

INTRODUCTION

- Data on South Asian (SA) healthcare disparities in the US, specifically in mental health, is limited.
- SAs have higher rates of suicide when compared to other Asian subgroups and elderly SAs have higher levels of acculturation stress, yet they are less likely to seek help.
- Asian populations are being identified as one of the fastest growing foreign-born populations in the US, raising concern for their mental health.
- This is an exploratory study, seeking to understand SA attitudes toward mental health to provide a better framework of understanding when approaching mental health care in these populations.

MATERIALS & METHODS

The Weller and Grunes's Attitudes To Mental Illness Questionnaire was adapted and modified to include specific demographic questions as well as an open-ended modes of preferred mental health care methods question.

Data was collected over a 12-month period via online recruitment of participants through social media and online groups dedicated to South Asian populations.

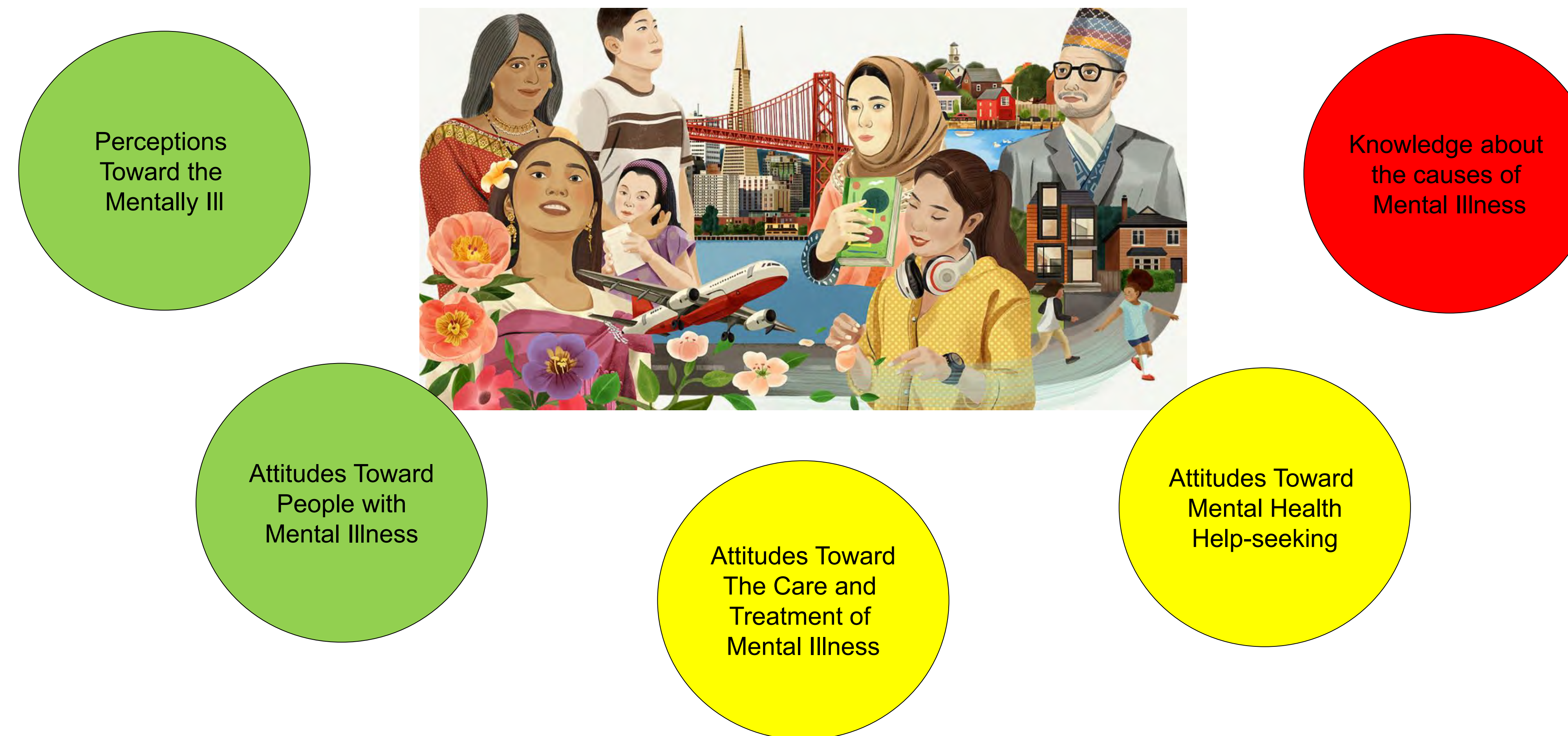
Primary analysis compared all independent variables (Demographics) against all dependent variables (attitudes) using MANOVA, specifically, Pillai's Trace.

Secondary analysis compared each dependent variable against each independent variable using LTEET.

HYPOTHESIS

SAs that identify as under the age of 40, female sex assigned at birth, women, having some college education, unemployed, single, with disabilities, and those with experience with mental illness will have more positive responses to the survey than their demographic counterparts.

RESULTS



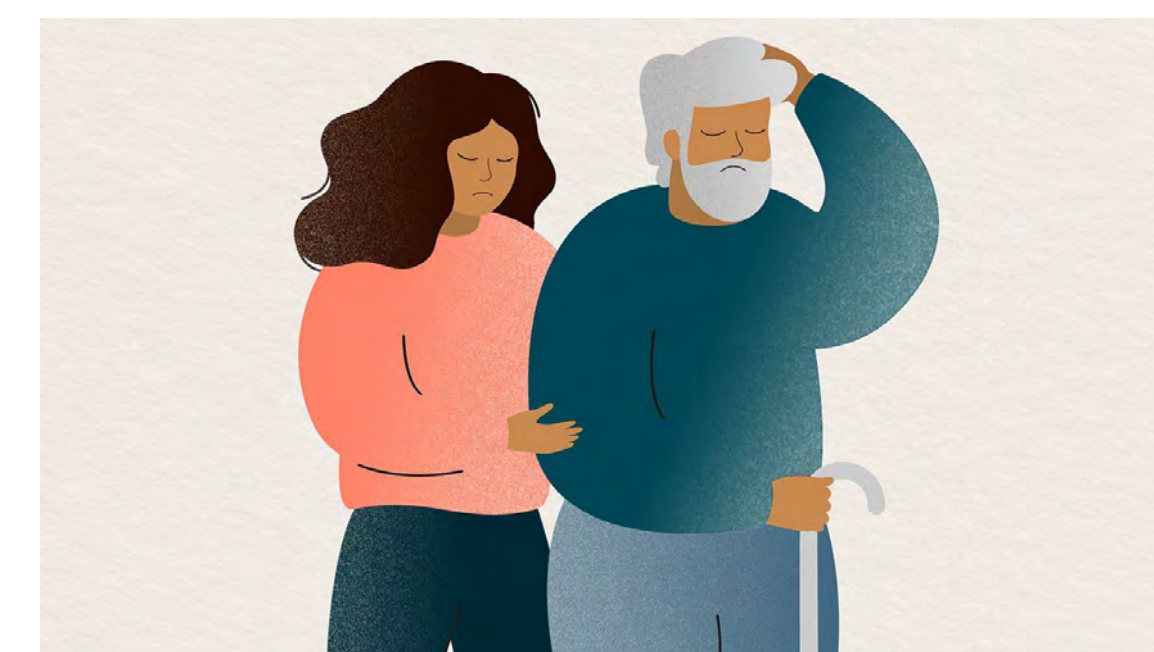
As a whole, SAs have positive survey scores in perceptions toward the mentally ill and attitudes toward people with Mental Illness (MI) and neutral scores in the Care and Treatment of MI and Mental Health Help Seeking, with a significant portion reporting a lack of knowledge about causes of MI.



SAs between the ages of 40-59 had the least positive survey scores in Attitudes toward the Care and Treatment of MI with primary $p = 0.078$ and secondary $p = 0.014$.



SAs who were caregivers of those with MI had the least positive survey scores in Perceptions Toward the Mentally Ill with primary $p = 0.263$ and secondary $p = 0.022$.



SAs who identified their Marital Status as Single had the most positive survey scores in Perceptions Toward the Mentally Ill with primary $p = 0.299$ and secondary $p = 0.065$.



SAs who identified their Education Level as "Some College" had the most positive survey scores in Attitudes toward the Care and Treatment of MI with primary $p = 0.638$ and secondary $p = 0.083$.



DISCUSSION

Conclusions:

- Age may preface the generational aspect of being an immigrant and influence the ease of acculturation in SAs.
- Caregivers in this population may be more susceptible to burnout resulting in poor perceptions toward the mentally ill.
- SAs prefer turning to spiritual advisors, self-help books, improving personal care habits, and meditation to address mental health concerns over seeking professional care.

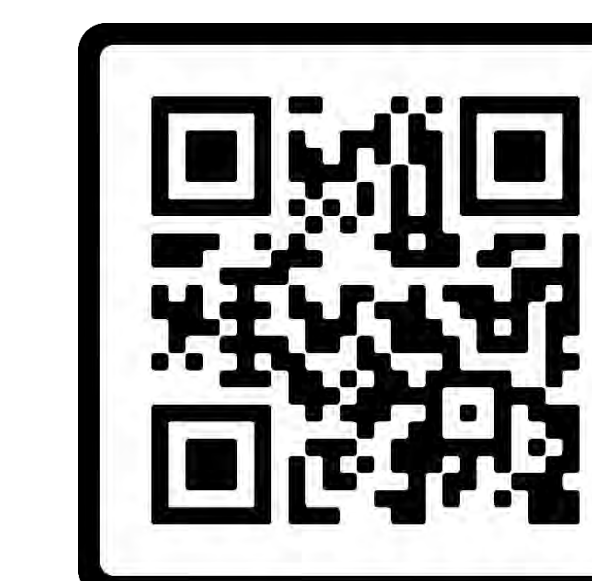
Survey trends may be limited by sample size, future studies should aim to overcome this by addressing the following barriers:

- Challenges in surveying Asian populations
 - Small proportion of the general population
 - Linguistic diversity
 - Multicultural challenges
- Surveying as a method of data collection
 - Consider Interviews or focus groups
- Study Sample Size
 - Consider using areas where SAs are oversampled

Future Directions:

- Recent study showed SAs have better outcomes upon discharge from specialized mental health services compared to other communities.
- Pathways to mental health services shaped in part by communities of origin, cultural identity and collective stigma.
- Significant need to center SA voices to understand and address attitudes and perceptions that may influence mental health help-seeking behaviors and ultimately mental health outcomes.

Scan below for detailed Abstract and References



SCAN ME

ACKNOWLEDGEMENTS

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