

UCLA

UCLA Previously Published Works

Title

It's Okay to Not Be Okay

Permalink

<https://escholarship.org/uc/item/8kx085jt>

Journal

JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY, 65(4)

ISSN

0890-8567

Authors

Lum, Meachelle

Ito, Brandon S

Publication Date

2026

DOI

10.1016/j.jaac.2025.11.017

Copyright Information

This work is made available under the terms of a Creative Commons Attribution License, available at <https://creativecommons.org/licenses/by/4.0/>

Peer reviewed



It's Okay to Not Be Okay

Jo Yong. Seoul, South Korea:
tvN; 2020.

In a country where mental illness remains highly stigmatized, *It's Okay to Not Be Okay* is a groundbreaking South Korean drama series created by Jo Yong that blends mental health, trauma, and healing with captivating performances, emotional storytelling, and stunning visuals. At the heart of the show are 3 characters: Moon Gang-tae is the male lead who works as a nurse at a psychiatric hospital; Moon Sang-tae is his older brother with autism spectrum disorder (ASD); and Ko Moon-young is the female lead who is a successful children's book author and holds a traumatic past. Gang-tae's childhood is shaped by the responsibility of caring for his autistic brother, while Moon-young's experiences of abuse by her mother leads to unresolved trauma and a deep mistrust of others. Named one of the "Best TV Shows of 2020" by *The New York Times*¹ and ranked the number one show on Netflix in several countries, the series offers a unique portrayal of mental health through the lens of Korean culture.

In the United States, Asians/Asian Americans use mental health care services at half the rate of White individuals, influenced by factors such as traditional collectivist beliefs, misperceived need, stigma, and limited culturally appropriate services.^{2,3} Consequently, Asian American youth present with high acuity to emergency departments, with suicide as the leading cause of death for Asian youth aged 15 to 24 years.⁴ By analyzing the themes presented in *It's Okay to Not Be Okay*, we can explore the influence of culture on mental health and how it can inform culturally sensitive care in clinical practices. As child psychiatrists, there is much to learn from the series' portrayal of mental health within a cultural context, including stigma within Asian communities, influences of tradition and culture on values and help-seeking behaviors, and the intricacies of duty to family.

STIGMA OF MENTAL HEALTH IN ASIAN/ASIAN AMERICAN CULTURE

Mental health remains highly stigmatized in many Asian communities.⁵ In many Asian cultures, children are taught to align with family values, to prioritize collective versus individual well-being, to keep family matters private, and to

uphold filial piety.⁶ Questioning parental authority or setting boundaries can provoke reactions of guilt, anger, and conflict as it threatens family harmony. Behavioral problems or mental illness are often viewed as individual weakness, leading some to avoid seeking help to "save face" and to avoid family shame.

It's Okay to Not Be Okay challenges these cultural norms by compassionately portraying mental health struggles and framing psychiatric care as necessary and useful. Moon-young's statement, "I am not a monster. I am just sick" (Episode 4), powerfully reframes mental illness away from individual weakness or moral failing and toward acceptance. By depicting characters struggling with mental health, it provides a window into individual emotions not often expressed in many Asian communities.

HEALING THE INVISIBLE WOUNDS: THE ROLE OF CULTURE IN ADDRESSING TRAUMA

A central component in *It's Okay to Not Be Okay* is how unresolved child trauma and caregiver burden affect the experience and expression of symptoms in Asian cultures, influencing the perceived need for treatment. Both Gang-tae and Moon-young carry the heavy burden of their past. Moon-young becomes distant and struggles with nightmares and sleep paralysis. She confesses, "The more I try to forget, the more it consumes me" (Episode 9), capturing the unaddressed impact of her trauma.

As a means of healing, Moon-young uses storytelling as a form of narrative and art therapy inspired by East Asian folktales. Her stories resemble Korean "pansori" narratives, a musical expression of deep internal struggles. They reflect concepts such as "han" (한), a Korean term that emphasizes the lingering impact of unresolved sorrow, and *Hwa-byung* ("anger syndrome"), once classified as a culture-bound syndrome in the *DSM-IV*. While not included in the *DSM-5*, cultural components of distress are now recognized in clinical care. Each story helps Moon-young process her trauma, offering a holistic, culturally rooted approach to healing through art, symbolism, and community.

Moon-young's story highlights key culturally relevant themes. First, cultural traditions may discourage discussing family issues outside the home, preventing help-seeking behavior. Second, emotional distress may be expressed through physical or somatic symptoms rather than words. These differences emphasize the need for culturally informed understanding and interventions for Asian/Asian American youth and families.^{7,8}

THE ROLE OF FAMILIAL PIETY AND CAREGIVER DUTY

In many Asian cultures, family is sacred and there is a strong emphasis to care for family. Unlike Western cultural

values that reward differentiation and individualism, asserting independence from cultural and family norms can be seen as defiance. Children are encouraged to align with family values rather than build separate identities. Obedience, respect, and duty to family and elders are cultural pillars, deeply tied to Asian values of filial piety.⁹ This cultural dynamic creates a heavy burden for Gang-tae as the primary caregiver for his brother Sang-tae, who is diagnosed with ASD and requires constant assistance. In Episode 6, he yells, “My job isn’t to take care of Sang-tae. I don’t belong to Sang-tae! I belong to myself!” In another powerful scene, it shows Gang-tae finding Sang-tae struggling to swim in a lake. He briefly contemplates letting him drown but ultimately cannot abandon him. Consistent with Asian cultural values, he must adapt his life around taking care of his brother even if he must sacrifice dreams of his own.

To honor this cultural dynamic, clinicians should acknowledge that an individualist approach to treatment may conflict with cultural beliefs. Common therapeutic practices such as setting strict family boundaries can feel unrealistic or dismissive in many Asian cultures, where family dynamics are intertwined with the individual’s wellbeing. Using validating language, acknowledging the challenges of shared decision making, and clearly explaining confidentiality can empower individuals feeling constrained by traditional cultural values to discuss their struggles more openly.

A CLINICAL REFLECTION

It’s Okay to Not Be Okay offers a powerful portrayal of the complexity of mental health stigma, trauma, and caregiver duties in Asian cultures. By portraying emotional struggles with nuance and empathy, the show invites clinicians to reflect on how cultural values affect how patients view and access mental health care. The show highlights the need for culturally sensitive care, particularly in Asian communities where family honor, filial piety, and social harmony take precedence over individual needs. Conversely, it is important to acknowledge that although many cultural norms are similar across Asian communities, the connection to traditional cultural values will vary widely by age, language, immigration history, generation, and country of origin.

Nonetheless, clinicians can build trust by acknowledging the role of cultural norms while gently allowing for collaboration and patient autonomy. Through narrative therapy, recognition of caregiver burden, or a deeper understanding of mental health stigma, the show encourages providers to meet patients where they are—leading to a more compassionate and inclusive space for healing.

Meachelle Lum^{a,*}, BS
Brandon S. Ito^a, MD, MPH

^aUCLA David Geffen School of Medicine, Los Angeles, California

The authors have reported no funding for this work.

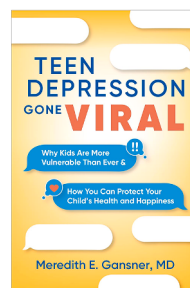
Disclosure: Meachelle Lum and Brandon S. Ito have reported no biomedical financial interests or potential conflicts of interest.

*Correspondence to Meachelle Lum, BS; e-mail: meachellelum@mednet.ucla.edu

<https://doi.org/10.1016/j.jaac.2025.11.017>

REFERENCES

1. Poniewozik J, Hale M, Lyons M. Best TV shows of 2020. The New York Times. Accessed July 2, 2025. <https://www.nytimes.com/2020/12/01/arts/television/best-tv-shows.html>
2. Lee SY, Martins SS, Lee HB. Mental disorders and mental health service use across Asian American subethnic groups in the United States. *Community Ment Health J*. 2015;51:153-160. <https://doi.org/10.1007/s10597-014-9749-0>
3. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS). 2025. Accessed May 6, 2025. www.wisqars.cdc.gov
4. Yan Y, Leong F, Song A, et al. Incidence and correlates of emergency department visits for deliberate self-harm among Asian American youth. *J Adolesc Health*. 2023;72:510-518. <https://doi.org/10.1016/j.jadohealth.2022.10.024>
5. Park J-I, Jeon M. The stigma of mental illness in Korea. *JKNA*. 2016;55:299-309. <https://doi.org/10.4306/jknpa.2016.55.4.299>
6. Kramer EJ, Kwong K, Lee E, Chung H. Cultural factors influencing the mental health of Asian Americans. *West J Med*. 2002;176(4):227-231.
7. Su-Kubricht LP, Chen H-M, Guo S, et al. Towards culturally sensitive care: addressing challenges in Asian and Asian American mental health services. *Contemp Fam Ther*. 2025;47:202-215. <https://doi.org/10.1007/s10591-024-09716-w>
8. Thao P. Cultural competence issues in counseling and therapy for Asian Americans. In: Frisby CL, O’Donohue WT, eds. *Cultural Competence in Applied Psychology: An Evaluation of Current Status and Future Directions*. Springer International Publishing; 2018.
9. Li M, Dong X. The association between filial piety and depressive symptoms among U.S. Chinese older adults. *Gerontol Geriatr Med*. 2018;4:2333721418778167. <https://doi.org/10.1177/2333721418778167>



Teen Depression Gone Viral: Why Kids Are More Vulnerable Than Ever and How You Can Protect Your Child's Health and Happiness

By Meredith E. Gansner MD.

New York: Guilford Press; 2025.

Adolescent depression is a bewildering trial for families. Parents struggle to understand what their child is going through, what caused it, or what they can do to help. Many unfairly blame themselves or their teen, sometimes making a bad situation even worse. Social media and online technologies have further complicated adolescent depression for better or worse in ways that are complex but vitally important, and parents