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UBC Point Grey Campus, BC

Request Letter to MLA: Mental Health Advocacy and Recommendations Regarding Asian
Diaspora Community in Vancouver

To Hon. David Eby, Q.C,

My name is Elisha Fu, I am a student at the University of British Columbia in your community at the Vancouver Point Grey campus. This letter is about an issue that is deeply important to me which I believe should be brought to your attention. Your help will be greatly appreciated in bringing attention to the issue and enabling the Asian Diaspora communities in Vancouver to gain access to better mental health care. As a member of the Canadian Asian Diaspora myself, I feel deeply connected to this issue and am fortunate enough to receive formal education regarding the matter at the UBC campus, which sparked my passion to vocally advocate for better public education and resource funding. The main issue regarding mental health in the Canadian Asian Diaspora is the underutilization of mental healthcare services, and the following pages will attempt to outline the main causes and present some tangible ways that could improve the problem.

What is the significance of mental health within Asian Canadian communities, you may ask? How is it any different from other cultures? The DSM-IV has recognized stress from cultural sources, labelled “Acculturative Problems”, as a legitimate issue that warrants clinical attention (Leong et al. 2013). As an officially recognized form of mental distress, mental health

issues linked to cultural underpinnings should not go unaddressed as Vancouver has a large Asian population, and the Asian cultural representation is ever-growing. In addition, the mental health of Asian Canadians is nuanced in ways that may not be easily understood and are often inseparable from their cultural upbringings. To understand the issue of mental health within the Asian Diaspora in its entirety, it is important to address the influence of generational trauma and dissonance. One value that is of utmost importance in Asian culture is family relations, and children often look toward parents for guidance; but what if their lived experiences are very different from their parents? This can create rifts of dissonance and misunderstandings that influence the child's upbringing (Virdee, 2020). Research has pointed to several parental contributions to mental health stigma, including dismissal of concern and prioritizing "saving face" (Augsberger et al. 2015). Discussions surrounding the topic of mental health are discouraged in Asian families (Virdee, 2020). Disorders such as depression and anxiety are often stigmatized and rarely discussed, and some simply "do not believe in mental illness". Asian Diaspora children often grow up without a support network like their non-Asian peers, which leads to low mental health literacy, referring to "poor knowledge about mental disorders which aid one's recognition, management or prevention of such disorders" (Na et al. 2016). Mental health literacy also involves the ability to act upon the mental health crisis, which includes help-seeking behaviours (Na et al. 2016). One study mentioned that when they were recruiting Asian patients for a depression study, denial was a common response; many patients simply could not comprehend depressed mood as a treatable medical condition (Chen et al. 2005). Research suggests that within cultural communities that tend to have poor mental health literacy, people tend to overgeneralize and oversimplify mental illness, which leads to misrepresenting reality. For example, this can look like saying "people with mental health problems are 'crazy'" (Chen et

al. 2005). It can be devastating to suffer alone without being understood by loved ones, and this can lead to irreversible damage.

To complicate matters more, underutilization of mental health services has been identified as the major issue that plagues the Asian Diaspora community in North America (Na et al. 2016). Several academic studies have pointed to this conclusion, which is consistent with data from past research. To illustrate this, research from the Substance Abuse and Mental Health Services Administration (2015) indicated that mental health service usage among Asian adults were significantly lower than all the other ethnicities sampled, and this pattern was consistent across gender, age, poverty status and insurance status. Within Canada, similar results can be found; Asian women and men were more likely than White women and men to report poorer mental health (Veenstra et al. 2020). Some factors found to be associated with underutilization behaviours are public stigma, generational status, and delay in recognizing signs of mental illness (Augsberger et al. 2015). Research has found stigma to be a major barrier to seeking help, such as low levels of stigma tolerance associated with mental illness and family-related feelings of shame associated with the admittance of mental illness (Augsberger et al. 2015).

Despite the clear issues regarding mental health outlined in this letter, there is insufficient research on evidence-based culturally sensitive approaches to mental healthcare catered toward the Asian diaspora. Personally, good mental health may look like embracing one's heritage culture of collectivistic ideals whilst respecting one's individual autonomy. This can look different for everyone; however, there is an increasing amount of younger Asian Canadians who are voicing the desire for freedom to live according to one's true intent instead of constantly bound by the restraints of cultural and family expectations. Upon reading this far, you may ask, what is the solution to this problem? There are a few. First, accessible culturally-informed mental

health services should become more widely available for Asian Canadians. Cultural competence is an essential asset for healthcare providers, which refers to the behaviours, attitudes, and skills that allow one to work effectively with different cultural groups (Tanap, 2019). Culturally competent mental healthcare providers can understand the important role that culture plays in the lives of Asian Canadians, which can make a huge difference in the quality and effectiveness of treatment. Often, Asian experiences are shaped by cultural ideals that value face, achievements, and filial piety – which make up the lens that they see the world through (AMHC, 2022).

Reducing stigma surrounding mental healthcare is crucial to improving public knowledge and quality of care. To cite some research on Asian American mental health interventions, some ways to reduce stigma are enhancing care provider knowledge (Chen et al. 2005). Recognizing Asian cultural traditions as valuing collectivistic good, mental health services that are aimed at treating Asian communities should reflect this value. This may involve employing culturally competent persons as healthcare providers, who will be viewed by the patient as an “insider” or “the same people (Chen et al. 2005). These can be primary health care providers, but also may be volunteers which can remove the accessibility barrier for low-income individuals. Something else to consider is additional support for Asian individuals, such as language interpretation of medical results, assistance with applying for health benefits, or sometimes simple translation. As someone who is fluent in English, I often forget the struggle of my elderly parents when they cannot read a few simple sentences in English that takes me a matter of seconds. These services will go far in helping many individuals, especially elders. Consistency and encouragement to utilize the services are important considerations, as no-show rates among Asian patients are found to be high (Chen et al. 2005). This can be operationalized in forms of incentives, or effective persuasion to allow the patients to gain a sense of hopefulness regarding treatment, and

lead to the continuation of therapy. Asian communities tend to view mental health problems as a taboo subject, therefore leading to negative attitudes towards help-seeking behaviours (Augsberger et al. 2015). The lack of awareness creates a community-wide barrier to seeking professional help. As a collectivistic culture, Asian communities can be disapproving of mental health discussions as they may burden others. Participants in one study mentioned that they refrained from reaching out to friends and family regarding their struggles due to fear of being burdensome or not understood (Augsberger et al. 2015).

There is much more to the story of mental health within the Asian Diaspora that cannot be properly covered in this paper, in terms of the wide range of different lived experiences in various Asian cultures. There are many factors that are involved in each culture, community, and family, that are entangled in mental health that are far too complex to reduce to a letter. To sum up my main points, it is essential that those who need help with mental health receive it, which is a complicated matter within the Asian diaspora in Canada. The main issue of underutilization of mental healthcare services can lead to detrimental effects and individuals are left coping alone, often ineffectively. Imagine suffering from depression and suicidal thoughts, but not being able to voice your struggles due to stigma and hopelessness. By raising awareness and making meaningful changes to the structure of mental healthcare, the frequency of such stories can be reduced. I respectfully request that you take up to the matter and use your resources to improve the mental health care systems in our community to better serve the Asian Canadian population.

Yours sincerely,

Elisha Fu

References

Asian Mental Health Collective (2022), from <https://www.asianmhc.org/>

Augsberger, A., Yeung, A., Dougher, M., & Hahm, H. C. (2015). Factors influencing the underutilization of mental health services among asian american women with a history of depression and suicide. *BMC Health Services Research*, 15(1), 542-542. <https://doi.org/10.1186/s12913-015-1191-7>

Chen, H., Kramer, E. J., Chen, T., & Chung, H. (2005). Engaging asian americans for mental health research: Challenges and solutions. *Journal of Immigrant and Minority Health*, 7(2), 109-118. <https://doi.org/10.1007/s10903-005-2644-6>

Leong, F., Park, Y. S., & Kalibatseva, Z. (2013). Disentangling immigrant status in mental health: Psychological protective and risk factors among latino and asian american immigrants. *American Journal of Orthopsychiatry*, 83(2-3), 361-371. <https://doi.org/10.1111/ajop.12020>

Na, S., Ryder, A. G., & Kirmayer, L. J. (2016). Toward a culturally responsive model of mental health literacy: Facilitating help-seeking among east asian immigrants to north america. *American Journal of Community Psychology*, 58(1-2), 211-225. <https://doi.org/10.1002/ajcp.12085>

Substance Abuse and Mental Health Services Administration. (2015). *Racial/ Ethnic Differences in Mental Health Service Use among Adults*. HHS Publication No. SMA-15-4906. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Tanap, R. (2019). *Why Asian-Americans and Pacific Islanders Don't go to Therapy | NAMI: National Alliance on Mental Illness*. Nami.org. <https://www.nami.org/Blogs/NAMI-Blog/July-2019/Why-Asian-Americans-and-Pacific-Islanders-Don-t-go-to-Therapy>

Veenstra, G., Vas, M., & Sutherland, D. K. (2020). Asian-white health inequalities in Canada: Intersections with immigration. *Journal of Immigrant and Minority Health*, 22(2), 300-306. <https://doi.org/10.1007/s10903-019-00898-2>

Virdee, G. (2020). Let's talk about mental health in South Asian communities. *CAMH*. <https://www.camh.ca/en/camh-news-and-stories/lets-talk-about-mental-health-in-south-asian-communities>