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# Mental Health Help-Seeking Behaviors Among Asian American Community College Students: The Effect of Stigma, Cultural Barriers, and Acculturation

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*According to the 2008 U.S. Census, there are 15.5 million Asian Americans in the United States, and 17% are students enrolled in a university (Shea & Yeh, 2008). Asian American college students in higher education are oftentimes perceived as the "model minority" with high academic achievements and few mental and/or behavioral problems (Park, 2010). In contrast to this general assumption, studies have shown that many Asian American college students suffer from psychological distress (Abe-Kim et al., 2007; Breaux, Matsuoka, & Ryujin, 1997; Lee et al., 2009; Mallinckrodt, Shigeoka, & Suzuki, 2005; Nguyen & Anderson, 2005). In fact, the Centers for Disease Control and Prevention (2008) highlighted considerable disparities in mental health among racial/ethnic groups, including the fact that Asian Americans 15–24 years old have significantly higher suicidal rates than do other racial/ethnic groups of the same age range. Researchers have attributed this mental health disparity to Asian students' underutilization of professional services. Consequently, a growing number of empirical studies have been conducted to identify the contributors to low mental health service utilization (Abe-Kim et al., 2007; Kim & Park, 2009; Lee et al., 2009; Nguyen & Anderson, 2005; Umemoto, 2004). These studies have found that acculturation, cultural barriers, and stigma attached to mental health problems are common factors that significantly contribute to Asian American college students' low mental-health-seeking behaviors. However, based on the authors' knowledge, these studies have focused on Asian American students who attend 4-year colleges. There is very little known about Asian American students attending 2-year community colleges, who comprise over 40% of Asian American undergraduates enrolled in higher education (Park, 2010).*

As Bailey and Morest (2006) affirmed, community colleges are a critical avenue for low-income and first-generation ethnic minorities to access higher education. Students of low socioeconomic status and from immigrant families are known to experience excessive pressure to succeed academically for the purpose of social and economic mobility, which may put them at a higher risk for developing mental health problems (Suzuki, 2002). By taking an exploratory approach and borrowing from the literature on Asian Americans and 4-year university students, the current study examined whether well-developed cultural contributing factors, such as stigma, acculturation, and preference for racially/ethnically concordant counselors, among Asian American 4-year college students might also predict help-seeking behaviors for mental health issues among Asian American community college students. Identifying the factors that hinder or promote help-seeking behaviors is crucial for the helping professions to assist underserved Asian American community college students to succeed in higher education and become productive citizens.

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## Culture, Stigma of Mental Health Illness, and Mental Health Seeking Behaviors

Despite the high prevalence of mental health–related problems, mental health is commonly overlooked in Asian communities, and cultural barriers have been identified as the most imperative factor (Lee et al., 2009). For instance, Nguyen and Anderson (2005) stated that some Asians hold the belief that individuals who have mental illness may be possessed by supernatural entities such as demons or spirits. Therefore, mental illness is highly stigmatized in many Asian cultures, and the root of mental illness stigma can be found in Asians' cultural beliefs toward mental health (Kung, 2004; Lee et al., 2009; Masuda et al., 2009; Nguyen & Anderson, 2005).

Empirical studies have shown that the identification, expression and acknowledgment of psychiatric problems are influenced by culture. For example, studies show that many Asians believe that emotional anguish is seen as the consequence of bad thoughts, a lack of will power and self-control, and personality weakness, and therefore disclosing that one has mental illness is considered to be shameful (Kung, 2004; Lee et al., 2009). These beliefs may deter individuals from seeking help for their symptoms. Furthermore in Asian cultures, mental illness often is not considered as an individual problem. Rather, mental illness potentially represents a negative reflection on the immediate family as well as their ancestors. For Asian immigrants, stigma attached to mental illness is a multifaceted phenomenon which is related to loss of face and status that is beyond the individual level. It is likely that such an intense and complex stigma attached to mental health issues further exacerbates disparities in mental health service utilization.

Indeed, among Asian immigrants, extra-familial intervention (e.g., professional help) is often considered shameful, as it indicates the inadequacy of family members and causes them to "lose face" within their community. Consequently, instead of seeking professional help, Asians may try to change this behavior through self-control and willpower or may try to keep out bad thoughts by keeping busy (A. Y. Zhang, Snowden, & Sue, 1998). When these attempts fail, they may choose to address problems and needs first within the family system (i.e., immediate nuclear family, then extended family; Hsu, Davies, & Hansen, 2004). External help is sought only after all other resources are exhausted or when legal or social services force the issue. Even when seeking mental health services, many Asians might first seek medical services or traditional resources such as herbalists, acupuncturists, fortunetellers, or religious/spiritual leaders for help, which are less stigmatized sources of help (Nguyen & Anderson, 2005). Depending on the severity of their illness, they may then seek a mental health professional (Kung, 2004). If the Asian culture and stigma play a significant role in help-seeking behaviors, given the interconnected nature of culture, stigma, and the acculturation process among ethnic minorities (Hsu et al., 2004), it follows that acculturation might predict help-seeking behaviors.

## Acculturation, Preference for Counselors, and Help-Seeking Behaviors

Another culture-bound contributor to low mental health service utilization is one's level of acculturation. Acculturation is a process of changing one's culture by incorporating elements of another culture and entails a mutual blending of culture, both psychologically and behaviorally (Berry, 1997). Thus, acculturation reflects the extent to which individuals learn the psychological (e.g., values) and behavioral (e.g., behaviors, life styles, and language)

aspects of the dominant culture (Zane & Mak, 2002). With regard to Asian American college students' help-seeking behaviors in relation to acculturation, Shea and Yeh (2008) found that higher levels of assimilation (i.e., more embracing of American cultural values) among Asian American students predicted more positive attitudes toward seeking professional psychological help. Other studies also found that Asian American students who maintain a strong adherence to Asian cultural values tend to have negative attitudes and a lower level of willingness toward seeking professional psychological help than do their counterparts because seeking mental health services can be viewed as bringing disgrace to themselves and to their families (Lee et al., 2009; N. Zhang & Dixon, 2003). Asian Americans' reluctance to seek professional help and their lack of acceptance of Western psychotherapy, based on their level of acculturation, is known as a contributor to barriers in seeking mental health services (Wong et al., 2006).

Studies also show that many Asian Americans, in addition to the cultural factors such as stigma and acculturation, do not feel comfortable speaking to a mental health professional who does not share their same ethnic background, primarily due to cultural/language differences (Lee et al., 2009). For example, Fraga and colleagues (2004) found that Asian American undergraduate students, in comparison to European American and Hispanic undergraduate students, have distinct preferences for particular counselor attitudes or beliefs, knowledge, and skills. Other studies also found that Asian American college students generally would prefer a counselor with similar values, but there are very few bicultural and/or bilingual Asian American counselors available (Akutsu & Chu, 2006; Atkinson & Gim, 1989; Gim, Atkinson, & Whiteley, 1990; Gloria, Castellanos, Park, & Kim, 2008).

## Demographic Characteristics and Professional Mental Health Help-Seeking Behavior

Most existing studies have emphasized the cultural contextual factors in Asian Americans' professional mental-health-seeking behavior. Previous research has shown that demographic characteristics seem to play a role in the willingness to seek professional help among Asians (Takayama, 2010). For example, Asian females tend to have more positive attitudes toward seeking help than do Asian males (Leong & Zachar, 1999; Yoo, Goh, & Yoon, 2005). Also, while some studies have not found any relationship between age and seeking formal psychological help (Abe-Kim, Takeuchi, & Hwang, 2002; Abe-Kim et al., 2007; Shea & Yeh, 2008), some argue that younger Asians, especially those who are male, may be less traditional, which results in a positive view of psychological help-seeking behavior (Solberg, Ritsma, Davis, Tata, & Jolly, 1994).

Based on empirical studies, it appears that generational factors, combined with gender and acculturation, also influence undergraduates' help-seeking attitudes (Gloria et al., 2008; Yeh, 2002). Thus, participants' self-identified generation (first generation for those who were born in foreign countries versus second generation for those who were born in the United States) was included as a control variable in this study. Since a different service utilization rate among Asian sub-ethnic groups also has been noted (Takeuchi, Leaf, & Kuo, 1988) and several scholars have underscored the importance of studying help-seeking behaviors in specific subpopulations or disaggregated ethnicities (Hall, 2001; Ida & Ya, 2007), subethnicity was included as a control variable as well.

## The Current Study

Given these precarious issues in mental-health-seeking behaviors among Asian American

community college students and the gaps in prior research with this particular population, the current study explored the following four research questions:

1. To what degree are Asian American community college students willing to receive professional mental health services?
2. What are the relationships between acculturation, preference for racially/ethnically concordant counselors, mental illness stigma, and the willingness to seek mental health help?
3. What are the relationships between demographic characteristics (e.g., subethnicity, gender, and generation) and the willingness to seek mental health help?
4. To what degree does mental health stigma contribute to the willingness to seek mental health help after controlling for acculturation and demographic characteristics?

## METHOD

### Study Design

A quantitative cross-sectional survey research design was used for this study via a self- administered, paper and pencil survey questionnaire. The survey consisted of questions pertaining to the stigma attached to mental health, acculturation issues, cultural barriers, language barriers, psychological issues for Asian American college students, and their willingness to seek mental health services.

### Sampling Method and Procedures

The population in this study consisted of Asian American students enrolled in Asian American Studies, Asian American Literature, and English as Second Language classes at one of the largest public community colleges in California's San Francisco Bay Area. After obtaining Human Subject Review Committee approval and consent from the professors teaching the classes at the participating institution, a brief introduction of the study along with the confidentiality and consent form was presented during class to the students. The researchers and professors stepped out of the class to allow students time to complete the questionnaire. The students who were interested in participating in this study filled out the survey and returned the completed survey questionnaire with a signed consent form in a drop-off box in the corner of the classroom.

### Sample

Using a convenience sample, 76 students from three classes at the community college were recruited for this study. Out of these 76 student questionnaires, 66 were used for this study because 10 students did not fit the inclusion criteria (e.g., five students were recent international students who had been in this country from 3 to 5 months with an average of 3.9 months and another five students were not of Asian descent). Of the total sample size of 66, 50% were female ($n$ = 33). In terms of the subethnicity of the participants, the largest group was Vietnamese ($n$ = 19) followed by Filipino ($n$ = 14) and Chinese ($n$ = 13). The rest of the participants' ethnicities included Korean, South Indian, Cambodian, and Japanese; these were categorized as "other" due to the small sample size per group.

### Variables and Measurements

A variety of approaches have been used in the literature for measuring one's willingness to seek mental health help, ranging from a single-item indicator to composite measures (e.g., Fischer & Farina, 1995). In this study, mental health-help-seeking behavior was the dependent variable. This was measured by a single item inquiring whether the participant would be willing to seek professional help for psychological and mental health problems. This

was followed by an open-ended question asking the participant to elaborate on the answer.

The researchers developed a six-item measure for perceived stigma of mental health problems based on the literature review. Responses are coded on a 5-point Likert-type scale, ranging from 1 (*strongly disagree/not at all*) to 5 (*strongly agree/very much*) with 3 indicating *neutral/somewhat.* The six items are: (a) "My parents would not let me marry someone who has mental illness or has a family member with mental illness because they are considered to be not suitable for marriage"; (b) "Mental illness is viewed as a poor reflection of my family and ancestors"; (c) "People who have mental illness are possessed by supernatural entities such as demons or spirits"; (d) "People with mental illness are considered to be crazy"; (e) "It is considered 'shameful' to speak to someone outside of my family about my problems"; and (f) "I am afraid of what my family or friends will say or think of me if I seek counseling/therapy." The measurement showed a fair internal reliability with this sample (Cronbach's alpha = .69).

The researchers measured acculturation using the General Ethnicity Questionnaire (GEQ-Asian and GEQ-American; Tsai, Ying, & Lee, 2000), which consists of 11 identical items that assess degree of affiliation—identity and behavioral patterns of acculturation—with the two cultures (Asian and American). Among these items, two assess cultural identity by measuring overall ethnic and American orientations (e.g., "Overall, I am Asian" and "Overall, I am American"). Other items assess behavioral patterns of ethnic affiliation and level of acculturation. Responses are coded on a 5-point Likert-type scale ranging from 1 (*strongly disagree/not at all*) to 5 (*strongly agree/very much*) with 3 indicating *neutral/somewhat*. The internal reliability (alpha) and validity of the GEQ in other Asian populations have been well supported (Han & Lee, 2011; Ying & Han, 2008). Once the 11 items are summed, the possible scores range from 11 to 55 with higher scores indicating with which ethnicity (Asian or American) the respondent most identify. Both the GEQ-Asian and GEQ-American instruments showed good internal reliabilities with this sample (Cronbach's alpha were .70 and .75, respectively).

An 11-item questionnaire adopted from Thang, Leung, and Nash's (2009) cultural barrier instrument was used to measure p*references* for a c*ounselor based on ethnicity and culture*. Each item is coded on a 5-point Likert-type scale ranging from 1 (*strongly disagree/not at all*) to 5 (*strongly agree/very much*) with 3 indicating *neutral/somewhat*. Example items asked are: "I would be comfortable talking to an Asian therapist about my problems," "An American therapist would not understand my problems," "I would only see a therapist if he/she knew how to speak my native language," and "I would only see a therapist if he/she understood Asian traditions, values, and beliefs." Once the 11 items are summed, the possible scores ranged from 11 to 55 with the higher score indicating willingness to seek mental health services with Asian therapists. The cultural barrier instrument showed very good internal reliability with this sample (Cronbach's alpha = .86). In this study, its construct validity was also supported by its significant positive correlation with embracement of Asian ethnicity, a measure of acculturation, $r(54) = .28$, $p < .05$ (one-tailed test) and stereotype toward mental illness, $r(64) = .33$, $p < .001$ (one-tailed test).

Knowledge about mental health services was measured by one item rated "yes" (scored as 1) or "no" (scored as 0) on whether the participants had knowledge about mental health services at school or in the community. This variable was controlled for given that the literature review revealed that one's knowledge and awareness about resources in

the surrounding environment significantly influence one's willingness to seek mental health help (Nguyen & Anderson, 2005).

## RESULTS

### Seeking Mental Health Help

To address the first research question, a basic descriptive analysis (e.g., frequency and percentage) was conducted. Out of 66 participants, 43 (65.2%) responded that they were willing to seek mental health services if they had mental health and/or psychological problems, whereas 23 (34.8%) reported that they were not willing to do so. When they were asked to provide the reasons for their answers in the open-ended question, out of the 43 who answered with a "willingness to seek help," 16 did not provide any narrative responses, nine responded that they did not have any reasons against the use of mental health services but they would seek help only when the situation became unbearable, and 18 participants expressed "the willingness to get better." For example, participants reported:

- "I would seek mental health help because we all need help, no matter any ethnicity. If you are sick mentally, you need to have proper treatment because that will benefit you the most."
- "I would want to get help and get better, therefore I will seek mental health services."
- "In order to get better, one must seek the proper professional help."

Of 23 students who answered that they would not seek mental health help, seven left the question blank and the remaining 16 responded that their reluctance to seek mental health help was due to two main reasons: they would control the situation/problem themselves and they would seek informal help, not professional mental health help. For example, students responded:

- "Although I may want to (seek help), I would probably keep the problems to myself."
- "I will handle it myself if it would happen."
- "I would probably deal with it myself rather than ask for assistance."
- "I like to solve my problems on my own. But if I feel the need to vent out my problems/situation, I generally rely on my friends to help."
- "No, I would go to family first and I also feel mental problems start within you and in the end only you can overcome it."

### Culture, Stigma, and Mental Health Seeking Behavior

To address the second research question, bivariate analysis using an independent *t* test was carried out to test the relationship between acculturation, cultural context, preference for racially/ethnically concordant counselor, stigma, and mental-health-seeking willingness among Asian American community college students. Results showed that there was a statistically significant difference in American ethnicity/culture embracement according to the respondents' willingness to engage in mental-health-seeking behaviors. More specifically, the mean score of participants who answered "no" to mental-health-seeking behavior was 32.6 ($SD$ = 7.71), whereas the mean score for participants answering "yes" was 36.4 ($SD$ = 5.31). This indicated that participants who were willing to seek mental health services were significantly more acculturated to American society than were their counterparts. Also, participants who reported a willingness to seek mental health services showed significantly lower stigma of mental illness in comparison to their counterparts ($M$ = 2.06, $SD$ = .75 and $M$ = 2.46, $SD$ = .70, respectively; $p < .005$). All other variables, including Asian ethnicity/culture embracement and preference for

racially/ethnically concordant counselor, did not show statistically significant results.

### Demographic Characteristics and Mental-Health-Seeking Behavior

To address the third research question, bivariate analysis using a chi-square test was conducted to examine the relationship between participants' demographic characteristics and mental health seeking behaviors. The results showed that there was statistical significance between gender and mental health seeking behaviors. More specifically, 55.8% of female students reported willingness to seek mental health services in comparison to only 44.2% of male students. However, there was no difference between other demographic characteristics such as subethnicity and generation and mental-health-seeking behaviors.

### Multivariate Analysis

Logistic regression analysis was conducted to examine what specific factors influenced mental-health-seeking behaviors of Asian American community college students when all the other predictors were held constant in the model. The multivariate results for the independent variables and the two dependent variables are presented in Table 1. We ran four logistic regressions to establish the degree to which the variance in the attitude toward seeking mental health help can be explained by the independent variables by using a significance test of Cox and Snell's $R^2$ and Nagelkerke's $R^2$. The first three logistic regressions separated the distinctive effects of the demographic, contextual, and belief-related variables. The last logistic regression included all variables. Though these statistics should be interpreted with great caution, given that Cox and Snell's $R^2$ and Nagelkerke's $R^2$ are not directly equivalent to $R^2$ in ordinary least squares regression, based on these statistics and the Hosmer and Lemeshow Test, the full model appears to fit the data better than other separate models do. We focus on the interpretation of the full models here.

The full model correctly classified 94.1% of those who were willing to seek help and 63.2% of those who were not. Overall, the model correctly classified 83.0% of the total sample. Cox and Snell's $R^2$ and Nagelkerke's $R^2$ equaled .26 and .35, respectively. The Hosmer and Lemeshow test resulted in a nonsignificant chi-square, $\chi^2(11) = 15.73$, $p = .15$, which indicates that the model fits the data well. A nonsignificant chi-square value is an indicator of the observed data and that predicted values are not significantly different; therefore, the model predicts the real-world data well (Field, 2005).

Of all the variables, the stigma of mental health issues negatively affected the outcome. The embracement of American ethnicity/culture and knowledge about mental health services positively related to the outcome. More specifically, with every 1-unit increase in the level of stigma of mental problems, the odds of the willingness to seek help decreased by a factor of .17. For every 1-unit increase in the level of embracement of American ethnicity/culture, the odds of seeking mental health help increased by a factor of 3.26. Being first generation also negatively predicted help-seeking behaviors (odds ratio = .15, $p < .05$). Knowledge about mental health services also positively contributed to the likelihood that the student would seek help for mental health problems (odds ratio = 2.77, $p = .08$). None of the other predictors held significance in the full model.

## DISCUSSION

Regarding the first research question on students' willingness to engage in mental health services, our study showed a positive outlook as a relatively large percentage of our sample

TABLE 1.
Logistic Regressions of Demographic, Cultural, Contextual, and Belief Variables on Mental-Health-Seeking Behavior

| Variable and Measure | Demographics | Contexts | Beliefs | Demographics + Contexts + Beliefs |
|---|---|---|---|---|
| Demographics | | | | |
| Being female | 0.51 | — | — | 0.36 |
| Age | 1.05 | — | — | 1.09 |
| Subethnicity (Chinese as reference group) | | | — | — |
| Vietnamese | 1.85 | — | — | 3.07 |
| Filipino | 0.89 | — | — | 0.38 |
| Other Asian | 0.98 | — | — | 1.17 |
| Being 1st generation | 0.54 | — | — | 0.15** |
| Acculturation and Cultural Contexts | | | | |
| Embracement of Asian ethnicity | — | 0.91 | — | 0.88 |
| Embracement of American ethnicity | — | 2.73** | — | 3.26** |
| Belief and Contextual Variable Regarding Mental Health | | | | |
| Stereotype toward mental illness | — | — | 0.48** | 0.17† |
| Preference for counselors | — | — | 1.12 | 1.95 |
| Knowledge about mental health services | — | — | 2.37* | 2.77 [a] |
| Model Summary | | | | |
| Cox & Snell $R^2$ | 0.06 | 0.07 | 0.10 | 0.26 |
| Nagelkerke $R^2$ | 0.08 | 0.10 | 0.13 | 0.35 |
| $\chi^2$ | 3.80 | 4.06 | 6.50 | 15.73 |

*$p < .10$. **$p < .05$. †$p < .01$, two-tailed test.

(66.7%) reported that they were willing to seek help to maintain their mental health. Upon reviewing the participants' narrative responses of reasons for not seeking help, as Umemoto (2004) suggested, Asian American community college students who conceptualized mental illness as controllable and personal seemed less likely to seek professional help. Rather, they preferred self-help and self-control methods for dealing with difficulties. This is congruent with Chang's (2001) study, which found that Asian Americans tend to use problem avoidance and social withdrawal as their primary means to cope with problems. This finding indicates that self-control methods rooted in cultural values may lead this population to refuse external support and delay seeking professional help when faced with mental health issues.

The primary purposes of this study were to explore the relationship between cultural contextual variables, demographic characteristics, and willingness to seek mental health services (research questions 2 and 3) and to examine factors contributing to mental health seeking behaviors in Asian American community college students (research question 4). The main finding of the current study confirmed the significant effect of stigma and mental health seeking behaviors among Asian American students, which is congruent with previous research (Kim & Park, 2009; Lee et al., 2009; Leong & Zachar, 1999; Luu, Leung, & Nash, 2009; Masuda et al., 2009; Ting & Hwang, 2009). Although each Asian group has a unique immigration history and acculturation stage, most of them have been influenced by Confucian teachings and philosophies of collectivist tradition, which discourage emotional expressions in order to avoid disclosure of personal weakness and/or maintain harmony in family and society (Kim & Park, 2009; Lin & Cheung, 1999). As a result, since keeping the public appearance of the individual and family is extremely important to them (Kim & Park, 2009; Surgeon General, 2001), even when mental health services are needed Asians are unlikely to seek help from mental health professionals due to stigma. As shown in our study, this may be the reason why other variables, including Asian ethnicity/culture embracement and preference for racially/ethnically concordant counselors, did not show statistically significant results when stigma was taken into account.

More specifically, as Lee and colleagues (2009) found, regardless of generation and subethnicity, stigma and shame are strong deterrents to seeking mental health treatment among Asian American young adults. Asians from collectivist cultures often view individual success and failure (e.g., having mental health problems) as a reflection on the larger group in which an individual belongs, such as family. In fact, Yang, Phelan, and Link (2008) suggested that communal shame related to using mental health treatment was a major barrier for seeking professional services.

As previously mentioned, because of the socially interdependent and hierarchical nature of Asian cultures, individuals are very concerned about how others perceive them, and the concern about shame and loss of face goes beyond the individual (Kung, 2004). Thus, as stated by Shea and Yeh (2008), extrafamilial intervention, such as seeking professional psychological help, is often considered shameful, a violation of the family hierarchy and harmony, and potentially disgraceful to the family. Our study suggests that, because Asian American community college students grow up in a culture in which family hierarchy, emotional restraint, avoidance of shame, and "saving face" are prevalent, these students' foremost significant barrier to engaging professional help is the stigma of mental health issues, as learned and constructed within the family and cultural context (Ting & Hwang, 2009; Uba, 1994). These findings hold true even after controlling for demographic and other cultural variables.

In terms of acculturation level, our study supports previous research findings on tendencies to seek professional help for mental health problems in people who are more acculturated to mainstream culture (Solberg et al., 1994; N. Zhang & Dixon, 2003). Participants who identified as being American were more willing to seek mental health services, whereas participants who identified as being Asian were less willing to seek these services.

With regard to demographic characteristics, findings on the role of generation on help-seeking behavior are supportive of previous studies that found U.S.-born Asian Americans (i.e., second generation) are more likely to

use mental health services than are Asians who have immigrated to the United States (i.e., first-generation; Kung, 2004). Our study showed that second-generation Asian American community college students are more likely to seek help than are their first-generation counterparts. The bivariate analysis also showed that female Asian Americans are more likely to seek mental health help than are their male counterparts, supporting existing studies (Gim et al., 1990; Yoo, Goh, & Yoon, 2005). This suggests that the expectations surrounding counseling and the disclosure of emotions and problems may be more congruent with Asian females than males. However, once other study variables were taken into consideration, gender was no longer significant for predicting help-seeking behaviors.

## STUDY LIMITATIONS AND FUTURE RESEARCH

The results of this study should be interpreted with caution due to several limitations. First, the sample was small and was composed entirely of undergraduates attending one community college in the San Francisco Bay area. This limits the representativeness and the generalizability of the study's findings. The study's sampling method also limits the generalizability of the findings to other Asian American community college students. For example, individuals who participated in this study were a self-selected group, which could be quite different from those choosing not to participate. To have more generalizable findings, future studies should recruit a more representative sample of Asian American community college students across geographical locations.

Second, this study's findings are limited because of the cross-sectional research design. With a cross-sectional design, it is impossible to draw any definitive conclusions about the causal effects of variables used in the study. Third, the current study did not include other psychosocial factors such as family and/or social support. This may be especially significant because familial and social influences are strongly related to help-seeking among Asian Americans. It is important to understand how family and social resources may be used to maintain mental health and address mental illness in ways that are unrecognized by mainstream approaches. Future research should further address shame's contribution to Asian Americans' help-seeking behaviors.

Finally, this study suffers from operationalization issues with the two study variables. First, the help-seeking behavior variable was measured by a single item. Future research may strengthen the results by using an instrument such as the Attitudes Toward Seeking Professional Psychological Help Scale, one of the help-seeking instruments widely used with Asian populations (Atkinson & Gim, 1989). However, the findings of this study using the single item measure are still crucial given that, as researchers have advocated (Wanous, Reichers, & Hudy, 1997; Youngblut & Casper, 1993), single-item measures are useful when the construct is unambiguous or when a universal impression is informative, as with our study variable, which measured one's help-seeking behaviors. Therefore, the findings of this study using a single item measure are still important. Second, the items assessing stigma showed a modest internal reliability (Cronbach's alpha = .69). This may be partially due to the complexity involved in determining one's levels of stigmatizing attitudes, and this indicates that the current measure may not fully represent the multidimensional construct of stigma, which we attempted to measure. Sensitive issues such as stigma may influence the dependent variable, willingness to seek mental health help. For example, participants

may worry about being viewed negatively if they answer "yes" to the help-seeking question, the dependent variable. In asking about a hypothetical situation, all negatively stated stigma measurements may lead students to change survey answers based on their desire to convey a particular "mentally healthy" image. We hope that the current measurement of stigma will be replicated with large samples from various demographic backgrounds to test its validity and reliability. Also, future research needs to include qualitative inquiry components to capture in-depth narrative data to better understand how stigma influences willingness to seek mental health help.

## IMPLICATIONS OF THE STUDY

Despite limitations, the current study holds several important implications for college counselors, student affairs professionals, and instructors. In conducting this study, the lack of awareness of mental health services in the community among college students was noted. Although this finding needs to be replicated in further studies with a larger sample size and standardized instruments, it suggests that college counselors and instructors on campus need to collaborate with other agencies and schools to provide outreach to students. Educating instructors and Asian American students about the different types of services within communities and on college campuses also is important. Thus, student affairs staff might collaborate with faculty to promote psychological services on campus as well as in the community.

Many times instructors and counselors may be not fully aware of the different needs and challenges Asian American students experience due to cultural beliefs. They also may be unfamiliar with how to encourage these students to seek professional mental health/psychological help. Ongoing trainings on cultural competence for instructors and counselors in higher education are needed to ensure services are accessible for all students of different ethnic backgrounds. Further, implementing programs that provide education on destigmatizing the myths of mental health is a dire need, especially within Asian populations. Campus initiatives and other interventions focusing on combatting stigma toward mental illness may be worthwhile. Also, as Alvarez and Liu (2002) suggested, the intervention must additionally occur in the college classroom as part of the learning environment on mental health within cultural contexts.

Hiring more bicultural, bilingual, and culturally competent mental health service providers who can engage with Asian community college students is imperative. As previously described, Asian American students may want to keep their need for mental health services from their family members due to cultural barriers and stigma toward mental health. In such cases, the on-campus counseling center could be a primary resource for them when needed, and Asian Americans may hold a particular preference for counselors who share similar values and bicultural personal experiences. Thus, hiring bilingual/bicultural mental health professionals in campus counseling centers will increase access to adequate services for Asian American community college students. However, the shortage of bilingual/bicultural mental health professionals has been well recognized (Capozza, Godstone, & Jackson, 2008), and institutions have faced challenges in recruitment and hiring of bilingual/bicultural staff in higher education (Yeh, 2002). To address the lack of bilingual/bicultural mental health professionals, the pipeline needs to begin at the level of social/behavioral science undergraduate and graduate programs that train students to become mental health professionals (e.g., *programs* in *psychology, counseling,* and social work). Given the fact that

Asian students tend to major in the natural sciences and business (Keshishian, Brocavich, Boone, & Pal, 2010), in order to develop the pipeline of the bilingual/bicultural applicant pool, the social/behavioral departments and programs in collaboration with the career center on campus may arrange and coordinate the panel presentations of mental health professionals to present the growing needs of providing bilingual/bicultural mental health services toward ethnic minorities and to highlight the rewards and benefits of majoring in those programs to attract prospective students on a regular basis. These programs, as well, may advocate for increased funding to provide educational stipends for bilingual/bicultural students, including Asians, to pursue mental health professions. Hence, proactive recruitment of prospective bilingual/bicultural Asian students will subsequently increase the number of prospective linguistically and culturally competent mental health professionals who can work with Asian/Asian American students on campus.

Given the current trend that American young adults, including college students, look for health-related information online (Fox, 2012) and they frequently use online spaces to share their stories, emotional difficulties, and mental health issues and to connect with others (Marcus, Westra, Eastwood, Barnes, & Mobilizing Minds Research Group, 2012), developing online self-help methods that respect privacy and anonymity may also offer a potentially effective approach in reaching out to Asian American students. As a matter of fact, online support groups have been known to provide individuals with an opportunity to share experiences and to seek and receive information, advice, and emotional support (Eysenbach, Powell, Englesakis, Rizo, & Stern, 2004), and there are studies on the effectiveness of online support groups or interventions for a population (e.g., people who are HIV positive) that has struggled with stigma as a barrier for accessing care (Mo & Coulson, 2010). Thus, college counseling centers should consider facilitating an online self-help/support group for Asian American students with trained bilingual/bicultural mental health professionals. Hence, in conjunction with educating instructors and Asian American students about the different types of services within communities and on college campuses, the accessibility as well as the effectiveness of mental health services could be enhanced by: offering ongoing trainings on cultural competence for instructors and counselors, hiring bilingual/bicultural counselors at counseling centers on campus, and initiating a counselor-guided online support group for Asian American community college students.

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