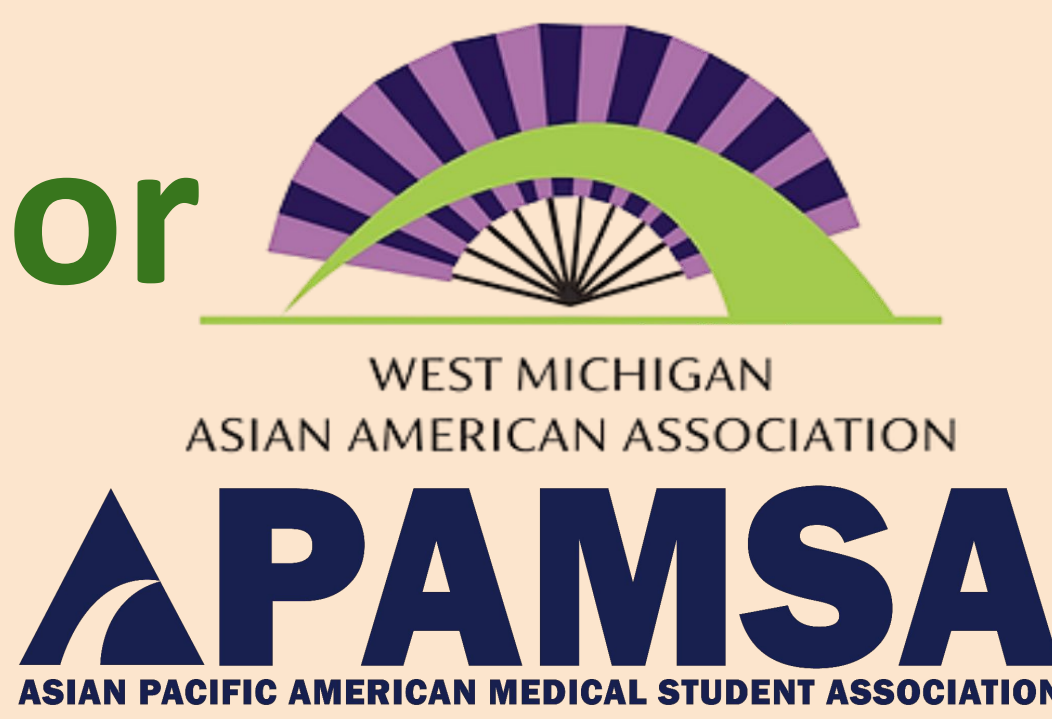


A Community-Based Study: Understanding Mental Health Help-Seeking Behavior

and Barriers Among Southeast Asian Americans in Michigan



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BACKGROUND

- Asian Americans use mental health services ~50% less than the general US population. Between US and Foreign-born Asian Americans, mental health service use was at 12.7% vs 7.4%.^{1,2,3}
- Studies suggest many SEA Americans are refugees with higher rates of trauma and mental health conditions.^{4,5,6}
- The Integrated Model of Mental Health Seeking highlights cultural influences, attitudes, perceived norms, and personal agency as determinants of help-seeking behavior.⁸
- Culturally responsive education has been shown to decrease stigma and increase literacy and mental health seeking behavior.^{9,10,11}
- This study is the first to utilize this model to investigate how these factors influence mental health seeking behavior in SEA communities of Michigan and the effectiveness of the culturally and linguistically tailored education.
- We hypothesize that SEA communities demonstrate lower help-seeking behaviors due to cultural attitude, stigma, language barriers, limited mental health literacy and familiarity with resources. We propose that these barriers may be mitigated through tailored community-based mental health education.**

METHOD

- An anonymous survey was developed using validated questionnaires to assess mental health knowledge, attitudes, autonomy, stigma, help-seeking behavior, and community needs (n= 29).^{12,13,14}
- Additionally, one-on-one mental health education was delivered by medical students using a translated pamphlet in English or participant preferred language.
 - Pre- and post-surveys were used to assess the effectiveness of the education. (n=17).
- Paired t-test, Wilcoxon, and Pearson correlation were used for analysis with a statistical significance of p<0.05.

Table 1. Participant Demographics

SEA Americans, age ≥18, recruited via flyers at community events.

	N (%)
Age	
20-50	11 (37.9)
50+	16 (55.17)
Missing	2 (6.9)
Generation	
First Gen	19 (65.5)
Non-first Gen	8 (27.6)
Missing	2 (6.9)
Ethnicity	
Thai	13 (44.83)
Laotian	9 (31.03)
Vietnamese	4 (13.79)
Filipino	2 (6.90)
Hmong	1 (3.45)
Gender	
Female	19 (65.5)
Male	9 (31.0)
Non-binary	1 (3.45)
History of Mental Health Service Utilization	
No	22 (75.86)
Yes	7 (24.14)

RESULTS

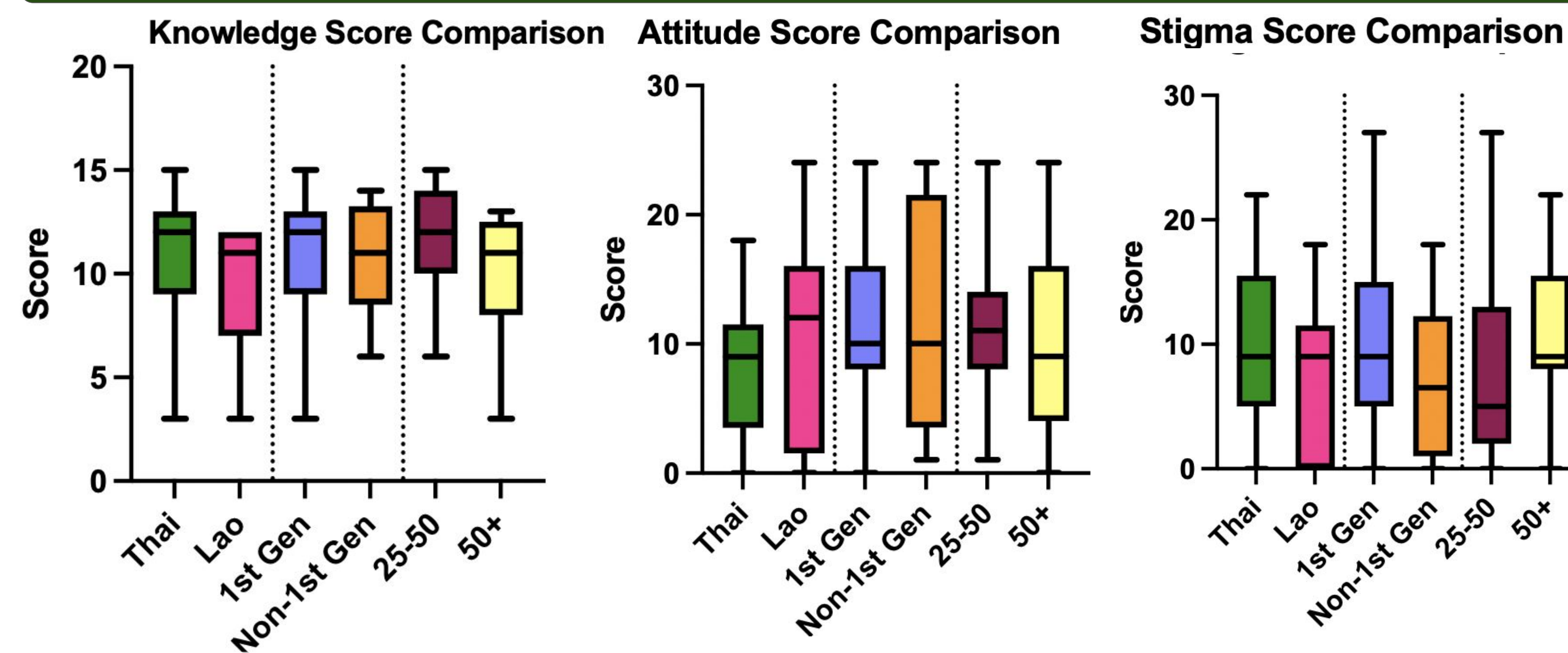


Figure 1. Score Comparisons for Knowledge, Attitude, and Stigma. Higher knowledge scores indicate greater mental health knowledge. Higher attitude and stigma scores reflect more negative perceptions toward mental health problems.

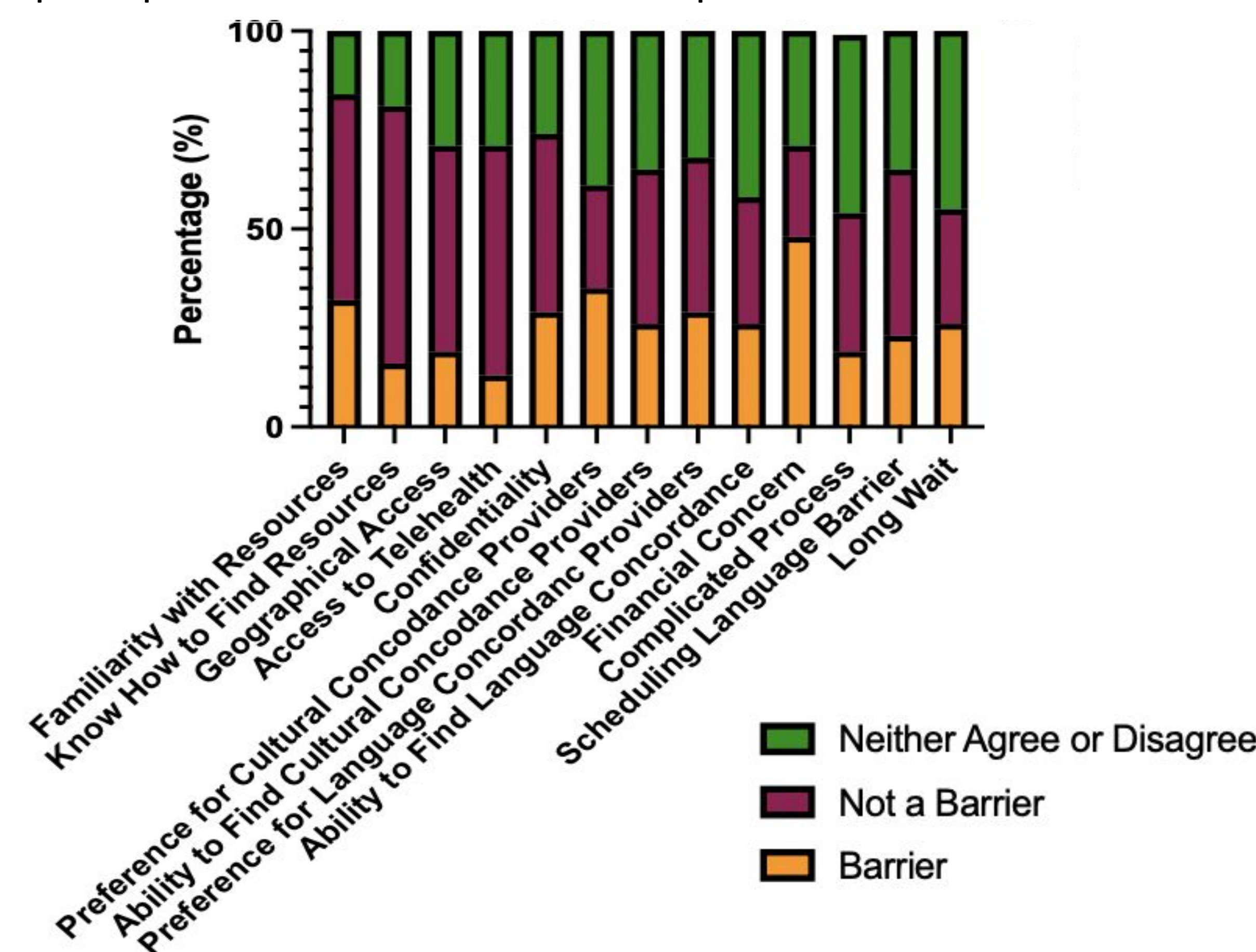


Figure 3. Community Need Assessment for Mental Health Services Among Michigan SEA Communities. Financial concerns (48.39%), preference for cultural concordance (35.48%), and lack of familiarity with mental health resources (32.26%) are listed as top barriers.

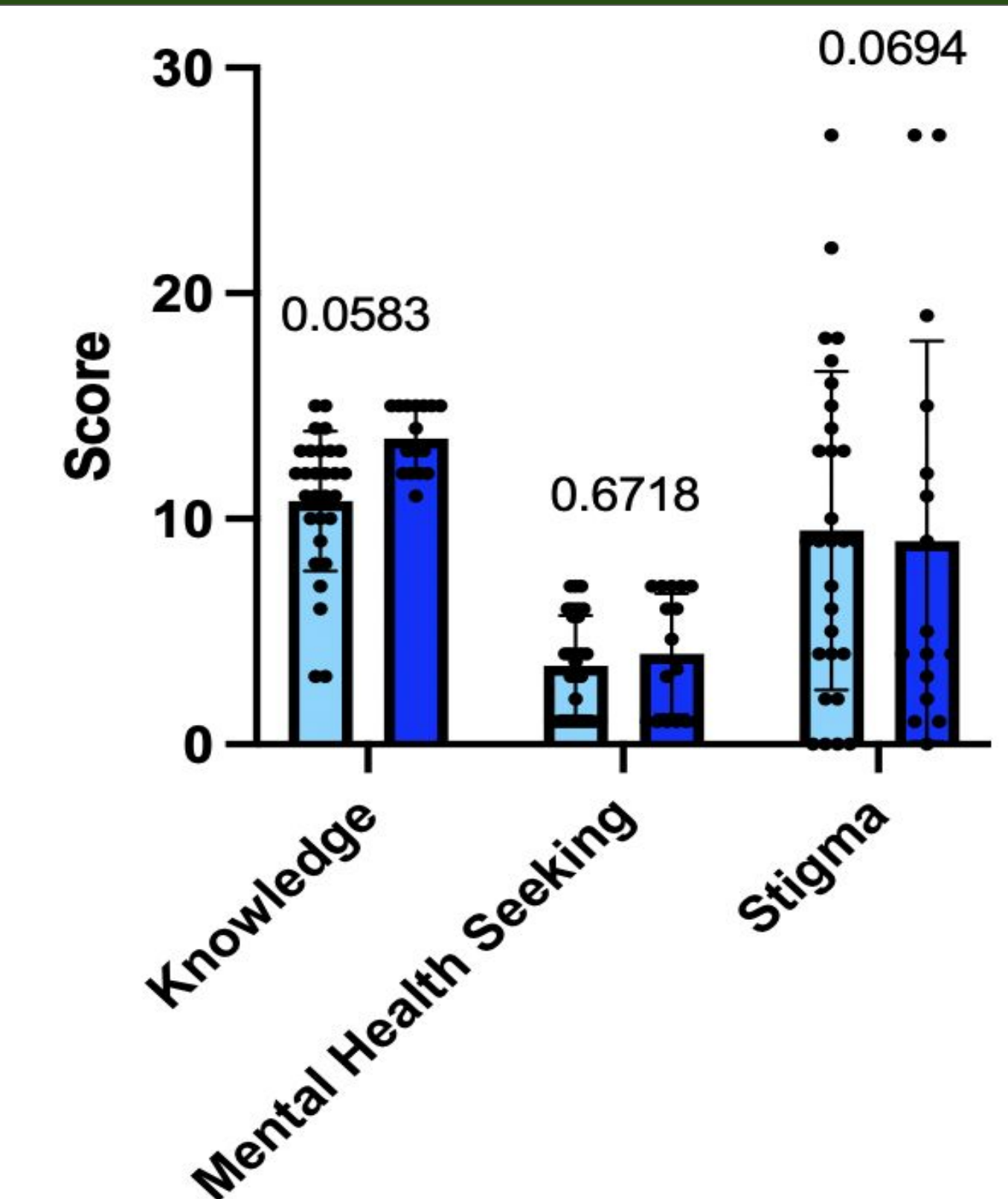


Figure 2. Pre- and Post- Education Scores. Mean Knowledge score (11.50 vs 13.56) and Mental Health Seeking Intention score (3.5 vs 4) increased and mean Stigma score (10.66 vs 9).

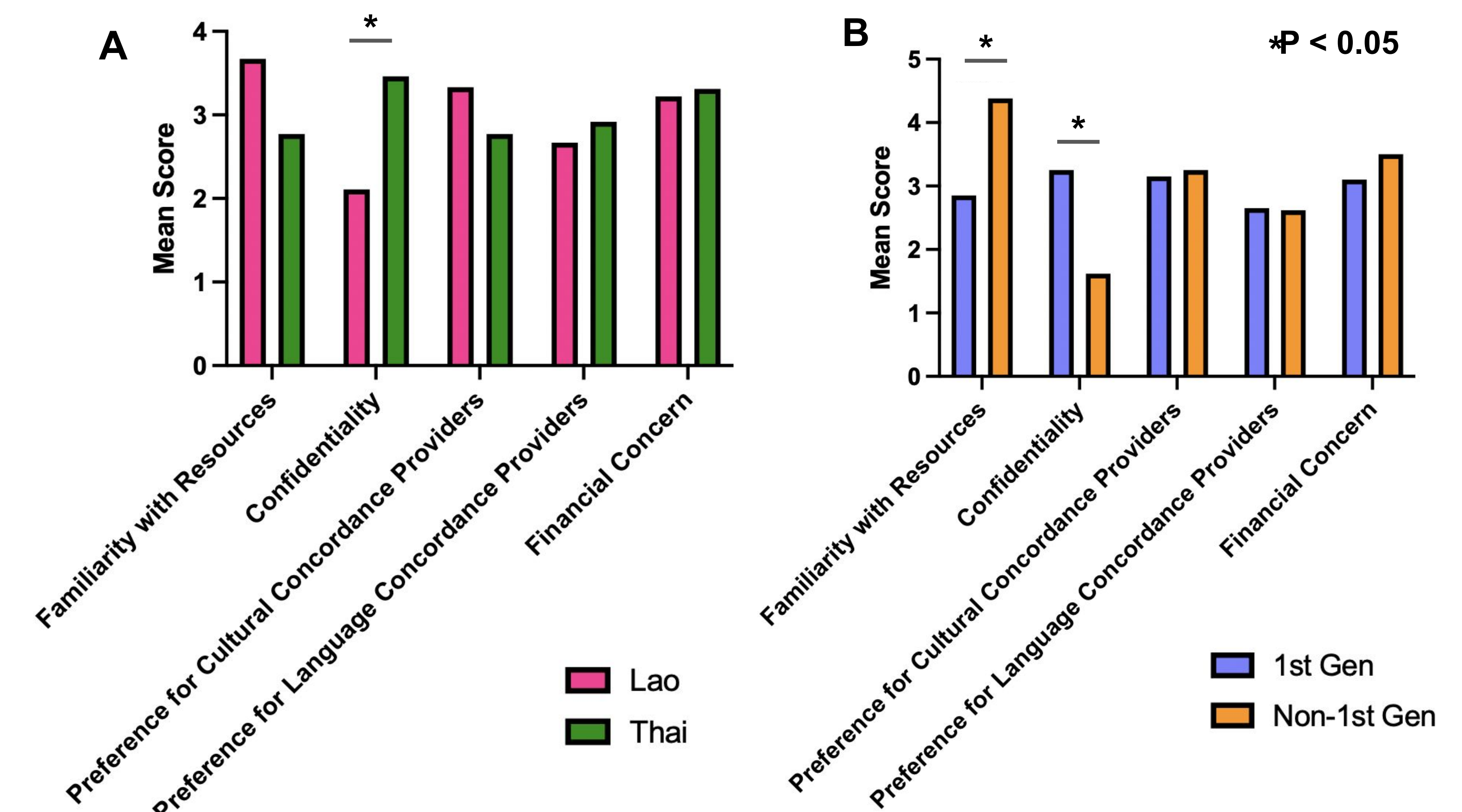


Figure 4. Differences in the Community Needs by Sub-group. A. Thai participants reported significantly greater concern about confidentiality than Lao participants (p=0.034). B. First-generation SEA Americans were significantly less familiar with mental health resources (p=0.017) and more concerned about confidentiality (p=0.010) than non-first generations.

CONCLUSION

- Our results highlight cultural heterogeneity within SEA communities and the potential for enhancing mental-health seeking behavior through community-based education.**
- These results support the need for culturally and linguistically tailored education and mental health services that address structural barriers.¹⁵
- The limitation of our studies include small sample size. Therefore, further studies are needed to examine how individualized services improve mental health utilization by incorporating this understanding of subethnic and generational differences.

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REFERENCES

