Mental Health in Context:

Understanding Asian American Racial Identity at the Individual, Community, and Professional Level of Support

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Abstract of Paper

Through a combination of online literature and local interviews with students, teachers, counselors & experts, my research examines how Asian American racial identity plays a role in the mental health experiences of Asian American students. This paper breaks down the importance of racial identity and culture in key facets of one's mental health experiences at an individual, community, and professional level. Internalized racial identity affects student's ability and willingness to vocalize their experiences and seek support. The generational and cultural gap between Asian American families and mental health resources exacerbates underutilization and misconceptions of mental health in Asian American communities. Even when seeking support, the quality of treatment for Asian American individuals is hindered by a lack of culturally competent professionals and representation of Asian American experiences. Addressing the needs of Asian Americans students involves creating a space for minority students to vocalize and understand their own racial identities. Providers should acknowledge different cultural expressions of emotional need and expand what support for mental health looks like. Embedding the importance of culture & community involvement in the professional and research field would help bridge the gap between Asian Americans & unmet mental health needs.

Abstract of Project

I conducted interviews over call and in person with nearly thirty people from my local community and the Boston Area. I began by reaching out to Asian American students, teachers, and counselors in my own local community at Newton North High School. I then branched out to initiatives in the Boston Area, including the Harvard Let's Talk Conference, Wellesley College, Lexington High School, BU AWARE, and the MGH Center for Cross-Cultural Student Emotional Wellness. With each conversation, I gathered new language and new insights to better vocalize the intersections of racial identity and mental wellbeing. As a culmination to the conversations I experienced, I'll be creating a human media project on my website documenting the people I interviewed and what they had to share and say.

Introduction: Minority Disparities in Mental Health

According to data from the National Latino and Asian American Study, Asian American students are three times less likely than their white peers to seek help for their emotional or mental health. According to a supplement of *Mental Health: A Report from the Surgeon General,* a report conducted by the U.S. Department of Health and Human Services, there are "striking disparities for minorities in mental health services" where minorities are "less likely to receive needed care" and when they do "it is more likely to be poor in quality". Underutilization, lack of resources, and lack of quality care compounds into greater "unmet mental health needs" for individuals in minority communities.

Survey responses of more than 60,000 college students published by the journal of Psychiatric Services found that "while minority students generally reported lower rates of psychiatric diagnoses and symptoms of mental illness...all minority students had either statistically equal or higher rates of suicide attempts compared to white students." Justin Chen, an author of the study, states how, to him, "it suggests that there may be a mismatch between the attention minority students get from health care services and what they may actually be struggling with."

Dr. Juliana Chen, a psychiatrist at Newton-Wellesley Hospital and MGH, describes how minority groups "present for care less often" and shares her training experience where she "rarely would see Asian kids [and] if she did see them, it would frequently be after crises: they'd just been admitted to [treatment] because their depression was so so bad they weren't functioning or because they were feeling suicidal or had a suicide attempt." Her training experience reflects the story of Harvard student Luke Tang who committed suicide his sophomore year, shocking family and friends who saw him as a model star student. Dr. Juliana Chen co-executive produced a documentary on Luke, titled *Looking for Luke*, in hopes of raising concern and understanding for Asian American student's mental health struggles.

Racial disparities in health and medicine, especially the mental health field, renders our multicultural society in a position where "ethnic and racial minorities do not yet completely share in the hope afforded by remarkable scientific advances in the understanding and treating of mental health disorders" (US Department of Health & Human Services). These ethnic disparities

perpetuate a lack of concern and visibility for minority mental health needs and have dire consequences for Asian American students in desperate need of emotional support.

Through a combination of online literature and local interviews with students, teachers, counselors & experts, my research examines how Asian American racial identity plays a role in the mental health experiences of Asian American students. This paper breaks down the importance of racial identity and culture in key facets of one's mental health experiences at an individual, community, and professional level. Internalized racial identity affects student's ability and willingness to vocalize their experiences and seek support. The generational and cultural gap between Asian American families and mental health resources exacerbates underutilization and misconceptions of mental health in Asian American communities. Even when seeking support, the quality of treatment for Asian American individuals is hindered by a lack of culturally competent professionals and representation of Asian American experiences.

The Individual Level

Place of Invisibility: The Model Minority Myth

The national problem of minority mental health disparities can be traced to the roots of our own communities. I interviewed students, teachers, and counselors at Newton North to gauge how students access school resources and what support looks like for Asian American students.

Ms. Lew, a new teacher at Newton North who grew up in the Brookline High School system, articulates that, "Other minorities are seen for their disadvantages rather than their advantages. Asian Americans are seen for our advantages rather than our disadvantages. As a minority, it puts us in a place of invisibility." The 'advantaged' minority conception stems from a stereotype of Asian Americans called the 'Model Minority Myth' where Asian Americans are perceived as achieving a higher degree of success academically and socioeconomically. Historically and in current political debate, the myth has purportedly been "used as a racial wedge between Asian and Blacks" by sourcing minority disparities from minority groups rather than white discrimination. Karen Shih, an advisor at Wellesley College, references the 'model minority myth' to describe how, "people overlook Asian Americans in the entire school system"

and why for Asian American minority communities, “resources don’t naturally come to them”. These resources include counseling support and adult figures for Asian American students.

Teachers Michelle Leong and Charlene Beh at Newton North High School personally faced the struggle to recognize needs among their own Asian American students. Each year, they host an Asian American Affinity group for seniors to discuss their Asian American identities. They remarked on one instance which comes up every year: Asian American students “being confused for another Asian American student”. Despite being a mistake, the common incident adds to this “layer of invisibility and powerlessness..this idea that our teachers don’t see us”. For Leong, adding to the invisibility of Asian American student needs is the nation’s measure of race and opportunity gaps with test scores, producing data points which, “give a false sense of ‘we don’t need to look at our Asian American students’”. Beh herself actually recounted an instance where she reached out to a counselor for a student in need and “had to actually spell out ‘I worry there’s an invisibility around mental health issues with Asian Americans” to get a response.

To Lisa Talusan, a speaker, leader, and educator on diversity, racism, and power, Asian Americans have been “left out of the mental health equation” because “people believe we’re doing just fine. What do you have to be depressed about?” This mindset pervades “other people's perception of us,” but sadly “also our own”. In school environments, this perception means fewer Asian American students reaching out, and fewer adult figures reaching out to Asian American students.

Internalized Racial Identity: Repression & Two Cultural Worlds

The other, and arguably more crucial, aspect of Asian American students' mental health is the student’s internalized self-perception. Internalized racial identity adds another layer to Asian American mental health experiences, yet racial identity is not well understood by support providers.

From nearly fifteen student interviews, I asked high school and recent high school graduates how being Asian American affected their mental health experiences. Two topics commonly brought up connected facets of Asian culture to common Asian stereotypes: namely

(a) family and peer expectations to be ‘high achieving’ students and (b) the cultural concept of ‘repression’.

Recent Class of 2018 graduate Sheil Mehta describes his experiences with a “culture of independence and being able to do everything and anything [because] we’re expected to be alright all the time” which he felt he put on himself: internalizing that “I should be okay”. Current NNHS Senior Iman Sayeed feels the same pressure to “uphold a lot of values and a sense of honor and responsibility” which made her feel that if “I didn't do what was expected of me, I was a disappointment to not just my parents, but my teachers, the rest of my family, my friends, everyone that was surrounding me.” Despite these pressures, talking about them as struggles with family or school counselors becomes difficult when a ‘culture of being okay’ becomes the norm for Asian American students, and the stress they experience is overseen as another part of school competition and academic motivations.

The greater problem with a culture of independence in high-achieving students is that it’s not seen as a problem. As Dr. Juliana Chen points out, “Sometimes the barrier is people not even recognizing that the way in which they’re struggling is not something for them to “just bear” which she saw a lot, “especially in high-achieving students”.

A second facet of Asian culture, as brought up by Leong, Beh, and Lew, is the concept of ‘repression’. As Beh describes, “Repression is a very Asian American thing. You don’t tell family secrets, you don’t talk about what goes on at home, you soldier on.” Keeping problems & struggles within the family, and confiding on those close to you rather than seeking outside help is something mental health providers advise against. But what if it’s culturally the norm?

To Lew, people “really need to understand how repression works in Asian American culture. You can’t assume repression works the same way.” Assuming repression is bad per say, is exacerbating the problem. It’s problematic when providers can’t recognize or acknowledge different cultural expressions or when providers assume the way to help students is to push them to ask for more help without understanding why the student has a hard time asking for help. Karen Shih describes the experience for students as “when you appear to be high functioning, they believe you don’t have need” and so you doubt whether you “actually deserve it” and feel

“you are asking for too much”. It becomes “emotional labor” to reveal your problems. When you internalize that ‘I should be okay’, asking for help may lead to doubt and guilt rather than relief.

An important clarification here is that these cultural facets are not inherently negative traits. They are negatively exacerbated by stereotypes which render the ‘high-achieving’ and ‘quiet’ Asian American kid as a kid who doesn’t need support. Subsequently, in being able to acknowledge how societal and self perceptions affect their emotional experience of receiving help, providers can better access Asian American students' emotional needs without painting their sense of expectations or resistance to ‘needing help’ as the problem.

The Community Level

The Generational & Cultural Gap

The cultural & generational gap between systems of mental health care in America and Asian American minority communities contributes to the resource disparities and invisibility of Asian Americans in institutional support systems. The cultural gap exists not just between providers and students, but also between parents and their children. Asian American students, in particular 1st/2nd generation students whose parents immigrated from a different country, are oftentimes balancing two cultural worlds separated by their family life and their school life. Even if Asian American students do not identify strongly with traditional Asian cultural values, they experience conflicting viewpoints between two cultural worlds.

BU Chair of Social Research, Dr. Hyeouk Chris-Hahm, researched immigrant and immigrant children experiences extensively to launch the BU AWARE program . During an interview, she described a theory she developed on five traits of disempowering parenting: Abusive, Burdening, Culturally-disjointed, Disengaged, and Gender-prescriptive. Fueled by her experiences in social work working with Asian American families, Hahm realized early on that, “Asian American children and Asian American parents had huge communication problems and huge conflicts,” largely stemming from acculturation differences and immigrant experiences. As Dr. Hahm dug into research available on immigrants, she saw “a big gap in the research area” for

children of immigrants, yet they “seem like they’re the ones who were really suffering because their parents would not validate their emotions.”

Current senior Nicole Kwong describes her relationship with her own mom as very tense: she feels her parents try “to throw their experiences onto us, but that was back then”. She believes her and her parents' experiences weren’t the same, so her parents can’t relate to her struggles. Class of 2017 graduate Luna Zhang felt her own experiences “carry the weight of [her] parents.” She said her parents felt they “messed up” and it was “really hard for [her]” especially since there’s “no word in Chinese for depression”. She found it difficult to communicate with her parents on her struggles without them seeing her as a different person.

In the space between Asian and American cultures. Dr. Juliana Chen describes “two cultural worlds where the views about mental and even emotional wellness are just dramatically different”. For example, according to Psychology Today, whereas American culture emphasizes individuals and independence, “Easterners see themselves as interdependent with others, defining the self in terms of relationships and mutual obligations.” In mental health this manifests in psychology where the majority of psychological subjects are Western educated college students. Therefore, psychological study may define universal behaviors based on individualism, an inherently Western value.

For Shih at Wellesley, the gap is obvious in the” faculty bubble” where mental health exists and the philosophy is “validation, validation” in contrast with Asian parents who “would do so much for their kids, but don’t know or don’t think mental illnesses exist”. Oftentimes confronting Asian parents on their child’s mental health concerns can lead to conceptions on one side that Asian parents deny their child’s emotional needs or conceptions on the other side that providers deny the parent’s care for their child.

Breaking It Down: Narratives on Asian Parents and Pathologizing Asian Culture

Emily Zhang, a past student at Lexington High School and then leader of several mental health initiatives, tells the story of, “an easy narrative where Asian cultures don’t think mental health is real, therefore parents don’t talk about it with kids, therefore kids get really screwed up, and their parents don’t know how to deal with it, their kids don’t know how to deal with it, and

it's all because of this Asian culture that doesn't talk about mental health." From the tiger parenting stereotype to the model minority myth, the pressures and emotional problems of Asian kids are easily associated with strict school-focused emotionally-reserved parenting. But talking about 'Asian parents' means more than breaking down parenting styles: the conversation brings in family and background and the immigrant experience across generations.

Writer George Xiao in Planamag argues the conception "that high expectations, responsible parents, and strong connections to cultural backgrounds in Asian American families give rise to suicidal children is a uniquely American paradox." Rather, misunderstandings and miscommunication stemming from the cultural and generation gap between kids, parents & school providers leads "Asian children to associating strong families with Asian-ness [and] believing that their families are bad." In this mental health equation, Asian culture and Asian parents get the short end of the stick where problems are put on their cultural values and parenting styles.

But Dr. Hahm humanizes so-called Asian parents by pointing out her research where, "ABCDG parenting was also associated with Asian American parents and their own struggle as immigrants." Hahm describes a difficult cultural adjustment for immigrants where "growing up in China or South Korean, the government emphasizes so much [cultural] pride...but when we go to America, we suddenly realize we are second class citizens." Asian immigrants lose their old "network of people" and face a "higher race [who've] been in this culture from generation to generation." The discussion of experiences across generations has oftentimes pointed in one direction: where greater acculturation and being more Americanized meant being more willing to talk about mental health. Yet Hahm connects the Asian parent to child relationship to a greater story of immigration that makes visible the need to reheal and redefine the child's connection to their family and culture.

***Breaking down Barriers:* A Space to Talk: Curiosity, Wonder, and Language**

The concept of Asian American identity is not a given construct. Asian American identity is a student's racial identity, formed by themselves through their socialization among peers and

reconciliation with society's expectations. Their racial identity is another layer and another lens to their experiences.

So how important is talking about race when minority students seek mental health support? Teachers Leong & Beh argued that "For many of our Asian American students, before we talk about mental health we need to talk about racial identity development." Understanding racial identity development could contribute to the conversation on improving mental health disparities for minority communities. Giving Asian American students the space to talk about their racial identity may aid the support they get in school and home environments.

I spoke with counselors, teachers, and educators - the adults who work closest with students - who had thoughtful insights on how to break down barriers of silence and give students a space to truly vocalize their personal experiences. Elvin Cardona, the METCO Counselor serving the black and brown community at Newton North, describes how his approach ties back into one key practice: 'curiosity'. For him, "I will never assume, I will always approach with curiosity and always make sure I'm asking them questions that will allow them to identify how their racial identity is important to them." Matthew Ford, an NNHS counselor with a background in clinical social work, used the word "wonder" to describe how he tries to understand his students. Clinical lecturer Dr. Jessica Dere's words of advice when speaking in a TED Talk were that sometimes "informed curiosity" is better than "expertise". Addressing issues like race & culture is complex and oftentimes school providers won't have the same experiences as minority students. But genuine curiosity and open questions gives autonomy to the students who are the ultimate narrators of their own experiences.

In the clinical setting, Dr. Juliana Chen says her "approach is to be gentle, to be non-blaming, to start from a standpoint that it's not about not loving." Rather than beginning with the diagnosis or predispositions on the problem, she "comes from a stance of working together and [providing] gradual psychoeducation in baby steps, using terms relating to stress and health and wellness as early entry points to dialogue."

When Talusan is invited to schools to speak, she "always asks can you get me time with just your Asian American students because we need to talk about what this looks like within our own community." She says there's a difference when she talks to a mixed audience as opposed to

an Asian American audience because experiences can be “so different”. One difference is the lack of language to communicate mental health experiences. She notes a story of a daughter who told her mother she “felt like an Angel that’s been broken”. Communicating her experience with this language helped her mother recognize her pain and understand “just what she needed.”

Cardona clarifies that “some people really would love to be given the language, but [he’s] experienced many people who really love when [he] gives them the space to create the language themselves.” And at the end, “everything comes back to curiosity.” Language is not defined within set boundaries and can be broadly understood as different approaches to communication, not just linguistic categories. Space to develop a shared language is a promising opportunity to bridge cultural divides through metaphors, narratives, or emotions. In this space, genuine curiosity becomes a powerful tool to understand a student’s need, help a student to create their own language to communicate, and empower a student’s unique personal experience.

Bridging the Gap: **Recognizing Different Expressions of Depression**

In our relationships with the people around us, culture affects how we express our internal distress and well-being. In regards to notions of mental health, a lack of emotional expression has characteristically been associated with Asian cultures. In an article published by the New York Times on Lexington High School’s problem with student stress, Asian American students were noted as particularly high-achieving. Commenting on how cultural differences for these students adds to their stress, the author set a comparison that, “American educators routinely encourage students to share their feelings; not so in Asia.”

To the degree that these generalizations on Asian and Asian American people hold truth, the lens through which they are portrayed changes their implications. Associating an aspect of Asian culture with difficulty expressing emotions ties together culture and bad habits for mental health. This association is neither productive for aiding Asian American students nor critical in adapting to a different culture’s way of expressing distress.

Emily Zhang states how she sees the “Asian American community getting thrown under the bus” in regards to talking about mental health issues. Zhang herself was cited in the New York Times article on Lexington but holds reservations for how the Asian American community

was portrayed. She personally states that she "really wants to push back on that idea that Asian parents are not caring." Rather, she says Asian parents "just think physical health is important" and don't think that mental health connects with physical health. She describes a common experience of many Asian American kids: their parents giving them a bowl of sliced up fruits. This cultural characteristic is evidence of action that means care for their kid's health, but in a physical expression rather than an emotional one.

Conceptions on mental health and physical health tends to be separated. But, as advocated for in I*ntegrative Care for AANHPI communities*, substantial evidence shows a direct correlation between physical health and behavioral [mental] health. Physical health affects our mental health, and mental health affects our physical health on a day to day living basis. However, the ways we talk about physical health issues and mental health issues, especially culturally, can be very different.

One concrete example of culturally different emotional expression, as described by graduate student Jenny Hsi working with BU AWARE, is that, "many Asian populations tend to describe mental health and emotional wellness states in more physical terms...those words describe how mental health states affect the entire body as opposed to using highly emotionally charged words like 'I'm sad'." The imperative to admit 'sadness' is part of our basic definitions of depression in American discourse. If using emotionally charged words is culturally not how these issues are expressed, pushing one to share their feelings of 'sadness' may not equate to helping them open up. Imposing cultural expectations on people of a different cultural background allows a dominant discourse to judge whether one method of expression is good or bad. This is harmful when the person's sense of self-understanding and self-expression is overlooked.

Analyzing global perspectives puts the conversation on race and culture in a similar disposition. Ethan Watters, in his New York Times article titled "The Westernization of Mental Health," argues that Western understandings of mental health are being exported around the world, "changing not only the treatments but also the expression of mental illness in other cultures." Watters describes "culture as possessing a 'symptom repertoire' — a range of physical symptoms available to the unconscious mind for the physical expression of psychological

conflict." Although the root of psychic suffering may be universal, the human expression of suffering is accessed through culture - and exporting cultural beliefs on what depression looks like may fail to identify cultural differences in how people express depressive symptoms.

The Professional Level

Culture is Important: Culture in Psychiatry & Psychology

Culture is defined by the cumulative experiences, beliefs, values, knowledge, attitudes, and creations of a collective of people. Culture is their standard of what's normal. Culture colors their judgements of what is good or bad and healthy or unhealthy. Their dominant discourses, debates, and dialogues are all bent by the force of culture.

With the medical innovations and neuroscientific revolutions of the twenty first century, notions of "healthy and unhealthy" became concretely defined by the sciences. The biomedical model of depression has dominated discourse on mental illness. Even mental health was conceptualized by cognitive psychology, neuroscience, and biomedicine. "Healthy and unhealthy" are now measurable in the human body: in the brain. But is the brain the same as the mind - does biology create behavior? Where is the effect of culture? Alanna Snibbe suggests in Psychological Sciences the, "proposition that human beings are both biological and cultural beings." Therefore, "sources of mind may be found both in the head and in the world. APS Fellow Hazel Markus accordingly advocates that psychologists "scan the sociocultural environment for the sources of the structure of behavior, just as we currently scan the brain for those sources." Contrary to a biological reductionist view of health, recognizing culture and biology as forces of human experience opens up the conversation for consideration of social factors in mental illness.

Joan Busfield in *Rethinking the Sociology of Mental health* describes social epidemiological experiments conducted in communities which published, "explanatory research [that] has shown so convincingly that social factors must be brought into the understanding of the causation of mental disorder at the individual level." Another model of depression is the biopsychosocial model which considers biological, psychological, and social factors equally in

treatment: Juliana Chen states that the people who [she] most admire[s], [they] all think about things very much in a biopsychosocial model."

Snibbe further notes that, "many psychological processes once deemed universal seem instead to be culturally variable." She points out that, "mainstream psychology is really cultural psychology, dealing with a very particular cultural context." That context is Western educated liberal people - the subjects of psychological experiments. Researcher Jenny Hsi described research done in South Cove clinics about whether or not [the PHQ 9, a type of] depression screening method actually works for Asian populations because people might think about depression a little differently. The screening method metrics were developed within a cultural context as well: based on white American populations in the late twentieth century, "so culturally speaking the questions they asked might not accurately reflect people's experience."

When Dr. Juliana Chen describes how she gets to know her patients and, "the context of their life and their world and their medical illness, them in the context of their family their community their culture," she speaks for Asian American cultural perspectives and Asian American communities. But her practice of understanding the whole individual in context is applicable to all psychiatric and psychological practices. Even our measures of mental illness, from screening methods to symptoms, are defined by cultural expression and should be taken within social context.

Research to Provider to Patient: Flaws in Provision

Culture is important, and "people in the professional field are treating culture as a serious topic" (Hsi). However, Hsi explains how, "going from research to practice there's often a gap in terms of how much the stuff that's top of the mind of researchers right now are at the top of the mind of people providing day to day service." The conversation on mental health can change every twenty or so years. From research to providers to patients, representation, perspective, and change lag behind what reaches the average patient or student. For example, many sources note that the narrative of "biochemicals in the brain" is not entirely backed by scientific research, especially with continued studies on the association between neurochemical and depression, but an "imbalance of chemical in the brain" is still part of mainstream explanations of depression.

In the case of culture and minority representation, Hsi reflect that, “the mental healthcare profession in its totality have traditionally been very white and to change that whole climate or ecosystem takes a lot of time and effort.” Moreover, research informing the best psychiatric practices and therapeutic modalities have traditionally come from Western white educated people. Cardona advocates for how “we as clinical people need to look at the research that is informing how we do the work and analyze it critically, because that research comes from somewhere.” As an example, Cardona cites Cognitive Behavioral Therapy as among the most “privileged” therapeutic modalities. Cardona also points out how independence and extroversion are pushed in mental health. Providers may be subscribing to a cultural expectation of what is good in order to treat patients who may not be from the same background and values.

Cardona believes, “there are significant disconnects in the whole clinical world”. In connections he has with people in clinical work in different settings, he’s heard people’s frustrations, “with doctors, with psychiatrists, with other clinicians, their own colleagues who they work closely with, that do not consider social context at all, [who] have a complete lack of understanding to really be able to tackle it and [who] have a complete lack of curiosity”. Mental health professionals are trained medically to diagnose patients, but what kind of knowledge on cultural competency, racial identity child development, or sociology do professionals have? Moreover, how are mental health professionals required to consider social context and factors?

Dr. Chen shares a pieces of her own experience in training and practicing as a psychiatrist. When she completed her residential fellowship, cultural competency was talked about very little, but now she thinks the same fellowship talks about it a ton. However, cultural consideration is very “institution dependent”. Dr. Chen also describes how clinicians are reimbursed for seeing a “high number of patients [and they] don’t get financially compensated to have long conversations.” Unfortunately, this leads to a “financial model which doesn’t support longer conversations, but not all psychiatry is practiced that way”.

Culture may be important, but medical, provisional, and financial factors act as barriers to incorporating cultural practices into mental health systems. So how can culture be considered when individuals go to seek treatment?

***Filling the Vacuum*: Expanding what 'Support' looks like: Integrating Community, Culture, Global perspectives, & Racial Identity**

Expanding notions of support allows flexibility in considering student's different needs. In developing their AWARE program, Hsi noted that, "finding ways to talk about issues in a more generalizable sense...can open up the conversation," when the needs of students in different contexts may shift. For example, instead of talking about sex and drug abuse, they changed the AWARE session to talk about maladaptive coping behaviors instead.

Community integration into the system of support can be crucial in assuring that the programs and initiatives implemented truly benefit people in the community. And example of community integration is the work of the Asian Task Force Against Domestic Violence (ATASK) which, "provides the cultural connection between some of the bigger more at scale providers and Asian American populations." People from ATASK who have translators and cultural competency training come in to interview people and better understand their needs: "That's the way research can directly benefit a service providing organization" (Hsi). Applying a similar model towards implementing mental health services in minority communities would likely increase utilization and effectiveness of resources.

Even global perspectives can better inform how the mental health systems in America can better address minority needs. Cross-cultural psychiatrist and professor at Harvard, Arthur Kleinman, argues that American psychiatry can learn from certain practices of Chinese Psychiatry, such as learning, "about the dangers of medicalizing forms of suffering as depression, which may not deserve to be called depression". His research on suicide patterns in China even challenge depression theory and call Western psychiatrists, "to rethink suicide [and] examine to what degree depression...is not the cause of suicide, but simply is an outcome of social-psychological conditions, just like the suicide is." The dominance of the biomedical model and disregard for social context as the root of mental illness is questioned by practices developed in a different global and cultural context.

Before our interview ended, Cardona imparted an important piece of advice from his own personal experiences where, "I've let go of things being good or bad. And I only define them as being problematic or preferred." Amidst an environment with easily conflicting notions of what

is bad or good, notions which often fall along color and cultural lines, how do we know “what’s normal and healthy?” Dr. Chen’s goal, with the documentary *Looking for Luke* and her own clinical practice, is, “just normalizing people's struggles, even if it’s not quote on quote clinical depression”.

Dialogues on the intersection of Asian American racial identity and mental health helps students, researchers, and providers understand the cultural and social facets of mental health experiences and how to address minority disparities in mental health. Addressing the needs of Asian Americans students involves creating a space for minority students to vocalize and understand their own racial identities. Providers should acknowledge different cultural expressions of emotional need and expand what support for mental health looks like. Embedding the importance of culture & community involvement in the professional and research field would help bridge the gap between Asian Americans & unmet mental health needs.

Works Cited

(see Annotated Bibliography)