ACCULTURATION AND ITS EFFECTS ON HELP-SEEKING

ATTITUDES AMONG ASIAN INDIANS

A Dissertation

by

SARITA MOHAN

Submitted to the Office of Graduate Studies of
Texas A&M University
in partial fulfillment of the requirements for the degree of

DOCTOR OF PHILOSOPHY

December 2010

Major Subject: School Psychology

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among Asian Indians

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ABSTRACT

Acculturation and Its Effects on Help-Seeking Attitudes

among Asian Indians. (December 2010)

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There is a lack of research in the mental health field and on help-seeking regarding the Asian Indian population. Asian Indians are the third largest Asian subgroup in the United States; thus, it is important to understand their culture and lifestyle. Collectively, they are more likely to consult family and close friends rather than seek help from mental health professionals. Asian Indians may not choose to discuss these problems because they feel it is unnecessary, or it could bring shame to the family. The purpose of this study was to look at the effects of acculturation on the help-seeking attitudes of Asian Indian parents and caregivers when considering seeking help for their children. Inclusion criteria included parents and caregivers of children ages 7-17, who are 18 years of age or older, of Asian Indian ancestry, have resided in the U.S. for at least one year, and who have been the primary caregiver for at least 6 months. Measures used examined culture, acculturation, help-seeking attitudes, and some basic demographic information. The survey was available online as well as on paper to be returned to the researcher.

A total of 89 participants, the majority of whom were mothers and well-educated, completed the survey. Participants were recruited at community events, at a temple in

Houston, and through family members and friends by emailing the online link. Analyses of the data indicated that acculturation does not impact openness to seek mental health services, level of mental health stigma, and intentions to seek mental health services. It was also shown that openness and stigma do not mediate the relationship between acculturation and the intention to seek mental health services. Finally, the top sources of help indicated by the Asian Indians in this study are intimate partners, mental health professionals, and doctors or general practitioners. There were participants who had taken their children to see a professional before, but opinions varied regarding its helpfulness. It is hoped that this study will provide valuable information to inform mental health professionals about an understudied population and to continue to emphasize the importance of understanding diversity and what that means for school psychology and the mental health field.

DEDICATION

To my family

ACKNOWLEDGEMENTS

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CHAPTER I

INTRODUCTION

Diversity is an important concept in today's world, especially in the United States. With that diversity, more people are bilingual, trilingual, or even multilingual, are engaging in practices and ideas from other countries, and are certainly enjoying the different cuisines. In the mental health field, more diversity means making sure that mental health professionals are culturally competent, that services being provided are adequate to individual needs, and that there is accessibility to mental health services. One component of cultural competency and accessibility involves understanding of help-seeking attitudes.

The concept of help-seeking is present in the mental health literature. Help-seeking is defined as when a person actively seeks help from others for mental health problems. "It is about communicating with other people to obtain help in terms of understanding, advice, information, treatment, and general support in response to a problem or distressing experience" (Rickwood, Deane, Wilson, & Ciarrochi, 2005, p.4). When one chooses to seek help, there are a variety of sources available. Informal help-seeking occurs when help is sought from friends and family members, and formal help-seeking is seeking help from professionals, such as mental health professionals or from others who are appropriately trained to provide help including clergy and even teachers (Rickwood et al., 2005).

The process of help-seeking has been examined from a theoretical perspective, and models have been proposed to define the steps involved when seeking help by Cauce

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This dissertation follows the style of *School Psychology Review*.

and colleagues (2002), Zwaanswijk, Van der Ende, Verhaak, Bensing, & Verhulst (2005), and Logan and King (2001). The first step is problem recognition, or recognizing that one has a problem that is serious enough to require help from a professional. The second step is deciding to seek services, which comes about voluntarily or is mandated or forced upon the individual. The final step is service selection, or finding the appropriate service that provides the desired services. There are variables that influence this step including age, academic functioning, and gender (Zwaanswijk et al., 2005). Also, family and friends may be consulted at this stage and their influence can enable or inhibit the help-seeking process (Cauce et al., 2002).

Cauce et al.'s model shows how culture and context can influence the help-seeking process; Zwaanswijk et al.'s model is more comprehensive and looks at how the steps can influence each other while considering adult roles; finally, Logan and King's model is specific to parental roles when seeking help for adolescents. Although adolescents wish to be on their own, parents are needed when concerns about mental health arise. This is especially true for ethnic minorities. Sometimes adolescents may want to seek help independently of their parents, but eligibility for treatment without consent varies from state to state and even within different facilities in the same city.

Several factors have been shown to affect the help-seeking process in different ways. Demographic variables including gender, education, and socioeconomic status are one set of factors. Regarding gender, females have been found to be more open to the idea of seeking help for mental health concerns than males (Hye Yi & Tidwell, 2005; Yoo, Goh, & Yoon, 2005). Also, higher educated individuals have been found to have more confidence in services (So, Gilbert, & Romero, 2005; Hye Yi & Tidwell, 2005),

and those who are of a higher socioeconomic status have been found to be more likely to seek help, while those who are on the lower end seek free consults or do not bother because of cost (Barker, Pistrang, Shapiro, & Shaw, 1990). Stigma and attitudes toward help-seeking for mental health concerns are psychological variables that affect the help-seeking process. Those who have had prior contact with mental health professionals have more confidence in the process, but there is still a general hesitancy to seek professional mental health services because of the stigma that is attached to them (So, Gilbert, & Romero, 2005).

Culture is another important variable that has been studied in relation to help-seeking. Factors such as language barriers, class values, and cultural values can impede the help-seeking process (Sue & Sue, 1977). Language barriers can be present for those who have a bilingual background or who use different terminology for more common words. Class values are important because counseling is typically done with middle-class values, and not everyone has middle class values (Sue & Sue, 1977). Cultural values are specific to a culture and help to identify what is normal and what is abnormal. The effects of cultural values are seen among diverse racial and ethnic cultures (e.g. Asian, Latin American, African, and Arab) that exist in the United States and the world.

The culture of interest for this study is that of Asian Indians. India has the second largest population in the world (International Data Base, 2007); Asian Indians constitute the 3rd largest Asian subgroup in the United States. Several studies have focused on general health issues in this population. Common diseases among Asian Indians are diabetes, heart disease, and cancer; improving access to health care, especially among the poor, will ensure that help is sought for these problems (Sharma & Ganguly, 2005). It is

important to realize that although this population is well-studied in regards to their physical health, they are understudied in the mental health field. Any information regarding Asian Indians and mental health will be valuable in learning about this minority group and their access and willingness to seek help.

When studying minorities such as Asian Indians, it is important to note that they could have limited access to mental health services because of factors like class and language barriers (Sue & Sue, 1977). On the other hand, members of a minority group may choose not to seek mental health treatment because of their upbringing and cultural practices (Cauce et al., 2002). A general lack of knowledge about services and the stigma attached to mental health issues may also contribute to decreased help seeking among minorities, particularly among immigrant populations (Pal, Das, Sengupta, & Chaudhury, 2002). Within the Asian Indian group, there are Asian Indians who believe that discussing mental health issues or seeking help for a mental health problem would bring shame to the family, as well as ruin their appearance in the general community. Most of the time, Asian Indians choose to talk to family members including extended family, close friends, and religious figures; all of these individuals could have an influence on the finalized decision (Padmavati, Thara, and Corin, 2005).

In addition to cultural beliefs impacting the help-seeking process, acculturation is an important factor to consider with minorities, particularly among immigrant populations. Acculturation is "a process in which individuals from one culture come into contact with another culture and gradually adopt the behaviors and values of the mainstream culture" (Zhang & Dixon, 2003, p.208). This is a concept that can affect every aspect of daily life for individuals who are living in a new culture. Studying

acculturation helps provide insight into how much one's original culture influences the help-seeking process versus the influence of the mainstream culture. It is also possible that some effects of acculturation would be independent of an individual's country of origin or the new country. An example of this would be difficulty identifying and accessing sources of help with these difficulties abating as one becomes more acculturated. However, it is likely that these effects may be more likely seen in particular groups within particular countries. Acculturation is probably more predictive of help-seeking behavior among those whose original culture is very different from the mainstream culture.

Statement of the Problem

As mentioned above, there is paucity in the amount of research that has been done regarding mental health help-seeking with regard to the Asian Indian population. As a group, they are more likely to consult family and close friends than to seek services from mental health professionals. Asian Indians may not choose to discuss these problems because they feel that it is not necessary or that it could bring shame to the family. Daley (2004) mentioned that parental recognition of symptoms could determine whether children actually receive a diagnosis, and factors such as socioeconomic status, surroundings, and cultural practices can influence diagnoses. Conrad and Pacquiao (2005) also mentioned that culture can influence how symptoms are expressed, what the illness is attributed to, and help-seeking behaviors. The purpose of this study is to examine the effects of acculturation on the help-seeking attitudes of Asian Indians when considering mental health help for their children. Parents, other family members who take care of children and other guardians will be the targets in obtaining this information.

Study Aims

      Aim 1: Examine the relation between acculturation and openness to seeking mental health services for children among Asian Indian participants. It is hypothesized that individuals who are more acculturated will be more open to seeking mental health services, after controlling for demographic characteristics.

      Aim 2: Examine the relation between acculturation and beliefs about mental health stigma for children among Asian Indian participants. It is hypothesized that acculturation impacts beliefs about mental health stigma. Individuals who are more acculturated will have lower ratings of mental health stigma after controlling for demographic characteristics.

      Aim 3: Examine the relation between acculturation and intentions to seek mental health services for children among Asian Indian participants. It is hypothesized that acculturation does impact the intention to seek mental health services, such that those who are more acculturated will be more likely to consider seeking mental health services, after controlling for demographic characteristics.

      Aim 4: Assess the relationship among acculturation, openness to seeking mental health services, and intentions to seek mental health services, and assess the relationship among acculturation, mental health stigma, and intentions to seek mental health services for children among Asian Indian respondents. It is hypothesized that openness and stigma will mediate the relationship between acculturation and the intention to seek mental health services.

      Aim 5: Examine how likely Asian Indian participants are to seek help from a variety of sources in addition to a mental health professional for their children, and

determine how many of them have children who have seen a mental health professional before. It is hypothesized that Asian Indian participants will show a greater likelihood of seeking help from sources including family members, friends, and religious figures relative to their likelihood of seeking services from a mental health professional. Also, it is hypothesized that very few of the respondents will have previously sought help for their children from a mental health professional.

Implications of the Study

Examining the effects of acculturation on mental health help-seeking among Asian Indians, especially for their children, and determining how acculturation affects their help-seeking attitudes is important because the population of Asian Indians continues to grow in this country and their presence is being made known. Gaining an awareness of factors contributing to help-seeking in this population is necessary as the field moves towards greater cultural competence related to this population. For school psychologists, this knowledge allows them to design appropriate interventions if there are concerns with Asian Indian children in schools, and it enables them to know that any decisions may involve others including family members, close friends, and even religious figures. Also, if a parent comes to talk to the school psychologist, the school psychologist can try to allay any negativity that may be present concerning the child's behavior or issues that are occurring in the school and assure the parent that everything is being done to make sure that the child is getting what is needed while at school. The information gained will no doubt add valuable results for this understudied population and will continue to highlight the importance of understanding diversity and what that means for school psychology and the mental health field.

Definitions

Help-Seeking- when a person actively seeks help from others; "It is about communicating with other people to obtain help in terms of understanding, advice, information, treatment, and general support in response to a problem or distressing experience" (Rickwood, Deane, Wilson, & Ciarrochi, 2005, p.4).

Informal Help-Seeking- when help is sought from friends, family, and the local community (Rickwood et al., 2005).

Formal Help-Seeking- when help is sought from professionals, including mental health professionals and any others who are appropriately trained to provide help such as clergy and teachers (Rickwood et al., 2005).

Stigma- negative attitudes toward choosing to seek mental health services; also the negative connotations that mental health problems have.

Culture- "consists of all those things that people have learned to do, believe, value, and enjoy in their history. It is the ideals, beliefs, skills, tools, customs, and institutions into which each member of society is born" (Sue & Sue, 1977, p.424).

Acculturation- "a process in which individuals from one culture come into contact with another culture and gradually adopt the behaviors and values of the mainstream culture" (Zhang & Dixon, 2003 p.208).

Enculturation- "the process of being socialized into and retaining one's indigenous cultural norms" (Kim, 2007, p.474).

CHAPTER II

LITERATURE REVIEW

According to the National Institutes of Mental Health (NIMH, 2005), half of all lifetime cases of mental illness begin by age 14, and three quarters begin by age 24. Also, despite effective treatments, there are long delays, sometimes decades, between the onset of symptoms and when individuals actually seek and receive treatment (NIMH, 2005). Furthermore, more than 7 out of 10 adolescents who suffer from mental health problems are receiving no services (U.S. Public Health Service, 2000). This unmet need is suggested to be even higher among ethnic minority youths (Cauce et al., 2002). These figures are alarming because of the implications of childhood psychopathology for future development. Major changes are occurring in children socially, cognitively, physically, and emotionally, and even a mild problem can result in problems in later life. In adolescence, identities are being formed, separation from parents is occurring and intimate and peer relations are developing (Rickwood et al., 2005). Major mental disorder at this time of life can have a momentous impact, with substantial disruptive effects on identity formation and the establishment of adult roles (Raphael, 1986). As such, it is important to learn more about mental health help-seeking processes when considering help for children to ensure that there is access to care and that they are receiving the necessary and appropriate treatment.

The bulk of the research that has been conducted on help-seeking behavior to date has focused on adults. A key difference between adults and children is that, while adults typically decide for themselves whether to seek help, children can rarely seek help on their own. Rather, their parents typically take the responsibility for making such

important decisions. Given this difference, while the adult literature provides information in forming hypotheses about help-seeking for children, studies that focus on children are key to truly understanding this phenomenon.

Theoretical Models of Help-Seeking

Several theoretical models have been proposed that seek to define the process of mental health help-seeking for children (Cauce et al., 2002; Logan & King, 2001; Zwaanswijk, Van der Ende, Verhaak, Bensing, & Verhulst, 2005). While some variations across models exist, the overall concept is the same for all. The first step in the process is problem recognition. Before seeking services, individuals need to recognize that they have a mental health problem in need of treatment. Cauce and colleagues have suggested that two types of need recognition can take place. The first type is termed "epidemiologically defined need," which they defined as need that has been determined through the *Diagnostic and Statistical Manual of Mental Disorders* (DSM; American Psychiatric Association, 2000) disorder categories. The second type of need recognition is subjective or perceived need.

The second step in help-seeking is the decision to seek services. Cauce and colleagues (2002) suggested that this decision may come about voluntarily or as the result of coercion. Voluntarily means that the parents or adolescents take it upon themselves to seek mental health treatment, while coercion can be defined as when the decision to seek help is being forced upon them or mandated.

Finally, the process begins of finding the most appropriate service available that provides the desired mental health services (Cauce et al., 2002; Logan & King, 2001; Zwaanswijk et al., 2005). Gender, age, and academic functioning are among the variables

that can influence this step (Zwaanswijk et al., 2005). For adolescents who wish to seek help without parental consent, there are different rules and regulations. Also, eligibility for treatment can vary from state to state and even within different facilities in the same city (Cauce et al.). Among ethnic minorities, the family's social network could be consulted, which includes close friends, and they can facilitate or inhibit the help-seeking process, depending on sociocultural norms (Cauce et al.). If the norms of a network are not compatible for formal settings, seeking help is discouraged, and if family and community are the norm, then they may feel that their needs are met within their network (Cauce et al.).

While proposed models of help-seeking are fairly similar, each has its strengths that make unique contributions to the literature. The model offered by Cauce et al. suggests several ways cultural and contextual factors can influence the help-seeking process. For example, cultures may differ in the extent to which a particular problem is deemed to be one that requires mental health help-seeking. In addition, individual family differences can influence the process. For example, parents may be more likely to seek help for their children when the parents are more anxious or if they have sought mental health treatment before (Mechanic, 1978). Also, behavior that is seen as abnormal or possibly contributing to a diagnosis in one situation may be considered acceptable in another and less recognizable. For example, Daley (2004) argued that Asian Indians place a greater emphasis on the social-emotional relationship with their children and are therefore more likely to recognize medical or sociological problems and less likely to see psychological behaviors as problems.

Zwaanswijk et al. (2005) incorporated several other models into one comprehensive model to examine the process of help-seeking and how the stages can influence one another. Although their focus was on the pathway to mental health care for children, the roles of adults are strongly considered in the process. Variables such as family structure and functioning, teacher perceptions, and chronic physical problems are proposed to be related to service need.

Finally, Logan and King's (2001) model is specific to the roles that parents can assume when seeking mental health services for adolescents. They suggested that adolescence is a time when individuals want to be on their own and not rely on their parents for everything, but parental assistance is needed to facilitate the process of mental health help-seeking. Parents can recognize the distress in their adolescents, realize that the problems are psychological and in need of help, and make sure that the appropriate services are chosen, whether formal or informal (Logan & King). These are similar to the steps proposed by Cauce and colleagues.

While the models proposed by Cauce and colleagues (2002) and by Logan and King (2001) have yet to be formally tested, Zwaanswijk and colleagues (2005) carried out a study to test their model. Parents and teachers of Dutch children aged 4-11 completed symptom and diagnostic measures to determine whether the children were in need of services. Parents were also asked about the process of help seeking, including the sources sought as well as sociodemographic information that could influence the process such as income, education, and family functioning. Of the children who were considered to be in need of mental health services, only 20% of the parents reported seeking specialty mental health services as their first source of help. Common initial sources of

help included friends or family (48.3%) and teachers (51.7%). The authors also found that general practitioners played a key role in mental health services, with 26.7% of parents reporting they first consulted these providers about their children's problems. At subsequent stages of help seeking, only a small number of children actually received specialty mental health services. This could be explained by the limited scope of knowledge general practitioners have about psychopathology and the fact that school-based providers were a popular means for help. In terms of factors that influenced the help-seeking process, parents with a relative who had used mental health services were more likely to perceive problems in their children and to seek specialty mental health services. Other sociodemographic variables had no influence on the help-seeking process. Taken together, these findings suggest that although the process of help-seeking can be conceptualized in a model, there are specific characteristics and contexts that can influence the process at each step and determine if help is sought from specialty services (Zwaanswijk et al.).

In sum, while existing models delineate a common process of help-seeking (i.e., problem identification, the decision to seek services, and service selection), there is thought to be significant variability in how this process manifests in specific individuals. This variability is related to differences in demographic characteristics, such as gender, socioeconomic status, and education level, psychological variables, such as attitudes toward services and mental health stigma, and cultural variables, such as country of origin, acculturation, and ethnic minority status. Given the high rates of children who do not receive services, understanding sources of this variability can inform efforts to

increase rates of mental health service use. The next section will discuss the demographic characteristics.

Demographic Characteristics and Help-Seeking

Several demographic variables have also been found to influence the help-seeking process. Studies examining the effects of gender on adult help-seeking have yielded mixed findings. Hye Yi and Tidwell (2005) found no significant impact of gender on help-seeking attitudes, although there were gender differences in the type of help individuals would seek. Korean American females were more willing to seek help from mental health professionals than Korean American males. On the other hand, Yoo, Goh, and Yoon (2005) found gender differences in help-seeking attitudes among college students in Korea, such that women were more likely to have positive attitudes about seeking help for mental health concerns.

Gender has also been examined in the child literature, and parent perceptions have been shown to influence help-seeking behavior. Bussing et al. (2005) examined gender differences in perceptions of ADHD symptoms and in subsequent treatment decisions among African-Americans and Caucasians. In girls, ADHD symptoms were perceived as being connected to stressful life experiences, whereas in boys, the symptoms were perceived as genetically influenced. Also, parents of the children were less likely to contact health professionals about their daughters than about their sons. Family consultations were more common for girls, while medical treatment system consultations were more common for boys. Parents were more likely to receive more advice from health professionals concerning their daughters than their sons. Saunders, Resnick, Hoberman, and Blum (1994) examined child gender differences in parents' decisions that

their children need professional help and in actually obtaining help among Caucasians and other ethnicities. They found that parents of girls were more likely to identify a need for help, but parents of boys and girls were equally likely to obtain help after the need is identified. Wu et al. (2001) examined gender differences in service use patterns among a population of depressed children and adolescents, which included African-Americans, Hispanics, and Caucasians, and other ethnicities. Depressed girls were found to be more likely to receive professional help than depressed boys, but among those who received help, boys were more likely to receive antidepressants. Weisz and Weiss (1991) examined the "referability" of problems in the United States and Thailand, or the likelihood that the presence of a particular problem would lead parents to seek services for their children. Results indicated that problem types (overcontrolled or undercontrolled) were more referable for girls than boys. Thus, it appears that effects of gender on help seeking can differ by type of service as well as recognition of need.

The amount of education individuals have can also affect their attitudes toward the help-seeking process. So, Gilbert, and Romero (2005) examined the relationship between college students' year in school and their attitudes toward seeking mental health services among African-American college students and found that the more education the students had, the more confidence they had in mental health services. Hye Yi and Tidwell (2005) discovered that Korean Americans with higher education, whether obtained in Korea or the United States, had more positive attitudes toward seeking professional help for mental health concerns. Also, Al-Shammari (1992) found that married subjects in Saudi Arabia who had higher levels of education showed more interest in gaining help from practitioners who were medically trained.

In the child literature, parental education has also been found to impact the help-seeking process. Eapen and Ghubash (2004) looked at the help-seeking preferences of parents in a community sample in the United Arab Emirates and found that those who had higher levels of education were more willing to seek mental health services. Also, Czuchta and McCay (2001) found that parents who were more educated were more likely to express lower levels of uncertainty regarding getting help for their child's illness. Wu et al. (2001) showed that a higher level of maternal education was connected to receiving antidepressants among African-Americans, Hispanics, Caucasians, and other ethnicities.

Finally, several investigators have examined the impact of socioeconomic status on the help-seeking process. Given that seeking services requires access to transportation, the ability to invest time in treatment, and the ability to pay for services, it makes sense that socioeconomic status would have an effect on the help-seeking process. Contrary to this hypothesis, Hye Yi and Tidwell (2005) found no significant effect of income level on help-seeking attitudes among Korean Americans. Barker, Pistrang, Shapiro and Shaw (1990) studied coping methods and who individuals would turn to for psychological problems in the United Kingdom. The lower social class groups were more likely to seek free consultations from family doctors or even ignore their problems and feel helpless.

Socioeconomic status has also been examined in the child literature. In a study by Eapen and Ghubash (2004), increased willingness to use services was associated with higher socioeconomic status in the United Arab Emirates. Saunders, Resnick, Hoberman, and Blum (1994) noted that socioeconomic status was related to obtaining help with higher SES families more likely to seek help for their children. Also, Wu et al. (2001) showed that children who received antidepressants were more likely to come from

families of higher socioeconomic status among African-Americans, Hispanics, Caucasians, and other ethnicities.

Summary

Several demographic factors have been found to affect the help-seeking process. Regarding gender, female adults have been found to have more positive attitudes about seeking help and to be more likely to go to professionals. In addition, gender differences have been found in beliefs about the causes of children's symptoms, such that symptoms in girls are often attributed to stressful events whereas symptoms in boys are attributed to genetics, and in the likelihood and type of services sought for children. Also, family consultations are more common for girls, and medical treatment consultations are more common for boys. Parents are less likely to contact professional help for girls than for boys, although they are more likely to identify the need for help in girls. Higher levels of education are related to higher levels of confidence in the mental health profession, more willingness to seek services, and lower levels of uncertainty about the help-seeking process. Finally, accessibility and affordability are important in order to initiate help-seeking, so those who are at a higher socioeconomic status level are more likely to seek services, and those who are at a lower status may use free services or even ignore their problems. Another potentially important demographic factor is minority status and culture. However, given the complexity of these variables, studies on these topics will be discussed more in-depth below. But, before addressing culture and minorities, the information on stigma is presented.

Stigma and Help-Seeking

Webster's dictionary defines stigma as "a mark of shame or discredit" (Merriam-Webster, 2008). Mental health stigma as referenced here refers to negative attitudes toward choosing to seek mental health services as well as the negative connotations mental health problems have. One important finding regarding adult help-seeking is that reluctance, or the hesitancy to seek professional mental health services is linked to the stigma that is associated with these services. So, Gilbert, and Romero (2005) discovered that greater recognition of the need for psychological help led to greater tolerance and confidence in mental health practitioners among African-American college students; however, no increase was shown in the tolerance of the stigma that is associated with mental health help-seeking, openness to services, or need recognition over the years, which suggests that there is still a general hesitancy toward seeking professional psychological help. Barney, Griffiths, Jorm, and Christensen (2006) investigated the relationship between help-seeking intentions and stigmatizing beliefs associated with depression among residents in Australia. They found that self stigma (holding negative attitudes about one's own help-seeking behaviors) and perceived stigma about seeking help (beliefs that others will judge your help seeking negatively) are common and were associated with reduced likelihood that the individuals would seek help from any mental health professional. Also, the effect of self-stigma on help-seeking varied for many sources of help, with the greatest embarrassment stemming from those who went to mental health professionals, especially psychiatrists.

The idea of mental health stigma has also been examined in the child literature on help-seeking. Czuchta and McCay (2001) investigated parental help-seeking among

parents whose child had an episode of schizophrenia. Parental self-reports indicated that increased stigma and ambiguity toward mental illness as well as increasing numbers of children's distress symptoms were related to greater parental burden. The hospital was seen as a stigmatizing environment and parents said they preferred to do treatment elsewhere. In addition, for many of these parents, there was a prolonged period of time between the onset of their child's symptoms and the initiation of the help-seeking process; this was likely due to the difficulty in accessing services, such as obtaining a proper psychiatric assessment for their children, as well as the lack of communication that was taking place between service providers and the overall stigma attached to the idea of help-seeking. Next the discussion turns to culture and minority status.

Help-Seeking in a Cultural Context

One of the factors that has been widely studied in relation to help-seeking is culture. "Culture consists of all those things that people have learned to do, believe, value, and enjoy in their history. It is the ideals, beliefs, skills, tools, customs, and institutions into which each member of society is born" (Sue & Sue, p. 424, 1977). When looking at culture, Sue and Sue (1977) delineated three important factors that impede the help-seeking process: (a) language barriers between client and counselor, (b) class values, in that usually counseling is done using middle-class values, and (c) cultural values, which can determine if a client's behavior is normal or abnormal in a session. Language barriers may be present for those who have a bilingual background and speak little English and among groups like African-Americans who may use different terms when talking about something. Class values are important to consider because of the disproportionate representation of the lower class overall in counseling. Lower-class

individuals may have short-term goals and want immediate and concrete answers from counselors rather than uncovering intrapsychic conflicts. They may have different expectations, which might be negative as well. Finally, cultural values are specific to a culture and help to identify what is normal and abnormal. Different cultures have different definitions of what constitutes mental illness and adjustment. Also, upbringing in a specific culture can influence what happens in a counseling session. Nonverbal behaviors such as eye contact, personal space, and knowing when to speak or yielding to another person are just some things that vary among cultures. Studies have conceptualized culture in many ways, including examining the values mentioned above and how they influence the help-seeking process and examining the impact of culturally-influenced beliefs, such as acculturation, on help-seeking.

Help-Seeking among Asian Cultures

The studies reported in this section mostly point out the importance of culture-bound values, or those values that are important and specific to a culture. In a study mentioned above, Hesketh and Ding (2005) found that there was more reliance on friends and family than on mental health professionals when seeking help for anxiety and depression among their Chinese participants. Also, Phan (2000) examined service use among Vietnamese adults who lived in New South Wales, Australia. The results indicated that approximately 50% of the interviewees had sought some form of help in the last year from: Vietnamese-speaking doctors, naturalists, spiritual healers, herbalists, folk healers, witchcraft doctors, psychiatric hospital facilities, and even help through the community. Whether services were accessible, affordable, acceptable, and accommodating were important in these individuals' patterns of help-seeking. This shows

how "physical" and "mental" well-being are defined differently; whether the concern is with physical or mental health, these people are expecting to be treated in the same manner as they would be if seen by a doctor or a priest. In a study by Ting and Hwang (2009), the researchers used a modified version of Andersen's Sociobehavioral Model (SBM; 1995), which is a framework for understanding help-seeking behaviors. The SBM is based on the premise that utilization of health services is determined by both the environment and population characteristics, which affect behaviors, and then affect outcomes. Population characteristics including need, predisposing characteristics, and enabling outcomes, have a primary role in determining why people seek help. In this study, culture related variables including acculturation and stigma were included because the focus was on an ethnic minority population. The population studied was Asian American college students and their attitudes toward help-seeking, and the results indicated that stigma tolerance predicted help-seeking attitudes above and beyond traditional variables associated with help-seeking.

<div align="center">Studies Involving More Than One Type of Culture</div>

Yeh, Hough, McCabe, Lau, and Garland (2004) looked at beliefs about causes of mental illness with four ethnic groups, namely African-American, Latino, Asian/Pacific Islander, and non-Hispanic White. Those parents who were African-American, Latino, and Asian/Pacific Islander were less likely to endorse biopsychosocial beliefs about mental health problems than non-Hispanic Whites and instead have beliefs that are more sociological in nature. Thus, these ethnic minorities may be less likely to seek mental health services that are biopsychosocial in nature. Similarly, McMiller and Weisz (1996) found that African-Americans and Latinos were more likely than Caucasians to talk to

their families and people in the communities rather than utilize professional sources as a first step in help-seeking. These cultures may be more "people-oriented," or more social than some other cultures. Whether the family is seen as more important or just the cooperation that takes place in a group, they prefer to communicate with people they know and can trust. In a study by Masuda et al.(2009), a group of African American, Asian American, and European American college students were surveyed on previous direct and indirect experiences of seeking professional psychological services and related attitudes. The results indicated that fewer African American and Asian American college students had sought psychological services, knew someone who sought psychological services, and knew a close person who had been diagnosed with a psychological disorder when compared to the European American college students. The African American and Asian American college students also showed a less favorable attitude toward help-seeking compared to European Americans.

Help-Seeking among People of African Descent

African Americans are another group in which the idea of help-seeking attitudes has been interesting to examine. In a study by Obasi and Leong (2009), the researchers investigated the relationship between psychological distress, acculturation, and help-seeking attitudes among a group of African Americans in the United States. The results indicated that as psychological distress increased, attitudes toward seeking professional psychological services became more negative. The negative relationship between psychological distress and therapist confidence appeared to be significantly stronger for those who expressed maintenance of traditional cultural beliefs.

Help-Seeking among Latin American Cultures

Culture-bound values affect help-seeking among Latin American cultures. Alegria et al. (2004) discovered that level of impairment, parental concern, and difficulty in school predicted how likely Puerto Rican caregivers were to use mental health services for their children with higher levels of each leading to greater use. Also, the presence of a disruptive disorder influenced the necessity of receiving care in the mental health services sector instead of the school sector. Awareness was raised for caregivers to be able to recognize that their child's impairment is connected to a need for mental health care. Similarly, Arcia and Fernandez (2003) reported that Latina mothers from Cuba, Puerto Rico, and the Dominican Republic were more likely to seek services for their children when behaviors such as aggression, hyperactivity, and complaints at school became concerns for them. Like the mothers in the Alegria et al. study, these mothers recognized similar types of behaviors as needing the attention of mental health services. Arcia, Fernandez, Jaquez, Castillo, and Ruiz (2004) examined the help-seeking that Latina mothers undertook for their children's disruptive behaviors. There were four modes of entry: coercion, referral acceptance, responsivity and help-seeking after finding out about school problems, and a more convoluted path which more than half the sample did. The convoluted path included multiple indicators of those problem behaviors. Although school, child, and maternal characteristics were important to consider, the mode of entry determined service entry. The participants from these cultures are realizing that it takes action and not words to make them realize that their children need services. They are using a different pattern of communication with their actions.

Help-Seeking among Arab Cultures

A couple of studies examined the help-seeking behaviors of Arab cultures. Al-Shammari (1992) looked at the help-seeking behavior of an adult population in Riyadh, Saudi Arabia. The majority of this group had sought help from trained practitioners, most often from primary care centers. Others in this group sought help from specialists and local healers. There is a concern that people in this community need to be more informed and more aware of the referral process and what actually happens with help-seeking. Like the study mentioned above (Phan, 2000), "physical" and "mental" well-being are defined differently in this culture. In a study mentioned above that looked at help-seeking preferences for parents in the United Arab Emirates, Eapen and Ghubash (2004) noted that among the reasons that the Arab population chose not to seek professional services is the stigma attached to these services and the overall skepticism about the usefulness of these services. This is true of many cultures that choose to restrain feelings or emotions and feel that doing so brings shame to themselves, the family, or the community. The next section discusses Westernized views and help-seeking.

Westernized Views and Help-Seeking

There are notable points among Westernized views when considering the help-seeking process. Those who share these views are more likely to seek help from professionals (McMiller & Weisz, 1996). Next, Yeh, Hough, McCabe, Lau and Garland (2004) discovered how they are also more likely to endorse biopsychosocial causes for problems rather than sociological ones, believing that there is a scientific connection involved regarding mental health issues. Also, parents are more likely to be concerned about emotional and behavioral problems and choose to seek help immediately rather

than creating a delay. Yet, it is interesting to note the similarities that exist between this culture and others when looking at gender, education, and socioeconomic status as noted above.

Help-Seeking among Asian Indians

Asian Indians are the 3rd largest Asian ethnic group in the United States, and they differ from other Asian groups in that they have a higher level of education and greater income, yet they tend to be a group that is disparate more so than other Asian groups. The population of Asian Indians continues to grow in the United States, and the number of years of residency in this country impacts many things such as the use of health services. They are even more understudied in the mental health literature, and this is due to several factors such as lack of knowledge, difficulty in accessing services, the stigma attached to mental health in the Asian Indian culture, and the shame that arises as a result of realizing that one has a mental illness. Whatever information is available is limited in scope, but it provides valuable knowledge about this minority group and their mental health practices (Congressional Caucus on India and Indian-Americans, 2006).

Before discussing mental health and help-seeking among Asian Indians, a short summary of physical health concerns among Asian Indians is presented. This is presented to show that India is a country where there are many diseases and that there is an abundance of information when considering physical health. Also, this shows why Asian Indians may be more likely to recognize medical problems, particularly because of their prevalence. One of the most common chronic illnesses among Asian Indians is diabetes. According to the International Diabetes Federation, an estimated 40.9 million people are individuals with diabetes in India, and this number is expected to be 69.9 million by the

year 2025 (Sicree, Shaw, & Zimmet, 2006). Another epidemic among Asian Indians is heart disease, also known as coronary artery disease, and its prevalence in urban India is about twice the rate of rural India and four times the rate in the United States (Chadha, Radhakrishnan, Ramachandran, Kaul, & Gopinath, 1990). Also, according to the World Health Organization (WHO), Asian Indians will represent as many as 60% of cardiac patients by 2010. Finally, Asian Indians are also burdened by cancer. The International Agency for Registry of Cancers (IARC) showed that the incidence for cancers except skin was 813,595 cases in India (GLOBOCAN 2000, 2001). The lifestyle among Asian Indians has changed as they have included things and ideas from western culture. Higher fat diets and less physical activity are among the habits that have resulted in such difficulties as obesity and type 2 diabetes. Also, more fast-food is available, and with such items as computers and video games, there are now jobs that are less physically demanding. It is important to educate Asian Indians about the risk factors, to encourage them to do more physical activity and have healthy diets, and to pay attention to any warning signs early so as to prevent further complications or even the initial onset of these diseases. Improving access to medicines and to the necessary health care, especially to the poorer population will help to ensure the opportunity for help-seeking for these problems (Sharma & Ganguly, 2005).

The research shows that mental health problems are evident among Asian Indian children. Chandra, Srinivasan, Chandrasekaran and Mahadevan (1993) examined the prevalence of mental illness among children in southern India. Conversion disorders and conduct disorders were found to be the most common. Boys showed a greater tendency to present with conduct disorders. A large number of children with mental disorders were

from middle-class families with literate parents, which could come from the fact that there were greater expectations for achievement.

A limited amount of research has been done characterizing mental health help-seeking in the Asian Indian population, yet culture-bound values are important to them as well. In a study mentioned above, Daley (2004) looked at symptom recognition, the help-seeking process, and the initial diagnosis of Autism among children in India from the parental perspective. She found that parents in India did not recognize unusual symptoms in their children as early as those in the US, recognizing them as much as 6-10 months later. Such a gap was not found in their recognition of social difficulties. Daley theorized this may be due to the culture placing value on having a close social-emotional relationship with one's child. When Daley examined help-seeking behaviors among Indian parents, she found that Autistic children with medical problems were seen by professionals earlier, but their diagnoses of Autism were often overlooked. She also found that children of parents expressing concern over more "classic" symptoms of Autism were more likely to be diagnosed. Daley noted there was an average of 2 years between when parents started looking for help and when their children actually received a diagnosis. These findings suggest that there is a delay in symptom recognition among Asian Indians as well as a lack of awareness about the immediacy of the help-seeking process. They are also likely to pay more attention to medical or social difficulties rather than the concerns that lead to the diagnosis of a mental disorder.

One common source of help-seeking in India is religious leaders. Padmavati, Thara, and Corin (2005) examined beliefs among mentally ill individuals and their families who were seeking help at a religious site. Information from those who were

interviewed showed that religious help-seeking for mental health is often the first step undertaken as a result of sociocultural background and explanations. It is more practical to leave those in need of care at a religious site, and the cost of care is less than at a medical facility. Possession by the supernatural was seen as causing any abnormal behavior, and it was seen how focusing on dreams was essential to recovery, particularly those that caused any mental distress. The importance of families was mentioned in the decision making process, but it was also shown how members of the community such as priests, astrologers, and faith healers can influence help-seeking.

Pal, Das, Sengupta, and Chaudhury (2002) studied children who suffered from epilepsy in rural India where only 12% were actually in treatment. The results indicated that 80% of the families had sought help in the past; this included 62% with an allopathic practitioner and 44% with traditional practitioners. Twenty-four percent of families never sought any kind of help; 42% of those who went to allopathic practitioners first also went to traditional practitioners, and 30% of those who first went to traditional practitioners also went to allopathic practitioners. Most of these families did seek some help when concerned about their children and were willing to utilize the services of allopathic practitioners.

In addition to the studies mentioned above, there has been research conducted in the United States with the Asian Indian population and mental health help-seeking. Conrad and Pacquiao (2005) examined the influences that culture has on depression and the type of care that is received among an Asian Indian population. The patients identified in this study were adults diagnosed with depression and who had been admitted into a psychiatric hospital. Somatic complaints were commonly ignored by patients and

families, and there were significant delays when seeking professional help. Family involvement was seen as crucial when talking about a patient's history, but members' views affected whether treatment was sought. Also, if treatment was sought, they wanted everything to be resolved immediately and were not in favor of continued treatment. The stigma associated with services and religious beliefs were part of the denial that such a condition exists, the discomfort in sharing such emotional problems with professionals, and the delay in actually consulting a professional. Also, females were seen to have more problems related to family relationships and their role within the family; and males were seen to have problems related to occupational and financial expectations. These results show an impact on both problem recognition and the decision to seek services.

Holmes (2007) looked at the presenting concerns, help-seeking attitudes, and those behaviors that predicted help-seeking in a group of individuals of Indian and Pakistani descent residing in Canada and the United States. Conflicts with others and somatization of anxious and depressive symptoms were the most common presenting concerns. Friends were the most common sources of help in the past, and participants were more likely to turn to family or friends than professional counselors for any future help. On the other hand, they were more likely to recommend counseling to friends with similar presenting concerns. Individuals who identified themselves less with Indo-Pakistani values, felt like they were getting less support from family, and who were more positive about counseling were more likely to have sought help from a counselor. These were significant predictors of help-seeking from professional mental health counselors, thereby affecting selection of services.

Summary

Although the literature regarding help-seeking among Asian Indians, whether in their home country or in other countries, is limited, the studies that have been conducted suggest some hypotheses about how help-seeking in this population might differ from help-seeking among the dominant culture that exists in the United States. When recognizing symptoms, there may be a delay, and individuals may be more likely to notice medical or social problems more than psychological ones. Also, members of the Asian Indian culture may seek help from religious figures and spend time at religious sites in order to heal. Families and the local community are important in the Asian Indian culture, and they can affect the decision to proceed with the help-seeking process and affect the perceptions of those who are trying to make the decision. In some places, there is still a stigma attached to the idea of seeking professional help for psychological problems and the embarrassment of sharing such personal problems with a mental health professional. Regarding help-seeking, perhaps finding out just how likely religious figures are sought for mental health issues would be useful. Another part of this is values, and it is possible that spending time in the United States has affected what is held on to and what is let go. Finally, although there are studies that report on help-seeking for children's problems, this is not something that has been addressed with Asian Indian children in the United States. Now I will turn to the acculturation literature and its impacts on help-seeking.

Acculturation and the Help-Seeking Process

Cultural differences exist that can impact the help seeking process; however, when individuals move to another country, they have to decide if they will adhere to their

beliefs and attitudes of their country of origin or take on those of the host country. Acculturation is "a process in which individuals from one culture come into contact with another culture and gradually adopt the behaviors and values of the mainstream culture" (Zhang & Dixon, 2003 p.208). Studying acculturation in relation to mental health help-seeking can help provide information on help-seeking among immigrant populations.

When an individual moves to a new country, he or she is entering a whole new lifestyle. Among the possible challenges faced are not knowing the language, not dressing like the people of the new country, not eating similar foods, independence rather than interdependence or vice versa, and just an overall difference in the way of life. Some immigrants may take longer to adjust to the new life, and some may adapt right away. As mentioned in the previous section, when discussing culture, it is evident that there are cultural differences that impact the help-seeking process. So, one can imagine that when moving to a new country and taking on a new lifestyle, that acculturation shows its effects and greatly affects whether individuals are open to the process of help-seeking in the new country.

It is likely that some of the effects of acculturation on help seeking would be independent of a person's country of origin or new host country. For example, it is likely that any immigrant to any new country might have difficulty identifying and accessing sources of help, with these difficulties abating as someone becomes more acculturated. In addition, however, it is likely that some of these effects are specific to particular immigrant groups within particular countries. Acculturation is likely more strongly predictive of help-seeking behaviors among people whose country of origin has very different help-seeking practices from their host country.

Acculturation has been found to impact the help-seeking process among Asian immigrants to the United States, as well as attitudes toward help-seeking. Zhang and Dixon (2003) looked at the relationship between acculturation and help-seeking attitudes among Asian international students in the United States. The participants included were from China, Korea, Japan, India, Thailand, Taiwan, Malaysia, Indonesia, Nepal, Singapore, and the Philippines. The results indicated that the higher the level of acculturation, the greater likelihood of seeking professional psychological help among these students. This is a significant result because of the importance of family and values among Asian cultures overall, and it shows the influence of the acculturation process. There were also significant relationships between the level of acculturation and stigma tolerance and confidence in practitioners. Those who had sought counseling services before were more likely to have confidence in mental health practitioners, thus once again showing the positive effects of acculturation.

Kim (2007) examined the attitudes of Asian American college students toward seeking psychological help in the presence of both acculturation and enculturation to the values of one's culture. Once again, the participants came from a variety of countries in Asia. According to Kim, enculturation is "the process of being socialized into and retaining one's indigenous cultural norms" (Kim, 2007, p.474). The results indicated that enculturation to Asian values was inversely related to seeking professional psychological help. There was a lack of association between acculturation to European American values and help-seeking attitudes. Attitudes toward help-seeking with this group seem to be associated with losing traditional ideas of the Asian culture, such as family and not

sharing personal information, rather than acquiring ideas of the European American culture.

Lau and Takeuchi (2001) looked at the relationships between cultural values, severity of child problems, and help-seeking patterns among Chinese-American families. There was an indirect relationship between cultural values and the likelihood of seeking help, but those parents who had more traditional Chinese values were less likely to seek help because of feelings of negativity and shame. These were the parents who held on to their culture unlike the more acculturated Asians mentioned in the studies above.

Acculturation has been examined in two studies on help-seeking in the Asian Indian population. Sharma (1995) examined the relationship of acculturation, socioeconomic status, gender, recognition of problems needing psychological help, preference for an ethnically-similar counselor, psychological distress, and perceived social support to attitudes toward help-seeking. The participants were immigrants with superior education and with access to higher levels of social support. This group had excellent resources available, some reported high levels of psychological distress, and there were some who indicated that they wanted to seek psychological help in the future. Acculturation and knowledge about issues for which one can seek help influence Asian Indian attitudes toward help-seeking. Some people in this group clearly were recognizing that they had problems that required psychological help; therefore, they were addressing the first step of the process.

Derry (1996) used analytical and descriptive methods to examine Indian Americans' attitudes toward mental health services. On the analytical level, relationships between attitudes inhibiting Indian Americans from seeking professional mental health

services and different factors related to acculturation as indicated by number of years in the United States, losing or keeping Indian values and customs, education, socioeconomic status, occupation, caste, sex and age were examined. On the descriptive level, the researcher looked at how artifacts indigenous to Indian culture contribute to cultural and structural assimilation of Indians into the dominant American society. The results indicated that the participants who seemed to reject Indian values were more open to mental health services. Also, females were more amenable to seeking services than males.

Summary

Thus, this literature on acculturation has looked at Asian American populations, including the population of interest for the current study, Asian Indians, and provides insight into the help-seeking process and how acculturation can affect it. A greater likelihood of seeking help, more confidence after prior services, more resources and knowledge, and rejecting traditional values are all influenced by higher levels of acculturation. Missing from the literature are studies in the United States that examine the relationship between acculturation and help-seeking behaviors among Asian Indian parents for their children.

Proposed Theoretical Model

Overall, it has been observed that help-seeking is a complex process that is not the same for every person. Cauce et al.(2002), Zwaanswijk et al.(2005), and Logan and King (2001) provided initial theoretical models that defined problem recognition, the decision to seek services, and service selection as the three stages involved in seeking help for mental health problems. Demographic variables including gender, education, and

socioeconomic status, psychological variables including stigma and attitudes, and culture

and acculturation can affect each stage of the help-seeking process. Adult females are

more likely than males to seek help, but among children parents are more likely to

consult professionals for boys, and this is mostly attributed to parent perceptions that

boys have more severe problems in need of attention than girls. It is true that the causes

of symptoms among boys are considered to be genetic whereas in girls they are related to

stressful experiences. Also, higher education and socioeconomic status contribute to a

more positive outlook toward seeing mental health professionals. In certain cases, there is

still a general hesitancy in seeking help for mental health issues because of the attached

stigma, and this is evident in other cultures as well as the culture of interest, Asian

Indians. Finally, acculturation affects help-seeking in that those individuals who are more

acculturated have more positive attitudes about seeking help.

The proposed theoretical model of help-seeking is presented below (see Figure 1).

The first variable of interest is acculturation, which is related to the intention to seek

mental health services while partially mediated by the openness to seek mental health

services. Zhang and Dixon (2003) showed that a higher level of acculturation leads to a

greater likelihood of seeking professional psychological services. This figure also shows

the relationship between acculturation and intention to seek mental health services while

partially mediated by stigma. Zhang and Dixon also pointed out the significant

relationships between level of acculturation and stigma tolerance and confidence. Those

who had sought counseling before were more likely to have confidence toward mental

health practitioners. Along with acculturation is values, and its relationship to the

intention to seek mental health services is shown while partially mediated by openness to

seek mental health services and by stigma. As discussed above, Derry (1996) studied Indian-Americans and showed that participants who rejected Indian values were more open to mental health services. Lau and Takeuchi (2001) showed that there is an indirect relationship between cultural values and the likelihood of seeking help, but in particular, they mentioned that parents with more traditional Chinese values are less likely to seek help because of feelings of negativity and shame. Also, gender, education, and socioeconomic status, which have been shown to affect help-seeking, are shown to each have a relationship to the intention to seek mental health services while partially mediated by openness to seek services. Regarding gender, Derry (1996) showed that females are more amenable to seeking services. Also, Yoo, Goh, and Yoon (2005) showed that in Korea, women have positive attitudes about seeking help. Regarding education, as discussed above, Eapen and Ghubash (2004) showed that among parents in the United Arab Emirates, those who have higher levels of education are more willing to seek mental health services. Hye Yi and Tidwell (2005) showed that among Korean Americans, those who have higher education have more positive attitudes toward seeking professional help. Regarding socioeconomic status, Eapen and Ghubash (2004) showed that the increased willingness to use mental health services was associated with higher socioeconomic status in the United Arab Emirates. Also, Saunders, Resnick, Hoberman, and Blum (1994) showed that families of higher socioeconomic status are more likely to seek help. Openness to seeking mental health services and stigma are presented as mediating variables because of the effects that have been previously shown in the literature (see Figure 1).
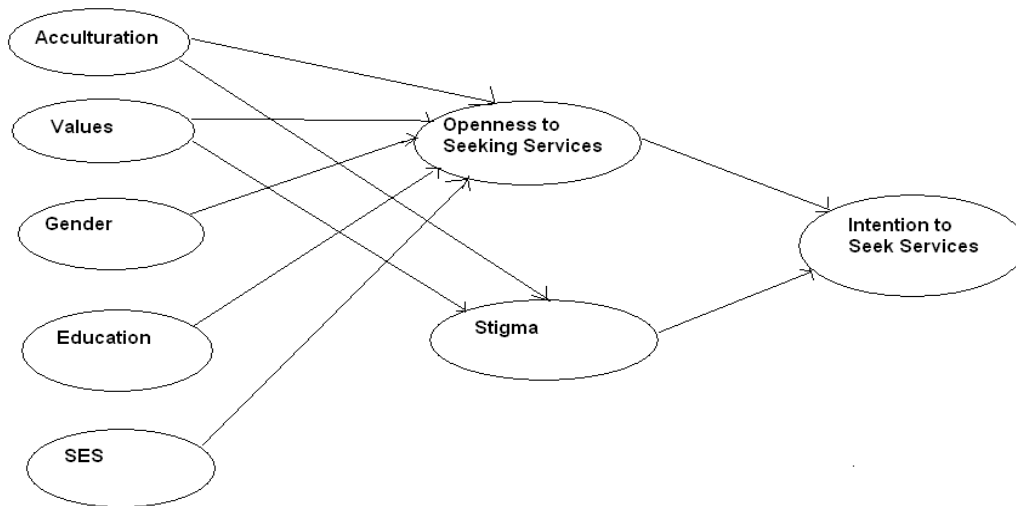
Figure 1. Proposed Theoretical Model

Study Aims & Hypotheses

The proposed study will examine acculturation among a population of Asian Indians and determine if it affects parental mental health help-seeking attitudes for their children. Through the use of measures that assess help-seeking attitudes, acculturation, and demographic information, the aim of this study is to gain insight into this population and how they perceive mental health help-seeking when considering it for their children.

Aim 1: Examine the relation between acculturation and openness to seeking mental health services for children among Asian Indian participants. It is hypothesized that acculturation impacts the openness to seek mental health services, such that those who are more acculturated will be more open to seeking mental health services, after controlling for demographic characteristics (see Figure 2).

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┌──────────────┐
│ Level of     │
│ Acculturation│──────────┐      +
└──────────────┘           ╲
┌──────────────┐            ╲    ┌──────────────┐
│ Demographics │             ╲──▶│ Openness     │
│              │                 │              │
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Figure 2. Model of Relation between Acculturation and Openness to Seeking Services

Aim 2: Examine the relation between acculturation and beliefs about mental health stigma for children among Asian Indian participants. It is hypothesized that acculturation does impact beliefs about mental health stigma, such that those who are more acculturated will have lower ratings of mental health stigma after controlling for demographic characteristics (see Figure 3).

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┌─────────────────┐                +
│ Level of        │──────────┐  ┌─────
│ Acculturation   │          │  │
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│ Demographics    │              │ Stigma          │
│                 │              │                 │
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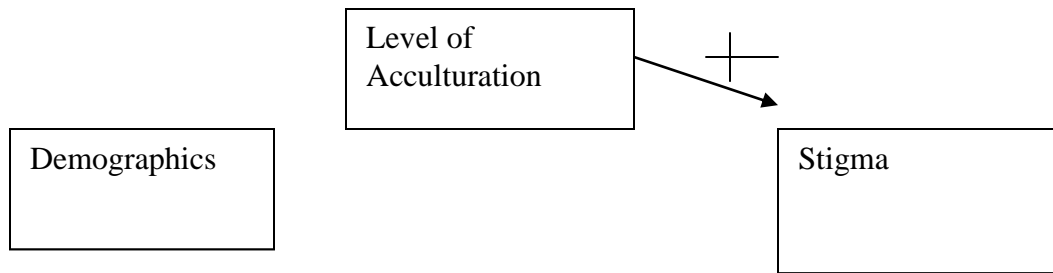
Figure 3. Model of Relation between Acculturation and Stigma

Aim 3: Examine the relation between acculturation and intentions to seek mental health services for children among Asian Indian participants. It is hypothesized that acculturation does impact the intention to seek mental health services, such that those who are more acculturated will be more likely to consider seeking mental health services, after controlling for demographic characteristics (see Figure 4).
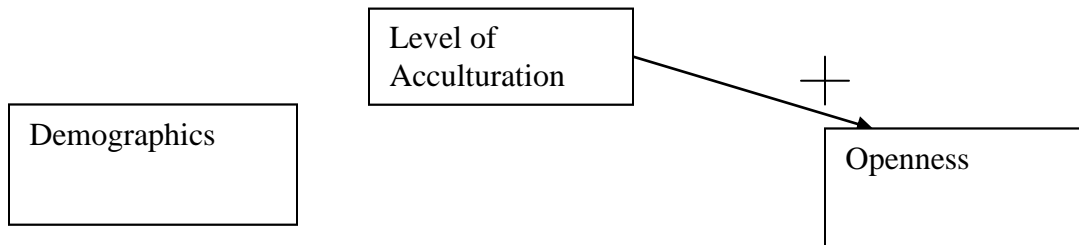
Level of Acculturation	

Demographics	

Help-seeking Intentions	
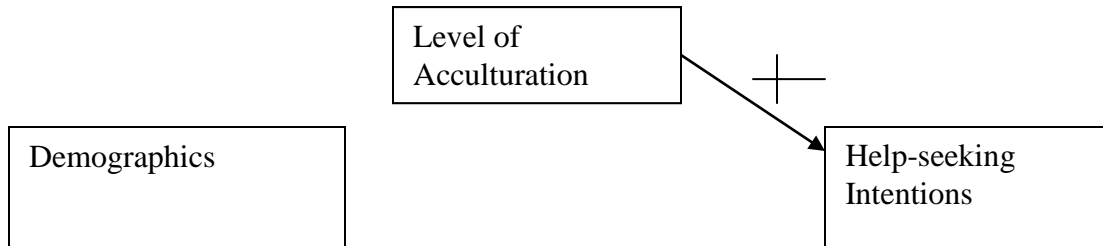
Figure 4. Model of Relation between Acculturation and Intentions to Seek Services

Aim 4: Assess the relationship among acculturation, openness to seeking mental health services, and intentions to seek mental health services, and assess the relationship among acculturation, mental health stigma, and intentions to seek mental health services for children among Asian Indian participants. It is hypothesized that openness and stigma will mediate the relationship between acculturation and the intention to seek mental health services (see Figure 5 below.)

Aim 5: Examine how likely Asian Indian participants are to seek help from a variety of sources in addition to a mental health professional for their children, and determine how many of them have children who have seen a mental health professional before. It is hypothesized that Asian Indian participants will show a greater likelihood of seeking help from sources including family members, friends, and religious figures relative to their likelihood of seeking services from a mental health professional. Also, it is hypothesized that very few of the participants have sought help from a mental health professional before for personal issues.
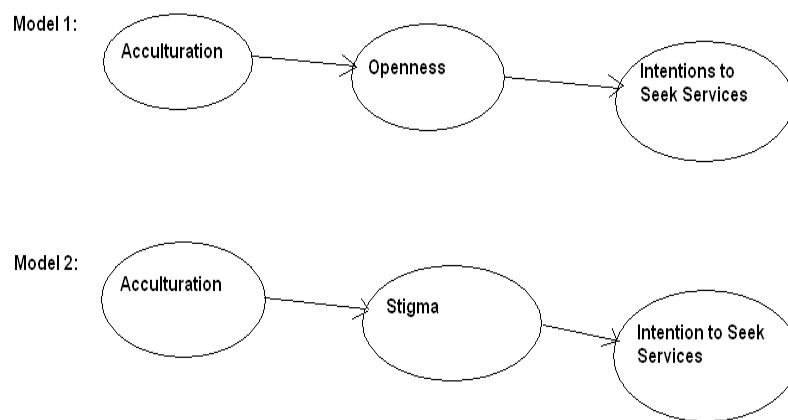
Figure 5. Path Models to Be Tested

CHAPTER III

METHODS

This study examined the effects of acculturation on the mental health help-seeking attitudes of Asian Indian parents. The study design was a correlational design. The independent variable was acculturation, and the dependent variables were openness toward seeking mental health services, beliefs about mental health stigma, and reported likelihood of seeking mental health services either from mental health or from other settings. Parental education, parental history of help-seeking, income, parent gender, child gender, and child history of help-seeking were included as control variables. Participants were recruited through community and faith-based organizations from a few Texas cities as well as through family and friends in Texas, California, Maryland, Ohio, and Florida. Interested participants were asked to complete a series of measures either online or on paper and submitted the completed measures to the researcher.

Participants

The participants recruited for this study were from community-based convenience samples as well as friends of family members. Participants were recruited through community and faith-based organizations including the Indian Association of Amarillo, the India Culture Center in Houston, the Sri Meenakshi Temple Society in Houston, and there were participants who responded from California, Maryland, Ohio, and Florida. Also, an advertisement was placed in the Indo-American News, which is an Asian Indian newspaper, but it was not successful in recruitment. Advertisements were also printed in organization newsletters, but it was more successful to recruit by word-of-mouth as well as to attend events in person and have interested participants complete the survey. A

paper version of the survey was developed as well as an online version for those who preferred to complete it electronically.

The inclusion criteria were: parents, other family members who are caregivers, or guardians of children ages 7-17 years, who are of Asian Indian ancestry, have lived permanently in the United States for at least one year, and who are over 18 years old. They have to have been the caregiver for at least 6 months. Both mothers and fathers were eligible to participate as well as any other caregiver including aunts, uncles, grandparents, and legal guardians. Table 1 provides more demographic information about the study sample.

Table 1. Demographic Data and Descriptives for Study Sample

Variable					
Age	31-39 (n = 33)	40-49 (n = 43)	50-59 (n = 12)	60+ (n = 1)	
Relationship to Child	Father (n = 21)	Mother (n = 67)	Uncle (n = 1)		
Education	Some college (n = 4)	Bachelor's (n = 23)	Master's (n = 41)	Ph.D./M.D. (n = 20)	Other (J.D.) (n = 1)
Born in U.S.	No (n = 84)	Yes (n = 5)			
Generation	1st (n= 69)	2nd (n= 14)	3rd (n= 1)		
Past Help	No (n = 79)	Yes (n = 10)			

Table 1. Continued

Acculturation Measure

Culture of Origin Scale Score	Range= 2.7	Mean= 5.172	S.D.= .5776
Asian American Scale Score	Range= 4.6	Mean= 3.083	S.D.= 1.1369
European American Scale Score	Range= 3.5	Mean= 4.360	S.D.= .7289

Help-Seeking Measure

PATPSI Total	Range= 66	Mean= 66.30	S.D.= 11.537
Help-Seeking Intentions	Range= 18	Mean= 22.38	S.D.= 3.312
Stigmatization	Range= 37	Mean= 20.87	S.D.= 6.997
Help-Seeking Attitudes	Range= 35	Mean= 23.06	S.D.= 6.160

Procedure

After approval was received from the dissertation committee members and the

Texas A&M Institutional Review Board, the process of recruiting subjects and of data

collection began in Spring 2009 and carried on until mid-Spring 2010. Permission had

been obtained from the recruitment organizations and the newspaper to post the

advertisements in their newsletters and newspapers. The advertisements were developed,

sent for review, and changed as needed before being posted. The advertisements

specifically mentioned the purpose of the study, identified the researcher, and provided

contact information including the email and mailing address for getting in touch with the researcher.

Data collection took place by email, regular mail, and in person. Emails were used to send the electronic version of the survey to participants. An online link was developed that included all of the measures, and this was created through the Qualtrics Survey Software purchased by the College of Education & Human Development at Texas A&M. A couple of the community organizations were able to provide the researcher with some email addresses to aid in recruiting online. Also, family friends provided email addresses of potential participants. There were a total of 73 participants who completed the survey through the online link. Paper-based surveys included the informed consent form, the four study measures (see Measures), and a pre-addressed postage-paid return envelope. A cover letter instructed the participants to mail the completed measures and signed informed consent form back to the researcher within two weeks, and contact information was provided if participants had questions. Family members of the researcher gave ideas about places where the researcher could collect data. The researcher handed out survey packets to be mailed back as well at the Sri Meenakshi Temple in Houston. The participants whom the researcher had given the survey packets to at the temple were contacted by email after 3 weeks to encourage participation, and it was determined that they did not plan to participate after all. By mail, there were a total of 4 participants who completed and returned survey packets.

The researcher also attended a couple of events hosted by community organizations and distributed survey information about completing the survey online as well as survey packets. The packets were returned immediately, and there were

participants who completed the online version. Permission had been obtained from contacts at the organizations for the researcher to attend and to walk around during the events. The community events were centered around the Diwali holiday time. Also, the researcher distributed survey information and packets in a couple of neighborhood homes where smaller gatherings took place, and the packets were returned immediately as well. There were a total of 12 participants recruited in person and completed the survey packet. Regardless of recruitment source, each participant was assigned a number and entered in a drawing for a $50 gift card to Target. The winner was selected, and the prize was distributed.

Measures

Demographic Questionnaire

A demographic questionnaire was used to obtain general information for each participant. Questions on this measure included how the participant is related to the child, the participant's gender, age, highest level of education, marital status, whether the participant was born in the United States, what generation the participant is, number of family members in the home, gender and age of children, what type of schooling the children receive, whether the participant has previously sought mental health services for themselves, whether the participant has previously sought mental health services for their children, and from whom they have sought services from whether for themselves or for their children.

Acculturation

The Asian American Multidimensional Acculturation Scale (AAMAS; Chung, Kim, & Abreu, 2004) was used to measure a participant's degree of acculturation to their

own culture versus the host's culture. There are three subscales: Culture of Origin, Asian American, and European American. The Culture of Origin subscale allows participants to look at the items from the perspective of their own culture without using any generic terms. The Asian American subscale allows for assessing for shared Asian American identities and cultures. The European American subscale allows participants to see how similar they are to the mainstream culture. In this study sample, the correlation between the Culture of Origin scale score and Asian American scale score was .189, the correlation between the Culture of Origin scale score and European American scale score was .187, and the correlation between the Asian American scale score and European American scale score was .304. For this study, the European American subscale was used to represent level of acculturation because the researcher wanted to specifically examine acculturation from the European American cultural viewpoint. There are a total of 15 questions and each question is answered on a 6-point Likert scale ranging from "not very well" (1) to "very well" (6). The scale is constructed so that each question has the participants rate their responses on the 6-point Likert scale for their culture of origin, in relation to other Asian Americans, and European Americans. Also, the cultural domains that are covered in this measure are cultural knowledge, cultural identity, and cultural behavior. Test-retest reliability with a two-week interval ranges from .78 to .89, and Cronbach's alpha has been indicated as .81 (Chung, Kim, & Abreu, 2004). This measure has been used in previous studies of help-seeking among adults (Kwok, 2005), as well as with other topics, such as the influence of acculturation on beliefs about domestic violence (Yang, 2007). There have been no published studies that have discussed its use with Asian Indians. Studies have used proxy measures such as age at immigration,

generational status, place of birth, and years spent in the United States as measures of

acculturation, and these measures assume that how acculturated an individual is can be

discovered from exposure to the dominant culture (Negy & Woods, 1992; Ryder, Alden,

& Paulhus, 2000). In the current study, the Cronbach's alpha for the Culture of Origin

scale was .85, .94 for the Asian American scale, and .88 for the European American

scale.

Help-Seeking

The Parental Attitudes Toward Psychological Services Inventory (PATPSI;

Turner, 2010) was used to assess parental help-seeking attitudes. This is the first measure

developed that examines adult attitudes toward seeking help for their children. It consists

of 21 items with responses on a 5-point Likert scale ranging from "strongly disagree" (0)

to "strongly agree" (5). Initial development and analyses have revealed a three-factor

structure for the PATPSI: help-seeking attitudes, which reflects the recognition that a

problem exists and that individuals are open to seeking psychological help, help-seeking

intentions, which reflects the extent to which individuals believe they are willing and able

to seek psychological help, and stigmatization, which reflects the extent to which

individuals are concerned about how others could think if they found out about the

psychological help seeking. Turner (2010) conducted two administrations of the measure,

and Pearson correlation coefficients were calculated between the scores for the

administrations and the PATPSI total score and subscales: $r = .82$ for the PATPSI total

scale score, $r = .77$ for Psychological Openness, $r = .66$ for Help-Seeking, and $r = .84$ for

Stigmatization. The alpha coefficients for the first administration were: PATPSI total

scale score (.86), Psychological Openness (.73), Help-Seeking (.72), and Stigmatization

(.84). For the second administration the alpha coefficients were: PATPSI total scale score (.88), Psychological Openness (.71), Help-Seeking (.75), and Stigmatization (.92). In the current study, the Cronbach's alpha for the Help-Seeking Attitudes items .77, .84 for the Stigmatization items, and .76 for the Help-Seeking Intentions items.

Finally, an adaptation of Wilson's (2001) General Help-Seeking Questionnaire (GHSQ) was used to examine from what sources, in addition to mental health professionals, participants would seek help. The GHSQ asks how likely one would be to seek help from the following people: intimate partner, friend, parent, other family member, mental health professional, phone help line, and a doctor or general practitioner. Each source is rated on a 7-point Likert scale from "extremely unlikely" to "extremely likely" if one were having a "personal-emotional" problem or if one were experiencing suicidal thoughts. The options of "I would not seek help from anyone" and "Other not listed above" are also included. The measure also asks whether a participant has ever seen a mental health professional and how helpful this was for him or her. This question is answered on a 5-point Likert scale from "extremely unhelpful" to "extremely helpful". The adapted measure included school as a source of help because the participants answered the questions about their children as well as religious figure because of the importance religion has been shown to have in the Asian Indian culture (Padmavati, Thara, & Corin, 2005). Also, the questions were reworded to ask about participants' children, and the problem types were "personal-emotional" and "behavioral." The measure was scored by looking at the individual item properties (e.g. descriptive statistics) rather than combining for total or subscale scores in order to allow for individual item analysis (for both problem type and source).

Wilson, Deane, Cirrochi, and Rickwood (2005) have shown that the GHSQ has adequate test-retest reliability (Cronbach's alpha = .85 and reliability at .92) over a three-week period when scored as a single scale that included all help sources for suicidal and non-suicidal problems. There was also an analysis done as two scales, namely one for each type of problem, suicidal and personal-emotional, and it yielded a Cronbach's alpha of .83, and .88 for test-retest reliability over a three-week period for suicidal problems. For personal-emotional problems, the Cronbach's alpha was .70, and test-retest reliability over a three-week period was .86. Validity of the GHSQ shows adequate convergent and divergent validity with positive correlations between intentions to seek counseling and perceived quality of prior mental health experiences, and there was a negative correlation between intentions to seek counseling and self-reported barriers to seeking psychological help. Also, significant associations between help-seeking intentions and actually seeking help from the corresponding person in the following weeks supported the predictive and construct validity of the GHSQ. In the current study, the Cronbach's alpha was .84 when "personal-emotional" and "behavioral" problem types were combined.

Data Analysis

Multiple regression and path analysis were the two statistical methods used in the analysis of the data. For the multiple regressions, R^2, or the proportion of variance explained, is also the effect size indicator. R^2 values of 0.02, 0.13, and 0.30 are considered small, medium, and large effect sizes, respectively (Cohen, 1988). The assumptions for both are similar and are: relationships among variables are linear, residuals are distributed normally, and the variance of the residuals is uniform. The

statistics programs that were used to conduct the analyses are SPSS (Version 15.0) and

AMOS (Version 7).

The first three aims used a hierarchical multiple regression analysis predicting the

PATPSI Help-Seeking Attitudes, Stigmatization, and Help-Seeking Intentions Scales,

respectively. Background characteristics (parental level of education, parental history of

seeking services) were entered in the first step as control variables. Parental history of

seeking services was a dichotomous variable in this analysis. The European American

scale of the AAMAS was entered in the second step. The change in R^2 associated with

this step was examined to determine whether acculturation predicts a significant amount

of variability in psychological openness, mental health stigma beliefs, and in likelihood

of seeking mental health services above and beyond background demographic

characteristics.

The fourth aim used path analyses to test the models presented below (See the

figure on page 59). The predictor variable was acculturation, the mediating variables

were openness and stigma, and the outcome variable was the intention to seek mental

health services. Goodness of fit statistics including the RMSEA, NFI, and CFI were

examined to determine the adequacy of the models and the models' parameters. The

standardized regression coefficients from the models were analyzed using the product of

coefficients model with asymmetric confidence intervals (PRODCLIN2; Fritz &

MacKinnon, 2007) to determine if these variables mediate the relation between

acculturation and likelihood of seeking help.

The fifth aim was checked by having the participants complete the GHSQ, and the

researcher examined all the individual items to see which ones received higher scores on

the 7-point Likert scale. Personal-emotional and behavioral problems were combined in the first question when asking about sources of help. Descriptive statistics including frequencies of the responses were computed for all items. All of the items were of interest because it was important to see which ones were more frequently chosen and as mentioned earlier the point value that each help-seeking source received on the Likert scale. Then, the question that asks about prior consultations for the participants' children was checked to see how many responses were "yes" and how many were "no." Descriptive statistics were computed for this item, namely the frequency of each response. The last question asks how helpful the consultations were for him or her. Of course, this was examined if a participant circles "yes" for the previous question. Because this is also on a Likert scale, the point value was looked at to see if the consultations were helpful or unhelpful. Descriptive statistics were computed here (see the table on page 64).

CHAPTER IV

RESULTS

It is necessary to note that the researcher was unable to conduct the original

planned analyses because of the smaller sample size that resulted at the end of data

collection. Therefore, a process was undertaken to ensure that the data could be

meaningfully analyzed. First, a power analysis was conducted with the current sample

size of 89, and it was discovered that there was sufficient power for a medium effect

(0.91) to conduct a multiple regression analysis with one independent variable and three

control variables instead of six. The majority of participants were mothers, so it was not

necessary to control for parent gender, and it was decided that income was related to

parental level of education. For the remaining variables, a series of t-tests were conducted

to see if they were associated with the dependent variables, Help-Seeking Attitudes,

Help-Seeking Intentions, and Stigmatization. Child history of seeking services and child

gender were not significant with these variables, and parent history of seeking services

was significant with Help-Seeking Attitudes. Next, a one-way ANOVA was performed to

examine the relationship between the three dependent variables and parent level of

education. For Help-Seeking Intentions, the null hypothesis that the variances are equal

was rejected, and for Stigmatization and Help-Seeking Attitudes confidence was

increased that the variances could be equal and that the homogeneity of variance

assumption may be reasonably satisfied. Also, the null hypothesis that the means are

equal from the ANOVA table could not be rejected for Help-Seeking Intentions and

Stigmatization. Based on these analyses, the researcher proposed to conduct the first three

aims controlling for parent history of seeking services and parent level of education. For

Aim #4, the researcher believed there was not enough power to conduct the original SEM analysis. After consulting research by Fritz & MacKinnon (2007) and information on mediation, it was believed that the model could be broken up into parts. The researcher proposed to look at the relationship between acculturation and intentions to seek services with openness as a mediator and then with mental health stigma as a mediator. The fifth aim, which looked at how likely participants were to choose specific sources of help as well as those who had seen mental health professionals before was conducted as planned.

Before beginning the analyses, the measures were examined to see if they were complete and to look for missing data. Data collection took almost a year to complete. The analysis began by ensuring that each measure was reliable in the present sample and to ensure that the data met the assumptions for the proposed analyses. Examination and analysis of the data revealed that the assumptions were met and that there were no missing items. Every participant remained in the data set for the analyses to follow.

Aim 1: Examine the relation between acculturation and openness to seeking mental health services for children among Asian Indian participants. It was hypothesized that individuals who are more acculturated will be more open to seeking mental health services, after controlling for demographic characteristics.

The results revealed an R^2 of .028 when looking at parental level of education and parental history of seeking services by themselves, which means that only 2.8% of the variability can be explained. This result slightly exceeds .02, which is the convention for a small effect size (Cohen, 1988). This model did not explain a significant amount of variability in Help-Seeking Attitudes (p = .300). The R^2 for step 2 was .029; the R^2 change of .001 due to the addition of the independent variable, the European American

Scale Score of the AAMAS, was not significant, nor was the overall model (p = .473).

Table 2 below shows the results.

Table 2. Hierarchical Multiple Regression Analysis Predicting Help-Seeking Attitudes from European American Scale Score of the AAMAS

Variable	R^2	ΔR^2	β	t	Sig.	F change	Sig. F
Model 1: Control Variables	.028				.300		
Parent history of help-seeking			.151	1.401	.165		
Highest Level of Education			.048	.442	.659		
Model 2: With Indep. Variable	.029	.001			.473		
Parent history of help-seeking			.149	1.369	.175		
Highest Level of Education			.040	.364	.716		
European American Scale Score			.038	.344	.731	.119	.731

Aim 2: Examine the relation between acculturation and beliefs about mental health stigma for children among Asian Indian participants. It was hypothesized that acculturation impacts beliefs about mental health stigma. Individuals who are more acculturated will have more positive beliefs about mental health (i.e., lower ratings of mental health stigma) after controlling for demographic characteristics.

The results revealed an R^2 of .036 when looking at parental level of education and parental history of seeking services by themselves, which means that only 3.6% of the variability can be explained. This result exceeds the small effect size convention set by

Cohen (1988). This model did not explain a significant amount of variability in Stigmatization (p = .209). The R^2 for Step2 was .038; the R^2 change of .003 due to the addition of the independent variable, the European American Scale score of the AAMAS, was not significant, nor was the overall model (p = .341). Table 3 below shows the results.

Table 3. Hierarchical Multiple Regression Analysis Predicting Stigmatization from European American Scale Score of the AAMAS

Variable	R^2	ΔR^2	β	t	Sig.	F change	Sig. F
Model 1: Control Variables	.036				.209		
Parent history of help-seeking			.131	1.223	.225		
Highest Level of Education			-.160	-1.490	.140		
Model 2: With Indep. Variable	.038	.003			.341		
Parent history of help-seeking			.128	1.183	.240		
Highest Level of Education			-.171	-1.550	.125		
European American Scale Score			.053	.485	.629	.235	.629

Aim 3: Examine the relation between acculturation and intentions to seek mental health services for children among Asian Indian participants. It was hypothesized that acculturation does impact the intention to seek mental health services, such that those who are more acculturated will be more likely to consider seeking mental health services, after controlling for demographic characteristics.

The results revealed an R^2 of .003 when looking at parental level of education and parental history of seeking services by themselves, which means that only 0.3% of the variability can be explained. This is smaller than the small effect size convention of .02 set by Cohen (1988). This model did not explain a significant amount of variability in Help-Seeking Intentions (p= .863). The R^2 for Step 2 was .028; the R^2 change of .024 due to the addition of the independent variable, the European American Scale Score of the AAMAS, was significant, though the overall model was not (p = .496) Table 4 below shows the results.

Table 4. Hierarchical Multiple Regression Analysis Predicting Help-Seeking Intentions from European American Scale Score of the AAMAS

Variable	R^2	ΔR^2	β	t	Sig.	F change	Sig. F
Model 1: Control Variables	.003				.863		
Parent history of help-seeking			-.029	-.267	.790		
Highest Level of Education			.056	.511	.611		
Model 2: With Indep. Variable	.028	.024			.496		
Parent history of help-seeking			-.039	-.363	.717		
Highest Level of Education			.024	.220	.826		
European American Scale Score			.159	1.453	.150	2.111	.150

Aim 4: Assess the relationship among acculturation, openness to seeking mental health services, and intentions to seek mental health services, and assess the relationship

among acculturation, mental health stigma, and intentions to seek mental health services for children among Asian Indian participants. It is hypothesized that openness and stigma will mediate the relationship between acculturation and the intention to seek mental health services.

The first model, which assessed the relationship among acculturation, openness to seeking mental health services, and intentions to seek mental health services was tested using the AMOS software. The RMSEA was .129, the NFI was .281, and the CFI was .000. Hu and Bentler (1999) recommend a cutoff of .06 for the RMSEA and a cutoff value of .95 for the CFI. Bentler and Bonett (1980) recommend values greater than .9 for the NFI. When looking at these goodness of fit statistics, it was determined that this was not a good model. The second model, which assessed the relationship among acculturation, stigma, and intentions to seek mental health services was tested as well. The RMSEA was .129, the NFI was .400, and the CFI was .000. It was determined that this was not a good model as well. Because of these results and that acculturation was not significant in its contribution to intentions to seek mental health services, openness to seeking mental health services, and levels of mental health stigma, the mediation analysis was not conducted. Table 5 shows the results from the AMOS analysis. Figures 6 and 7 are pictorial representations of the path models.
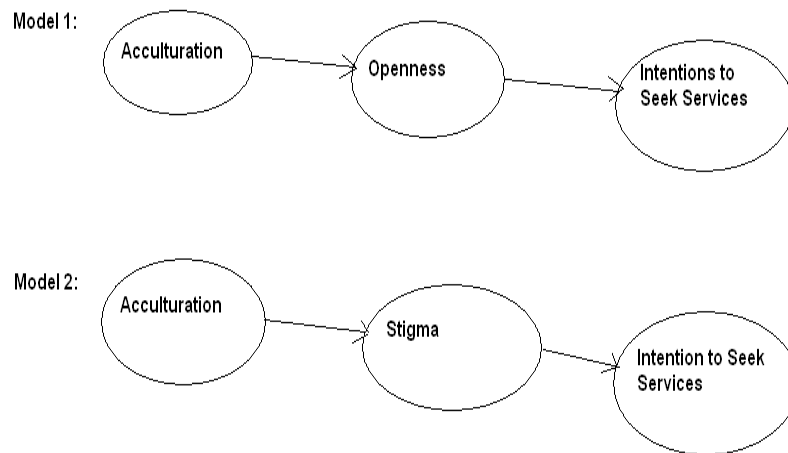
Model 1:

Model 2:

Figure 6. Path Models That Were Tested

Table 5. Fit Indices for Tested Models

Model	Chi-Square	RMSEA	CFI	NFI
Model 1 (with openness as mediator)	2.474	.129	.000	.281
Model 2 (with stigmatization as mediator)	2.457	.129	.000	.400

Because of acculturation's lack of impact on openness to seek mental health services, stigma, and the intentions to seek mental health services, an additional analysis was conducted that looked specifically at the direct impact of openness and stigma on the intention to seek mental health services to see if there was any significance accounted for without the acculturation variable (see Figures 8 and 9), and the results are indicated in Table 6. When looking at the results, it was noted that the RMSEA was .552, the NFI was .054, and the CFI was .000, which means that this was not a good model.
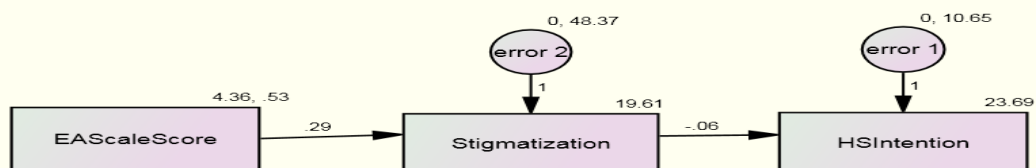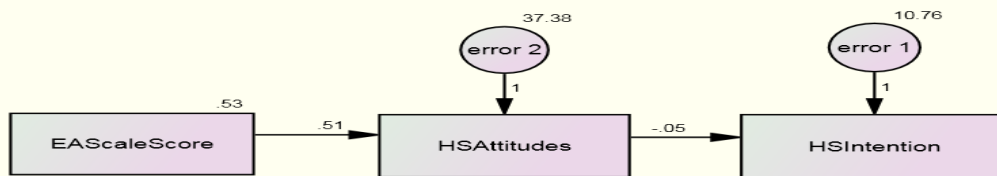
Figure 7. Path Models with Path Values Indicated (Model 1 Top and Model 2 Bottom)
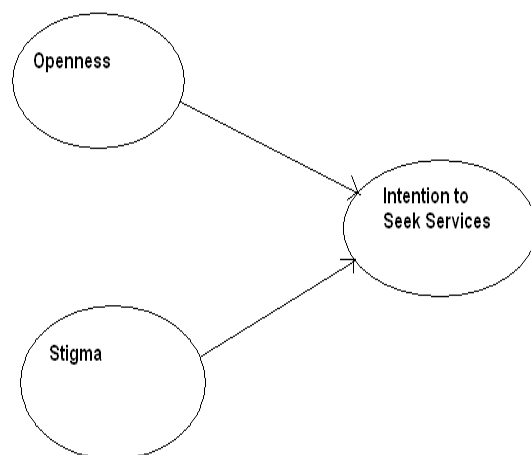
Figure 8. Path Model Showing Direct Effect

Table 6. Fit Indices for Model Showing Direct Effect

Model	Chi-Square	RMSEA	CFI	NFI
Direct Effect	27.792	.552	.000	.054
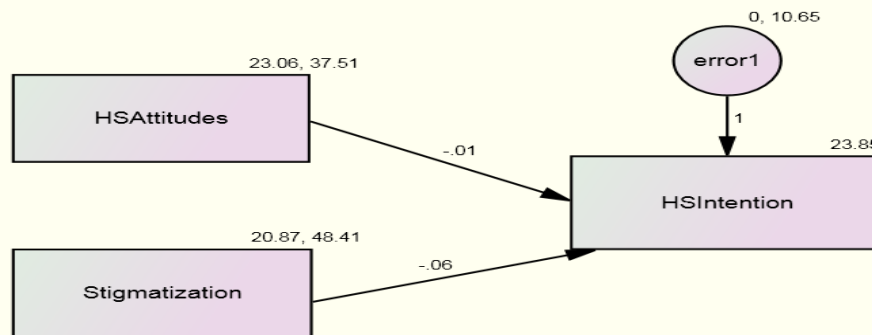
Figure 9. Path Model Showing Direct Effect with Path Values

Aim 5: Examine how likely Asian Indian participants are to seek help from a variety of sources in addition to a mental health professional for their children and determine how many of them have children who have seen a mental health professional before. It was hypothesized that Asian Indian participants will show a greater likelihood of seeking help from sources including family members, friends, and religious figures relative to their likelihood of seeking services from a mental health professional. Also, it was hypothesized that very few of the participants have sought help from a mental health professional before for personal issues (see Table 7).

Table 7. Ratings of Sources of Help on the GHSQ

Source of Help (# of responses for each rating)	7	6	5	4	3	2	1
Intimate Partner	72	4	5	1	1	2	3
Friend	15	23	23	11	3	5	8
Other Relative	18	27	18	10	4	6	1
Mental Health Professional	43	23	14	3	3	0	2
Phone Help Line	8	2	10	9	9	10	40
Dr./GP	37	24	15	5	3	3	2
School	15	27	19	6	9	7	5
Religious Figure	5	13	9	10	10	15	26
No One	0	0	0	4	2	11	71

The results indicated that the top five sources with extremely likely ratings (7 points or 6 points) were intimate partners, mental health professionals, doctors/general practitioners, other relative, and school. Also, the largest number was the participants who indicated that they would be extremely unlikely to go without seeking help. On the question that asked whether the participant's child has seen a mental health professional for personal problems, 80 participants indicated "no", and 9 participants indicated "yes". Of those who indicated "yes", 3 participants indicated 5 points when asked how helpful this was for their child, 3 participants indicated 4 points, 2 participants indicated 3 points, and 1 participant indicated 2 points.

The first hypothesis was supported in that intimate partner and other relative (i.e. family members) were among sources of help that received the higher ratings among participants. However, mental health professionals were the second highest, which is contrary to what was proposed. Also, friend and religious figure as sources of help were just below these in their ratings. The hypothesis about whether help had been seen before was supported in that the majority of the participants indicated that their children had not seen a mental health professional before for personal problems.

CHAPTER V

SUMMARY

The prevalence of Asian Indians in the United States is by no means an unknown fact, and the rapid growth of this immigrant ethnic group necessitates the understanding of their culture and lifestyle. However, a lack of knowledge of mental health services, difficulty in accessing mental health services, and the stigma and shame attached to mental health makes Asian Indians understudied in the mental health literature. The focus of the current study was to determine whether acculturation affected the attitudes and intentions of using mental health services among Asian Indian parents when seeking help for their children.

The initial analysis examined the relationships between acculturation and openness to seeking mental health services, acculturation and stigmatization, and acculturation and intentions to seek mental health services. Further analysis was conducted to check whether openness to seeking mental health services and stigmatization mediate the relationship between acculturation and intentions to seek mental health services. It was hypothesized that those who are more acculturated would be more open to seeking mental health services, have a lower level of stigma, and would be more likely to seek mental health services. It was also hypothesized that openness and stigma would mediate the relationship between acculturation and intentions to seek mental health services. A final analysis determined the sources participants used to seek help for their child if they had a psychological or behavioral problem.

The results of the multiple regressions indicate that, in this sample, acculturation does not predict a significant amount of variability in psychological openness, mental

health stigma, and intentions to seek mental health services. It is possible that this result

is reflected in the low correlation between the Culture of Origin and European American

scale scores. Also, it is possible that acculturation is not significant because the

participants are maintaining aspects of both cultures including in their approach to mental

health help-seeking. Regarding the analysis looking at goodness of fit of the models

tested above (see Aim 4), modification indices showed that both models did not fit the

data, and acculturation was not significant in the path analysis, so the effect of mediation

was not examined. Also, there was variability among the sources of help sought for

personal problems with the largest number of participants preferring their intimate

partners, mental health professionals, and doctors/general practitioners. A large number

of Asian Indians indicated that they would be extremely unlikely to not seek help at all.

Of the participants whose children have seen a mental health professional, there was

variability in the responses from unhelpful to extremely helpful, showing the differences

in their experiences with mental health professionals. Finally, the smaller sample size in

this study probably did not result in significant relationships since the effect sizes

associated with the independent variables were small enough that they would not have

been likely significant had the sample size been larger.

There were some noteworthy characteristics among the current study participants

that should be considered when interpreting the study results. First, the parents who had

sought help in the past for themselves (i.e. parent history of help-seeking) were college

educated with bachelor's degrees and higher. The study results indicated that those who

are more educated were more likely to seek help from mental health professionals.

Among this same group, the majority of scale scores were higher for the European

American Scale Score than for the Culture of Origin Scale Score, showing a higher level of acculturation toward the mainstream culture. There were those who had higher levels of education but lower European American Scale Scores and higher Culture of Origin Scale Scores, showing a tendency to hold on to their original culture. For the PATPSI results, there were lower levels of stigma for some of the participants who had sought help previously as well as greater psychological openness for some participants with previous experience seeking help. The highest scores for all three scales were on the Help-Seeking Attitudes Scale, indicating more psychological openness is present than actual intentions to seek services and positive viewpoints about mental health. For the participants whose children had consulted with a mental health professional before and had rated these consultations as less helpful, the majority had higher Culture of Origin Scale Scores and lower European American Scale Scores. Overall, these patterns suggest that the sample from this study was fairly educated and acculturated. It is possible, therefore, that decreased openness to seeking services might have been found in a less educated sample or that a link between acculturation and attitudes might have been found if there had been more variability in acculturation in the sample.

Limitations

There are a few limitations of this study. First, it used a small sample of individuals, and some were known by the researcher or by family members and friends. Because of the nature of this sample, many of the participants were better educated and were more likely to complete the survey. If questions had been skipped, it would have been interesting to see if there were any patterns in the items that participants chose to skip. Also, this study relied on self-report from parents/guardians with no data on the

child's beliefs about help-seeking and mental health services. Given that parents are the main initiators of services for children, reliance on parent reports seems to be an important first step in understanding help-seeking in this population. Another limitation is that this study only occurred over the span of a few months as the researcher tried to get as much data as possible to provide informative results. If this study had continued over a longer period of time, perhaps more data could have been collected to get closer or exactly at the original number that was proposed. Because of the smaller sample size, the researcher was unable to conduct the original planned analyses and had to reexamine the data to make sure meaningful analyses could be conducted. Also, this study was conducted with Asian Indian participants, so it is important not to generalize these findings to other Asian cultural groups. It is possible that similarities exist among all Asian cultural groups, but differences should be noted and generalizations slow to be made. Another limitation is that the participants self-reported their attitudes and intentions toward the help-seeking process for mental health concerns, and this may differ from reporting about actual use of services. A final limitation of this study is that many of the participants are well educated (master's degree, M.D., Ph.D.), which may have led to the sample having more positive opinions about mental health services than was hypothesized. Many of these participants were more likely to consult mental health professionals than was hypothesized, and it is possible that this result might not have been found if the population was less educated.

Conclusions

From the results of this study, it appears that acculturation does not impact psychological openness, mental health stigma beliefs, and intentions to seek mental

health services among Asian Indians in this sample when considering seeking help for their school-aged children. Also, because of the lack of impact of acculturation on psychological openness, mental health stigma beliefs, and intentions to seek mental health services, the mediated effect could not be determined. Finally, when considering sources of help for their children's psychological or behavioral problems, Asian Indians are more likely to consult their spouses, mental health professionals, or doctors/general practitioners than friends and religious figures. The literature indicated a greater likelihood of confiding in family members or friends as well as seeking help from religious sites, but the results of the current study showed that a greater number of Asian Indians are extremely unlikely to use a religious figure as a source of help if their child has a psychological or behavioral problem. It is likely that enough participants in the current sample used have spent enough time in the mainstream culture and realize that there are other sources of help for personal problems for their children as well as themselves. Many of the participants had higher European American Scale Scores, indicating more acculturation and understanding toward the mainstream culture. Also, the largest number of people indicated that they would be extremely unlikely to not seek help.

There were participants whose children have seen mental health professionals before, but opinions about how helpful the visits were for their children varied. Perhaps the participants who believed seeing a mental health professional was more helpful and reflected an overall positive view are more likely opening up to the idea that there are sources available if their children need help, and realizing that they have more options. However, the participants who did not show as optimistic of a view are possibly holding

on to their traditional values and believing that it is best to resolve everything within the family or with close friends.

Future Directions

It is hoped that the obtained results provide a better understanding of Asian Indians' approach to seeking help for mental health concerns. Results suggest that, contrary to prior belief, Asian Indians, particularly highly educated ones, are open to seeking mental health services. However, even among this group, there continues to be a certain level of stigma about mental illness and use of mental health services.

Although this study provided useful information about Asian Indians' attitudes and beliefs about mental health, more work should be done to improve our knowledge of an ever-growing population. A future study could look at children's perspectives about mental health and seeking help instead of what their parents or caregivers believe, and this could be useful if the help is for them. Children may have a differing perspective because of different generations or more immersion in the mainstream culture. It is also possible to extend the current study by getting more data over a longer period of time and from a larger sample. The information provided here could help to confirm what was discovered in the current study or perhaps provide new information on Asian Indians and mental health. Also, more data can be important when conducting research as well as when analyzing and forming conclusions.

Implications

It is expected that this study will be valuable in informing mental health professionals regarding Asian Indians' help-seeking behavior and improve cultural competency related to the Asian Indian population. Asian Indians are becoming more

aware about the availability of outside sources for help with personal problems, and many have ideas about mental illness and mental health help-seeking.

For school psychologists, the information gained in the current study helps them to understand that there are possibilities for Asian Indian children who need help for psychological, behavioral, or even educational problems. In addition to mental health professionals and doctors or general practitioners, another likely source for mental health help-seeking in the current study was intimate partner or spouse. Because of this, it is possible that school psychologists could design interventions that involve both parents and not just the parent who brings the child to school. Also, regardless of education level, school psychologists have an opportunity to educate Asian Indian parents about the services they offer in school as well as the sources that are available outside of school.

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APPENDIX A

PARTICIPANTS NEEDED!!!

Parents, other primary caregivers, or guardians of children ages 7-17, for a dissertation study that is looking at acculturation and its effects on attitudes toward help-seeking for mental health issues among Indians, specifically for Indian children. This research is being conducted by Sarita Mohan, a doctoral student in psychology at Texas A&M University in College Station. For any questions or if you're interested, Sarita can be reached at (806)663-9661 or by email at saritamohan@yahoo.com.

APPENDIX B

DEMOGRAPHIC QUESTIONNAIRE

1. Number of family members in home (including self):

  Adult #1: Age_____   Gender_____

  Adult #2: Age_____   Gender_____

  Adult #3: Age_____   Gender_____

  Child #1: Age_____   Gender_____

  Child #2: Age_____   Gender_____

  Child #3: Age_____   Gender_____

            Age_____   Gender_____

            Age_____   Gender_____

2. Your relationship to children: _____mother _____father _____aunt

  _____uncle _____grandparent _____guardian _____other (specify)

3a. Born in the United States? _____yes _____no

3b. If no, generation: _____1st _____2nd _____3rd

4. Are your children home-schooled, in private school, or in public school?

5a. Have you ever sought professional mental help for yourself in the past?
    _____yes _____no

5b. If yes, from whom have you sought help?

6a. Have you ever sought professional mental help for your children in the past?
_____yes _____no

6b. If yes, from whom have you sought help?

7. Highest level of education: _____Less than high school

_____High school

_____Some college

_____Bachelors

_____Masters

_____Ph.D./M.D.

8. Marital status: _____married

_____widow

_____divorced/separated

_____unmarried

_____other (specify)

9. Annual household income: _____<25,000

_____25,000-50,000

_____50,000-75,000

_____75,000-100,000

_____>=100,000

APPENDIX C

ASIAN AMERICAN MULTIDIMENSIONAL ACCULTURATION SCALE
(AAMAS)

Instructions: *Use the scale below to answer the following questions. Please circle the number that best represents your view on each item. Please note that reference to "Asian" hereafter refers to Asians in America and not Asia.*

		Not very well		Somewhat		Very well	
		1	**2**	**3**	**4**	**5**	**6**
1.	**How well do you <u>speak</u> the language of --**						
a.	your own Asian ethnic group?	1	2	3	4	5	6
b.	other Asian groups?	1	2	3	4	5	6
c.	English?	1	2	3	4	5	6
2.	**How well do you <u>understand</u> the language of --**						
a.	your own Asian ethnic group?	1	2	3	4	5	6
b.	other Asian groups?	1	2	3	4	5	6
c.	English?	1	2	3	4	5	6
3.	**How well do you <u>read and write</u> in the language of --**						
a.	your own Asian ethnic group?	1	2	3	4	5	6
b.	other Asian groups?	1	2	3	4	5	6
c.	English?	1	2	3	4	5	6
4.	**How often <u>do you listen to music or look at</u> movies and magazines from**						
a.	your own Asian ethnic group?	1	2	3	4	5	6
b.	other Asian groups?	1	2	3	4	5	6
c.	the White mainstream groups?	1	2	3	4	5	6
5.	**How much do you <u>like</u> the food of -**						
a.	your own Asian ethnic group?	1	2	3	4	5	6
b.	other Asian groups?	1	2	3	4	5	6
c.	the White mainstream groups?	1	2	3	4	5	6
6.	**How often do you <u>eat</u> the food of -**						
a.	your own Asian ethnic group?	1	2	3	4	5	6
b.	other Asian groups?	1	2	3	4	5	6

		Not very well		Somewhat			Very well	
		1	**2**	**3**	**4**	**5**	**6**
c.	the White mainstream groups?	1	2	3	4	5	6

7.   How <u>knowledgeable</u> are you about the history of -

a.	your own Asian ethnic group?	1	2	3	4	5	6
b.	other Asian groups?	1	2	3	4	5	6
c.	the White mainstream groups?	1	2	3	4	5	6

8.   How <u>knowledgeable</u> are you about the culture and traditions of -

a.	your own Asian ethnic group?	1	2	3	4	5	6
b.	other Asian groups?	1	2	3	4	5	6
c.	the White mainstream groups?	1	2	3	4	5	6

9.   How much do you <u>practice</u> the traditions and keep the holidays of -

a.	your own Asian ethnic culture?	1	2	3	4	5	6
b.	other Asian cultures?	1	2	3	4	5	6
c.	the White mainstream culture?	1	2	3	4	5	6

10.   How much <u>do you identify with</u> -

a.	your own Asian ethnic group?	1	2	3	4	5	6
b.	other Asian groups?	1	2	3	4	5	6
c.	the White mainstream groups?	1	2	3	4	5	6

11.   How much do you feel <u>you have in common with</u> people from -

a.	your own Asian ethnic group?	1	2	3	4	5	6
b.	other Asian groups?	1	2	3	4	5	6
c.	the White mainstream groups?	1	2	3	4	5	6

12.   How much <u>do you interact and associate with</u> people from -

a.	your own Asian ethnic group?	1	2	3	4	5	6
b.	other Asian groups?	1	2	3	4	5	6
c.	the White mainstream groups?	1	2	3	4	5	6

13.   How much <u>would you like to</u> interact and associate with people from -

a.	your own Asian ethnic group?	1	2	3	4	5	6

		Not very well		Somewhat			Very well	
		1	**2**	**3**	**4**	**5**	**6**
b.	other Asian groups?	1	2	3	4	5	6
c.	the White mainstream groups?	1	2	3	4	5	6

14. **How <u>proud are you</u> to be part of -**

a.	your own Asian ethnic group?	1	2	3	4	5	6
b.	other Asian groups?	1	2	3	4	5	6
c.	the White mainstream groups?	1	2	3	4	5	6

*15. **How <u>negative</u> do you feel about people from -**

a.	your own Asian ethnic group?	1	2	3	4	5	6
b.	other Asian groups?	1	2	3	4	5	6
c.	the White mainstream groups?	1	2	3	4	5	6

*Reverse worded item.

AAMAS Description and Scoring Instructions

AAMAS is an orthogonal measure that assesses acculturation to three different cultural dimensions: Culture of Origin (AAMAS-CO), Asian American culture (AAMAS-AA), and European American culture (AAMAS-EA). The pan-ethnic Asian American (AAMAS-AA) acculturation dimension is unique to the AAMAS. If this dimension is not of interest to the researcher and there is a compelling need for a shorter measure, it can be left out by eliminating option "b" under each item. However, in order to maintain orthogonality, at least two cultural dimensions must be assessed at the same time.

Three *Cultural Dimension* Scales:

Name of Scale	What it measures
Culture of Origin (AAMAS-CO) of origin	Acculturation to one's own culture
Asian Americans (AAMAS-AA)	Pan-ethnic Asian American culture
European Americans (AAMAS-EA) culture	Host society's European American

Four *Acculturation Domain Subscales*

Within each of the cultural dimension scales above are 4 subscales assessing specific domains of acculturation:

Name of Scale	No. of Items	
Language	4	Items 1-4
Food Consumption	2	Items 5-6
Cultural Knowledge	3	Items 7-9
Cultural Identity	6	Items 10-15

Reliability Data for Cultural Dimension Scales

Internal Consistency	Range	Test-Retest: 2 week interval
AAMAS-CO	.87 to .91	.89
AAMAS-AA	.78 to .83	.75
AAMAS-EA.	.76 to .81	.78

Reliability Data for Acculturation Domain Subscales

Internal Consistency in 2 Studies

	AAMAS-CO		*AAMAS-AA*		*AAMAS-EA*	
Language	.84	.76	.85	.84	.82	.87
Food Consumption	.71	.65	.79	.68	.71	.68
Cultural Knowledge	.77	.89	.77	.66	.71	.67
Cultural Identity	.79	.79	.70	.72	.78	.74

Instructions for Scoring the AAMAS

1. **Item #15 needs to be reverse scored:**
   To reverse the score:

1	should be changed to	6
2	" "	5
3	" "	4
4	" "	3
5	" "	2
6	" "	1

2. **Calculate the *total score* for each scale:**
   a)   <u>AAMAS-CO</u> add together all of the responses to "a" (your own Asian ethnic group) for all 15 items
   b)   <u>AAMAS-AA</u> add together all of the responses to "b" (other Asian groups) for all 15 items
   c)   <u>AAMAS-EA</u> add together all of the responses to "c" (the White mainstream group) for all 15 items

3. **Divide the total score for each cultural dimension by 15 to obtain the *scale score*.**

APPENDIX D

PATPSI

<u>Directions</u>: For each item, indicate whether you *strongly disagree (0), disagree (1), somewhat disagree (2), somewhat agree (3), agree (4) or strongly agree (5)*. The term *"psychological problems"* refer to reasons one might visit a professional. Similar terms include: mental health concerns, emotional problems, mental troubles, and personal difficulties. The term *"professional"* refers to individuals who have been trained to deal with mental health problems (e.g., psychologist, psychiatrist, social workers, and physicians).

0	1	2	3	4	5
strongly disagree	disagree	somewhat disagree	somewhat agree	agree	strongly agree

1. I would not want others (friends, family, teachers, etc.)
   to know if my child had a psychological or behavior problem.　　0 1 2 3 4 5

2. To avoid thinking about my child's problems,
   doing other activities is a good solution.　　0 1 2 3 4 5

3. Having been mentally ill carries with it feelings of shame.　　0 1 2 3 4 5

4. If my child were experiencing a serious psychological
   or behavior problem at this point in my life, I would
   be confident that I could find relief in professional help.　　0 1 2 3 4 5

5. If my child were to experience a psychological or
   behavior problem, I could get professional help
   if I wanted to.　　0 1 2 3 4 5

6. Important people in my life would think less of
   my child if they were to find out that he/she had
   a psychological or behavior problem.　　0 1 2 3 4 5

7. Psychological problems tend to work out
    by themselves.　　0 1 2 3 4 5

8. It would be relatively easy for me to find
   the time to take my child to see a professional for help.　　0 1 2 3 4 5

9. I would want to get professional help if my child
   were worried or upset for a long period of time.　　0 1 2 3 4 5

10. I would be uncomfortable seeking professional
    help for my child because people (friends, family,
    coworkers, etc.) might find out about it.　　0 1 2 3 4 5

0	1	2	3	4	5
strongly disagree	disagree	somewhat disagree	somewhat agree	agree	strongly agree

11. I would not want to take my child to a professional
because what people might think.   0 1 2 3 4 5

12. There is something admirable in the attitude
of people who are willing to cope with their
conflicts and fears without seeking professional help.   0 1 2 3 4 5

13. If I believed my child were having a mental breakdown,
my first decision would be to get professional help.   0 1 2 3 4 5

14. I would feel uneasy going to a professional because
of what some people would think.   0 1 2 3 4 5

15. Strong willed individuals can handle emotional or
behavior problems without needing professional help.   0 1 2 3 4 5

16. Had my child received treatment for a psychological
or behavior problem, I would feel that it should
be "kept secret".   0 1 2 3 4 5

17. I would be embarrassed if my neighbor saw me
going into the office of a professional who deals
with mental health concerns.   0 1 2 3 4 5

18. People should workout their own problems instead
of getting professional help.   0 1 2 3 4 5

19. There are things that happen in my family I would
not discuss with anyone.   0 1 2 3 4 5

20. Seeking professional help is a sign of weakness.   0 1 2 3 4 5

21. Strong willed parents can handle problems
without professional help.   0 1 2 3 4 5

APPENDIX E

AN ADAPTATION OF WILSON'S (2001) GENERAL HELP-SEEKING QUESTIONNAIRE

Please circle your answers.

1) If your child was having a **personal-emotional or behavioral** problem, how likely is it that you would seek help from the following people?

	Extremely Unlikely					Extremely Likely	
Intimate partner (e.g., boyfriend, girlfriend, husband, wife)	1	2	3	4	5	6	7
NOTE: If you do not have an intimate partner, please skip this question and answer the remaining questions.							
Friend	1	2	3	4	5	6	7
Other relative/family member	1	2	3	4	5	6	7
Mental health professional (e.g., counselor, psychologist, psychiatrist)	1	2	3	4	5	6	7
Phone help line	1	2	3	4	5	6	7
Doctor/GP	1	2	3	4	5	6	7
Child's school	1	2	3	4	5	6	7
Religious figure	1	2	3	4	5	6	7
I would not seek help from anyone.	1	2	3	4	5	6	7
Other not listed (Please list)	1	2	3	4	5	6	7

_____
(If no other, leave blank)

Supplementary questions:

2) Has your child ever seen a mental health professional (e.g., counselor, psychologist, psychiatrist) to get help for personal problems? (Circle one)

Yes   No

3) If yes, how helpful was this for him or her?

Extremely   Extremely
Unhelpful   Helpful
    1   **2**   **3**   **4**   **5**

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Professional
Experience: Ph.D./LSSP Intern in Psychological Services in Deer
                       Park Independent School District, Deer Park, TX

                       Administered assessments for the Teacher Quality
                       project to fourth grade students in Bryan, Texas; looking
                       at reading and comprehension skills

                       Worked on Special Education Recruitment and Retention Grant
                       with Dr. Connie Fournier and Dr. Kimberly Vannest; helped create
                       posters promoting the Special Education program at Texas A&M;
                       collected contact information on school districts to distribute the
                       posters; assisted with redesigning the Special Education program
                       website

                       Assisting with Project D2K (Data to Knowledge) with
                       Dr. Vannest as the Principal Investigator;
                       responsibilities included collecting data for teacher time
                       and behavior monitoring studies; also work on literature
                       reviews and help in developing training materials