those community initiatives is good, versus more policing, which was never in the question. Throughout all the community meetings, it was very clear we were not going to push for more policing. To further that, to not hold too much space for calls for arrests and rewards, as some Asian American media figures may be pushing for.

IK 05:20

That was really interesting, the two directions that people are taking to address the anti-Asian violence. Can you also just elaborate, from your experience of living on the West Coast, what is distinctive about the Asian American community in that region? And I know you've lived all across the country, so is there a difference there?

Interviewee 06:41

Yes, I love this question. Part of the reason I chose to work in Chinatown is because I do think the Asian American and Asian population in [major city] is very... the Asian American movement in Chinatown is very unique, because I think the people here are very vocal in acknowledging the importance of the Black American civil rights movement in helping create the Asian American movement in [major city]. The racial makeup here is so diverse -- there's a wonderful and powerful Black community in Chinatown, as well as a wonderful and prominent Asian community in [major city] -- so I continue to be drawn here because it's very clear that the

communities try very hard to work together. There is so much AsianxBlack, BlackxAsian unity and community work that really extends across racial boundaries, and it is really mindful to continue doing that.

Interviewee 08:14

Bringing it back to anti-Asian attacks: when there are community meetings, it's not just Asians present. There are always very important Black community members, because those relationships are already there and have been there for decades. It's just a community that is very passionate about reaching across to form relationships and overtly acknowledging the importance of the Black civil rights movement in forming the Asian movement here.

IK 09:05

That's good. A lot of my historical searches goes back into those racial interactions. Another question I want to ask is now specifically into your work. What have you observed, while working and treating Asian and Asian American patients -- what is the mental health like, generally among these populations? What is the climate of Asian American mental health, and what are people dealing with right now?

Interviewee 11:07

I started working here during the pandemic. Generally, the climate is what you might expect -- most anxiety-based disorders, most people are just feeling increased anxiety due to both COVID and the anti-Asian attacks. When I talk to clients, they say they're really anxious because, for example, someone they know got robbed in Chinatown. Or, one of my family members died from COVID. In those cases, it's pretty difficult, because it's understanding that there are real external stressors affecting these people's lives. So yeah, pre-pandemic, the stressors have definitely changed and people are stressed about both the things they used to be stressed about and the new things that are seemingly acute, but becoming more chronic, stressors.

Interviewee 13:02

As per generational differences, I would say the mental health climate is a little different. For older adults, there are more worries about anti-Asian attacks against elders, and generally more worried about COVID, since they are more susceptible. At the same time, even though they are more worried or anxious about these things, there is more of a general lack of baseline education about mental health, so there is more of a barrier of stigma that I have to work through. I'd say for younger generations, they're a little less worried about COVID. Depending on how close they are to Chinatown, they might be less worried in comparison to the adults about the attacks. At the same time, they definitely have a better grasp on what mental health, a lesser stigma about it. They're generally very emotionally-intelligent, and very open to mental healthcare in a way I don't see much in the older generation.

IK 14:50

So when you're speaking to the older gen on mental health, what is it about the older generation that creates this stigma? What are the barriers to treating them -- and also for the younger generation too?

Interviewee 15:29

I think it boils down to there still being a lot of stigma in Asia, for the older generation. For most of them, who grew up in an Asian country, mental healthcare is still stigmatized, quite a bit. So when they come to America, I think that mindset still transfers over. That's a big barrier, wanting to save face and viewing mental healthcare as a weakness if they have to go seek care in that area. Those are the main cognitive frameworks that they immigrate with, so most of the visits I have, I'm thinking of the most severe patients who resist seeking care -- I take a lot of time just talking about what mental health is, doing some education to normalize what the experience is. Framing it in a way that might be more palatable for them. I would say, generally for the older generation -- if it's a mood disorder, they'll likely only have physical complaints and come for help for physical complaints. It will take a while for them to realize that it could be caused by deeper, mental health issues.

IK 17:55

So the older generation seeks out help less frequently, in comparison to younger generations?

Interviewee 18:09

Yes, the younger folks would be more open to it.

IK 18:20

Interesting. This leads into my next question, on how mental health might be changing during and after this pandemic. I'm wondering what your take might be on the future of mental health for Asian Americans -- how do you see it changing in the face of this pandemic?

Interviewee 19:21

Unfortunately, I only started working here during the pandemic, so I can't say if I have a good gauge on how it was before the pandemic. To tangent your question, it's both easier and harder for people to access care during the pandemic. Most visits are done via telehealth, so it is a lot easier for people to make their appointments and not miss them due to resource deficits. At the same time, we work in a community health center, so some patients don't have working phones, some don't have Facetime availability... so it's both easier and hard right now to access care.

IK 20:25

Oh, telehealth is actually really interesting that you brought that up. A lot of people have seen telehealth as the future of mental health, but as you're saying, there can be a lot of barriers to accessibility too. There's also language barriers, which I imagine might be an issue with telemental health for the future? Or are those barriers being overcome online?

Interviewee 21:14

At least in our county, there is a robust phone translator service. So that's not an issue here, but again, this is an area that very much understands the diversity and is advanced in providing resources to accommodate for that. I can imagine in other areas where they don't have resources to provide like translation services, other states, that could definitely be a barrier. If they don't have a trained behavioral health line readily available for them, it would definitely be more difficult to provide telehealth care.

IK 23:04

Do you think mental health services are influenced by translation across the language barriers? This isn't necessarily telehealth but in general.

Interviewee 23:50

Great question and yes, I feel that pretty much every day, to be honest. I can understand Cantonese quite fluently, but I use a translator because I'm not fluent in speaking. So because of that unique position, I'm able to understand what the translator says to the patient, and call them about if they say a phrase that I didn't say, or say a phrase that isn't exactly therapeutic, which does happen. So in those scenarios, I do think language is so important in a mental health interview, so translations can often be an obstacle or hindrance to the communication. For example, I'm trying to ask a question in a way that is therapeutic and non-confrontational as possible, but the translator will just get what I'm saying and just say exactly what I'm actually trying to say, in a blunt manner. So in those situations, it does make me worry for the languages that I don't understand, if the translation is 100% accurate. For that, I do try to be mindful and ask the translator to say exactly what I am saying. Giving them a brief reminder that for mental health visits, language is so important. But also understanding that it would be most beneficial if I were fluent in Cantonese, and knowing that there is a cultural sensitivity aspect that I hit by understanding Cantonese. But it would be most ideal to have more bilingual providers.

IK 26:16

Do you think bilingual providers will be more readily available in the future, since more and more people see it as a necessary skill to have in treating diverse populations?

Interviewee 26:31

I'd be hopeful that it is. I'm not certain that it will be. I know UC San Diego has a Cantonese medical class, which I hear is quite helpful. I'm hoping that there will be more integration of language and health, because as our country gets more and more diverse, that need will only grow. I think even right now, we're definitely struggling to keep up with having bilingual providers.

IK 27:38

Do you have any final thoughts on what we've talked about today, anything you may have wanted to include?

Interviewee 28:32

I'm hopeful there will be more education for Asian Americans, i.e. more Asian American studies. I do think that is quite important, and if we look towards the West Coast, like the Bay Area, and see how the Bay Area and the Chicago area really fought hard for Asian American classes, and how they ultimately revealed more about the issues within the community -- it would really help. I think, going on a tangent, there were so many culturally insensitive experiences at my college and its mental health programs. There were some talks to improve that, but it will take a lot more of educating the students, the staff, in the future. The future staff -- that is, the students.

P5—college student, he/him/his

IK 0:09

Let's start with right now. How have you been feeling in this pandemic?

Interviewee 0:20

In general, I just feel tired. I feel mentally tired from being isolated all the time, not being able to meet with friends, live life like we did before. Interacting with people on Zoom, all the time -- in a single word, I would say tired. That's just the mental sense, but also emotionally, too. Especially after what happened in Atlanta. It's been one really, really long year. Starting with last year, what happened with George Floyd, and then seeing and having to talk about race and having to justify minority experiences is very tiring. It's very sad too, and I think when Atlanta happened, I genuinely felt for the first time that I didn't want to do anything. That was the first time I felt that.

IK 02:26

Do you think the events of the past week and what happened a year ago -- those emotions have changed? You mentioned you felt tired at the beginning of the pandemic, and you feel tired now. How are they different?

Interviewee 02:38

Well, I guess it's a progression. Last year, with George Floyd, I felt, in a certain sense, the opposite of tired. I was really ready to support the Black community. If anything, I was more energetic, more excited to talk to people about race. Now, I just feel like I've been talking about it all the time. Whenever someone wants to talk about race, or understand what it's like to an Asian American, it's like having to explain or justify my experiences. It's very tiring. I went from being pretty ready to have these conversations last summer, but now, it's gotten old. That drive to address these issues is much lower than what it used to be.

IK 04:48

As a college student, is your current position playing a role in all these feelings and emotions?

Interviewee 05:05

To be honest, I would say... the prison project organization I'm involved in has been the single best experience I've had in college. But, the work in its very nature is taxing. You hear people's stories, you advocate for them, but it is very easy to fall into the mindset of like, yeah I can help all these people, but in the big picture, nothing is getting better. So, I think just being in that environment, constantly thinking about all these issues, essentially sped up the process in feeling even more tired and hopeless. It's raised a lot of questions for me, internally. I used to think that doing all this advocacy work was something I wanted to do full-time, but it has raised a lot of questions now about if that work is truly sustainable. My position on campus has somewhat exacerbated this negative mentality.

IK 07:36

I relate to that, pushing for change and no one is paying attention. And even when attention is finally grabbed, the changes made are so superficial and temporary.

Interviewee 08:25

Yeah and from my point of view, in this prison student group, the Asian American community is disproportionately not impacted by the criminal justice system. And so as an Asian American, I'm not thinking much about the challenge of what is Asian American existence. And I transferred to this school from one that had a significant Asian American population. Asian American existence was not at the forefront of my thoughts then, or when I transferred here where there are less Asians -- until the attacks against Asians began at the start of the pandemic. So, that alone has raised questions about what I've been doing. I mean obviously, it's good to advocate for these issues, even if they don't impact you personally or your community. But also, it's a slight feeling of guilt. Like, oh, why wasn't I more involved in my own community? Yeah.

IK 11:17

In response, I do think that's more normal for many younger Asian Americans, growing up in America. We don't talk about race or identity because it was never brought up. It's also because we don't learn about our own history, for the most part. It was only thought about in terms of our visuals, like I look Asian, I am here in America, therefore I am Asian American. So that guilt is very much a thing.

Interviewee 13:26

I absolutely agree. I think the challenge is, when we talk about the Asian American experience -- there are problems with generalizing, homogenizing these experiences -- but I think the challenge is that it's so hard to narrow or nail down a singular experience or narrative or pattern that encapsulates this incredibly diverse group of people. Asian Americans are some of the wealthiest people in the US, they are also some of the poorest people in the US. Some of them are living in gigantic houses, others are living in abject poverty in Chinatowns. There are different education experiences. It's really hard to even make Asian American experience digestible. I question why we need to make it digestible -- who are we teaching Asian American experiences for? And obviously, yes it is important for Asian Americans to be taught their own histories. But we'd be lying to ourselves if we say we are not teaching to people who are not Asian American. And it's so hard to create a singular narrative that is digestible. I think we hear a lot these days that Asian Americans are expressing a feeling of being invisible, of not being heard or seen in America. I felt similar things as well. I hope that bringing academic discourse can at least start conversations, but I think there are still even more challenges to it.

IK 18:43

Yes, I agree - there are plenty of Asian Americans, for example some of my Filipino American friends, who do not consider themselves as part of the Asian American label. And with any critical ethnic studies, there is always the limitation of how much we can teach in the classroom. I do think the topic of Asian American identity is still changing today, changing right now, with this increase in transnational citizenship and two-way migration and everything.

Interviewee 25:00

On the topic of 'who is Asian American', it reminds of Kamala Harris and all the questions people had about her racial identity. And the conversations go so that, because Kamala is part Black, she is more Black than Asian American, regardless of how she identifies, the media and the public will show that side of her identity more because the Black history and identity is much more salient than the Asian American. And then the other issue about the Asian American

identity is well, who do we define as Asian American? The South Asian, Southeast Asian, Central Asian immigrants are always in that mix. I think there's actually a lot of parallels with the Asian American identity and the Latino identity. Like who is Latino American? And I think they do have this unifying factor of language. They all speak Spanish - except Brazil - and when you look at Asian Americans, it is harder to identify that singular unifying quality for Asian Americanness. Of course, that's a generalizing statement, but it just goes to say that the Asian American community faces some unique internal challenges when it comes to talking about race and citizenship as a group.

IK 29:52

Yeah, and that is tiring too, going back to the constant educating while you're advocating. Like to what extent can we go with expanding the initials of Asian American, APA, APIA, APIDA... Anyways, going back to mental health. I do want to ask about your personal experiences of mental health. When did you first hear about mental health, and what are your general perspectives on mental health?

Interviewee 30:32

Back in high school, I first experienced issues with mental health. But I never realized it was mental health. Back in junior year and senior year of high school, I was very burnt out. I didn't realize that the burnt out feeling was symptomatic of a deeper mental health issue. I knew what mental health was and I was lucky to go to a public school that had a big emphasis on students being mentally healthy and doing well. But I think I was never really taught to be emotionally vulnerable as a kid. My parents and I never had a conversation about the importance of expressing your emotions. Nor did we ever talk about expressing emotions in a healthy way. So in high school, I never sat down to reflect on how I was feeling. I just called it being burnt out. In retrospect, I started to struggle with mental health in high school, and it wasn't until later in college when I began to realize that. I never felt comfortable talking to my parents about how I was feeling. Or the things I was struggling with. I never felt like I had to talk to my friends about it, either, because it felt so deeply personal. I would attribute a lot of it to the lack of education, of the necessity to be vulnerable and communicate to people.

IK 34:42

Going into more of that family relationship: Why was it so hard to communicate with your family about what you were going through?

Interviewee 35:39

I knew family should be there to talk about personal things. But when it came to my family, there was always an emphasis on doing something. Don't be sitting around. Go outside and practice pitching. Go and practice violin. So my parents always encouraged me to be productive. And being productive never included sitting down and taking time for yourself and having conversations about not doing so well, struggling through something. My personal family experience is that there was always the expectation to be productive, which blocked conversations about deeper things like mental health. The other thing is, I was not really close to my parents. Especially as I got older, they weren't really people I could open up to. I couldn't even ask my dad about hanging out with friends. So how was I supposed to tell him that he was stressing me out? If I don't even feel comfortable asking him about time with friends. So that was

another issue, the emotional distance from my parents. That made it pretty hard, uncomfortable to talk to him about these kinds of things. The goal of our family was to not waste time -- my mom worked a lot, my dad worked a lot but he also drove me to practice, to lessons, and my sister was always busy too. So there was never time to sit down and ask how your day was, all together, which hindered ultimately the formation of deep emotional connectedness. The things I might be struggling with.

IK 40:49

Do you have emotional support now?

Interviewee 41:00

Yeah, and I was told that in high school that I needed more people to talk through these things with me. I have a close-knit friend group now that I talk about these things with. We share things all the time. And these things only happened after I left home. I left home, came to college, and found a close group of friends that I could be vulnerable with. I'm not trying to draw a causal connection there, but leaving home was when I could finally start being open about my emotions.

P6—psychiatric nurse practitioner student, she/her/hers

IK 0:02

Tell me a little a bit about how you're feeling today, in general, the past few days and such.

Interviewee 0:41

I feel very discouraged. All the hate crimes that were happening before the shooting in Atlanta, people kept saying it's not race-based, it's violence-based. The lone wolf narrative, people blaming it on just one crazy person or something. It's funny because last May, when George Floyd happened, there was so much support being shown. Which is great. And when I read the comments, there was so much support and positive comments in general. But when I read the comments in reports about the Atlanta shooting, almost all the comments are saying why are you making this a race issue, it's a sex addiction issue. Which sex addiction isn't proven to be an actual thing? So the media using that to justify the action is a little suspicious to me. But yeah, seeing the different reactions, and also the different comments from other minorities, who say why are we standing up for Asian Americans when they didn't stand up for us... it's very discouraging to hear. I know there are people who are actively working against that, which is nice. I just think now is such a tumultuous time, since we're at the beginning stages of change, which is like identifying the issue, which nobody has pointed out before. So I know right now is tough, calling out what has never called out before. The real change will come after, when there's reckoning, and people get educated, and it starts penetrating the system. But right now is the hardest, since we have to work to realize that it's actually true. So the disappointment, it's natural.

IK 03:46

Going more into that... well, you described a lot of discouragement. We see that reflected in a lot of the Asian American community right now. So how do you think that plays into Asian American mental health, specifically for Asian Americans? How do you think it's changing the scene for Asian Americans and how they perceive their wellbeing?

Interviewee 04:57

If not given the COVID-19 pandemic, this would have probably been pretty glossed over. Because it's COVID-19, the fact that it originated in China, led to a lot of the hate and discrimination reports which I don't see how anyone can see that as not racialized. Like Ebola, Spanish influenza, smallpox, HIV, STDs -- we never called those things the African virus, or the European virus, or the US virus. But for this case, they're calling it the China virus, Kung Flu, whatever. It doesn't help that the former President used those words all the times. It's so bizarre that this biological fact has been blamed on a specific ethnic group. It's just not possible. Disease does not discriminate. Just because of your race the virus will not discriminate and infect you. But because so many people somehow believe that now, it's there. and I think since Black Lives Matter came so much to the forefront, there's some discouragement there as well. Some parents of younger Asian American people are trying to describe how the enemy is not each other, but white supremacy that we should all be fighting against. Attacking the cultural differences between generations... I think just a lot of that has built up until this point. Now, people are recognizing the discouragement. But with recognition comes more resistance and criticism, denial feeding into the discouragement. It's hard to see the bigger picture, the light at the end of the tunnel. For a lot of people, it's novel -- concepts like the model minority myth, or Asians always been seen as othered or not belonging. It's new for a lot of people.

IK 08:32

So let's talk more about personal views on mental health. When is the first time you became aware of mental health?

Interviewee 08:59

Oh my gosh. I think as an official concept, it was in college -- and I don't even remember exactly when. Maybe sophomore year? But I don't think I ever gave it much thought, because I didn't really have the right words to describe it. In high school, I think I had the beginnings of a personal mental health struggle. I didn't really know what it was. So not that long ago I learned about mental health.

IK 10:01

What do you think attributed to that not knowing until college?

Interviewee 10:10

I think a big thing is that schools don't really teach it. I think especially public schools, they don't speak out or mention mental health as part of the education. Maybe now, they have some more self-care days, mental health breaks, but it's not formally integrated into the curriculum. In Biology and Chemistry, even English, there's so much opportunity to explore that topic of mental health. But I don't think they've done that. But also, growing up in a Korean family, I think generations is a big part of it. My parents immigrated here and I was born and raised here, so there's a cultural and generational gap. I was not raised to talk about mental health or feelings, and I don't think my parents have the vocabulary either to talk about emotions or what mental health is. They don't have the skills to talk about it, and that got passed down to me -- so it's a cycle of not understanding that. Because I was born and raised here, though, college taught me a lot more and that is where I learned.

IK 12:07

So do you think not talking about it is part of your parent's culture?

Interviewee 12:25

Yeah. I can't speak for other cultures, but for Korean culture at least, there is a big emphasis on image. Not just physically but like -- is this person successful? Do they go to a good school? Do they get paid a lot? Are they high in ranks at work? Are they married? Do they have children? Do they live in a nice place? Like a lot of that is given a lot of weight, and if you have these things, then you are given a lot of respect. If you're a morally good person and have any mention of what they're going through, any mention of what they're struggling with, it's very secretive and not shared in a very public way. So the culture itself is very bad at doing that -- which is why, I think, there are such high suicide rates in Korea. Because everything has to be kept on the down low. Or if you do tell someone, they have to keep it on the down low too.

IK 14:10

So as a Korean American, how have these cultural values been passed to you? Since you didn't grow up in Korea.

Interviewee 14:22

I've had this thought before. Like, what would have changed if I grew up in Korea and not in America? And I strongly believe that, if I had not been raised in the US but in Korea, I would not have survived. Yeah there were the cultural differences in the US, growing up with the emotional barrier and things, which is getting better, , since I'm initiating it -- but the US helps because of social media, for example. There's a much larger push as a society of making disorders visible, having more willingness to educate and bring awareness to mental illness. Not just to recognize it, but learn from it. Particularly among Asian Americans, and I've heard this from a lot of people too -- there's an increasing population of Asian Americans in psych specialties in medical and nursing programs. There's more openness, and it's becoming less taboo. Not completely, but just heading in that direction more and more.

IK17:01

So people want to pursue these issues as their career.

Interviewee 17:10

Yeah, people are more proactive and wanting to influence and change the structure of things. Not just like oh, I feel you and I understand you -- it's actually going out and into that field of mental health as a profession. It's great.

IK 17:35

So the last question I have is, what do you think needs to be done for Asian Americans and mental health in the future? After the pandemic?

Interviewee 18:33

I think a big thing that needs to happen, which is already happening, but needs to be much more widespread and accepted, is education. Because I don't mean it's less important for the parents of

Asian Americans to notice, but a lot of the time, because if Asian Americans grow up in Asian households that don't talk about it, it's quite easy for a cycle to continue. They don't seek help, they don't know about the mental health struggles. Like they don't know they have depression, or bipolar disorder, or anxiety, because there's a lack of knowledge in knowing that, and they think it's just a phase or your character. Like no, it's an actual illness, with actual treatment plans and things like that. I think there needs to be a big education push. In school we learn about different diseases and cells and stuff, and mental health needs to be a part of the standard curriculum. There's math, bio, whatever - there needs to be psychology as a required component of the curriculum. And I think in the future, like I know there's been a push for self-care during the pandemic and making sure to establish boundaries between work and home. I really hope that doesn't stop after the pandemic, that people will continue to be mindful of their mental health space. I'm worried that after life gets back to "normal," people will get back to busying themselves to burn out. I am glad there is more transparency around those conversations, and there has been a specific push for it, but I hope there will be more people going to therapy even after the pandemic.

IK 21:51

It's tough that most of the change that happens in this world is based off of reactive response, instead of proactive changes.

Interviewee 21:55

I think that's a whole issue with the American health system itself. A lot of it is reactive treatment, or reactive everything. Like you only go to the doctor when you're feeling something. But a lot of other countries, even other Western countries like Australia or New Zealand, it's very normal to go to the doctor every month. Just to see if everything is fine. So there's much lower rates of disease. That also just goes into health insurance, which... yeah. So mental health is just one aspect of the changes needed, but the entire system needs to be tweaked for people to feasibly work on. Everything relates to mental health in the end, it's so interconnected -- it's a byproduct of much deeper, systemic issues at hand.

P7— college student, she/her/hers

IK 0:06

How are you feeling?

Interviewee 0:22

Um, I'm feeling very unmotivated to do my homework. In the back of my mind, there's always anxiety about the future, wondering what I'm going to be doing in the next year, while applying to med school, and just not having the motivation to think so hard about piecing it all together. In this specific moment right now, I was just getting stressed out about all of it on a call.

IK 02:04

Do you think the pandemic has played a role in these feelings?

Interviewee 02:11

I'm not sure if it played that much of a role -- I mean, I guess? But not directly in any way. I'm sure it influenced the way it went down, like my relationships with professors weren't in-person and my research and such. But it wasn't that different in terms of still having to find a job and applying to school.

IK 03:08

What about mental health overall from the pandemic?

Interviewee 03:27

Oh, for that question I'd say for sure. I just need community and being so detached from the world was difficult. It was so abrupt, and my dad took it very seriously -- I mean, I was in my bedroom by myself for two weeks, and he would bring food to me and I'd wash the dishes in my own bathroom and pass out. I was treated like an infected person already. And as that dragged on, I just felt super isolated and disconnected. It translated to my feelings now, I think I'm much less motivated, more sluggish, less likely to be proactive about getting things done. I feel disconnected from my work, my faith, because of the physical distance. Through proximity, I could feel what's going on, what's pushing me to go forward. But without that, behind a computer screen, I feel so detached and not feeling like I'm doing anything.

IK 05:43

How do you feel your Asian American identity plays a role in mental health?

Interviewee 05:51

I don't think it's been changed much, because my identity in this one year has been fairly stable. It's changed more growing up -- I know there's a lot of rhetoric from the past year connecting Chinese people with the pandemic, placing blame on Asians, and how that's increasing a lot of racism. But I would respond the same way as I would have before -- the way I view myself has not changed, even with the anti-Asian racism.

IK 07:06

You mentioned the Chinese rhetoric, which is still going on. When that started, did you have conversations about it with people?

Interviewee 07:35

It was just immediate feelings. Outrage - how could you be labeling this like this, so inappropriate and horrible, etc. But the only conversation I can distinctly remember is with my parents, because -- well they voted for Trump the first time around in the bandwagon of Asian people that voted for him. So when we had the conversation of why they voted for a man that was spewing racist rhetoric, calling it the Kung Flu and such -- but that was pretty much as far as the conversation got. I think I had much deeper conversations with my parents about Black Lives Matter last summer rather than the anti-Asian attacks. I think that's because my dad has been pretty consistent in teaching me about discrimination against Asian people. So the pandemic didn't really change anything -- it just confirmed what had been already happening. Just made it clearer.

IK 09:13

So your dad talked about Asian discrimination to you growing up?

Interviewee 09:20

Yeah so like, I grew up surrounded by white people, white best friend, that thing -- so I thought racism and discrimination was a thing of a past. Like now, we're good. Everyone's nice to each other now. But my dad would always tell me that no, you're so naive. And I'd always be stubbornly insisting that I am American, I'm American, but my dad would say no, when other people look at you, they will see Chinese, not American. And so I was pretty upset about that, because I thought I was totally American. My mindset has changed now, because I see now that when people look at me, the first thing they will see is my Asian appearance. But in a sense, I still stand by my "I am American" belief. I am born and raised here, I am American. I'm just not white American -- but who is to say that white American is the standard of what an American is? So growing up, I thought that being American is equivalent to being white or something, and I was just like yeah, white people are my best friends, we're the same thing. But now, recognizing those differences, I can still say that yes, I am American.

IK 11:38

So you've already had the conversations. Going back to your talk with your parents about Black Lives Matter, what was that conversation like? What were their reactions?

Interviewee 12:08

They just think I'm a crazy lady because I get so fired up when I talk about it, like I get mad. I say fighting words and get frustrated, They just think it's a joke and tell me to become a lawyer if I care so much. But growing up, they would always say comments like, oh yeah it's because they're Black, or because white people are always whatever. Always comparing to Asian people. My dad was adamant about telling me about discrimination against Asians, so I tried to tell him that for Black people, the discrimination and racism they face is different -- like when you as an Asian person are walking down the street, you wouldn't be in fear of police brutality as a Black man might. Just trying to get that across to them -- like my mom for example, would say oh, but my best friend is Black. And that's just complicated, because they somehow have this relationship where they both look down on the younger Black generations -- but anyways, it's just generationally, there's always such a difference between the views of parents and children. Like I want to help and get really mad when my parents confirm any slight stereotypes.

IK 16:27

Yeah, and I see a parallel too with anti-Asian violence, where one stereotype gets cast over an entire people group because of the virus' origins. And I wonder, like why did it take so long for Asian Americans speak out loudly about these things?

Interviewee 17:32

Well, I did say my dad does talk about these kinds of things, because he wants me to be aware of it and know that this is how the world is. But in terms of stereotypes, I think it is so ingrained in them. Like the competitive Asian community, comparing kids, can become an expectation and not recognized as a reinforcement of stereotypes. Like you should be good at math and play instruments. So it's not a stereotype for my parents, it's more like a source of pride -- like yes you should feed into the model minority myth, why not, thinking that Asians are supposed to be

smart, supposed to be successful. And I think my dad is also like never wanting to stir up trouble, that's big too. Asians are now confronting the anti-Asian violence, but in his generation, it was more like, don't say anything, stay quiet, don't be troublesome. But one funny thing my dad mentioned was how Chinese people stay quiet, not standing up for themselves -- but Koreans, they're admirable because they're bold and speak up. I don't know where he got that idea from, maybe the LA riots or something, but he somehow has that thought in his head about Koreans.

IK 20:01

It's complicated, yeah—I think my research is going in that direction of recognizing there's the institutional lack of space for visibility on these issues, but also, our personal need to push didn't really exist because our immigrant parents and generations that came here considered this a privilege.

Interviewee 20:40

Yeah, exactly. I totally agree with that. In my parents' mind, it's more about fitting in and not about like whether we belong. The jokes that you hear when people say ching-chong, or they come up to you and don't know if you're Chinese or not, but they say "ni hao" or things like that - they don't take that offensively. They just assume that the people are trying to relate with whatever culture they are assumed to have, so it is about fitting in. It's different for our generation, people who are born here, because this is our land. We do belong here. But it's just hard to realize we need to fight for that, because we are raised by people who don't think that way. I had a really hard time pinpointing and being aware of that as an issue, and it was definitely a shadow of what was happening for the Black community, so anti-Asian discrimination never seemed like a big deal.

IK 22:41

Last question. We talked about how you're feeling in the present. But when I say the term 'mental health', and especially as an Asian American, or any part of your identity really, what comes to mind? Is there a specific experience that you can share about? Were there resources that helped you or lack of?

Interviewee 23:35

Growing up, it was always nonexistent. If you had mental health issues, you were perceived as a crazy person, especially in the Asian community. There's an even bigger stigma there -- like you should be happy, or if there's a person struggling with depression, it was blamed on the generation being weird or whatever. So generally mental health was not on my radar growing up, I thought it was very rare. I didn't realize it was so prevalent, didn't notice it all around me. My thoughts changed in recent years, when my roommate -- who is Asian American -- in high school dropped out because she was struggling with depression. She couldn't keep up with the boarding school's demands, it was too hard. And I just kept telling her to push through, like don't leave me, you can do it. And she wanted to, but it's not something you can force. It was hard for me to understand that it was not based on her own willpower. It's a clinical, she literally cannot. But seeing her struggle was hard, and she's my neighbor, my best friend. At first, it was just depression, so she was really down. But then it became bipolar, and I thought -- I thought she was all better, like when she was having her manic episodes. But it was too much, she had a

billion ideas and wanted to pursue all of them. And so that experience was for me the first time I witnessed mental illness, like it was very real and very common. It's not your own doing.

Interviewee 26:50

And it also made me realize the lack of resources, or like, the fitting resources for a particular target group. Like for her, she went to a psychiatric hospital, and they have a visitor's list, and everything was just foolproof. They make it so that you can't hurt yourself, and it just felt like a mental hospital, like an insane asylum. That doesn't help with people's mental illnesses. And it seemed like such a struggle for people to get out, in general. And then for Asian Americans, there's no good resources for Asian Americans who get hospitalized to be treated. Maybe it's because of the Asian American stigma being so harsh, like people don't want to go to the extent of seeking help. I honestly thought even Asian Americans don't struggle with mental illness, because it was so unseen to me, like oh yeah, Asian Americans are strong and don't struggle - we push through. But after my friend, I realized that so many of my friends are struggling with mental illness. I was just blind to it the whole time. I just thought everyone was fine, people just had their ups and downs... I'm still working on constituting what is mentally healthy and when does it become diagnosed. But yeah, because of the stigma and because of the lack of help seeking, it is hard to push for that targeting of treatment for Asian American struggles because of our race. Like she was in a hospital with a bunch of white people, and it's not the same. The culture doesn't understand what you're going through as an Asian American, and specifically what expectations we're struggling to meet that might not exist for others, what goals and motivations that are so unique. I think that often times, the root of our mental health and illness is so different from the root of other races -- like each race must have their own distinct roots of mental health factors, that's not addressed enough. And we have to treat the root!

Interviewee 29:50

Personally, I feel like I've never dealt with mental illness, maybe not seriously. Or maybe I just haven't reached the point where I can look back and recognize it. I never really sought out any resources -- I'd usually just rant to my friends. So I haven't encountered anything that goes beyond just talking to my friends and my God.

P8—mental health counseling student, he/him/his

IK 0:59

First question: How are you feeling in this pandemic and during these times? These unprecedented times. How are you doing right now?

Interviewee 1:14

I am doing better than I was before for sure. I think I was very COVID-anxious when I first came to Nashville and like seeing people on the street that didn't wear their masks. But it's gotten better because I have gotten vaccinated. The chances of me catching COVID are a lot lower now. I think a big part of that fear was, if I get COVID and I pass it on to somebody else like the repercussions, but if I fly home now the chance I'm vaccinated or my family will be vaccinated, so I'm feeling pretty good in the context of COVID just in comparison to how I was before like in August-September.

IK 2:30

And how have you been feeling, not just because of pandemic, but also generally in life?

Interviewee 2:39

Stressed. This has been a much tougher semester than last semester. I think I had been misled by my course load last semester, like the first semester of my master's program, and I didn't take into account that I would be doing an internship of 200 hours this semester. Which has been hard to get hours for because of like starting out virtual. And I've been getting more involved with the Asian American community on campus and taking on a leadership role in that. I think it's been good to reignite my passions from undergrad, both with community service and with advancing Asian American causes, but it has been piling on.

IK 4:56

It sounds like you're doing quite a lot. Not just with the pandemic existing, but also being here obviously doing your work away from home, your schoolwork, and your internship. And then you're also doing this Asian American stuff. Tell me more about that.

Interviewee 5:18

Yeah. I'm within one of the graduate programs, but the undergraduate campus like for students, there is no Asian American studies program. And this is in contrast to a lot of other universities around the country, which have comparable prestige or stature, you know. Then here is one of the few universities that doesn't have a program yet has a pretty significant Asian American student population bordering on like 16%, like 1/6 of the student body. And so, I'm getting involved with that. I've been much more the research side and seeking out like speakers trying to get out the logistics with it done. And then, working with that, that inspired me, especially after Atlanta, to provide like a community space for graduate students who are Asian and Asian diaspora, because there really isn't a space for us. And I have been thrust into the position of President because I was the one who initiated all of the conversations in our cohorts group chat trying to gather everybody together. It's been it's been eye opening, definitely how much work it's been to lead the org.

IK 8:24

We're going to hop tracks a little bit. And I know you are currently in school to become a counselor. Tell me more about that. And as you know, this is related to mental health. What sparked your interest and why? Why is it so important?

Interviewee 8:53

Yes, definitely. We're asked to talk about this a lot within my program, especially last semester when introducing ourselves. I entered college as premed and always loved biology and then in high school, I really enjoyed my AP psychology class. But went into college with full intentions to pursue a career in medicine. I had a lot of reservations about that through my premed classes and came to a crossroads where I was deciding on picking up a double major of psychology. And honestly, I loved my psych classes. They were subjects that I still bring up in conversations today. And in parallel with my academic crossroads, I was involved with a community service organization that like directly interfaced with the high school version of our club. Every semester, I'd bring sixty high schoolers from local high schools to campus and take them around,

have speaker panels, workshops, and fun activities. But a huge part of the thing was thinking about what college was like while being involved in community service. And there was like one part of the itinerary that was called “Real Talk.” The eight different groups of high schoolers could talk about any topic that they that they wanted, but I know that when I was a group leader, discussions were very, very heartbreaking. I come upon this feeling of helplessness or powerlessness a lot. And that always causes me to enact change within my life. It was this feeling of like, yeah, these students are struggling with so much. And they were only telling us as college students because they had just met us that day. They couldn't tell their friends, they couldn't tell their parents, they couldn't tell their school counselors, or their teachers. So the impetus for me to pursue a career in school counseling was wanting to reach out to the students. To educate myself and to do better for the students that I served. To show that there was a space for them to approach talks about depression, anxiety, body image, parental issues, divorce. Thoughts about suicide, sexuality, gender. As high schoolers it was very hard to approach that topic. And like, I think that's easy for us to talk about, but we had come to a point in our lives where it was acceptable to talk about this stuff. But I knew there was a lot of things that I face in high school that I told very few people about definitely not my counselor, definitely not my parents.

IK 14:14

I don't know if you mentioned this, maybe I totally missed it. But were these students all Asian American?

Interviewee 14:20

No, but the majority was because this is a densely Asian American area. Big pockets of Asian communities and every, almost everybody in our leadership was Asian. Almost, I don't know, a lot of the people involved in the community service club, within the high school chapter, it wasn't all Asian. But it just so happened a lot of them were Asian.

IK 15:02

So then, did you guys talk about these issues in regard to that Asian American identity?

Interviewee 15:15

Definitely we did. It depended on how each group handled it. We'd think about stuff within the perspectives of students and their backgrounds. So like, there was a lot of talk about, the stigma of depression and anxiety and general mental health issues within the Asian American community, stemming from parental views about it. And then also thinking about other issues within Asian American communities, like how the media portrays us, or more accurately how the media doesn't portray us, the lack of representation. And then those few representations that there are, how harmful they can be. I think those were the two biggest things that we talked about, specifically from an Asian American perspective. Other things were probably more generalized.

IK 16:41

Can you tell me more about the media perceptions, because that is very interesting to me? Regarding the experiences, the interactions you're describing—and for now, at this moment in history? What role does the media play with these identities and influencing public perception?

Interviewee 17:08

Yeah. If we think about like, portrayals of Asian Americans in media, right, the stereotypes are more of an academic portrayal. Very high achievement, academically, nerdy, good at math. Good at sciences. And so, there is a lot of pressure placed on these students to perform to the stereotypes that they felt was imposed on them. This is stereotype threat, right? I don't know if you've heard that term. But it's when people are put up to a task that they feel makes their identity very salient, like not living up to that stereotype. I guess in this case, we're lucky it's positive to do well in school, to be smart, but that there's a lot of pressure on the students to do well. It's placed on them by their parents and themselves, but also from their media, from their peers and from their teachers.

Interviewee 19:36

The second thing is related to present day events. There is a dual fetishization of Asian American women, and then a simultaneous emasculation of Asian American men. How the media portrays that, and how that influences like people's perceptions of themselves were high score. These students are young, just stepping into this dating field, right? And thinking about themselves and like how other people view them—this is a super crucial time. And the media until very, very recently, hasn't been great at portraying Asian characters in any realistic, human way. It was hard for the students to feel like people were romantically interested in them for them. Like a fetish thing. Or they were invisible. Just a lot of overarching effects with representation.

This all ties into Atlanta, right? The shooter is saying it is not racially motivated, that it is a sex addiction problem. But it's impossible to disentangle how the racial perception of Asian American woman is tied to this the sexual perspective. Asian American women are exoticized, fetishized, hyper-sexualized. And so, the immediate jump is to sex worker. There were immediate connections made to sex work, even though like none of the victims were confirmed to be sex workers. So, we have to be very careful in reporting and in portraying these kinds of hate crimes and making the immediate jumps. Also, not to do away with thinking about the intersectionality of this stuff. Because there's like, centuries of historical ties. Think about the exclusion of Chinese Americans, and broadly Asian American women from the US, because the thought was like, all of them are prostitutes. This is hinged so heavily on like white missionaries work with Chinese prostitutes in like one city's Chinatown. But that influenced sweeping, wide ranging legislation that had far reaching effects on thousands of Chinese American families that were split up permanently.

IK 22:24

Okay, so this is not specifically about the students that you worked with, But have you seen mental health, specifically for Asian Americans, being uniquely impacted by the pandemic? And the racism and the continuous anti-Asian violence that is happening?

Interviewee 23:09

Yeah, definitely. There is a general rise in anxiety across a lot of people because of COVID. But there's like, a further exacerbation of that effect, because of like, not only fear of say, contract and COVID, but also like being attacked for being Asian. That's a huge thing. And then also depression, or I think a lot of people, a lot of Asian Americans are coming to terms with the fact that our position in America is precarious. And it's always been precarious. But there's this myth,

the myth of the model minority, and that's shrouded a lot of our community's issues. A lot of Asian Americans aspire to whiteness, aspire to assimilate by throwing away their Asianness and heritage. But are we going to be granted the privileges of being the majority in this country? I think a lot of people are coming to terms with now. I don't know if it's going to manifest as diagnosable mental illness, but it is definitely impacting a lot of their mental health and rightly so. The sooner we come to terms with the fact that we are being harmed as a community by the model minority myth, and by portrayals in the media of how successful we are... We don't like shaking things up. And I bet that's meant positively. We aren't fighting for our own community now, we've been ingrained for decades. Decades of this model minority myth that like suddenly, like now that we are facing like a second, or a third, or like whatever order watershed moment community that a lot of people are at a loss of words and of actions to take, because of this ingrained need to not rock the boat.

Going back to the students I'll be working with so many Asian American students have been bullied for their race in this past year. And I'm sure many of them have very traumatic experiences, probably have developed anxiety and depression because of it. That's a huge issue for mental health providers to deal with. Because not only are you going up against the stigma of mental health within the Asian American community, you are now also dealing with like a surge in demand for services. And they're not prepared to talk about these issues from a culturally competent perspective. And there's going to be more students, more efforts going to have to be made to reach out to those students, because of the stigma of mental illness, because it was ingrained thing from parents and traditions and culture to not seek help from other people, to not air dirty laundry. And so more of the work will have to be done by school counselors, and by clinical and other counselors, and by teachers, all these people involved in young people's lives, because more times than not, they're not going to be the ones reaching out.

IK 27:27

That was a lot. So the last question that I want to ask, you already touched on. But it's about the future, after the pandemic, and you already described some of the predictions that you have. And I know everyone has been online for the past year. And since this pandemic is more or less coming to an end, what do you think might happen with Asian Americans in the mental health sphere? You can give me like all perspectives, whatever you want.

Interviewee 28:51

I mean the optimist in me, who is often shouted down: I hope that the pandemic and the hate crimes result in a watershed moment for our community. We would reexamine ourselves and our issues internally, see how young people are struggling, how elders are struggling, how parents are struggling or how everybody within our community struggling with their mental health because of the pandemic and the blame attached to our entire community. I think the realist in me who makes up most of me, though, feels like if we go back to normal, a lot of the issues are just going to be forgotten. That's rough, especially for young people who are minors who have a lot less control over their lives. And I hope it's not the case, I hope that parents have seen this is not a country that we can just blend into the background of and live happily ever after. There's a lot of work and issues that need to be addressed. And that if we don't do anything, they lead to a health issues for everybody involved. Physical issues like being attacked, but broadly as a community, mental issues too. I hope that's what happens. There's just huge divides right now about mental health and the whole stigma around it. I think broadly, America has become more

accepting of mental health issues. But like Asian Americans, and Asian American community, like a lot of other immigrant communities is behind. Years, if not decades. A lot of institutional work has to be done to address that.

IK 31:45

Yeah, and then there's the ongoing, anti-Asian racism. The fact that I'm interviewing you during this almost pinnacle-moment, a period of the pandemic where everyone's antsy, everyone's ready to get out, take off their masks and not have to worry about it anymore. But I think that actually might be why there's a little more blaming violence happening, because we've loosened the rules just enough for people to like, do what they want to like, assert their so-called freedom. And then, but then there's still the pandemic so where are they going to blame. But I still don't understand the elderly thing. Like, I really do not understand that.

Interviewee 33:13

Yeah. It's just targeting the most vulnerable, certain people who can't retaliate, right? So it's like children, like students. Young kids at schools. And it's the elderly. And it's women. Typical very vulnerable positions within society.

IK 33:39

What impact does that have on mental health for the Asian American community right now? Like to know that elderly and children, these vulnerable people are being attacked, in terms of like Asian relationships and viewpoints?

Interviewee 34:09

I think the elderly stuff is really dramatic because of how respect for elders, filial piety is within Asian cultures, as opposed to like Western cultures, where it's a much more individualistic society, a lot of people don't live with their aging parents, or aging grandparents. And so, it feels like a foundational attack on us as Asian Americans. Not only are they targeting the most vulnerable, but they're targeting the people that we respect the most. That's just, I don't even know, the effects that it's having on Asian American mental health. The bedrock of communities is under attack. And what can we do? Because lots is being done, like reporting. Community efforts. But institutionally, there's very little being done, and so I don't see any change happening. Until external circumstances change, like the pandemic ends or we go back to being more normal. Then maybe we see stuff changing. I don't think it's going to be a top-down thing, though, from government or institutions.

IK 35:56

Yeah, that doesn't happen. At least not in America.

Interviewee 36:04

So yeah, like that. I don't know. I, I imagine it's going to have shockwaves that reverberate long past this year.

IK 36:23

Do you have any, final concluding remarks that maybe you didn't get to say?

Interviewee 36:42

I guess like, just right now, with the recent media focus on anti-Asian hate. I have been guilty of not taking care of my own mental health. I think reiterating what a lot of other community members have been saying, it's like, the lack of oxygen mask comparison. Like, you got to take care of yourself before you can take care of anybody else. And so yeah my mental health has been not struggling, I just haven't been as cognizant of it as, as I should be. And I've been trying to throw myself into community action, and that it's not good for like me or the community, because I'm not at 100%. And I can't serve the people that I want to serve at 100%. So that's what I would offer as a closing remark.

P9—psychiatry medical student

IK 0:02

And my first question for you is, how are you feeling today? And then also, how are you feeling just when you think about the past year?

Interviewee 0:27

So today has a bunch of complicated feelings. For one. I'm reaching out to admitted students for next year. It's very interesting to think that just a year ago, I was like, the pandemic is just starting. I was entering medical school, it's almost been a whole year, not much has changed pandemic wise, other than the vaccine. Additionally, we're putting ourselves out there as possible resources for them. And it's like, man, I don't really feel like I'm a good resource for these people. Like, I haven't really explored Chicago, in terms of how much I've taken advantage of the resources that you Chicago gives out. I haven't necessarily done that much. And you tend to compare. I think that's just had been, it's like, a lot of people here are feeling imposter syndrome. And I, I don't generally feel impostor syndrome anymore. But it's still hard sometimes when you like find yourself comparing against people, especially when, when they're like, oh, here's like, a bunch of seminars on how you can look forward. Like, am I doing med school the right way, but I just kind of like trusting in the process well, I want to do psychiatry. So, it's not like I have to be doing it from the very beginning of freshman year competitive in the sense that if you're not doing research in it throughout all four years, and you're not like publishing your psychiatry is like you could be in third or fourth year and still, and like, match totally fine. It's now that we're vaccinated, it's still becoming really clear that I don't know a lot of my, my classmates, and I think that's, that's been really hard. So it was a little harder also, because I get along well with one of my roommates. But I don't interact at all with another one of my roommates. And it's like you know I wish maybe things could have been different. I don't know. Like I'm not normally one to like shy away from like, hard conversation. But I think over the past year that I've really struggled sometimes to have empathy and to be willing to have those hard conversations I think, I think I'm less happy felt like the kind of person I am and like, how willing I am to be around other people. So that's also sometimes wears on me. It's like, well, man Yeah, I don't really I feel like I have a lot of energy for anything or people or that sort of stuff.

How do I feel today? I feel tired. I've had Zoom all day. I feel like I could be doing more. And I feel like a little overwhelmed. Even though the quarter just started as there's a lot of stuff going on. There's some financial stress. Some, maybe not particularly due to the pandemic, were just

due to like med school. There's, yeah, they're just not same people and not really going outdoors much.

IK 6:21

And then also the year, right?

Interviewee 6:24

Yeah, yeah, I say specifically here, there's a clear instance of time, over the winter, like before winter, where I was really struggling with like, as like recognizing a bunch of warning signs for like, I'm going to be if I don't like, take care of this, I'm going to be very apathetic. Also, like I just started going to therapy because I had, like used to take like some antidepressants, and I just stopped taking them for maybe a year and a half ago. And I was overall fine. But you know, I'm not back on antidepressants yet. But I think it's just good to be proactive with your health. I think it's good to take your own advice I give someone else in my situation where they're like, possibly going downhill. I think I would advise that they just be proactive about it. And I was like, I'm doing research on mental health, Asian American young adults. I should probably just take my own advice.

IK 8:17

Yeah, actually, I also wanted to ask what made you interested in psychiatry and mental health as your specialty? I know you're only in the first year, but still?

Interviewee 8:32

Yeah, I think psychiatry is one of the main reasons I want to be a doctor. I don't think I'm looking at other specialties. I'm not very interested in it. Like, they're interesting to learn. I think there's a lot of interesting careers out there that you could really enjoy learning. I can't see myself doing long term like I admired in computer science in undergrad because I just like them. I was like, wow, this stuff is really cool. But I was like, I also can't see myself doing computer science stuff. I really enjoyed learning all the anatomy and all the physio and like, like looking at like pathology and or maybe like observing surgeries. Psychiatry is different because it's something very personal to me. I've gone I've struggled with a lot of self-esteem issues and apathy. At least from high school onwards and gone to counseling a few separate times. But it's also just something that I see a huge need in that that. Not only in Asian cultures, but just like most people I talk with benefit from it like, either like the majority of my classmates or either have done it and benefit from it or like, are thinking of doing something along those lines. And I think it's I really value the long term sort of patient interaction. I'd rather be able to talk with people and interact with people and really get to know people. So I want to, I really appreciate the more human the more the more human centered medicine, while the technical side is very interesting, and super important to learn. That's not what's driving me to psychiatry.

IK 11:04

And then you also mentioned that you do research with Asian Americans. What is interesting about that, in particular?

Interviewee 11:20

So, I think it's interesting for a lot of different reasons. It's something that there's not only a lot of stigma around, but it's just something that's very poorly understood and poorly discussed. I think we have so much research into what happens after someone enters the clinic, you know like, Oh, we know that this, this treatment might work, or this drug works, or this I forget the names, all the fancy stuff. But we don't really know what brings people into acceptance towards like mental health. I'm interested in this research because I, I kind of want to do stuff like community health or with global health, eventually, I would love to just tackle the idea of stigma, I think it's super big. My own family definitely struggles with stigma around my grandmother's Alzheimer's, it's not something that we want it to spread. I think there's also a huge generational divide, my focus is on Asian American young adults. Because I think there's a very unique situation at both being children of immigrants and struggling with struggling with, you know the idea that, that your parents moved over here to give you a good life. And you should, like live up to their expectations, but also just like a lot of different feelings that I think are unique to Asian culture, where you like feel like a foreigner, or you feel invisible, or you really don't have this sort of collective identity, that, that people really like playing strongly to, I guess. Yeah, so I'm doing this research, I guess. So under this issue, because I'm personally interested in the idea of stigma. I'm interested in what eventually leads people to that tipping point of have decided that yeah, this is something I need help with. I would love to normalize these kinds of conversations, that's more of a community health and global health aspect is how do I make mental health conversations normal? And how do people like, you know how to calculate think better about these, these sort of things. And again, I just really love hearing from people about their, about their lives and what makes them who they are.

IK 15:29

And I think mental health, too, like this can really apply to any specialty wherever you are. I think psychiatry is maybe the status of having that specific specialty, if you want to go into more of that kind of realm of talking about mental health and it's helpful, honestly, I think, but we're really like, you can talk about mental health as connecting mental illnesses with all kinds of bodily symptoms and, and other signals.

Interviewee 16:06

Yeah, for sure. I also made a good point where psychiatry is like this interesting, in between point between medicine and like, mental health. I mean, health is like, very, very diverse. But, but it's like, some really go what's interesting, has been doing psychiatry, and like I said coming as a clinical psychologist, well, one can prescribe medications to other cannot. It's not the only difference, because I think, I think it's like, if you want to do psychiatry, you have to, like you feel this pressure to be like, well, I really need to dive into this medicine side of stuff. Because it's like, Why else? Am I doing this whole thing? If not if, like my only thing out of it is like prescribe medications, but no, it's really about the decision making, it's about the opportunities to like, go a lot of different places and leverage your because like, as a doctor, you have a lot of privilege, you also have a lot of authority in terms of like, you see things and you're able to advocate well for those things. But people tend to trust that, that you've put in the time and that you're constantly learning. But yeah, mental health is like super involved anything like you'll see. Like, I'll see consult psychiatry, which has the long term discussions, you know be able to follow up with one person over and over, being able to see a lot of people who would never potentially walk into a clinic until mental health clinic and be able to do more diagnostic stuff. So consult

psychiatrists would be like if someone's in hospital for another reason, and they're like, or maybe even for psych reasons, and they're like hey, we need a psych consult. Because that's super cool. Because you'll talk with people who might not be like, hey I do need mental health. Like, I will go and make an appointment. You'll probably talked to a lot of people who will never say that. So I think that's cool, too.

IK 19:06

Yeah. Another question I have is: When was the first time you heard or knew of mental health? In your life?

Interviewee 19:26

I'll start with when I really think about it in terms of myself. And I'll move on to like more probably, I'd say freshman year college, I was really struggling. I was desperate. And at that point, that's when I was like, maybe I'll go to the to the counseling center at my school. I went for a couple times. And I was like, okay not really thinking about the word mental health. I'm just like, I'm just here to try you know, I'm just here to get help. I'm just here to see what they can do for me. And then they're like, Hey, have you considered taking medications? I never went back. I was like, I don't want to know if I have mental health issues, because I felt like that meant that I was less than normal, less than human. In some ways. I felt like that meant I had something, something wrong with me. So, I was at a time where I like very distinctly refused to consider the possibility that there's mental health. I just kind of fled from it, it was not helpful to know. And I thought it could have been a lot of shame or guilt, or guilt especially because my life is was objectively like, pretty good. And, and it's like, I shouldn't feel this way.

Interviewee 22:18

I first encountered mental health through my best friend growing up in high school. He really struggled with depression, and sometimes suicidal ideation. He had some very unhealthy relationships with, with alcohol and, and drugs and also unhealthy relationships with friends. I wasn't happy in high school. And looking back, I was like, wow, yeah, you have mental health problems. And, you know looking back, I definitely did, too. I just didn't recognize it. Yeah, so that that was my first really big encounter. I think there's a really shame idea, stigma, because I went to his parents with his troubles. And they just kind of rejected it. They're like, he doesn't have any idea. Like, what we don't want trouble, you know he's just like, doing this for attention. And then I told my parents, and they're like you shouldn't talk to his family. They're like, not good people. Like you shouldn't hang around people like that. Also, kind of in the sort of like, yeah, it just made me a worse person to have mental health issues.

IK 24:06

What have you seen it for yourself personally, and also just in your positionality as a medical student studying psychiatry doing Asian American mental health work? Like what have you been seeing about Asian Americans and mental health specifically during this pandemic time?

Interviewee 24:57

I think I think one thing I've noticed is that the dialogue is a little more like, like mental health dialogue is more present. I've seen that most people have a really good support system with their friends in a sort, but they use that as like a as like a reason to not seek professional mental health

care. I think that's like you can't read too much into individual people. But I think there is a role a trend and something that I've also personally done where it's like, you know because mental health is more common spread. In the younger generation, there's a huge, again, generational divide with older Asian, folks. But there's this idea that if you have mental health that's common, and you can like commiserate with people about it. Where people will use conversations with friends, and be like, hey yeah, I've been like, really shocking and mental health like, Oh, yeah I've been struggling with that, too. And that feels good. It feels good to be able to say something like that. But I think that I find that a lot of people with that, that kind of interaction will then not go on to actually see professional help. And that kind of interaction may help short term, but probably not long term.

IK 26:34

I want to ask a question about that. Social support is very prevalent, especially for Asian Americans when it comes to like managing their mental health. And then it's not really been said explicitly that's wrong. They need professional help. When do you think like, what's the line between having stable social support from like, friends and family, so much that you don't feel like you need to go seek professional help?

Interviewee 27:12

I think it comes down to I think there's a lot of things that comes down to whether people decide they want to walk into a clinic or not. First and foremost, you didn't have a good understanding of what mental distress is, what kind of people get mental distress societal norms or like, cultural beliefs, but also just like, how helpful you think it will be. Like in terms of what will they do what can they offer? Well, this, will this like, make you feel better? I think, regarding the situation of social support, versus like a therapist or a counselor is, where's the fine line? It's, yeah, it's not clear. Because I think it's really important to be able to talk to friends and stuff about it, I think it's always good to be able to have a conversation, like if you can't even have a conversation with their social support. I think that's not like that's a worse evil than having too much conversations with your social support. Like, I've struggled with it for a very long time, it's hard for me to really imagine what could possibly be like a very, very strong position mentally, I think, in a lot of ways. Sometimes it feels like, hey I'm managing like this is something that I'll always wrestle with, eventually, we'll come back. But like, I'm content today, I'm interested in things, like this is a good place to be. I hear that they're mystical unicorns out there who can who are always happy and like, it's not a struggle to be happy and joyful every day. And it's like, well, I could never imagine that honestly. So, I don't know. Maybe it comes down to thinking like, Hey, I'm talking to friends. We all feel the same way. That's a really good feeling of belonging. Like, isn't this like all I need? Or maybe that's just, that's just where it comes from? Who knows?

IK 29:50

Yeah, you feel like and this is also just me going on a tangent too. But I do feel like the one thing that's kind of that you can sort of put it into a frame with is just comparing how much of a stronger reliance or like family presence there is like the role of family and that social support in Asian American households and relationships more so than like other, like maybe the majority American average American, I'm not sure. But I do think family comes up a lot. Like, whether good or bad, and how that really does end up influencing your mental health or even like your awareness of mental health.

Interviewee 30:48

For sure, there's a lot of different things that influence your understanding, if you grew up in a religion, that could definitely shift your perspective one way or another, if your family was willing to talk about it, or not willing to talk about it. But I think that people tend to make that decision to, to pursue a mental, like professional help, when, when it affects people outside of themselves. That's, that's true for myself. Or like if you do confide a lot with your friends, and with your family, eventually, they'll probably be concerned, and like, feel like you should really, really go. So maybe, maybe it's good to have those conversations. But I can also do the other side of the coin, where it's like, you're just so desperate. Like, you're like, I can't live like this anymore. Like, I'm going to go but I think a lot of times it does come down if you have a good social support system will probably go down other way, like you're really affecting the people around you. And that's pushes you to go.

IK 32:47

We can end with the future. So do you see mental health for Asian Americans going in a good direction? Or maybe like, what are some things that you kind of expect to see happening in the coming years?

Interviewee 33:05

Yeah, I think? I think so. I think there's been, I mean, because the pandemic, I think there's been increased conversations, just with within family. And like, I know that a lot of people have talked to their parents about issues like BLM, and issues like racism. And so I think those will hopefully, also lead into more willingness to create conversations such as mental health. I know that. There have definitely been people bring up mental health for the first time, but they're the parents, I think, I think I'm like, optimistic that continued conversation will eventually lead to a general state of like, people being more willing to think about it. I also think with like, with, like pandemic, as well as anti-Asian sentiments, that there will be increased racial consciousness for Asian Americans, which I think can improve mental health. And they feel more in tune with, with their identities. Especially because I don't think there's really a strong collective Asian identity right now. And that, yeah. So I think I think both of those could definitely lead to a better set of conversations. I think overall, parents and children are probably more aware of their device. And that would probably lead to a better understanding of like, a common ground in terms of like, yeah when we disagree on these things right now, but we do agree on like these things. So I think I think the pandemic has been good for conversations and, and I think I think conversation is super important for mental health.

IK 35:00

Okay, and I actually thought of one more question, because I really do want to hear your answer. Because right now we've just been skirting around. We've been talking about how professional help is, like a good thing. But then at the same time, you talked about in the beginning about personal experience, and, and there's many shortcomings with professional health. So what do you think we have to do, knowing that like, knowing that in the future, mental health will become a lot more widespread and recognized, especially among Asian Americans? What do we have to do as like future mental health professionals to ensure that they're getting the care they need? And it's not just like, being disappointed?

Interviewee 35:43

I think, yeah. I think a lot of it is just involved with, with really creating spaces to talk about things. Like, yeah that's just huge. I know that there's been a lot of like here in Chicago, there's a couple organizations like living room spaces where people can just walk in at any point and just like, talk to someone. But like that kind of vibe, I think, spaces where mental health is not just never exist in a vacuum, almost as you said, it's usually involved with a lot of different things. Training people to either screen for it more, which would hopefully normalize it or be aware of those like resources out there, like if someone comes into a hospital or comes into like a homeless shelter for a surgeon for one thing, being able to give them a whole experience, like do as many things as you can, and what at one time is probably also really good. So just being more aware of becoming better at like, talking about mental health.

IK 38:01

Have you ever thought about adolescent aged people like teens?

Interviewee 38:17

Yeah, you bring up a really good point, one of my one of my lab mates is doing research into counselors in like high school and, and middle school settings. And I will say that counselors right now are more focused on writing letters of rec than they are on any sort of social work or mental health work. Yeah, I think there should definitely be licensed clinical social workers or anyone else who are in those settings, and actually have the resources and time to manage that. Because right now, high school counseling is probably non-existent. I mean, they're not really there to talk about mental health. If you're not a senior or junior you're also not as important. Because again, like they have to write a lot of letters of rec foundation. That's just what they have to do.

P10—wellbeing staff at public university

IK 0:04

From your personal and professional standpoints, do you think the COVID-19 pandemic has impacted mental health for Asian Americans uniquely?

Interviewee 0:11

YES YES YES! But there are layers to this impact. The pandemic disproportionately affects communities of color. Asian Americans along with everyone else must deal with the isolation and loneliness associated with social distancing and the separation from family for safety. Filipinx nurses represent a disproportional number of healthcare workers who have died from COVID-19—you can listen to the latest Code Switch episode on this. But of course, it's not just the pandemic. It's the combination of the pandemic and intentionally racist language from the man who was arguably the most powerful leader in the world, who leaned into his privileged identities to rally others with privileged identities to lash out against Asian Americans as a perceived threat. These factors created the perfect storm to exacerbate anti-Asian attitudes in the US. Naturally, this adds tremendous pressure and stress for Asian Americans, on top of the model minority myth and perpetual foreigner stereotypes that contribute to Asian American mental health challenges.

Interviewee 4:47

Asian Americans are ALREADY some of the least likely to seek mental help due to the stigmatization of mental illness, and for some in religious spaces, the spiritualization of physical challenges, like they say, “You must pray about it” and nothing else. So YES, I think the pandemic has uniquely impacted Asian Americans significantly. It’s not just the pressure and stress, it’s life or death. Our people are being killed. Our elders are being cut open. People who look like our loved ones are being attacked. Our model minority quietness is breaking as many Asian Americans are speaking up. This is new for many people, and this adds to mental health stress.

IK 8:21

Wow, that was powerful. Well, moving into more of the work you do in education, could you explain a bit about Asian American students and the barriers they might face in accessing mental health services on campus?

Interviewee 10:32

I’m assuming this is about college students specifically. College campuses are always strapped for cash despite the exorbitant costs of higher ed, but that’s another conversation. Counseling and psychological services on campuses are in a difficult position to choose who and how to invest in students. The research often points to “at-risk” students, and oftentimes, Asian Americans are NOT included in this group due to high GPA scores and this perceived sense of success. They will say “they’re doing fine, they don’t need help. Let’s give help to those who really need it.” And because Asian Americans are the least likely to pursue help, they’re not going to see lots of Asian Americans coming to events, making appointments, which perpetuates the stereotype that Asian Americans don’t need mental health services. So one large barrier is this stereotype that Asian Americans *don’t* need services, so none are offered that are unique to this community. Other barriers are more cultural, dealing with the stigmas against mental health challenges and personal resistance to seeking help in these ways. Students may fear shame about their peers or family finding out that they’re getting help. Many of those who come from immigrant families focus on hard work, not causing a stir, and putting your head down because #immigrants #wegetthejobdone. There can be lots of shame in seeking help.

IK 16:58

Last question: do you see mental health for Asian Americans improving or worsening overall, in terms of accessibility, awareness, or stigma, in the coming years? Why?

Interviewee 17:45

I see it improving. More and more Asian Americans are deepening our understanding of racial trauma and the impact on our mental health. I think there’s also much hope in second and third gen Asian Americans who are actively working to undo cultural stigmas against mental health, and more and more Asian Americans who are pursuing mental health professions. Social media is such a helpful platform for raising awareness in young Asian American communities, more than ever before. I think things are only going to get better.