

Chapter 54

Understanding and Addressing the Stigma in Mental Health Within the Asian and Asian–American Culture

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ABSTRACT

Mental health stigma can be defined as the display of negative attitudes, based on prejudice and mis-information, in response to a marker of illness. Stigma creates mental distress for individuals, which furthers stigmatizing attitudes, thereby making it a relentless force and as incompetent in achieving life goals such as living independently or having a good job. Over the years, researchers have consistently highlighted the problem of mental health service underutilization within the Asians and Asian-Americans communities. As such, understanding the cultural contexts that facilitate good outcomes may offer a lever or stigma reduction. Thus, the purpose of this chapter is to understand and address the sociocultural and psychological paradigms of the stigma in mental health within Asians and Asian-Americans. This chapter will cover the history of stigma within the Asian culture, Asian's mental health, mental health services utilization within the Asian culture, and methods of addressing the stigma within the Asian culture to promote the utilization of mental health services.

INTRODUCTION

Mental health stigma can be defined as the display of negative attitudes, based on prejudice and mis-information, in response to a marker of illness (Sartorius, 2007). Link and Phelan (2001) describe four characteristics that distinguishes mental health stigma from other social phenomena: (1) it is fundamentally a label of an out-group; (2) the labelled differences are negative; (3) the differences separate the 'normal' from the out-group, and (4) label and separation leads to discrimination. Stigma creates mental distress for individuals, which furthers stigmatize attitudes, thereby making it a relentless force (See-

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man, Tang, Brown, & Ing, 2016). Nevertheless, it is widely acknowledged that psychiatric diagnoses are stigmatized, and associated with negative public attitudes (Angermeyer & Matschinger, 2003). Hence, social cognitive models pin point stigma as a relationship between stigma signals (cues), stereotypes (attitudes), and behaviors (discrimination) (Corrigan, 2000), stemming from socialization (Abdullah & Brown, 2011). People with mental illness are perceived as dangerous and unpredictable, incompetent at achieving life goals such as living independently or having a good job (Angermeyer & Dietrich, 2006), and often blamed for their own illnesses. Prejudice arises when people endorse such stereotypes and discrimination is the behavioral result of prejudice (Corrigan, Druss, & Perlick, 2014; Jenks, 2011).

On a macrosocial level, institutional policies endorse mental health stigma by restricting opportunities for people with mental illness (Corrigan, Markowitz, & Watson, 2004). According to the Global Burden of Disease Study (Murray & Lopez, 1996), stigma lies in the world-wide impact of mental illness on overall health and productivity. Profoundly under-recognized, mental illness constitutes 11% of the global burden of disease, with major depression alone currently ranking fourth and expected to rise to second by 2020. In some regions of the world, mental disorders already represent the largest contributor to the total disease burden, and there is great concern with the *morality crisis* related to mental illness in Eastern Europe (Rutz, 2001). In the face of these concerns, the World Health Organization's (WHO) International Pilot Study of Schizophrenia (IPSoS), the International Study of Schizophrenia (ISoS), and the Study of the Determinants of Outcomes of Severe Mental Disorders (DOSMD), have all documented enormous heterogeneity in the outcomes of mental illness within and across countries (Hopper & Wanderling, 2000; Kulhara & Chakrabarti, 2001; Sartorius, Gulbinat, Harrison, Laska, & Siegel, 1996; Sartorius, Jabensky, & Shapiro, 1978). While it is generally agreed that the reasons for these differences are "far from clear" (Kulhara & Chakrabarti, 2001), one predominant explanation revolves around culturally defined processes.

Scholars and policymakers suggest that stigma may be the reason behind such findings and lies at the root of recovery from mental illness (Remschmidt, Nurcombe, Belfer, Sartorius, & Okasha, 2007). As such, understanding the cultural contexts that facilitate positive outcomes may offer stigma reduction. In particular, whether individuals and others around them recognize mental illness, stigmatize these conditions and support seeking care is critical, since each represent key aspects of culture that can influence the outcome of mental illness (Pescosolido, 1991; 2006). The purpose of this chapter is to understand and address the sociocultural and psychological paradigms of stigma in mental health within Asian culture. For the purpose of this chapter, within the focus of Asians, emphasis will be on Chinese and Chinese Americans. This chapter will cover the history of stigma within the Asian culture, Asian's mental health, mental health services utilization within the Asian culture, and methods of addressing the stigma within the Asian culture to promote the utilization of mental health services.

ASIANS: THE CHINESE

Based on U.S. Census information from 2011, according to Ali (2014), it is estimated that 18.2 million persons of Asian descent living in the United States, and that Asians comprise approximately 5.8% of the total population (Pew Research, 2012; United States Census, 2013a) and growing. Of the 50 states in the United States, California and New York have the largest numbers of Asians in 2010 (United States Census, 2013a). Asians were the fastest growing racial group with the largest proportional population increase between the 2000 and 2010 census, even compared to Hispanic and Latinos, which was one of

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