FILIPINO AMERICAN ACCULTURATION, ETHNIC IDENTITY AND UTILIZATION OF MENTAL HEALTH SERVICES

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A Project

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Division of Social Work
Abstract of

FILIPINO AMERICAN ACCULTURATION, ETHNIC IDENTITY AND UTILIZATION OF MENTAL HEALTH SERVICES

By

Chiara Patricia Gabriel Teruel

This study investigates what role acculturation and ethnic identification play in relation to a Filipino American’s willingness to utilize mental health services. The study involves a sample of 54 participants, eighteen years of age or older, who identify as Filipino American and who reside within the San Francisco Bay and Sacramento Valley areas. Study findings indicated that subjects identified with the value of keeping problems within the family system. In addition, subjects were more favorable to the notion of encouraging others to utilize mental health services but were less favorable in utilizing services for themselves. The researcher is demonstrating the importance of recognizing the needs of the Filipino American community and what role social work practitioners have in encouraging the utilization of mental health services.

______________________________, Committee Chair
Dr. Kisun Nam, PhD., MSW

______________________________
Date

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DEDICATION

My work is dedicated to my parents Oscar and Connie Teruel for providing guidance, love, support and instilling the importance of an education which ultimately led me to my path towards my continued pursuit of knowledge of the world, and insight and awareness of myself. To my siblings: Anna, Carlo, and Aissa, for being understanding and supportive and valuing “Kia Pie” as a whole. These are the precious individuals in my life who continue to inspire and motivate me to reach my true potential.
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Introduction

As a Filipino American, the researcher has observed that within her own family culture, mental health or emotional well-being are topics rarely addressed or discussed. Growing up as a 1.5 generation Filipino American (please see definition of terms), there were rare instances when the researcher was asked how she was feeling about an issue or explorations of how she should cope. Within her immediate family, responses to emotionally challenging situations led to discussions on how it could be “fixed,” how to “get over it” or how one should move on. One would internalize the message that when an individual is experiencing difficulty, it is better to hold emotions in and not address them. The researcher also recalled an incident several years earlier where one family member was experiencing difficulty during her college years and was exploring the option of obtaining mental health or counseling services. Upon hearing this, another family member was quick to discourage and identify all the disadvantages of participating in such services. The family member who was discouraging services was someone who worked within the health care system and acknowledged that once someone is diagnosed with a mental health disorder, this could negatively impact their professional future. The discouraging family member reasoned that there would be repercussions from management or potential hiring agents viewing them as being unable to handle difficult situations due to their mental health diagnosis. She further argued that the stigma around needing mental health services or having a diagnosis may impede their ability to obtain employment within specific fields. To this day, it is unclear if the
family member who was experiencing difficulty actually participated in services. It is also unclear whether the discouragement from another family member impacted their decision whether or not to utilize mental health services.

This incident raised a question for the researcher. Is the lack of discussion around mental health common within many Filipino Americans? Is it possible that there are a number of internal or external factors that prevent or inhibit Filipino Americans from utilizing mental health services? Would such factors be due to the cultural values system or lack of access to mental health resources? Does acculturation or sense of cultural identification impact one’s decision to seek mental health services?

After several years of working in the social services field, this researcher has also observed that Asian Americans, more specifically Filipino Americans, underutilize mental health services in comparison to other ethnic groups. The following research will attempt to answer this question: what is the relationship between Filipino Americans’ level of acculturation and sense of ethnic identification in relation to the utilization of mental health services? It will explore the impact of acculturation and ethnic identification in relation to Filipino Americans’ willingness to seek mental health and the types of help-seeking behaviors they may engage in to address those challenges.

The study will attempt to identify variables that would either encourage or inhibit Filipino Americans from utilizing mental health services and what culturally sensitive approaches are necessary to support this cultural group in addressing their mental health needs. The researcher will take into consideration factors such as acculturation (or length of residence in U.S.), level of ethnic identification, educational status and cultural
values that may influence views on mental health. The hope is that the research will further the understanding of Filipino Americans’ mental health challenges and the barriers that prevent them from obtaining the help that they need. It will contribute to advanced knowledge, practice or policy considerations of Filipino American clients within the mental health care system.

**Background of the Problem**

Filipino Americans are part of the fastest growing Asian American group who have fallen under the “model minority” label. The term “model minority” is a stereotype placed mostly on Asian American cultural groups which deems them as a “model” to follow for other minority groups. It has categorized them as a high achieving group in areas of income or educational attainment. The assumption is that “model minorities” are able to overcome challenges and barriers and still be successful. This label is misleading because it makes Asian Americans one homogeneous group. It does not acknowledge the challenges they encounter or the resources they need in order to address certain issues. This stereotype has sometimes misled mental health professionals into expecting high achievements or very few mental health challenges from this cultural group.

In 1993 the Pilipino Health Task Force reported that Filipinos in San Francisco lacked health care access due to their low utilization of resources (Sanchez & Gaw, 2007). However those who were able to utilize services were found to have more severe mental disturbances than white Americans (Sanchez & Gaw, 2007). Such information strongly suggests that there is a clear need for utilization of mental health services for
Filipino Americans. The low utilization of services may not be an indicator that Filipino Americans have little need for them but rather that there are other factors present that prevent them from seeking out such services. Unfortunately, the underutilization of mental health services by Filipino Americans could be a factor on the cutback of federal or county aid on resources.

**Statement of the Research Problem**

Filipino Americans are considered to be the second largest growing Asian cultural group in the U.S., behind the Chinese-Americans. According to the U.S. Census Bureau of 2004, there is approximately 2.1 million Filipino Americans residing here in the United States. A study completed for the California Health and Human Services Agency Department of Mental Health, reported that approximately 5,500 Filipino American clients were recipients of mental health services between 2002 and 2003, which is a small utilization rate compared to the number Filipino Americans residing in the U.S. Despite their growing numbers, there appears to be very little information available on Filipino Americans and their utilization of mental health services.

**Purpose of the Study**

Understanding the Filipino American group acculturation experience and socioeconomic status in relation to mental health is important because it will: (1) create more sensitivity and knowledge about cultural and ethnic diversity in the mental health setting, (2) help understand factors that may prevent Filipino Americans from accessing mental health services, (3) help assess Filipino American perception on mental health and their knowledge of mental health services and (4) discover approaches that will
allow Filipino Americans to feel comfortable in seeking out mental health support. The information obtained in this research will be significant in the profession of social work because it promotes being culturally aware, developing and enhancing professional expertise and applying them into practice.

**Theoretical Framework**

The researcher placed an emphasis on biopsychosocial interactions when investigating the internal and external factors around why Filipino Americans may or may not utilize mental health services. It allows an understanding of how the biological, psychological and social interactions contribute to an individual’s development and way of thinking. A theoretical framework popularized by Richard Lerner, called Developmental Contextualism, describes the perspective that an individual’s characteristics such as psychological and biological components have reciprocal interactions with the environment (or context) which ultimately impacts how the individual socially constructs their surroundings (Dacey & Travers, 2002). For example, an individual’s context can be described as the physical environment like an individual’s school or home. Other contexts can include: social influences such as family or friends; personal characteristics such as physical appearance or language proficiency; and the influence of time, how long a person lives allows them to survive and overcome certain experiences.

The Developmental Contextualism framework takes into consideration the factors being researched in regards to internal and external factors in relation to why an individual may have a specific worldview. Subject participants in the survey will be
asked about demographic information such as level of education, age, gender, immigration status and influence of family and cultural values. These will provide the context to the individual and possible understanding why they have certain assumptions about mental health and/or services.

Another theoretical framework taken into consideration is the Social Constructionist perspective. This framework assumes that ethnic identities vary across space and time. In other words, the social conditions and change the cultural group may encounter, impacts their overall identity and how actively involved they are in their construction of meanings, values and interpreting of their cultural history (Anderson, 2001). Social Constructionist perspective suggests that ideas that individuals use to help identify their selves are relational and use multiple viewpoints. Ethnic identity, self-esteem and strategies to acculturate do not exist independently from each other are all influenced by larger factors (David, 2008).

Both the Developmental Contextualism and Social Constructionist perspectives were taken into consideration when the research questions were created. They were asked to further understand how Filipino Americans view themselves and in relation to mental health. Concepts such as race, class and gender are all social constructs that have an impact on how people view themselves and the world around them. Culture gives attention to values, ideas and shared attitudes in which organize and rationalize our experiences. Keeping these factors in mind, survey questions asked participants to report demographic information (the individual’s context) as well as assess the social constructs Filipino Americans have been influenced with during their lifetime.
Definition of Terms

Mental health services- refers to individual or group counseling and therapy, psychiatric or psychological services in the public or private sphere.

First generation- refers to the individuals who immigrated to the U.S. in their late adolescent or adult years.

1.5 generation- refers to the foreign-born individuals who arrive to the U.S. prior to age 13 (Nadal, 2009).

2nd generation- refers to the individuals who are U.S. born and have foreign born parents.

Asians- refers to individuals who are natives or reside in countries in Asia (i.e China, Japan, Korea, Taiwan, etc.).

Acculturation- refers to the process of one cultural group coming into contact with another group and therefore experiences changes in attitude and beliefs as they abide by values of the dominant culture/society (Nadal, 2009).

Asian-Americans- refers to individuals with Asian ancestry who currently reside in the U.S.


Filipinos- refers to individuals who are natives or who reside in the country of the Philippines.

Filipino Americans- refers to individuals with Filipino ancestry who currently reside in the U.S.
Colonized- refers to the political and economic control over an area by a state whose nationals have occupied the area and usually possess organizational or technological superiority over the native population. In this research it is specifically referring to the Spanish and American colonization of the Philippines.

Ethnic Identification- refers to an individual’s identification with their cultural group’s set of values, traditions and norms.

Assumptions

The study will identify what variables prevent or encourage Filipino Americans in seeking mental health services. The researcher is making the following assumptions. First, the longer length of residence in the U.S. (or acculturation) for a Filipino American, and the higher level of educational attainment, the higher the tendency to seek mental health services versus those who are not as acculturated or less educated. Second, those who are not acculturated may still have cultural values around discussing problems or addressing mental health issues and therefore are less likely to utilize services. Lastly, those who identify more with their Filipino American ethnicity are less likely to utilize mental health services due to their cultural value of utilizing friends and family supports versus formal support services.

Justification

Social workers will benefit from these findings as they demonstrate a need for outreach efforts and provision of mental health services that may be helpful in encouraging Filipino Americans in utilizing services. Information obtained from the research will potentially provide more insight on the complex cultural and political
context of the Filipino American experience and its impact on mental health issues. Moreover the social workers’ code of ethics states that social work “activities seek to promote sensitivity to and knowledge about oppression and cultural and ethnic diversity” and “to ensure access to needed information, service and resources” (NASW, 1996). Understanding barriers that prevent Filipino Americans from utilizing mental health services will help explore different approaches (such as outreach and cultural competency of practitioners) that will help support the needs of this population.

**Limitations**

The study is limited to Filipino-Americans residing in the surrounding Sacramento and San Francisco Bay areas and therefore cannot be generalized to other Filipino Americans in other cities and states within the United States. The subjects were also not randomly selected. They were recruited from the researcher’s social and familial network via the internet. Those who were informed of the survey where then encouraged to seek other Filipino Americans they knew within their social and familial networks to participate. Additionally, the surveys were also completed via the internet. It could be assumed that individuals who use the internet are generally younger, have more education or have access to resources such as computers and internet. Since this was not a narrative study, the subjects’ understanding and interpretation of the survey questions could also not be the way the researcher had intended.
Chapter 2
REVIEW OF THE LITERATURE

Introduction

In order to provide culturally sensitive social work practice, practitioners need to understand that Asian Americans come from multiple historical and cultural perspectives. The Filipino American subgroup in particular has traditionally been regarded as part of the “Asian American” classification included in the knowledge set of the Chinese, Japanese and Korean American experience (David & Okazaka, 2006a). Current literature regarding Asian Americans, appear to place more emphasis on Chinese and Japanese Americans and very little reference to the Filipino American cultural group. Given that there are many subgroups to the cultural grouping “Asian American,” it is imperative that mental health practitioners consider factors such as language, cultural values and individual differences within these groups. Practitioners may not be incorporating cultural values and perspectives as a way of understanding clients’ presenting problems. Grouping different ethnic groups into one large category runs the risk of over-generalizing characteristics and issues. Furthermore it limits the understanding of specific groups and their mental health needs.

There is very little literature on Filipino Americans and their utilization of mental health resources. The research that is completed on other Asian American groups such as Chinese and Japanese Americans are typically generalized with the Filipino American population. It is important to assess specific dynamics within the subgroup or else social
work practitioners and other mental health specialists will be unable to provide adequate support and make inaccurate generalizations.

Filipino Americans are uniquely different in history and immigrant experience compared to other Asian American groups. These experiential factors impact their cultural values, worldviews and their ability to acculturate in U.S. culture compared to other Asian Americans. These various experiences of Filipino Americans lead to various mental health experiences that may be dissimilar to other cultural groups (Sanchez & Gaw, 2007). With this being the case, current studies or literature on Asian Americans and mental health may not be applicable to the Filipino American experience.

The first section of the text will address the “model minority” stereotype and why statistics on Filipino Americans cause inaccurate generalizations. Next, information will be presented on “Asian Americans” as well as specific data on the “Filipino Americans” subgroup. Since the majority of the information the researcher encountered involved both Asian Americans and Filipino Americans, literature will acknowledge both groups’ data. It will review similarities as well as comparisons with the general public. Following thereafter the researcher will review the historical context of the Philippines and its impact on the following themes: immigration, acculturation and ethnic identification. It will further explore how those themes may relate to possible barriers or stigmas that prevent Filipino Americans from accessing mental health services.

**Model Minority**

Filipino Americans have been identified with fitting the “model minority” stereotype where they are categorized as high achieving in areas of income or
educational achievement. The assumption is that “model minorities” are able to overcome challenges and barriers and still be successful. Stereotypes such as these alongside statistical data reported in references such as the U.S. census are very misleading to the actual challenges of Filipino Americans. It does not take into consideration the context or describe the reasons behind the statistics.

For example, Nadal (2009) noted in his research how 43.8 percent of Filipino Americans have college degrees in comparison to the 24.4 percent of the general American population. Information such as these reinforces the model minority label, depicting Filipino Americans as high in academic achievement and suggests how well they may be managing or functioning within U.S. society. However, Nadal (2009) noted that this statistic does not take into consideration that the majority of Filipinos that immigrate already come to the U.S. with college degrees. Leu et al. (2008) indicated that for older immigrants, the foreign educational credentials they hold do not secure career advancement compared to if they obtained their education in the U.S. In fact, many Filipino immigrants with college degrees find it difficult to find employment comparable to their past background or experience (Kitano & Daniels, 2001). Immigrants who held positions as dentists back in the Philippines may take on work as dental aides; or lawyers become clerks when they come to the U.S. (Kitano & Daniels, 2001). Due to language deficiencies, immigrants may also encounter on-the-job difficulties such as being unable to pass English-language exams required to obtain employment or have their green cards renewed (Kitano & Daniels, 2001). Such
examples note the challenges that Filipino Americans encounter in obtaining employment, despite the college degrees they hold.

Another statistic noted as misleading in Nadal’s (2009) research was how the U.S. census reports the average Filipino American household’s median income is higher compared to other Asian Americans and the general American family household. Upon further investigation, the average number of members contributing to the household income for Filipino Americans is 3.41 members compared to the 3.08 of other Asian American households, and 2.59 of the general American household. In other words, Filipino American household incomes are higher only because the number of members contributing to the finances is also larger. Economic necessity dictates that more than one member needs to be employed or carry multiple jobs in order to survive financially. The more members work, the more that can be provided for and increase the household’s earning capacity.

The latter two examples acknowledge how statistics and how they fit in context should be taken into consideration before making generalizations or assumptions about a specific group and their level of functioning. Statistics do not take into account factors such as racism, acculturation, barriers to employment, financial difficulties or lack of other resources. Although there are available statistics on Filipino Americans, there is still very little information on the utilization of mental health services. Lack of such data suggests a further need for understanding this group.
Asian Americans

Asian Americans and their socioeconomic successes in comparison to other cultural groups have led to the “model minority” stereotype, which was described earlier. Such stereotypes mislead social work practitioners and other mental health specialists to expect only exemplary behavior and achievement as well as few mental health challenges within this group (Baruth & Manning, 2003). Labels and assumptions such as these do not acknowledge challenges this population encounters or the resources they need in order to address certain issues.

According to Mossakowski (2007), Asian Americans are less likely to report mental health issues such as depression symptoms over physical symptoms such as discomfort or pain. This group has traditionally been brought up in a culture where avoiding disclosure of personal and familial information is the norm (Baruth & Manning, 2003). As a collectivistic culture where the needs of the group outweigh the needs of the individual, discussing personal problems outside the family, let alone to professional staff is considered cultural taboo. Keeping feelings and concerns to one’s self and discouraging self disclosure is the cultural norm. Allowing others to know about the family problems would be a source of shame.

A number of research shows Asian Americans tend to have low rates of mental health service utilization in the U.S. The literature has also suggested that their cultural values such as restricting feelings may conflict with mental health service values where there is an acknowledgement of problems and encouragement of self-disclosure.
Seeking outside support is inconsistent with values of solving one’s problems and using self control.

It has been well documented that ethnic minority groups, such as Asian Americans, tend to underutilize mental health services compared to White-Americans in the U.S. (Ta, Holck, & Gee 2010; Meyer, Zane, Cho & Takeuchi, 2009). At the national level, there have been low utilization rates for emergency, inpatient and outpatient services as well (Spencer, Chen, Gee, Fabien & Takeuchi, 2010). However it is interesting to note that some evidence point to how Asian Americans tend to over-utilize academic and vocational counseling services (Baruth & Manning, 2003). For Asian Americans, discussing academic and career concerns may not seem as challenging to discuss with professionals. Seeking support in this way actually aligns with the Asian American value of educational and professional achievement. Such attempts indicate their desire for upward mobility in the areas of academia and in the workforce.

**Mental Health and Filipino Americans**

Low rates of underutilization may imply that Filipino Americans have little need for mental health services, however current literature indicates otherwise. Some research indicate that although Filipino Americans have lower rates of treatment compared to the general population, those that do seek treatment tend to have more severe psychological disorders (Sanchez & Gaw, 2007). This can be an indicator that Filipino Americans may be turning to formal mental health services when their problems and conditions tend to have worsened or have gotten to the point where is has become extremely unmanageable (Nadal, 2009). It was also suggested that there may be a
correlation between mental health and substance abuse among Filipino Americans, noting that though they may not be seeking support for their challenges, and rather could be resorting to substances as ways to cope (Nadal, 2009). Nadal (2000) addressed that cultural values may play a role with why substance abuse among Filipino American may be under reported or not reported at all. Acknowledging and seeking mental health services would bring shame upon one's family or assumptions of an individual’s lack of control.

Unlike American culture which promotes the expression of disagreements or conflict and encourages independence and individualism, Filipino culture values include conforming to family norms, the importance of family closeness and avoidance of dissension (Heras, 2007). They use indirect forms of communication. Being upfront in addressing specific issues would be viewed as being confrontational and disrespectful. Sanchez and Gaw (2007) noted that there is some difficulty with measuring mental health in the Filipino American community because they “tend to deny, somatize, and endure emotional problems instead of seeking help” (p. 236). Cultural expression of depression among many Filipino Americans was referred to as a “smiling depression” where the individual conceals feelings and maintain a happy appearance to maintain the facade that everything is okay (Sanchez & Gaw, 2007). Studies conducted specifically on Filipino Americans suggest that rates of depression among this group are actually higher than most Asian American groups (Mossakowski, 2007). Additional studies further note that Filipino Americans also have a higher prevalence of depression and mental health disorders than the general U.S. population (Nadal, 2000). David (2008)
cited in one study that Filipino American adults had higher depressions rates of 27 percent compared to the U.S. population of the rate of 10 to 20 percent. The rates of mental health help seeking behavior among Filipino Americans was only 2.9 percent, which is lower than the 5.8 or 5.9 percent found in the general population (Abe-Kim, Gong & Takeuchi, 2004).

Gong, Gage and Takata (2003) noted how research completed by an American Community Epidemiological Study found that out of 25 percent of Filipino Americans who utilized a type of care in a year, 17 percent went to a lay system (family member or friend), 7 percent used physicians, 4 percent saw clergy or indigenous healer and only 3 percent utilized a mental health specialist. Ta et al. (2010) notes in their study those individuals who identify with having strong family cohesion were less likely to use formal mental health services. This data acknowledges that there is a need for support but that individuals are also utilizing informal services.

A Historical Background—Immigration

Filipino Americans have a unique and distinct historical and cultural background that differentiates them from other Asian American groups. As one of the fastest growing population among immigrant groups, Filipinos were also known to be one of the earliest U.S. immigrants recorded as early as 1763 (Maramba, 2008; Sanchez & Gaw, 2007). Four waves of immigration occurred after that time, with the largest happening after the 1965 Immigration Act which ended immigration quotas and permitted entry into the U.S. based on family reunification and occupation (Sanchez & Gaw, 2007). This Immigration Act brought in Filipino professionals such as doctors, nurses and other
health care professionals which continue today. Recent Filipino American immigrants are usually upper-middle class with higher education, higher English proficiency and greater settlement compared to other Asian American immigrant groups (Espiritu, 1994; Gong et al., 2003). Mossakowski (2007) notes how Filipino American immigrants are more successful in integrating in the U.S. labor than other immigrant groups. However, despite higher language proficiency or educational attainment compared to other ethnic groups, Filipino Americans still encounter challenges in U.S. society. They face the challenges of adjusting to U.S. culture as well as maintenance of the cultural values of the native country and the challenges of economic survival (Enrile & Agbayani, 2007).

**Acculturation**

Acculturation as described by Nadal (2009) is the process in which one cultural group comes in contact with another group and begins to experience changes in values, attitudes and beliefs as they begin to abide by the values and norms of the dominant cultural group. Enrile and Agbayani (2007) note that acculturation can also be seen as behavior or attitudes changing depending on the situation. This could be the process in which individuals decide whether to adopt the norms of the dominant group or whether to maintain the cultural values of the ethnic group (Sanchez & Gaw, 2007). Individuals often make the decision to participate and or maneuver between behavioral norms that are appropriate within mainstream society (American) or within their family or ethnic community (Filipino). This concept was also noted in Maramba’s (2008) study of Filipina Americans and their college experiences. Subjects survived the challenges of Filipino values within American culture by balancing and negotiating between their
college and home/family life. Nadal (2009) noted this as being “bicultural,” where an individual can maintain the values and behaviors of both cultures. One example provided was an individual being respectful, passive, or collectivistic at home (Filipino), whereas the same individual would be competitive, vocal, and argumentative in the workplace (American).

In most of the literature reviewed, the term “American” in the Filipino American label indicate how the Filipinos residing in the U.S. adopt American values, traditions and views that are different than Filipinos who reside in the Philippines (Sanchez & Gaw, 2007). Acculturation may be a factor that plays a role in Filipino American willingness to seek mental health services.

Filipinos in the Philippines had already begun the acculturation process prior to the immigration to the U.S. and are familiar with Western culture (Becker, 2003). Filipinos are the only Asian American group that has been directly influenced by Europe, the Americas and Asia (Nadal, 2000). More specifically, they are the only Asian population directly colonized by America and have dealt with its psychological impact of being the “other” in their own home country (David & Okazaka, 2006a). The United States colonization led to the Americanization process where Filipinos were socialized with the importance of integrating American values and speaking English into their culture (Nadal, 2004). Sanchez and Gaw (2007) note that U.S. values such as emphasis on education, importance of individualism and the competition and division between being Americanized and those who were not, were internalized by Filipinos residing in
the Philippines. Filipino American immigrants were aware of some of American
cultural values even prior to residing in the United States.

There is an interconnection between ethnic identity and mental health among
Filipino Americans because they have to deal with the impact of acculturation and
assimilation in society simultaneously (Espiritu, 1994; Yip et al., 2008). For example,
the second generation who were born and raised in the U.S. learn to negotiate and
maneuver the culture that is taught in their families and communities alongside the
culture they experience in the larger society (Sanchez & Gaw, 2007). It was noted that
Filipinos in the Philippines are significantly different than Filipino Americans in the
United States. Filipino Americans interact with other cultural groups, are exposed to
American culture and values more often and experience racism and discrimination
(Nadal, 2009). Filipinos in the Philippines do not interact much with other racial and
cultural groups. They may encounter challenges mostly around religious or class issues.

Acculturation in relation to mental health, cultural norms, and the rate of Filipino
Americans seeking mental health services are the themes to be addressed below. Ta et al.
(2010) indicated that family cohesion as well as generational status (or length of
residency in the U.S.) affected the likelihood to seek mental health services. Meyer et al.
(2009) also found that U.S. born individuals were almost twice as likely as immigrant
groups to utilize mental health services. Ta et al. (2010) also furthers this with their
findings that those who are U.S. born but who at least have one immigrant parent, are
more likely to utilize the use of mental health services due to their cohesion with
families. This suggests that the more acculturated an individual is to mainstream U.S. society, the likely they are to participate in formal services.

More recent Filipino American immigrants like those in the first generation category, may maintain more of their collectivistic values in comparison to the more individualistic U.S. born which could explain differences in mental health (Sanchez & Gaw, 2007). Cultural research has indicated that those who tend to value individualism are more susceptible to emotional distress compared to those who value collectivism and are likely to depend on others for social support (Mossakowski, 2007). Such research suggests that the more acculturated and individualized a person is, the more likely stress is experienced, possibly increasing the willingness to seek mental health services for support.

Filipino Americans who were U.S. born as well as the immigrants who have resided in the U.S. longer, self-report more experiences of discrimination than individuals who have recently immigrated (Mossakowski, 2007). It is indicated that discrimination has stronger negative affects as an individual gets older due to the accumulation of experiences and or the weathering away of protective resources (Yip et.al, 2008). The same study further noted that feelings of unfair treatment and discrimination are associated with stress. Perceived discrimination and inequality creates stressors which may contribute to mental health issues. Leu et al. (2008) suggested that the longer the length of residence in U.S. society, the likelihood an individual experiences discrimination which may contribute to the decline of mental health.
Nadal (2009) indicated that due to the varying physical appearances of Filipino Americans, they experience stressors such as racism differently than other Asian Americans. Sometimes Filipino Americans can be confused with other ethnicities such as Latinos, Pacific Islanders or Arabs. One study discovered that Filipino Americans’ experience of discrimination maybe similar to those of African Americans and Latinos (Nadal, 2009). It was further noted in the same study that Filipino Americans may be viewed as more criminal and intellectually inferior than other Asian American groups. The Filipino American experience and challenges encountered in U.S. society around issues of discrimination are distinctly different than their Asian American counterparts.

**Ethnic Identification**

Espiritu (1994) describes ethnic identification as being shaped by historical context, as well as the process of challenging stereotypes, inheriting and inventing cultural practices as well as undermining practices of cultural domination. David and Okazaka (2006a) indicated that the colonial mentality has a psychological influence on Filipino Americans in that it contributes to the inferior perception of self. During the hundreds of years under Spanish and American colonization, native Filipinos were treated inferior causing them to feel “less than” and questioning their value of self and culture. In that process, they began to adopt more to the dominant mentality and to the dominant culture’s standards and way of life. However, Filipino Americans who look back on this history and acknowledge the impact of colonization, may be a step closer to recognizing pride in heritage and how much they have overcome such internalized oppression. The social and economic challenges they had overcome has an ethnic group
under colonization in the Philippines can be seen as a source of pride and empowerment. As addressed earlier, the Social Constructionist framework assumes that social conditions and change the cultural group may encounter, impacts their overall identity and how actively involved they are in their construction of meanings, values and interpreting of their cultural history (Anderson, 2001). The positive reframe of the Filipino American historical context adds to the pride and strength of their ethnic identification.

According to Yip, Gee and Takeuchi (2008), the “Buffering Hypothesis” is the belief that strong ethnic identification protects against negative effects of discrimination. Individuals who focus on the positive aspects of their cultural group helps boost self-esteem and overall sense of self (Yip et al., 2008). Surrounding one’s self with those who are culturally and physically similar to them also creates a higher level of social identity which is validating (Sanchez & Gaw, 2007). Being part of a collectivistic culture promotes social support and solidarity which could be seen as a coping mechanism. In one study conducted by Leu et al. (2008), subjects who were asked to rate their subjective social status compared to the general American population, were associated with a lower chance of a mood dysfunction. In other words, when they felt positively about their ethnic identification, they had an overall positive sense of self.

Ethnic identity is a membership to a cultural group which can include a level involvement to certain practices such as language, religious affiliations, celebrations or sharing of attitudes and worldviews (Nadal, 2009). However a member’s identification with their ethnic groups can vary by individual through time and by community.
Espiritu (1994) noted that ethnic identity can change in importance through an individual’s developmental stages as well as over generations among the cultural group. Mossakowski (2007) reported that the longer an individual is acculturated to U.S. society, the less prominent or important their ethnic identity becomes. At the same token, the more acculturated an individual is, the more they would value individualism and are least likely to have cultural supports or other coping mechanisms that involves the collective group. This reinforces what was addressed earlier. The more individualized a person is, the least likely they will identify with their ethnic group and may also encounter more challenges with managing their stress. The more individualized member who is encountering such distress would then be more willing to access formal support such as mental health services.

**Filipino Values**

Ta et al. (2010) notes that strong family cohesion, or bonding and involvement with the family can serve as a protective factor for psychosocial stressors. Identifying with one’s family and ethnic community includes saving “face” which is the value placed on self-image and status so that one does not lose social acceptance within their group (Gong et al., 2003). The emphasis is placed on belonging to one’s community with expectations in putting forth a lot of effort in pleasing the other members within the group. This is a common characteristic with collectivistic groups in that the needs and of the group supersede the needs of the individual member.

Nadal (2000) goes in depth with describing the three core values in Filipino culture: *pakikisama, kapwa*, and *hiya*. **Pakikisama** describes the need for social
acceptance, the encouragement for achievement and power within social standards (i.e. employment and academic achievement) as well as the desire to meet those standards set by the community. Kapwa refers to the shared identity of being a Filipino as it represents the unity of self and others. Hiya is lost of face or feeling shame and the importance of representing the family as best as possible. Gong et al. (2003) add that along with these values include debt of gratitude within relationships such as the understanding of returning a favor or kind act. Such values reflect the culture’s importance of harmony and avoiding conflict to “save face.” Acknowledging problems that occur within the family or reporting mental health issues to professionals is considered dishonorable and will bring shame upon the family. It is looked down upon if a family is perceived as being unable to fix their own problems.

According to Becker (2003), maintaining good physical health is also an important responsibility of the family. It allows them to be able to financially support the family as well as uphold the value of presenting “a public picture of well-being and youthfulness” (p.116). It also reinforces the collectivistic value of the group and the responsibility of maintaining and presenting well for the family, rather than just the focus of one’s physical health as the individual.

Abe-Kim et al. (2004) noted that the Filipino Americans, who identified as more culturally traditional, turned to their spirituality or members of the clergy for support with their mental health problems. Filipinos identify with their Catholic faith as a strong area for hope and support. A majority of Filipinos and Filipino Americans practice Catholicism, which is a result of the hundreds of years of the Spanish colonization of the
Philippines (Nadal, 2009). It may appear that Catholic values are synonymous with Filipino values however religion is just a strong presence in Filipino Americans’ beliefs and family systems as a way to cope during challenging times. They use prayer as a coping mechanism in most instances. For those who turned to their lay system, members would consult the most educated or most senior within the family system who were seen as holding a higher status within the family, those who were seen as the most rational and most capable of managing difficult situations (Sanchez & Gaw, 2007).

**Barriers to Service Utilization-Cultural Stigma**

Most of the literature on Filipino Americans suggests cultural stigma is cited as a prominent reason for why mental health services are underutilized by this cultural group. Abe-Kim et al. (2004) had evidence that suggested that Filipino Americans may be less comfortable seeking mental health services even compared to other Asian American groups. Nadal (2009) noted that depression may be viewed as a sign of weakness in Filipino American culture and acknowledging mental health issues may bring shame to one’s family. When an individual participates in mental health services, it confirms that there is a problem. Rather than openly discussing or dealing with the depression, an alternative way to cope would be to maintain a happy facade or conceal one’s true emotions. This distracts and deflects from the real issue, which is a denial that problems are being experienced. Due to cultural values, acknowledgement of emotional challenges is discouraged. A number of literature suggested that this could be a factor that dissuades Filipino Americans from seeking help. Nadal (2009) reported that it would be shameful to acknowledge having a substance addiction or mental health issue
because they are seen as hereditary flaws that place shame on the family or regarded as “penalties from God or malevolent spirits for immoral behavior” (p.32). Both substance addiction and mental health challenges imply a lack of control for one’s behavior and choices. Poor control of one’s behavior is source of shame or a sign of weakness.

Culture emphasizes family closeness, conformation of family norms, avoidance of emotional expression and conflict. The family who is aware of each other’s temperaments will make attempts to decrease conflict. An emphasis is placed on concern for other members, expression of politeness, and humility. They seek the approval of the family or the group rather than placing importance on individual preferences. Expressing discontent is seen as rebellious and disrespectful (Heras, 2007). In a collectivistic culture where the individual must acquiesce with the group, acknowledging challenges or expressing negative symptoms is looked down upon. It reinforces the negative assumption of the family’s inability to manage personal problems or their members, which ultimately could be considered an example of a lack of control or a sign of weakness as a family unit.

Rates of seeking mental health services among Filipino Americans is 2.9 percent compared to 5.8 to 5.9 percent found in the general public (Abe-Kim et al., 2004). According to David (2008), “stigma, poor service quality and cultural mistrust contribute to the disinterest of Filipino Americans seeking mental health service” (p.126). A number of literature note that negative attitudes towards mental health services were correlated with the underutilization of services. Barreto & Segal, (2005); Spencer et al. (2010) indicated that cultural factors such as: lack of ethnic match between the client and
the practitioner, culturally inappropriate services, shame and loss of face and knowledge of available services were examined as potential barriers as well. Baruth and Manning (2003) noted that asking too many detailed questions about mental health illness is social taboo and furthers the reluctance and resistance for clients. In addition, there is a fear of the possibility that a practitioner will break confidentiality and problems will be shared with other members of the community which therefore will bring shame to the family (Nadal, 2009).

These notions of shame and stigma all support the Social Constructionist perspective. Social Constructionist perspective suggests that ideas and values that individuals use to help identify their selves are relational and use multiple viewpoints. Just in the same way literature has noted that ethnic identity can be a source of pride and strength, the construction of cultural values within one’s ethnicity can also be a source of shame and stigma.

Summary

In conclusion, Filipino American mental health issues can be distinctly different from current information presented for other Asian American experiences. Current statistics on Filipino Americans may create generalizations and minimize their actual challenges and experiences in U.S. culture. Although the statistics presented may imply that this cultural group is doing well in comparison to other Asian American groups, literature indicates otherwise. It was noted earlier that although there is a low mental health treatment rate for Filipino Americans compared to the general population, those that do seek treatment tend to have more severe mental health issues. In addition,
studies found that in seeking help for emotional distress or other mental health issues, Filipino Americans may be turning to unhealthy coping strategies such as substance abuse. Minimizing and underreporting mental health problems is a common practice within the Filipino American culture. The low utilization of services and lack of data may not be an indicator that Filipino Americans have little need for them but rather that there are other factors present that prevent them from seeking out such services.

Filipino American history, acculturation, cultural identification and cultural norms impact the utilization of mental health services. Although there is research done on the impact of factors in relations to Asian Americans, there is still research that can be conducted specifically with Filipino Americans regarding acculturation, ethnic identity and mental health.
Chapter 3
METHODS

The goal of the study is to investigate perceptions of ethnic identity and acculturation in relation to the utilization of mental health services among Filipino Americans residing in the San Francisco Bay and Sacramento Valley areas. With the exploration of the topic, the researcher hopes that it will encourage more awareness of cultural dynamics and hence cultural competence within social work practice.

Research Design

This research project is both descriptive and exploratory in design. It is a quantitative, descriptive study in that it attempts to obtain data from a sample of Filipino Americans, over the age of 18 who reside in the San Francisco Bay and Sacramento Valley areas. The research will be used to analyze the relationship between a Filipino American’s level of acculturation and sense of ethnic identification in relation to the utilization of mental health services. This will be a cross-sectional study conducted in a one-time, online survey research that involves individual participants.

Data and Sample

The method used is a non-probability sampling, snowball type. Individual participants were recruited through the researcher’s social and family network. The researcher accessed her contacts through the social internet website, “Facebook” by posting an advertisement inquiring if individuals would like to participate in a confidential survey that will assist with the researcher’s Master’s Thesis project.
three criteria to be a participant in the study were: 1) be an individual over the age of 18, 2) self-identify with having Filipino ancestry and 3) currently reside in the San Francisco Bay or Sacramento Valley areas. In order to be eligible for the study, subjects must fit all three criteria as described above. If individuals were interested in participating, they emailed their interest to the researcher and a custom internet link of the survey was sent to their email address. This email also contained a message asking the subject to locate or volunteer other subjects who fit the criteria and might be interested in participating. No inducement or incentive was offered for participation in the study. There were 54 participants used for the sample.

**Measurement Instrument**

The researcher used the aid of “Survey Monkey,” an online data analysis tool that created a custom internet link of the survey so that respondents could easily access the survey via internet. The online survey consisted of questions that asked the participant to rate their response on a drop-down box of a five point scale ranging from 1 (Agree) to 5 (Disagree) that measured the following categories: acculturation, ethnic identity and the likelihood of using mental health services. A low score represents a more positive identification with the statement. The remainder of questionnaire included questions covering demographic information such as sex, age, level of education, immigrant status in the U.S., and the level of Filipino/Filipino-American identification.

The independent variables were the participant’s demographic information, level of acculturation and ethnic identification while the dependent variable was the utilization of mental health services. The conceptualization of acculturation would be the length of
time the participants had lived in the U.S. and the identification of American culture. The conceptualization of ethnic identity would be identifying with Filipino American cultural norms or agreeing with statements in the survey like, “I believe Filipino/Filipino-American culture means keeping problems to one’s self.” Specific statements in the survey will reflect how strongly the participants identify their acculturation and ethnic identity.

**Analysis Plan**

The computer software program “Survey Monkey” was used to gather data however a separate software program, Statistical Package for Social Sciences (SPSS) was used for the statistical analysis of the research. Descriptive statistics was used to provide an overview of the sample characteristics such as the total number of the demographic information and responses from the data collection instrument. Variables were cross-tabulated and identified in percentages. Excel was used to create charts and graphs.

**Protection of Human Subjects**

Researcher had submitted the Protocol for the Protection of Human Subjects and was approved by the Division of Social Work as posing “minimal risk.” The study was identified to be minimal risk since questions asked encouraged the subjects to reflect on their attitudes and perspectives of mental health and Filipino American culture, which for some might bring slight discomfort. However, the probability and magnitude of harm and discomfort anticipated for participants were no greater than what might be
encountered in daily life or during the performance of psychological examinations or tests.

In an attempt to minimize any discomfort or risk the participants would encounter, the questions were carefully tailored so that participants would not be subjected to feel any negative connotation. However, if the subjects did feel uncomfortable with the questions and did not want to continue, the survey was designed so that they can stop and exit the survey at any time, with no consequences. In the event that certain concerns or feelings arose as a result of completing the survey, subjects had access to local counseling resources in the San Francisco Bay or Sacramento Valley areas for them to utilize. These resources were attached as a Word document on the email sent by the researcher (See Appendix A). This was also explained during the Informed Consent portion prior to the completion of the survey (See Appendix B).
Chapter 4

FINDINGS

Introduction

The current study aims to investigate the relationship between acculturation, ethnic identification, and willingness to utilize mental health services among immigrant or U.S. born Filipino Americans residing in the Sacramento Valley and San Francisco Bay areas. Other variables such as notions of cultural values and seeking support within the lay system were also explored. The data generated from the online survey questionnaires is presented in this chapter.

Statistical Package for Social Sciences (SPSS) was used for the statistical analysis of the research. Descriptive statistics provided an overview of the sample characteristics such as the total number of the demographic information and responses from the questionnaire. Variables were cross-tabulated and identified in percentages. Excel was used to create charts and graphs. Due to the small sample size, inferential statistics were not used and therefore the data presented should not be generalized to the rest of the Filipino American population.

Demographic Information

According to Survey Monkey, there were 64 respondents who agreed to participate in the survey. However when all the responses were collected, only 54 of the participants completed all twenty-two questions (Appendix C). The researcher chose to only include the responses of those 54 participants in this study data analysis.
Descriptive statistics were utilized to summarize the demographic characteristics of the participants (See Figure 1). The sample of 54 participants included (n=49) 90.7% identifying as being between the ages of 18 to 35. Only (n=5) 9.3% of the members identified as being in the 36 to 65 plus age range. As a whole sample, (n=19) 35.2% were male and (n=35) 64.8% were female. In regards to educational attainment, a large majority of the participants reported completing a college level education. Among the sample, (n=38) 70.3% participants identified as holding a Bachelor’s or Master’s degree while the remaining (n=16) 29.6% of the participants identified in the category of having no high school diploma earned, to some college or vocational education completed. Over half of the participants were U.S. born (n=35; 64.8%) and the remaining 19 (35.2%) were immigrants to the U.S.

**Ethnic Identity**

The notions of ethnic identification were assessed in the questionnaire. Participants were asked to rate how identify with the following statements: “I strongly identify with the Filipino/Filipino-American culture” and “I am proud to identify as Filipino/Filipino-American.” In using the Likert scale, participants had the option to respond “Agree,” “Somewhat Agree,” “Neutral,” “Somewhat Disagree,” or “Disagree.” The “Agree” and “Somewhat Agree” responses were in one category and “Neutral,” “Somewhat Disagree,” and “Disagree” were in the other category.

Both the immigrant and U.S. born sample responded favorably, and with high percentages, to the notion of ethnic identity. Of the 54 participants, (n=45) 83.3% agreed to identifying with Filipino/Filipino-American culture whereas (n=9) 16.6% had
“Neutral” to “Disagree” responses to the identification. A little under half (n=19; 42.2%) who identified with Filipino/Filipino-American culture were immigrants whereas (n=26) 57.8% were U.S. born.

The statement regarding ethnic pride showed an increase in favorable response where (n=51) 94.4% of the participants indicated they were proud to identify as Filipino/Filipino-American and only (n=3) 5.5% had “Neutral” to “Disagree” responses (See Figure 2).

Utilization of Mental Health Services

The participants’ willingness to utilize mental health services were also assessed in the questionnaire with the following statements: “I would encourage a friend or family member to use mental health services if they can benefit from them,” “I know how to get mental health services if I need to,” and “I would feel comfortable expressing my emotional concerns to professional service providers (i.e. therapists, counselors, psychologists, medical doctors, etc.).”

An overwhelming majority of the participants (n=52), 96.3% responded that they would encourage others to utilize mental health services whereas only (n=2) 3.7% responded in the “Neutral” to “Disagree” category. Of those agreeing to the statement that they would encourage others to utilize services, (n=19) 35.2% were immigrants while (n=33) 61.1% were U.S. born. Similarly a large majority (n=48) 88.9% responded they knew how to access mental health services while (n=6) 11.1% responded in the “Neutral” to “Disagree” category for this statement.
A slight decline was noted in the “Agree” to “Somewhat Agree” category to the statement about feeling comfortable in utilizing mental health services. Out of the total participants (n=37) 68.5% had a favorable response while the remaining (n=17) 31.5% had a “Neutral” to “Disagree” response. Of those who were in the “Agree” to Somewhat Agree” category, (n=26) 70.3% were U.S. born and (n=11) 29.7% of those participants were immigrants to the U.S.

In comparing the slight decrease in percentages, the data suggests that the respondents were more open to encouraging others to utilize services however were not as open to utilizing mental health services for their selves (See Figure 3).

**Acculturation-Length of Residence as Immigrants**

In terms of assessing the acculturation of the respondents, this was measured by their length of residence in the U.S. In looking at the data of the immigrant sample, all (n=12; 100%) of those who resided the U.S. for 25 years or more indicated they would encourage others to utilize mental health services. A majority of the immigrants who have resided in the U.S. between 8 to 25 years, (n=5) 71.4% indicated they also would encourage others to utilize services, whereas (n=2) 28.6% responded in the “Neutral” or “Disagree” category.

Similar to Figure 3, there was a slight decline with the respondents indicating they were comfortable with utilizing services for themselves. For example, the immigrants who resided for 25 or more years in the U.S., (n=8) 66.7% responded they would feel comfortable with utilizing services when in fact all of them (n=12; 100%) had indicated they would encourage others use to utilize services (See Figure 4).
Notion of Cultural Values

The participants’ notion of Filipino American values around discussing problems with others were also assessed in the questionnaire with the following statements: “I believe Filipino/Filipino American culture means keeping problems to one’s self,” and “I believe Filipino/Filipino American culture means keeping problems within the family.” Similar to the previous tables, the “Agree” and “Somewhat Agree” responses were in one category and “Neutral,” “Somewhat Disagree,” and “Disagree” were in the other category.

Over half of the participants (n=33; 61.1%) responded in the “Neutral” to “Disagree” category in regards to keeping problems to one’s self. The remaining (n=21) 38.9% responded that they “Agree” or “Somewhat Agree” with this statement. Of those agreeing to the statement, (n=8) 14.8% were immigrants while (n=13) 24.1% were U.S. born. Similarly, over half of the participants (n=36; 66.7%) responded they “Agree” or “Somewhat Agree” with the notion of keeping problems within the family, while (n=18) 33.3% responded in the “Neutral” to “Disagree” category for this statement. The data suggests that although the respondents feel they do not need to keep problems to their selves, they do need to keep the problems within their family system (See Figure 5).

Seeking Support

The participants’ willingness to seek support was addressed in the questionnaire with the following statements: “If I was feeling depressed, I would turn to my family and friends first,” and “If I had concerns about my mental health, I would turn to my friends or family first.”
A large majority of the participants (n=45), 83.3% responded that they would turn to their friends and family first if they were feeling depressed, whereas only (n=9) 16.7% responded in the “Neutral” to “Disagree” category. Of those agreeing to the statement, (n=18) 33.3% were immigrants while (n=27) 50% were U.S. born. There was the same number of responses (n=45; 88.3%) for the statements regarding turning to friends and family first if they had concerns with their mental health. It was interesting to note that with this statement, the remaining responses were for either “Neutral” or “Somewhat Disagree” which were only (n=9) 16.7% of the participants. Not one participant responded they “Disagree” with the statement. Of those who agreed to turn to friends or family first for mental health concerns, (n=17) 31.5% of the participants were immigrants and (n=28) 51.9% were U.S. born (See Figure 6).

**Overall Findings**

Of the sample group, 90.7% of the participants identified as being between the ages of 18 to 35, with 35.2% being male and 64.8% being female. The data presents 70.3% of participants identifying as holding a Bachelor’s or Master’s degree, with 83.3% being favorable to the statement of identifying with Filipino American culture. The data also show that 94.4% identified with being proud with the ethnic identification. These high percentages indicate a relatively young, well-educated sample group, with a strong sense ethnic identification with Filipino American culture. An overwhelming majority of the participants (96.3%) responded that they would encourage others to utilize mental health services with 88.9% responding they also knew how to access such services.
A decline in percentage was noted in regards to comfort level in utilizing mental health services, with 68.5% respondents reporting they would utilize services for themselves. Of the immigrant sample that have resided in the U.S. for 26 or more years, 66.7% reported feeling comfortable to utilizing services compared to the 42.9% of those who resided in the U.S. between 8-25 years. For the sample with the least level of education, 56.3% reported feeling comfortable using services whereas 73.7% of the more educated group indicated feeling comfortable.

**Specific Findings**

The researcher explored other variables such as notions of Filipino American cultural values and seeking support within the lay system. Similarities were noted in regards to cultural values around expressing problems. Notions of Filipino American values such as keeping problems within the family had similar percentages from both immigrant and U.S. born sample groups. Out of the immigrant sample, 68.4% agreed with the statement and 65.7% of the U.S. born participants agreed as well.

In regards to turning to the lay system for support, 83.3% of the participants indicated they would turn to family and friends first if they were feeling depressed. Similarly 88.3% of the sample indicated they would also turn to them for mental health concerns as well. For those who felt proud to be Filipino American, 66.7% of those respondents also responded felt comfortable utilizing mental health services.
Figure 1. Demographics-Immigrants vs. U.S. Born

Figure 2. Ethnic Identification-Immigrants vs. U.S. Born. Figure denotes the participants’ response to who “Identify” with Filipino American culture and their level of “Pride” with being Filipino American; I=Agree/Somewhat Agree response; V=Neutral/Disagree response.
Figure 3. Utilization of Services-Immigrants vs. U.S. Born. Figure denotes the participants’ response to encouraging “Others” to use services, knowing how to “Access” services and feeling comfortable to use services for “Self”; I=Agree/Somewhat Agree response; V=Neutral/Disagree response.

<table>
<thead>
<tr>
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<th>I</th>
<th>V</th>
<th>Access</th>
<th>I</th>
<th>V</th>
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<th>I</th>
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<td>16</td>
<td>3</td>
<td>11</td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>U.S. Born</td>
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<td>32</td>
<td>3</td>
<td>26</td>
<td>9</td>
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Figure 4. Utilization-Immigrants (Length of Residence). Figure denotes responses from just the immigrant sample with their length of residence in the U.S.

<table>
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<tr>
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<th>V</th>
<th>Access</th>
<th>I</th>
<th>V</th>
<th>Self</th>
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<td>4</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26+ years</td>
<td>12</td>
<td>0</td>
<td>11</td>
<td>2</td>
<td>8</td>
<td>4</td>
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</table>
Figure 5. Cultural Values-Immigrants vs. U.S. Born. Figure denotes the participants’ response to keeping problems to one’s “Self” and keeping problems within the “Family;” I=Agree/Somewhat Agree response; V=Neutral/Disagree response.

<table>
<thead>
<tr>
<th></th>
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<th>Self V</th>
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<td>11</td>
<td>13</td>
<td>6</td>
</tr>
<tr>
<td>U.S. Born</td>
<td>13</td>
<td>22</td>
<td>23</td>
<td>12</td>
</tr>
</tbody>
</table>

Figure 6. Seeking Support from Lay System- Immigrants vs. U.S. Born. Figure denotes participants’ response to when feeling “Depressed” and having “Concerns” with mental health; I=Agree/Somewhat Agree response; V=Neutral/Somewhat Disagree response.

<table>
<thead>
<tr>
<th></th>
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<th>Depressed V</th>
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<th>Concerns V</th>
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<td>17</td>
<td>2</td>
</tr>
<tr>
<td>U.S. Born</td>
<td>27</td>
<td>8</td>
<td>28</td>
<td>7</td>
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Chapter 5

CONCLUSIONS AND RECOMMENDATIONS

Introduction

Filipino Americans are uniquely different in history and immigrant experience compared to other Asian American groups. These experiential factors impact their cultural values, worldviews and their ability to acculturate in U.S. culture compared to other Asian Americans. These various experiences of Filipino Americans lead to various mental health experiences that may be dissimilar to other cultural groups. It is important to conduct research in the social work field that focus primarily on Filipino Americans in order to assess their specific needs. Due to the limitations of current research on Filipino Americans and mental health, it is imperative to address factors as to why mental health services are being underutilized by this subgroup.

Data and Hypotheses

The researcher’s hypotheses were guided by the literature review, as well as the Developmental Contextualism and Social Constructionist theoretical frameworks. Social conditions and change an ethnic group or individual encounters impacts how they view themselves and the world around them. It is important to explore the context and the social constructs that Filipino Americans have been influenced with to further understand how they view themselves in relation to mental health.

The researcher’s first hypothesis stated that the longer length of residence in the U.S. (or acculturation) for a Filipino American, and the higher level of educational attainment, the higher the tendency to seek mental health services versus those who are
not as acculturated or less educated. This hypothesis was supported by the data generated from this study. For the immigrants who resided in U.S. society longer (i.e. 26 years and longer) they had more favorable responses to the utilization of mental health services. This was also true with the more educated group (i.e. those holding Bachelor’s or Master’s degrees). Their percentages regarding willingness to utilize or mental health services were notably higher than those who were less acculturated and educated. Although the researcher did not obtain literature on the relationship between a Filipino American’s educational achievement and willingness to utilize services, a number of literature suggests that the more acculturated an individual is to mainstream U.S. society, the likely they are to participate in formal mental health services.

The second hypothesis stated that those who are not acculturated may still have cultural values around discussing problems or addressing mental health issues and therefore are less likely to utilize services. The notion of the cultural value of keeping problems to one’s self or within the family system was addressed in the survey. The data generated from the research was not statistically significant and therefore it was unable to support this hypothesis. However the data suggested that although the respondents felt that they do not need to keep problems to themselves, they do need to keep the problems within their family system. Both the immigrant and U.S. born group held these similar notions with over 60 percent responding favorably to these statements. This was also supported by a number of the literature reviewed. It was noted that disclosing problems that occur within the family or reporting mental health issues to professionals is considered dishonorable and will bring shame upon the family system.
Most of the literature found on Filipino Americans suggests that cultural stigma is cited as a prominent reason for why mental health services are underutilized by this group. Filipino American cultural values include saving face and maintaining the honor and integrity of the family.

The last hypothesis stated that those who identify more with their Filipino American ethnicity are less likely to utilize mental health services due to their cultural value of utilizing lay system supports versus formal support services. This was supported by the data generated. Both the immigrant and U.S. born sample responded favorably, and with high percentages, to the notion of ethnic identity and pride. It was also interesting to note that they were favorable in encouraging others to utilize formal services however were not as favorable in utilizing it for themselves. To a degree, the higher levels of agreement to utilizing the lay system first for issues of depression or mental health concerns may be attributed to why there was a slight decrease in response to the statement regarding utilizing formal mental health services for themselves. If respondents feel they can seek support with family and friends, they are least likely to seek formal services. This is characteristic of collectivistic cultures where they identify and turn to each other for support.

**Social Work Implications and Recommendations**

Social work practitioners can benefit from these findings as they demonstrate a need for outreach efforts and provision of mental health services that may be helpful in encouraging Filipino Americans in utilizing services. The study also brings to the social work profession a re-examination of how cultural values around discussing problems
may influence the actions of Filipino American clients. The information gathered is significant because it promotes being culturally aware, developing and enhancing professional expertise and applying them into social work practice. As a collectivistic culture, Filipino Americans value the importance of family and keeping problems and issues within their family systems. As a number of literature reviewed, issues such psychiatric or psychological disorders and substance abuse, may be underreported by Filipino Americans until it is almost unmanageable, if reported at all. Just like the general population, Filipino Americans may not be familiar with what mental health symptoms to look for when deciding whether or not it is time to seek formal services. As a result, it is important for social work practitioners to provide outreach and education in settings that Filipino Americans are already accustomed to.

From a macro level, settings such as the school system, local churches and other Filipino American organizations are places to target. During outreach presentations and mental health education, social work practitioners can place emphasis around the cultural value of helping one another in their community in support of reaching goals. Being part of a collectivistic culture promotes social support and solidarity which could be seen as a coping mechanism within of itself. Using a strengths-based approach in acknowledging all the achievements and positive supports the Filipino American community provides, matches to the culture’s value of presenting well to one another and the group.

Another culturally sensitive approach would be for mental health and social service organizations to make efforts to include Filipino American staff of all ages,
experiences and backgrounds. Since it was cited in the literature that lack of ethnic and cultural match played a role as to why a Filipino American may not utilize mental health services, it is important for a client to identify and feel understood by a social work practitioner. As indicated earlier, practitioners can incorporate other staff and community members in their approach to social work practice. This can include paraprofessionals, teachers, school counselors, ministers and volunteers who are already present in settings that Filipino Americans are already accustomed to. They can utilize these members who already have cultural skills and expertise within the field to obtain better knowledge and create a bridge and alliance to the population. Staff or professionals who are already visible in the community are more likely to gain more respect from a Filipino American client.

At the micro level, during individual or family interactions, it is still important for social work practitioners to use a strengths based approach and build rapport and alliance. As a result of the complexity of the role acculturation and ethnic identification play around Filipino Americans and their view of their selves, it is important for a social work practitioner to explore the social and cultural constructs that a Filipino American client presents with when meeting them for the first time. Making a genuine effort to understand the situation and cultural dynamic is integral to having a Filipino American client build trust in the therapeutic or social services process. Once trust has been established, it is good practice to explore what role family support, communication, and cultural norms and values play in addressing problems. Both the macro and micro level approaches will hopefully help deconstruct cultural norms and stigma around mental
health issues and encourage Filipino Americans in seeking support outside of their family once necessary.

**Limitations**

A limitation noted is the study’s ability to be generalized to the broader Filipino American population. This is due in part to the characteristics of the sample— the small sample size, non-random sampling method and the participants were limited to the San Francisco Bay and Sacramento Valley area. The data generated describes a relatively young, well-educated sample group, with a strong sense of ethnic identification with Filipino American culture. It is important to note that this is not representative of the entire Filipino American population.

However, these limitations bring light to possible future research or direction for mental health services and Filipino Americans. To improve the generalizability of research, future studies can include a larger sample size, random sampling, and using participants from other areas within the state of California or the U.S. Other future research can explore a Filipino American’s experience with mental health services and whether or not formal services provided more support and assistance over using their family or friends. It would be interesting to note the comparison of both supports and discover the strengths and weaknesses of both the lay and formal mental health systems. Other research to explore could include a Filipino American’s understanding of what issues or concerns would warrant the need for formal mental health services. In a culture where acquiescing with the group and placing priority of the needs of the family system over the individual is the norm, what behaviors or symptoms must be present for
an individual to warrant a need to seek formal mental health services? Once behaviors bring shame upon a family, would this be the criteria to seek services? Such information generated from this research would bring a wealth of knowledge to the social work practice in approaching and providing outreach for the Filipino American population.

**Summary**

Social worker practitioners have the responsibility to be culturally competent and advocate for the needs of all cultural groups, including Filipino Americans. Considering the limited research and underutilization of mental health services from this population, it is important to provide outreach and education to address mental health issues that may be underreported. Social work practitioners can play a role in deconstructing social and cultural stigma that may impede Filipino Americans in seeking support outside their friends and families. The hope is that by providing awareness and education from the macro and micro levels, Filipino Americans may feel more comfortable in utilizing mental health services.
APPENDIX A

Counseling Resources

San Francisco Bay Area Counseling Resources

San Francisco Area

Sliding Scale Fee Counseling and Psychotherapy
Access Line (toll free) 888-246-3333 (Hours 9am-5pm)

Richmond Area
Asian Family Institute (http://www.ramsinc.org/afi.html)
Call AFI's Intake Coordinator at 415-668-5998, ext. 21

Asian Community Mental Health Services provides services in several Asian languages. For more information about ACMHS, visit www.acmhs.org or call 1-510-451-6729 (Alameda County residents) and 1-510-970-9750 (Contra Costa County residents). The Asian ACCESS line is 1-510-869-7200.

County Referral and Information lines:

Alameda County Behavioral Health Care Services
ACCESS Program provides general mental health and substance abuse screening and referral for Alameda County residents. For more information, call 1-800-491-9099 or 1-510-346-1010 or visit http://bhcs.co.alameda.ca.us/

Contra Costa County Mental Health Services
1-888-678-7277 or http://www.cchealth.org/

Marin County Community Mental Health Services
1-415-499-4271 Mental Health assessments and referrals
1-415-499-6666 Psychiatric Emergency Services http://www.co.marin.ca.us/

Napa County Department of Mental Health
1-707-259-8151 Mental Health Access Unit provides community-based services and referrals or 1-707-253-4711 Emergency Response (Psychiatric Services) www.co.napa.ca.us/GOV/

San Francisco County Mental Health Services
24-Hour Access Helpline: 1-415-255-3737 or 1-888-246-3333
http://www.sfdph.org
San Mateo County Mental Health Services
1-800-686-0101 or http://www.co.sanmateo.ca.us/smc/

Santa Clara County Mental Health Services
1-800-704-0900 or www.sccmhd.org. Services are available in Mandarin and Vietnamese.

Solano County Mental Health Services
1-707-784-2140 or 1-707-428-1131
http://www.co.solano.ca.us/

Sacramento Area Counseling Resources

The Anxiety Treatment Center
Broad range of treatment for various disorders and anxiety issues. Located in Sacramento. Call (916) 366-0647.

Sacramento County Mental Health
Offers mental health services, support and referrals for adults and children. Call (916) 875-7070.

Family Service Agency
Family Service Agency, located near Watt and Folsom Blvd provides counseling for children, adults and families. MediCal is accepted and a sliding fee is provided based on monthly income. MediCal clients please call (916) 875-1055, all others may call (916) 368-3080.

Fallcreek Counseling Assoc.
Director: Debra Moore, Ph.D. Sliding scale, all ages, NO Medi-Cal. Diverse staff. Call: (916) 344-0900 or visit www.sacramentopsychology.com

Yolo County Mental Health
Provides mental health services as well as drug/alcohol rehabilitation and other services. West Sacramento: (916) 375-6350. Woodland: (530) 666-8630.

Yolo Family Service Agency
YFSA is committed to strengthening family life in Yolo County. YFSA has developed a variety of programs and services to meet the needs of families in Yolo County. Services are available to anyone who works or resides in Yolo County and are also offered in Spanish. For services in Woodland call (530) 662-2211, Davis (530) 753-8674 or Sacramento (916) 375-1254. Fees may be adjusted according to family income.
Family Study Center
The Family Study Center offers counseling for adults, children and families. They do offer a sliding fee based on income. They are located on X Street in Sacramento and can be reached at (916) 456-4412.
APPENDIX B

Consent to Participate in Research

You are being asked to participate in research which will be conducted by Chiara Teruel, a graduate student in Social Work at California State University, Sacramento. The study will investigate acculturation and attitudes related to Filipino Americans and their utilization of mental health services (i.e. individual or group counseling, psychiatric or psychological services).

You will be asked to complete several questions about your demographics (i.e. age, educational background), if you are U.S. born or born overseas, and your views on Filipino/Filipino-American culture and attitudes towards mental health services. The survey may require up to 20 minutes of your time. If you agree to participate, your responses will be entered confidentially and no identifying information will be connected to your responses.

Some of the items in the questionnaire may seem personal. If you feel uncomfortable and do not wish to continue, you can stop at any time and choose not to submit your responses.

You may gain additional insight into factors that affect your views and attitude towards mental health services or you may not personally benefit from participating in this research. It is hoped that the results of the study will be beneficial to understanding what factors contribute to the use of mental health services by a small sample of Filipino Americans in the San Francisco Bay and Sacramento Valley areas.

Your responses will be kept confidential to the degree permitted by the technology used. However no absolute guarantees can be given for the confidentiality of electronic data. Your email address was obtained for the purpose of sending you an internet link to the survey. This information will also be kept separate from the surveys, thus preserving confidentiality.

You will not receive any compensation for participating in this study. In the event you want to address or process personal issues that come up for you during your participation in this survey, counseling support and resources are available all throughout the San Francisco Bay Area and Sacramento Valley areas. These resources are attached to the email as Word documents.

If you have any questions about this research, you may contact the researcher at (XXX) XXX-XXXX or by email. Faculty sponsor Professor Kisun Nam can also be reached at knam@saclink.csus.edu or by phone at (916) 278-7069.
Your participation in this research is entirely voluntary. By clicking “Yes” on the tab below, you are acknowledging that you have read this page and agree to participate in the following survey.

*Do you wish to continue and participate in the survey?

☐ Yes
☐ No
APPENDIX C

Survey Questions

FILIPINO-AMERICAN CULTURE, IDENTITY and MENTAL HEALTH:

Please use the following scale to identify how you agree/disagree with the statements listed below:

1 = Agree  2 = Somewhat Agree  3 = Neutral  4 = Somewhat Disagree  5 = Disagree

Cultural Identity

1. I am proud to identify as Filipino/Filipino-American
   1 2 3 4 5

2. I have Filipino ancestry but I only identify myself as American, a citizen of the U.S.
   1 2 3 4 5

3. I strongly identify with the Filipino/Filipino-American culture.
   1 2 3 4 5

Cultural Definitions

4. I believe Filipino/Filipino-American culture means keeping problems to one’s self.
   1 2 3 4 5

5. I believe Filipino/Filipino-American culture means keeping problems within the family.
   1 2 3 4 5

6. I believe that U.S./American culture means caring more about one’s individual needs over the needs of the family or others.
   1 2 3 4 5

7. My family/culture encourages me to talk about my feelings.
   1 2 3 4 5

8. My family/culture encourages me to talk about my problems.
   1 2 3 4 5
Opinions about Mental Health Services:

*Mental health services (i.e. counseling/therapy, psychiatric services, taking medication for mental health purposes, etc)

9. If I was feeling depressed, I would turn to my friends or family first.
   1    2    3    4    5

10. If I had concerns about my mental health, I would turn to my friends or family first.
    1    2    3    4    5

11. My family/culture looks down on those who use mental health services.
    1    2    3    4    5

12. I would encourage friends to use mental health services if they can benefit from them.
    1    2    3    4    5

13. I would feel comfortable expressing my emotional concerns with professionals or service providers.
    1    2    3    4    5

14. I know how to get mental health services if I feel the need to.
    1    2    3    4    5

15. I would feel comfortable expressing my emotional concerns with professionals or service providers.
    1    2    3    4    5

Your Demographics

1. Sex/Gender:   ___ Female   ___ Male   ___ Other

2. What is your age group?
   ___ 18-24 years old
   ___ 25-35 years old
   ___ 36-45 years old
   ___ 46-55 years old
   ___ 56-65 years old
   ___ 65 years or older
3. The highest level of education I have received is:
   __ No high school diploma earned
   __ High School diploma or GED only
   __ Some College or Vocational training
   __ Bachelor’s degree
   __ Master’s degree
   __ PhD

4. Where you born in the U.S.?  _ YES _ NO
   (If you marked “No”, skip to question #6. If you marked “Yes” please check one of the following below).
   __ My parents were born in the Philippines and they immigrated to the U.S.
   __ My grandparents were born in the Philippines and they immigrated to the U.S.
   __ My Great-grandparents/or past generations were born in the Philippines and they immigrated to the U.S.

5. How many years have you lived here in the U.S.? (Choose one of the following options):
   __ 0 – 3 years
   __ 3 – 7 years
   __ 8 – 15 years
   __ 16 – 25 years
   __ More than 25 years
6. **Which of your family members have Filipino ancestry?** (Check all that apply).

- [ ] Mother
- [ ] Father
- [ ] Maternal Grandmother
- [ ] Paternal Grandmother
- [ ] Maternal Grandfather
- [ ] Paternal Grandfather
REFERENCES


