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Product Statement

Mental health is a tough subject to tackle. It's messy, it's unclear, and it's difficult to pin down. It has stigma attached to it and people do not want to touch it. This is especially true for Asian Americans. According to the NLAAS (National Latino and Asian American Study) on mental health and many subsequent studies that were based off of its findings, Asian Americans exhibit help seeking behavior at a lower rate than the general population. Even though they have the same or greater amount of need.

This is due to a number of things. Namely: lack of time, money, knowledge, and the influence of Confucian and Buddhist values in many Asian cultures. The lack of time and money is a common complaint that is familiar to many. The knowledge There is an emphasis on philosophies that encourage people to save face, value social harmony, and to "roll with the punches". While these values are not inherently bad (in fact they can be the exact opposite), they can negatively impact an individual's likeliness of help seeking.

My project is a short podcast that hopes to help combat this. By interviewing other Asian Americans and shining light on their relationships with mental health, I hope to validate the experiences of my audience and then to give them resources on the subject. The podcast will be published online for free on social media to increase its chances of circulation and to keep the resources free, relatively easy to access, and discrete.

Context

Asian Americans often referred to as a "Model Minority", this terms refers to the stereotype that illustrates Asian Americans as minorities who can "make it". That Asian Americans do not have behavioral problems, are doing well financially, and are excelling academically. This is problematic for a number of reasons including but not limited to:

- Lumping all Asian Americans together even when the terms Asian American is an incredibly huge umbrella term and oversimplifies to a fault.
- When Asian Americans are referred to this way, they are often being used as a weapon against other POC groups. "If they could make it, why can't others?".
- It also erases the experiences of entire ethnicities who are not "doing well".
- It makes it harder for others to recognize ways in which Asian American communities needs help.

The last point is one of the key part of my focus when it comes to my project. I want to explore why Asian Americans have lower utilization rates of mental health services (Abe-Kim et al. 2007) than the general population.

I want to start with one of the most common issues: recognizing that you or a loved one needs help. When it comes to Asian American culture, there is a concept called "saving face". This is a concept that extremely important in cultures that value collectivism. To save face is to not let "embarrassing" or "shameful" information become public. This is to preserve social standing and to preserve social harmony (Abe-Kim et al. 2007). Unfortunately this can have a side effect of people not recognizing or seeking help for health problems due to shame. Another facet to look at is that due to the fact that these topics are considered shameful, the topic is considered taboo. The vocabulary required to talk about and understand mental health are either not present, unknown to the general population, or underdeveloped (Na, Ryder, & Kirmayer, 2016). This contributes to a vicious cycle of people who reinforce the stigma and make it more difficult for those in need to get help.

But when people *do* get help, they are often met with culturally inappropriate care. In her book, Irene Chung outlines the issue. "Unlike Western cultures, he introspection and articulation of emotions is generally considered to be detrimental to one's health and harmonious relationship with others in Asian societies." (Chung, 2013). Throughout her many examples, counselors and their patients participate in a dance that addresses or teaches patients to cope with their conditions. In these stories, the patients focused on bodily sensations (stomach aches, chest aches, trouble breathing) rather than mental ones. They also employed face saving techniques while speaking about their problems. The counselors need to be properly trained to be able to read their patients and reciprocate in the dance. They need to be mindful of when and how to probe in a respectful manner and when to accept the client's communication at face value (Chung, 2013).

My project focuses on second generation Asian Americans in specific, which means the population that is born in the host country, in this case, in America. I then decided to look into generational differences between the first (the generation who immigrated) and the second, native born generation. Across all of the studies that I read, they all agreed that what generation you are born in has a huge effect on how likely you are to seek mental health help. While the first generation has the worse rates of seeking help, something surprising is that the numbers for second generation Asian Americans are similar (Abe-Kim et al., 2007). The numbers only really improve from the third generation and on. This is because the second generation is still raised in an environment where their Asian heritage and cultural norms are still prevalent. While this is not an inherently bad thing, it does mean that the value of saving face and the stigma of needing psychiatric help are contributing to the second generation's help seeking numbers (Han & Pong, 2015). Again and again, I am finding that the biggest barrier to help seeking is shame.

Finally, I want to focus on what this means to not help seek. For the second generation especially, it seems that they have worse mental *and* physical health when placed next to their

parents (Takeuchi et al., 2007). This is due to the pressures from both their lives inside and outside the home. The likelihood that you would have a a short term or life long mental health disorder depends on the many of the following variables:

- What generation number you were born in.
- If you are 1st or 1.5 generation, what age and under what conditions did you immigrate?
- What is your sex and gender?

Second generation women seem to be the most at risk for 12-month and lifetime depression, anxiety, and/or other psychiatric disorders (Takeuchi et al., 2007). From here, you can have more variables depending on the ones listed above, for example: first generation men had a positive correlation between mental health and ability to understand English. The better they could read, write, and speak English, the better their mental health. This was not the case for th women in this study (Takeuchi et al., 2007).

Methodology

This project had three main phases that I want to talk about separately. What is written below is not an accurate representation for the entire project due to the number direction or focus changes that has happened throughout the year. Instead of writing the methodology to include everything, I decided to only write it for the final product.

The Literature Review

The literature review consisted of articles that fit in the following categories:
- How professionals should/do interact with Asian American clients
- Barriers to why many Asian Americans do not seek out mental health resources
- What happens when Asian Americans do not seek mental health resources

I chose to focus on these three main topics because I really wanted to understand the who, what, why, and how of my topic.

Reading through all of this research was strangely difficult for me, for several reasons. First and foremost, is that while I am going to school in a university known for researching...I, myself am not a fan of researching. Not to say that I don't want my product to be factually correct, it's just that I am not fond of doing a deep dive into scientific journals. That can and was worked through though. The thing that was more challenging was actually going through them. Poor mental health and its effects have been in my life every since I was born. From my family to my friends, it seemed to me that being depressed, anxious, or suicidal was fine and normal. As I grew older I came to understand that this is not the case and it's very not fine. So when I went to read these articles, I kept having this strange phenomena where I would get flashbacks or would suddenly be pulled into deep thought, connecting what I just read with my own life.

So on one level it was amazing because I am engaging with these texts on a highly personal level. On the other, it cost a lot of time and emotional energy to do this every few paragraphs. With everything else that was going on in my life this year, it's little wonder why I just really did not want to do my literature review. I did it though, amazingly.

The Interviews:

Over the course of two months, I had five interviews with college students here at UW or online via a voice chat application called Discord. The interviewees are listed below:

Name	Age	Generation Number	Ethnicity
Matthew Kouthong	21	Second Generation	Lao American
Tremaine Ng	21	Second Generation	Chinese American
Sorana Nance	20	Second Generation	Half-Japanese American
Bonn Marapao	19	Second Generation	Filipino American
Jess Carreon	21	Second Generation	Filipino American

These participants are either friends or introduced to me by a friend. The reason why I chose to interview two people who were not in Washington State was due to our friendship and our history together. I knew that they both have had experiences and different perspectives on mental health than the others at UW. Jess lives in California and Bonn lives in Nevada.

Each interview took about an hour, the interviewees answering about ten questions. Something of note is that first three interviewees had one set of questions, but the last two had a refined version. Both can be seen in the appendix. The reason for this change was due to the flow of the in

All interviews had their audio recorded, but only two of the five have video footage either due to camera malfunctions or distance complications. Originally, I was going to film in order to have something to fall back on incase my animation skills fell through. Due to

these errors, I no longer had that safety net. Thus, I've come to rely on the audio that I recorded to create a podcast rather than a video.

What I could have done in the future to improve the quality of audio and interview is to interview everyone in the same way (so either everyone is interviewed online or in person rather than some people doing one thing and some people doing another), having more familiarity with equipment before recording, and using the same set of questions for all interviews.

The Production

After all interviews have ceased, I got to mixing and script writing. The challenge here was creating a smooth and condensed narrative from all five of the interviews. Each person had different stories, outlooks, and experiences so I had to figure out how to weave them into a coherent story line. Something that I also kept in mind is that I wanted the video to be encouraging, not sad. It's very easy to make a video where you could frame Asian American culture as "oppressive" or "wrong". I wanted to avoid this misinterpretation as much as possible.

While I was creating my video, I came to realize that I was too ambitious when I decided to use animation rather than film. Not only did I have to craft the narrative and draw the storyboard, but I also had to find/create assets to animate. Then animate them. With other deadlines, responsibilities, and my own mental health on the line I practiced bad time management. Eventually, I ran out of time to do so.

When I realized this, I panicked and messaged a friend. We talked a little bit, and eventually decided that turning the video into a podcast would be ideal rather than running myself into the ground. From there, I worked diligently to mix and craft the podcast.

Results

The product is a [TBA] long podcast that will be distributed via Youtube, Facebook, and Itunes. I chose these social media platforms because they are among some of the largest platforms in use today. The podcast will spread through the my own social network as well as the networks of my friends and the interviewees.

The point of the project is to make the podcast as accessible as possible, meaning that it needs to be free and discreet.This makes Facebook in particular a helpful tool because one of the ways in which videos can be spread, is by being shared on a person's timeline. This means that the person's friends have the possibility of being exposed to the material without actually having to search the information out or navigating to a page. While they will enjoy the discreet benefits

of having the resource online, they will also have the benefit of not having the videos in their search history.

This is not foolproof however because it depends heavily on the chance that the videos will appear on their timeline and will still appear in their watch histories. For those who are actively searching out the material, it will show on their search histories.

The results that I am hoping to achieve is to spark a larger conversation about mental health and Asian cultures, especially those who are influenced by Confucius teachings. I hope to nudge people to reflect on their own mental health and to give resources to those who need help.

Reflection

This project taught me a lot.

I learned about the subject of mental health, about how being Asian or being a certain generation number can affect your mental health. I learned about the histories of some of the people around me and the issues that they have and currently still face. It really opened my eyes to how important just talking about mental health is and how it is an important tool saved so many people. It also made me realize how interconnected everything was and that mental health disorders are difficult to identify and even more so to address.

It also opened my eyes to how many people feel like we need more of an honest and open platform for talking about these topics. When I talked to my interviewees about the larger project, they all responded with enthusiasm about tackling issues from clashing identities. They want to have more discussions on the experience of an immigrant family, on the experience of those with mixed race heritage, and on different experiences of what family means. There are so many experiences and so many views, and people have a need to talk about them.

Finally it really made me think about myself and my creative process. I came out with two main points with this. First is that whatever I am working on will change as I work on it and that's ok. Throughout my process of choosing a single senior project to do, I had more changes and tweaks than I can count. I had to rely on my friends and peers to cheer me on, including half an hour of pacing back and forth in the UW Bookstore while on the phone with a friend while deciding on the fine details of my project. While it's a little frustrating that I have to come to terms that no, I am not a self sufficient super worker who doesn't need any outside help or support-- perhaps coming to that conclusion is one of the best that I've come to in a long while. You see, I always feel as if I am bothering, burdening, or embarrassing myself whenever I reach out for any help that requires more than a few minutes of effort. It's a bad habit for both my project and my social connections. If anything, this project has taught me what happens when you do not rely on your friends, and what happens when you do.

The second thing is that while I always want to make sure what I am saying is factually correct and that I am not promoting wrong ideas, I realized how difficult it was for me to articulate my findings and my new ideas. I am skilled in talking about feelings, about experiences, and their anecdotal effects, but I am hesitant and clumsy when talking about numbers and studies and other hard evidence. I am still unsure about why this is (aside from inexperience), but in doing this project, I realized that this is an area that I need to work on in the future if I want to continue producing content.

All in all, I realized through this project both through research and experience, how important people and communicating to them are. Throughout my entire process I had points where I would be able to talk to people about my project and points where I just...couldn't. If you had a side by side comparison on how productive I was in the times I did versus the times I didn't, you would see a dramatic difference between the two. This is something that I need to remind myself to do, to rely on people. That way I can keep the fires from happening rather than just be really good at putting them out last minute.

Next Steps

The next steps with this project is to sit down the the results and reflect heavily on if I want to continue making this kind of content in the future. The process was by no means quick nor easy. It requires hours of research, writing, and interviewing. Not only this, but the due to the nature of the channel, the topics that I would likely be tackling in the future will be sensitive and need to be handled with care. Producing this kind of content in a way that does it justice takes technical skill and emotional energy.

It's not easy talking about traumas and examining yourself or others. It's very exhausting in fact. If I want to continue to create this content, I need to be able to handle the emotional toll, the word smithing required to talk about these issues, and the perseverance to continue when I'm taken out of my comfort zone.

If I decide to pursue this project in the future, there will be an immense amount of refinement that will need to take place.

Appendix

A. The actual podcast

B. Interview Questions Set A:

1. What is your name, age, generation number, and ethnicity?
2. What is the first time you experiences or learned about mental illness? This can be you experiencing it or you watching someone experience it
3. Growing up, who/what was your source for learning about it? Why them/that? what

were your perceptions on it?

4. Would you say that culture is a large factor in that? If so, how/why?

5. If your definition has grown or changed at all, what did it change into? Why?

6. According to my research shame and stigma are the biggest reasons why people don't acknowledge or seek help for any mental health illness that they might have. Does this apply to you or a loved one?

7. How do your parents feel about mental health, and by contrast how do you feel about it? What are the differences.

8. What steps have you or a loved one taken to improve their mental health? This can be anything from getting medication to picking up a new hobby to destress

9. What would you say is your biggest barrier to seeking help (or for a loved one to seek help)? How are you tackling it?

10. What do you do to practice self care?

11. is there anything i didn't ask that u want touch on?

C. Interview Questions Set B:

1. Please state your name, age and ethnicity

2. Explain your background history. Why did your parents move to America?

3. If your definition has grown or changed at all, please explain why.

4. My research indicates that mental health's lack of acknowledgment and help is most frequently due to shame and stigma. Does this statement hold true to you or another individual you are close to?

5. Do the opinions of mental health conflict between yourself and your parents/guardians? Explain the contrasts and perhaps similarities

6. What steps have you or a close individual taken to improve health? (Medication, new hobbies, talking to someone, etc.)

7. What would you say is your biggest barrier to seeking help? If not yourself, what of a close individual?

8. How do you or they take on said obstacle?

9. What method or routine do you take to practice self mental care?

10. Are there any further points or comments you wish to address?

D. Bibliography

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