Conversations on Mental Wellness in Vietnamese American Community

Linda Vu, Laura Quynh Nhu Nguyen

Abstract

Stigma is one of the major barriers to seeking mental health services among Vietnamese Americans. This barrier is even more prominent spanning different cultures and different generations. The present study examines the following hypothesis: when first-generation, immigrant parents are willing to talk about mental health to their second-generation, US-born children, their children are more open to seeking mental health services as adults. An online survey consisting of quantitative and qualitative questions was administered to 63 people. The results suggest that students are more likely to talk to their peers about mental health issues compared to their families. The results indicate that there should be an increase in accessible services for students and educational workshops for parents and faculty to promote understanding and destigmatize mental health and mental illnesses.

Keywords: mental health, stigmatization, Vietnamese American, second generation immigrants, generation, cultural

Introduction

Asian Americans college students, including Vietnamese Americans, are often labeled as model minorities that either do not suffer from any mental health problems or only suffer from a few. However research indicates, opposing this widespread assumption, many Vietnamese Americans struggle with their mental wellness (Han & Lee, 2011; KELLY, 1986; Lau et al., 2009).

There have been research studies that focus on the mental health of the adult Vietnamese refugee population (better known as the *first-generation immigrant population*) and mental health of college students alone. However, there is still a limited number of studies on the mental health and wellness of Vietnamese refugees' children that are in higher education, also known as the second-generation Vietnamese American population. This study seeks to fill those missing gaps in the literature base by examining the role of assimilation and its effect on students' openness to talk about mental health illnesses and their access to mental health services in second-generation immigrant Vietnamese American college students. In this study, the term Vietnamese American will only reference people who are children of Vietnamese refugees. This paper defines the term *second-generation immigrant Vietnamese American* to specifically refer to those who were born in the United States but whose parents were born outside of the United States, more specifically Vietnam. Explicitly defining the term is meant to prevent any confusion with any other variations of second-generation American. This paper will further explain the effects of displacement on the mental health of the migrants and their children.

Vietnamese immigrants have come to the United States in three main waves (Sangalang & Vang, 2017). The first wave was at the end of the Vietnam War in 1975 that greatly affected not only Vietnam, but Southeast Asia as a whole, in which many Southeast Asians were displaced as a result of war, mass violence, and political instability (Bankston, 2012). The second wave took place from late 1970s to early 1980s. This wave was marked by the many people who risked their lives to escape by boat, lived through unbearable conditions, and spent extended periods of time in refugee camps. The third wave was throughout the late 1980s and 1990s. During this time, refugee survivors were permitted to sponsor their families from Vietnam to settle in the United States due to the passage of the Orderly Departure Program and the

Amerasian Homecoming Act (Schaefer & Schaefer, 1975). The lack of appropriate services and support from the host communities during the refugee resettlement in the United States added familial tension and impacted refugees' mental health (Selm, 2014; Ta et al., 2017). Due to the severity of the hardships that the first generation had to face, mental health-related problems in Vietnamese communities are often disregarded as insignificant. Mental illnesses in Asian culture are seen as taboos, and individuals who have mental illness are believed to be possessed by demons or spirits. Thus mental illnesses are highly stigmatized in Asian cultures, including Vietnamese culture (Masuda & Boone, 2011). Mental disorders are also seen as a sign of weakness and lack of willpower; that only mentally weak individuals are affected (Chang et al., 2013). It is considered shameful to disclose that one experiences mental disorders, and it is said to bring shame to their whole family. These beliefs hinder individuals from seeking help as they do not want to be looked down upon, and they want to save face for their family (Jimenez et al., 2013; Lynch et al., 2018; Sue et al., 2012). This leads to the under-utilization of mental health services to address the illness and decreases the likelihood of early intervention access to prevent the illness from progressing (Augsberger et al., 2015; Kim et al., 2019). Since many Vietnamese American students are the first in their families to enter college, there is also an additional pressure caused by the expectation for success from their parents. The large number of people suffering from mental illnesses, therefore, can be mainly attributed to the stigmas and values that are deeply rooted in the culture and the history of Vietnamese in America.

Method

A semi-structured survey research design was used through an online survey questionnaire. The survey consisted of both quantitative and qualitative questions concerning the stigma and barriers attached to mental health, frequency and willingness to talk about mental

health, willingness to seek mental health services, and coping strategies for mental distress with home, school, and friends/romantic relationships. To create a large sample size of second-generation immigrant Vietnamese American students, a web-based recruitment method was used. The online survey was distributed through Facebook with a small raffle as monetary incentive. The quantitative questions were administered in the form of 5-point Likert scales and multiple choice questions whereas qualitative questions were asked as a mix of short and long answer questions.

A total of 83 responses were collected from the surveys. However, only 63 responses were used for this study because the other 17 responses did not fit the initial demographic target (e.g. 13 were either first-generation immigrants or other variation of second-generation immigrants). Of the 63 responses, 17.4% were males respondents (n = 11) and 82.5% of responses (n = 52) were female. The participants' age ranges from 19 to late 20s, coming from 15 different states in the United States.

There were seven Likert-scale questions that asked participants to rank their willingness and frequency to talk or seek help regarding mental health and mental illness. For questions about willingness, the items were measured on a 5-point scale: 1 (*not willing at all*), 2 (*not likely to be willing*), 3 (*sometimes willing*), 4 (*often willing*), 5 (*very willing*). For questions about frequency, the items were also measured on a 5-point scale but under different conditions: 1 (*not at all/never*), 2 (rarely/*every couple months*), 3 (*sometimes/every couple weeks*), 4 (*often/couple times a week*), 5 (always/*nearly every day*).

For the qualitative short and long answer questions, answers to each question were first reviewed in small numbers to identify themes and assign colors to the different themes. Answers were then color-coded according to the themes found, and answers could be color-coded for

more than one theme as long as they fell under those themes. Themes were identified and this process was repeated separately for each question.

Results

The study results indicate that participants are more likely to talk to their parents about mental health topics than their parents are to talk to them about mental health topics. Students indicate a much higher frequency in discussing mental health and mental illness and higher willingness in seeking mental health help when they are in a school setting compared to when they are in a home setting (***Figure 1)***. Interestingly, a number of students indicated that they are willing to talk about mental health illnesses with their peers but are not willing to discuss mental health topics with professionals. Many also wrote in their free response long answer questions that they are willing to seek help, but only if their parents do not know about it. From the qualitative analysis of the written responses, participants' distress coping strategies fall under three main themes: self-help, ignore, and talk. When the distress is associated with family, the most common strategies are to avoid the situation or talk to friends. Similarly, when the distress is associated with school, participants also tend to avoid the situation or talk to friends. Interestingly however, when the distress is associated with friendship or romantic relationships, participants show an increase in self-help coping strategies, more specifically, self-reflecting and confronting the problem ***(Figure 2)***. When participants were asked to talk about the barriers that hindered their willingness to seek mental wellness services, the top four answers, respectively, were stigmatization, finance, accessibility, and lack of interest in therapy. Participants expressed that the reason behind their unwillingness to talk about mental health topics with their parents is mainly due to their parents' closed-mindedness and tough image mentality, which is the belief that resilience means showing no weakness. When participants were asked about the factors they

attributed to the different views on mental wellness issues between their parents and themselves, they referred to generational differences, cultural differences, and other aspects surrounding these two topics ***(Figure 3)***. However, when participants were asked this same question but about views on mental wellness issues between them and their friends, participants did not indicate such differences. Participants stated this is due to the increased open conversations about mental health topics and them and their friends being the younger generation that is more attentive to mental health issues.

Discussion

The present study revealed that second-generation immigrant Vietnamese Americans are more open to discuss mental health topics and seek professional mental health services compared to the Vietnamese who immigrated to the United States as first-generation immigrants. This is congruent with existing studies that found Asian Americans tending to cope with problems using self-control methods (Laqua et al., 2018; Leong et al., 20110620). Beliefs, stigmas, and self-control methods are rooted in cultural values and are thus instilled by parents into children growing up. This may have been the reason that caused Vietnamese Americans to be less inclined to seek mental health help when at home. However, there is a shift in this willingness and frequency when students are in a school setting. This increase in willingness and frequency in discussing mental health topics is due to the mutual understanding between second-generation Vietnamese Americans as they are all affected by the cultural barriers, academic pressures, and expectations from parents regarding success. The act of seeking help outside of the family is only acceptable when all other resources are exhausted as it suggests the inadequacy of family members. In response to the research questions, first-generation immigrant parents' willingness to talk about mental health to their second-generation children increases their child's openness to

seek mental health services (Ph.D & Juang, 2008; Suinn, 2010). Children learn from their parents so children might continue to carry on stigmas about mental health services and. This in itself is a result of parenting and intergenerational trauma. These immigrants' ability to talk about mental health indicates a certain level of assimilation. (Miller et al., 20110516). The more positive level of mental health is indicated to be higher at school compared to at home because the highly diverse college environment increases students' knowledge about mental health and encourages conversations regarding this topic (Elbulok-Charcape et al., 2020).

The results of this study should be interpreted with caution due to several limitations. First, even though the sample was spread across many different states in the United States, the sample size in each state was very small. This limits the representativeness and generalizability of the findings to all Vietnamese American second-generation immigrants. The sampling method of this study also limits the generalizability of its findings because individuals who participated in the study were of a selected group that could be different from other Vietnamese Americans that did not participate. Second, this study's findings are limited because both theme development and answer color coding were done by one coder, which could be objective since qualitative answers could be interpreted differently when color-coding for themes. Despite the limitations, this study holds several important implications for the community, institutions, and social services providers. On campus mental health services that are accessible and culturally appropriate should be one of colleges' top priority in order to provide students with the best mental health care that would facilitate a productive learning environment. Social service agencies that work with Vietnamese American college students and college administration could partner to hold workshops for both parents and faculties in educating them about students' mental health. This would not only help destigmatize mental health issues, but also promote and

build stronger and healthier relationships between students, parents, and teachers.

Figure 1: Investigation of willingness to discuss mental health topics under different context

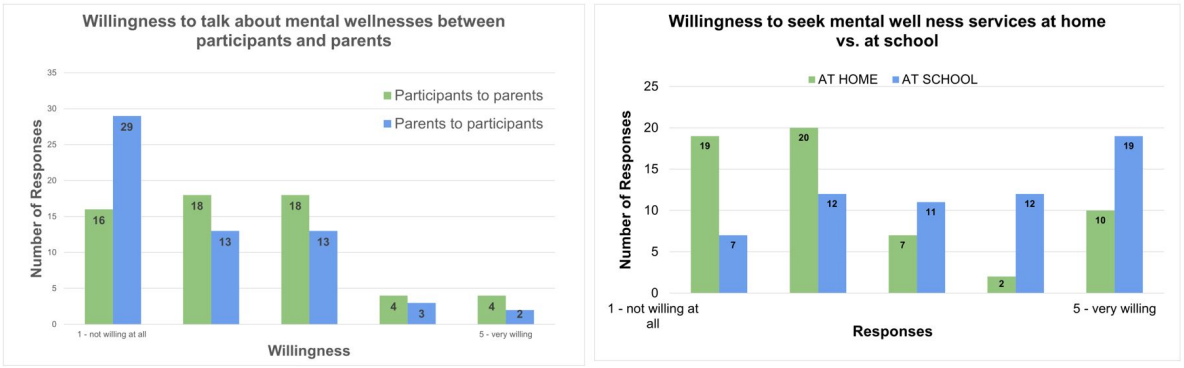


Figure 2: Strategies to cope with mental distress associated with different sources

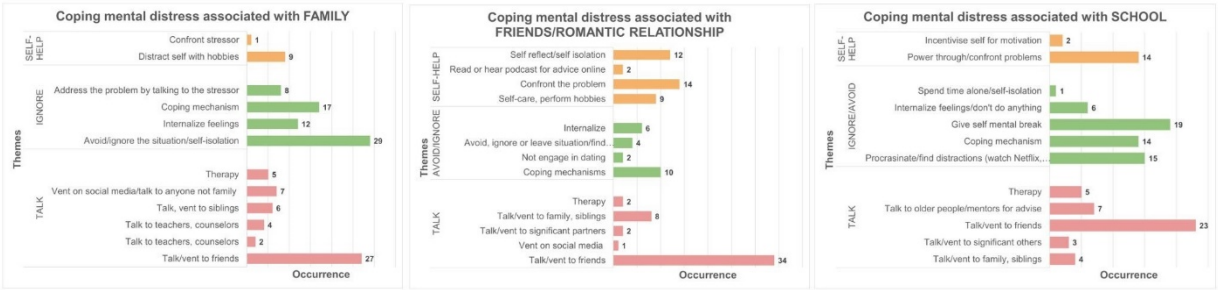
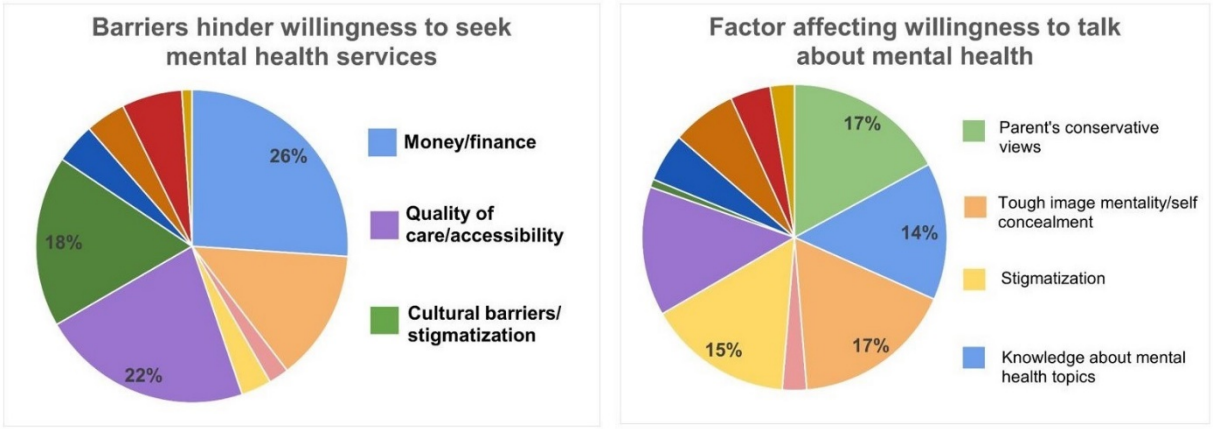


Figure 3: Barriers and factors contribute to low utilization of mental health services



Reference

1. Han, M., & Lee, M. (2011). Risk and Protective Factors Contributing to Depressive Symptoms in Vietnamese American College Students. *Journal of College Student Development*, *52*(2), 14.
2. Lau, A. S., Fung, J., Wang, S., & Kang, S.-M. (2009). Explaining elevated social anxiety among Asian Americans: Emotional attunement and a cultural double bind. Cultural Diversity and Ethnic Minority Psychology, 15(1), 77–85. https://doi.org/10.1037/a0012819
3. KELLY, G. P. (1986). Coping with America: Refugees from Vietnam, Cambodia, and Laos in the 1970s and 1980s. *The ANNALS of the American Academy of Political and Social Science*, *487*(1), 138–149. https://doi.org/10.1177/0002716286487001009
4. Sangalang, C. C., & Vang, C. (2017). Intergenerational Trauma in Refugee Families: A Systematic Review. *Journal of Immigrant and Minority Health*, *19*(3), 745–754. https://doi.org/10.1007/s10903-016-0499-7
5. Bankston, C. L. (2012). Amerasian Homecoming Act of 1988. In *Encyclopedia of Diversity in Education* (Vol. 1–4, pp. 99–99). SAGE Publications, Inc. https://doi.org/10.4135/9781452218533
6. Schaefer, R. T., & Schaefer, S. L. (1975). Reluctant welcome: U.S. responses to the South Vietnamese refugees. *Journal of Ethnic and Migration Studies*, *4*(3), 366–370. https://doi.org/10.1080/1369183X.1975.9975387
7. Selm, J. V. (2014, June 1). *Refugee Resettlement*. The Oxford Handbook of Refugee and Forced Migration Studies. https://doi.org/10.1093/oxfordhb/9780199652433.013.0014
8. Ta, T., Böge, K., Cao, D., Schomerus, G., Nguyen, T., Dettling, M., Mungee, A., Martensen, L., Diefenbacher, A., Angermeyere, M., & Hahn, E. (2017). Public attitudes towards psychiatrists in the metropolitan area of Hanoi, Vietnam. *Asian Journal of Psychiatry*, *32*. https://doi.org/10.1016/j.ajp.2017.11.031
9. Masuda, A., & Boone, M. S. (2011). Mental Health Stigma, Self-Concealment, and Help-Seeking Attitudes among Asian American and European American College Students with No Help-Seeking Experience. *International Journal for the Advancement of Counselling*, *33*(4), 266–279. https://doi.org/10.1007/s10447-011-9129-1
10. Chang, J., Natsuaki, M. N., & Chen, C.-N. (2013). The importance of family factors and generation status: Mental health service use among Latino and Asian Americans. *Cultural Diversity & Ethnic Minority Psychology*, *19*(3), 236–247. https://doi.org/10.1037/a0032901
11. Lynch, L., Long, M., & Moorhead, A. (2018). Young Men, Help-Seeking, and Mental Health Services: Exploring Barriers and Solutions. *American Journal of Men's Health*, *12*(1), 138–149. https://doi.org/10.1177/1557988315619469
12. Sue, S., Yan Cheng, J. K., Saad, C. S., & Chu, J. P. (2012). Asian American mental health: A call to action. *The American Psychologist*, *67*(7), 532–544. https://doi.org/10.1037/a0028900
13. Jimenez, D. E., Bartels, S. J., Cardenas, V., & Alegría, M. (2013). Stigmatizing attitudes toward mental illness among racial/ethnic older adults in primary care. *International Journal of Geriatric Psychiatry*, *28*(10), 1061–1068. https://doi.org/10.1002/gps.3928
14. Augsberger, A., Hahm, H. C., Yeung, A., & Dougher, M. (2015). Barriers to substance use and mental health utilization among Asian-American women: Exploring the conflict

between emotional distress and cultural stigma. *Addiction Science & Clinical Practice*, *10*(1), A2. https://doi.org/10.1186/1940-0640-10-S1-A2

15. Kim, I., Keovisai, M., Kim, W., Richards-Desai, S., & Yalim, A. C. (2019). Trauma, Discrimination, and Psychological Distress Across Vietnamese Refugees and Immigrants: A Life Course Perspective. *Community Mental Health Journal*, *55*(3), 385–393. https://doi.org/10.1007/s10597-018-0268-2
16. Laqua, C., Hahn, E., Böge, K., Martensen, L. K., Nguyen, T. D., Schomerus, G., Cao, T. D., Dettling, M., von Poser, A., Lanca, J.-C., Diefenbacher, A., Angermeyer, M. C., & Ta, T. M. T. (2018). Public attitude towards restrictions on persons with mental illness in greater Hanoi area, Vietnam. *International Journal of Social Psychiatry*, *64*(4), 335–343. https://doi.org/10.1177/0020764018763685
17. Leong, F. T. L., Kim, H. H. W., & Gupta, A. (20110620). Attitudes toward professional counseling among Asian-American college students: Acculturation, conceptions of mental illness, and loss of face. *Asian American Journal of Psychology*, *2*(2), 140. https://doi.org/10.1037/a0024172
18. Ph.D, V., & Juang, L. (2008). Expanding acculturation theory: Are acculturation models and the adaptiveness of acculturation strategies generalizable in a colonial context? *International Journal of Behavioral Development - INT J BEHAV DEV*, *32*, 21–33. https://doi.org/10.1177/0165025407084048
19. Suinn, R. M. (2010). Reviewing acculturation and Asian Americans: How acculturation affects health, adjustment, school achievement, and counseling. *Asian American Journal of Psychology*, *1*(1), 5–17. https://doi.org/10.1037/a0018798
20. Miller, M. J., Yang, M., Hui, K., Choi, N.-Y., & Lim, R. H. (20110516). Acculturation, enculturation, and Asian American college students' mental health and attitudes toward seeking professional psychological help. *Journal of Counseling Psychology*, *58*(3), 346. https://doi.org/10.1037/a0023636
21. Elbulok-Charcape, M. M., Mandelbaum, F., Miles, R., Bergdoll, R., Turbeville, D., & Rabin, L. A. (2020). Reducing Stigma Surrounding Mental Health: Diverse Undergraduate Students Speak Out. *Journal of College Student Psychotherapy*, *0*(0), 1–18. https://doi.org/10.1080/87568225.2020.1737853