

THROUGH THEIR EYES: CHINESE IMMIGRANT EMERGING ADULTS,
ACCULTURATION, AND MENTAL HEALTH

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ABSTRACT

This study was designed to investigate the acculturation experiences and mental health service usage of Chinese immigrant emerging adults (ages 18-25) in Saskatchewan along with their suggestions to improve service usage. Research in Saskatchewan has been sparse, and limits our understanding of how Chinese immigrants in less ethnically diverse urban centres adapt to their newer environments. This study followed a general qualitative study approach wherein the researcher acts as the instrument to inductively make meaning of the participants' experience (Merriam, 2002). Individuals up to age 30 were invited to take part in the study as they had either recently exited emerging adulthood or, as age is only a rough indicator may still be in emerging adulthood. Five participants between ages 19-29 were recruited through referral sampling and advertising on a university message board. Participants took part in two in-depth one hour interviews one to two weeks apart. Berry's (1997) acculturative framework was used as a foundation to understand acculturation experiences and the existence of acculturative stress. The findings of this study suggest that acculturative stress and its connection to mental health concerns is complex and appeared to be mediated by family dynamics and communication. Further, this study provided contextualised information for mental health professionals in central Canada or less diverse urban centres to improve the life outcomes of Chinese immigrant emerging adults, including reaching out to normalise help-seeking for mental concerns, and encouraging Chinese to talk about their struggles. Results suggest that mental health professionals need to pay close attention to their multicultural competency when working with Chinese immigrant emerging adults.

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TABLE OF CONTENTS

PERMISSION TO USE	i
ABSTRACT	ii
ACKNOWLEDGEMENTS	iii
TABLE OF CONTENTS	iv
LIST OF FIGURES	xii
CHAPTER 1: INTRODUCTION	1
Researcher Background	2
Researcher Reflection on Culture	3
Rationale	5
The Present Study	7
Research Questions.....	8
Definition of Terms.....	8
CHAPTER 2: LITERATURE REVIEW AND THEORETICAL FRAMEWORK	10
Acculturation Framework	10
Acculturative Strategies	11
Validity of the Acculturative Stress Model	12
Criticism of Berry’s Framework.....	12
Answering Criticism of Berry’s model.....	14
Emerging Adulthood as a Developmental Period.....	15
Features of Emerging Adulthood.....	16
Normative Features of Emerging Adulthood.....	16
Research on Immigrants and Emerging Adulthood.....	17
The Immigrant Experience of Emerging Adulthood	18
Immigrants and the Feeling of In-between	18
Immigrants and Identity Exploration	19
Ethnic identity and emerging adulthood	20
Ethnic identity and identity exploration.....	21
Immigrants and the Age of Instability	21
Immigrants and Endless Possibilities.....	22
Immigrants and Self-focus.....	22

Chinese Emerging Adults and the Immigrant Experience.....	23
Acculturative Stress	24
Acculturative Stress and Families.....	25
Causes of Acculturative Gaps.....	26
Impact of Acculturation-based Conflicts on Immigrant Families	27
Family Dynamics and Acculturative Stress	28
Family Cohesion	28
Family Communication	28
Differences between Canadian and Chinese Immigrant Families	29
Mental health and Immigrant Populations.....	31
Mental Health Concerns	31
Acculturation and the Impact on Mental Health.....	33
Sociocultural Acculturation and Mental Health	33
Economic Acculturation and Mental Health.....	34
Psychological Acculturation and Mental Health	35
Behavioural Acculturation	36
Values Acculturation	37
Ethnic Identity.....	38
Receiving Culture Attributes and Mental Health.....	40
Experience of Discrimination	40
Canadian National Policy on Immigration	42
Chinese Immigrant Mental Health Service Usage and Attitudes	43
Personal Barriers.....	44
Cultural Barrier: Beliefs about Mental Health.....	44
Cultural Barrier: Perceptions of Western Medicine.....	45
Stigma	45
Systemic Barriers	47
Symptom Presentation and Diagnosis	47
Lack of Information	48
Language Skills.....	48
Financial Cost	48

Discrimination.....	48
Suggestions for Improving Mental Health Services	49
American Psychological Association Guidelines	50
Canadian Recommendations.....	50
Evaluation of recommendations	50
Summary	51
CHAPTER 3: METHODOLOGY	53
Qualitative Research	53
Basic Qualitative Research	53
Data Gathering	54
Pilot Study.....	54
Participants.....	54
Procedures.....	56
Semi-structured Interviews	56
In-depth Interviews	57
Data Analysis	57
Ethical Considerations	59
Sensitive Research	59
Trustworthiness.....	60
Truth Value and Credibility	60
Applicability and Transferability	60
Consistency and Dependability.....	61
Neutrality and Confirmability.....	61
Summary	61
CHAPTER 4: RESULTS	62
Findings.....	62
Family Characteristics	62
Family Composition.....	63
Family Dynamics	63
Family Communication	64
Decision Making and Career Choices.....	64

Sources of Acculturative Stress	66
Identity: Where do I Belong?.....	66
Otherness: I'm not like Other People.....	68
Comparison: How do I measure up?.....	70
Family: My Family is so Far Away	72
Life Pace: Life is Different Here	73
Obligation: I owe it to my Parents	73
Womanhood: A Woman should.....	74
Acculturation Strategies.....	76
Help-Seeking Behaviours of Chinese Immigrant Emerging Adults.....	77
Friends.....	78
Family	80
Religion.....	81
Professionals	82
Me, Myself, and I.....	84
Attitudes toward Accessing Mental Health Services.....	85
Cultural Roadblocks.....	85
Mental Health: It's not important, it's not even real.....	85
Do something about it.....	86
What a shame	87
What's wrong with you.....	88
If you're strong, it'll be okay	90
Addressing Cultural Roadblocks	90
It's Okay to Seek Help.....	91
Fight Stigma.....	91
Just Talk about it.....	92
Help Chinese Help Other Chinese	92
Hear Their Stories	93
Equipping Mental Health Professionals.....	94
Professional Service Roadblocks	94
Language: I can't fully understand or express myself	95

Trust: Can I trust you?	96
Culture: Do you really understand where I'm coming from?.....	97
Cost: How much does it cost?.....	97
Knowledge: Where do I go and who do I see?	98
Understanding: How are you different than my friend?	100
Community Outreach.....	100
Summary	101
CHAPTER 5: DISCUSSION	102
Summary of Findings.....	102
Integration with Current Research	103
Placing Participants within Berry's Acculturative Framework	103
Chinese Immigrants and Emerging Adulthood.....	104
Acculturative Stress in Chinese Immigrant Emerging Adults	105
Mental Health and Chinese Immigrant Emerging Adults.....	108
Cultural and Professional Service Barriers for Chinese Immigrant Emerging Adults	110
Cultural Barriers.....	110
Professional Service Barriers	113
Suggestions for Mental Health Professionals	114
Researcher Reflection	121
Summary	122
CHAPTER 6: CONCLUSION	123
Strengths of the Current Study.....	123
Limitations of the Current Study	125
Implications for Future Research.....	126
Implications for Practice	126
APPENDIX A: Recruitment	128
APPENDIX B: Consent Form	129
APPENDIX C: Interview Guide	132
APPENDIX D: Transcript Release Form	134
REFERENCES	136

LIST OF FIGURES

Figure Number

4-1 Overview of the Participants' Sources of Acculturative Stress.....	66
4-2 Overview of Participants' Help-Seeking Behaviours.....	78
Figure 4-3 Overview of Cultural Barriers to Mental Health Service Usage and Suggestions for Addressing Cultural Roadblocks	85
4-4 Overview of Service Barriers to Mental Health Services Usage and Suggestions for Addressing Service Roadblocks	95

Chapter 1: Introduction

Multiculturalism became the official policy of the Canadian government in 1971 and was formalized into law in 1988; this policy safeguards the personal freedoms of all Canadian citizens to retain their heritage and cultural identities, protects their right for non-discriminatory practices, and promotes multiculturalism in Canada (Government of Canada, 1988). This has led to an era where Canada has opened its arms to new Canadians from around the world and an increasing number of naturalized citizens. As of 2011, 20.6% of the Canadian population are foreign born, with over 2,000,000 immigrants moving to Canada since 2000 (Statistics Canada, 2011). While the majority of new immigrants land in British Columbia, Ontario and Quebec, there is a growing number of immigrants in the central provinces, such as Alberta and Saskatchewan.

Looking specifically at Saskatchewan, there are several noticeable trends. Statistics Canada projected that by 2017, 34,000-44,200 visible minorities would be living in Saskatchewan (Statistics Canada, 2005). The reality has surpassed these expectations. This number exceeds the projection by over 20,000 persons. Visible minorities make up 6.3% of Saskatchewan's population, with people from Chinese backgrounds being the third largest group (11,300 people). Saskatchewan's ethnic composition has been changing drastically since 2001. From June 2013 – June 2014, Saskatchewan welcomed 12,300 new immigrants. Introducing people from many different cultures in a short space of time has created a Saskatchewan vastly different from the one that has existed for many generations. While Canada's larger provinces have had a longer history of multiculturalism, Saskatchewan will now have to adapt to a multicultural existence.

This research looked at the acculturation experiences of Chinese immigrant emerging adults in Saskatchewan and their mental health concerns. It also explored opinions about mental health and suggestions from five participants on how to improve access to and usage of mental health services. The ultimate aim of this study is to provide insight into improving the mental health outcomes and professional service usage of the Chinese community.

Researcher Background

Multiculturalism opened the door for many citizens, including my family. I am a first generation Canadian and moved to Canada at a young age. Like many immigrant children, I feel that I belong to neither culture fully. At times, my behaviour and attitudes are aligned with what

is typically seen as Canadian culture, and at others more similar to the traditional Chinese beliefs of my family. I have firsthand understanding of how this can cause tension and lead to other issues. Canadians often expect teenagers to begin making decisions on their own apart from their parents. However, with many Chinese families, this is not the case, although sometimes parental expectations are not discussed. When they are, children are meant to follow their parents' direction and suspend their own desires. For example, a friend of mine was accepted to university for an arts degree, and when her parents found out they were upset and demanded to know why they had not been consulted. This led to a panic attack and a period of mental and emotional turmoil. Even though this friend had received a scholarship for this area of study, which was a marker of academic success, it was still unacceptable according to the parents. While my friend continued to pursue this degree, other friends in similar situations pursued degrees that aligned with their parents' or other relatives' desires and not their own. Some friends rationalized this choice by making their parents' desire appear as their own. In the middle of struggles like this, no one was around to help navigate what was often stressful and confusing. Being told on the one hand to become independent and make independent decisions, and on the other hand being expected to put parental desires and expectations at the forefront created a situation where my friends and I had to juggle with competing norms without the benefit of empathic guidance. Parents did not fully understand how growing up in Canada impacted us, and we often lacked the words to communicate it in a way that made sense, possibly because we did not personally understand how to navigate our experiences.

For many of my friends, it remains difficult to verbalise or record anything that appears disparaging either to their family or parents. The desire to protect family, or preserve face, is strong. I share this tendency with most Chinese – anything that could reflect negatively on your family is not something you discuss with others, let alone write down and make public. Because of this proclivity to protect the family, potential participants in a study of this nature might be reluctant to speak about it. I believe that being a cultural insider, potential participants may be more inclined to speak with me and therefore may be more willing to share personal thoughts than to someone perceived as a cultural outsider.

There are a few important factors that may distinguish my experience growing up in Canada and that of the participants in this study. Firstly, many more recent immigrants to Canada come from Mainland China, whereas I was born in Hong Kong, then a British colony. This gives

me a different history than perhaps many who arrive from Mainland China, including a family history that may be more affected by western influences. Secondly, I grew up in Vancouver, a larger, more diverse part of the country than those who arrived and chose to live in Saskatchewan. I often would appear to be part of the “majority” whether it was because of the number of others from Chinese backgrounds or simply because there were fewer Caucasians and greater numbers of people from ethnically diverse backgrounds. Nevertheless, there are some similar elements that may unify my experiences with my participants. I, too, arrived in a less diverse part of the country, Saskatchewan, during my emerging adulthood years, having left family and certain cultural ties, and for the first time feeling like I was in the minority.

Growing up as a first-generation immigrant in Canada places me in a position where I share many of the same experiences and understand many of the struggles that children of immigrants may face. I have witnessed how receiving insufficient or inappropriate help for stress or other emotional concerns can affect whole families. In the name of “doing your duty” by your family, a person’s needs can be subsumed and lead to undue hardship and emotional duress. Choosing to fulfill your own desires can lead to familial stress and could lead to being labeled as “the black sheep” even if no one will speak about it. I have seen both these things in many of my Chinese-Canadian friends and while we may share common experiences and be able to find understanding from one another, the emotional aspects and the strain does not necessarily change as a result. In order to be holistically healthy, Chinese immigrants need to address these sources of stress in a way that brings about a resolution, whether internally or externally. For this to happen, they need to see professional mental health services as valuable and an endeavour that will not threaten their ethnic identity and their families. Since very few Chinese immigrants that I know of speak openly about mental health and seeking help, I embarked on this research to help find a way to begin the discussion of mental health amongst immigrant populations while also equipping practitioners with the knowledge that they need to serve these communities well.

Researcher Reflection on Cultures

In undertaking this research, it was important for me to recognise the diversity that exists in Chinese culture, or perhaps more appropriately, Chinese cultures. While there may be certain cultural heartbeats that unify the Chinese cultures, there are many potential sources of difference. The nation of China covers a vast landmass and contains many different cultures and people groups. The two major dialects in China are Mandarin and Cantonese, however, many other

dialects exist such as Shanghainese. In addition to language, religious practices, traditions, cuisine, and local history vary across the nation of China and impact each immigrant's pre-immigration experiences, beliefs, and the richness that they bring to their new homes.

As an immigrant from Hong Kong, there are ways in which my native culture differ from those of immigrants from Mainland China. I recognise that there are both personal and societal factors that have impacted a person's native culture, influenced by both the region of China that they are from and from their family's hometown, which may not be the same as the city that they are from. Additionally, originating in rural communities or urban centres may influence the resources one has access to pre-immigration, which then impacts the ways in which they need to adjust to the Canadian context. Many of the newer immigrants to Saskatchewan tend to be from Mainland China and speak Mandarin. Language is one aspect that separates my experience with many newer immigrants. However, there may be some cultural heartbeats that remain the same, including cultures that have been at least in part been informed by Confucius principles.

Another important aspect to consider is the cultural landscape of Canada with distinctive cultures within this larger nation. More diverse urban centres have a longer history of cultural diversity and there may be more bidirectional acculturation with certain ethnic groups. In Metro Vancouver, for example, a wide variety of restaurants serve "ethnic foods," Spring Festival and Diwali are celebrated widely by people from many ethnic groups, and there many different places of worship, including churches, mosques and Buddhist temples. However, in a smaller location like Saskatchewan cities the cultural landscape is not as diverse. Members of the ethnic majority community may have less experience interacting with those who are culturally different. The acceptance of different cultural perspectives may be lacking or still in development and opportunities to maintain native culture practices and beliefs may be limited. Because of this, pressures to fit in or adapt one's behaviours and values may be different in less diverse locations as compared to places where there is a longer history of intercultural experiences.

While I recognise that different Chinese cultures are represented by the participants in the current study, out of respect for their privacy, their pre-immigration demographical information has been omitted from this thesis. The population of Chinese immigrants from 18-30 years of age is relatively small and providing thick description of participants' pre-immigration experiences may result in their being easily identifiable. As the topic of this current study is sensitive in

nature and can be considered taboo, this decision was made in order to safeguard the identity of participants and allow a greater degree of anonymity.

Rationale

As the landscape of Canada changes and as Saskatchewan continues to attract new immigrants, it will become necessary to help new Canadians manage the many demands that a new country and new life brings. Moving to a new country can be disorienting. Ways of life, ways of being, and ways of doing change overnight. While immigrants dream of arriving in Canada for a new and better life, they can be ill equipped to deal with the cultural changes that they face once they land. Acculturation is the process by which people from different cultures interact and the changes that occur; while this can theoretically mean all the groups involved will acculturate, practically, those from the minority culture are often the ones who adapt to the majority culture (Berry, 1997). The greater the cultural difference, the larger the cultural gap that exists between host and native cultures. Immigration necessarily leads to acculturation when a family moves from what is familiar to what is foreign.

Immigration is difficult for many reasons, and for those who come to Canada as a family there can be additional challenges. Intergenerational differences exist in most families; however, when a family immigrates, there is the potential for even greater intergenerational differences and this can exacerbate an already tenuous situation. This is because parents and children often acculturate at differential rates (Berry, 1997). Children are socialized in a Canadian setting and are educated according to Canadian standards and ideas. While parents may be interacting with Canadians and adopting some Canadian ideas and ways of living, these changes are likely to take place at a slower rate. Because of this, children often become more acculturated and likely to behave and think “Canadian” than their parents. Parents likely retain Chinese traditional beliefs and values, expecting that their children behave in ways that align with Chinese values. This creates situations where children are left to navigate how to balance their parents’ expectations and beliefs, some of which they may share, with what they have learned at school and from Canadian society.

The issues between parents and their children are less pronounced when children are young. As with most families in Canada, when immigrant children reach their teenage years, they tend to individuate themselves from their parents. However, in Chinese culture, children are not expected to separate from their parents in the same way. There are implicit expectations in

my family, and in those of many of my friends, that we listen to our parents and be good children. This meant not questioning parents and doing what they asked. Sometimes, this required guesswork as parents may not make their desires known. Yet, often, Canadian culture is telling children at this age that they need to start making decisions for themselves. The tensions caused by these differential expectations can be further heightened as teenagers enter emerging adulthood.

Emerging adulthood (from 18-25 years of age) is a time that bridges the teenage years and young adulthood (Arnett, 2000). It is “culturally constructed, not universal and immutable” (Arnett, p. 470) and as such may not exist in other cultures. In Canadian culture, this period is a time where people are expected to establish their own lives, make decisions, and become independent from their parents. However, for many immigrant families for whom the idea of emerging adulthood and its associated developmental tasks are nonexistent or exist differently, parents expect their children to follow the developmental pathways of their native culture, which does not include the idea of independence from the family. Chinese immigrant emerging adults face the difficulty of manoeuvring between satisfying their parents’ desires and becoming an adult in the eyes of their Canadian friends and society. Leung, Cheung, and Tsui (2012) found that Chinese immigrants are prone to mental health disorders such as depression and anxiety. The effects of depression vary in severity, ranging from little interference with everyday life to incapacitating an individual and even to suicidal ideation or action (American Psychiatric Association, 2013). Anxiety, depending on the type, can also have little effect or debilitating effects on an individual. If left untreated, severe depression and anxiety can affect many areas of a person’s life. This highlights the importance for Chinese immigrant emerging adults who may be suffering from mental duress to seek the help that they need to prevent mental health disorders from developing.

While it is important for anyone suffering from poor mental health to seek professional support, the issue of mental health is still taboo and stigmatizing among some Chinese families. Mental health service usage and mental health issues has become less taboo in Canada even though there is still work to be done. However, for immigrants who come from countries where mental health is still not spoken of, there are additional barriers to seeking help from professionals. Research shows that Chinese immigrants are most likely to turn to friends and families for help, and if they were to turn to a professional for assistance, they would sooner

consult a doctor than a mental health professional (Leung et al., 2012). All of these factors put Chinese immigrant emerging adults in a precarious situation; for those who are facing stress and not finding appropriate help then it is possible that the issues causing the stress will continue to do so, which may lead to poor mental and emotional outcomes, and possibly poor physical or vocational outcomes.

The Present Study

Research has found that immigrants underutilize mental health services (Crooks, Hynie, Killian, Giesbrecht, & Castleden, 2011; Leung et al., 2012; Loya, Reddy & Hinshaw, 2010; Saechao et al., 2012). These studies have shown that reasons for underutilizing mental health services include stigma, cost (Saechao et al., 2012) and discrimination (Loya et al., 2010). Researchers have indicated the need to educate immigrants about mental health (Lee & Ahn, 2011; Leung et al., 2012; Tieu & Konnert, 2013) and advocate for programs that address the specific needs of immigrant populations (Lee & Anh, 2011). Few studies, however, have researched specifically how to meet these needs. The current study will provide insight into Chinese immigrant emerging adults' experiences of acculturation, their views and usage of mental health services, and their opinions about how to increase mental health service usage.

Research conducted about immigrants and their mental health service usage and attitudes have been mostly quantitative in nature. While results can be generalized, the nuances of behaviours and attitudes may be lost. Quantitative research necessitates answers on scales and only on the items that have been presented to the participant. There is little freedom to give differing opinions, to ask for clarity, or provide additional insight. Having such a narrow scope of answers underrepresents the diversity and personal nature of human experience. Researchers have also pointed to the need for more qualitative studies to better understand this phenomenon (Leung et al., 2012).

Qualitative research allows the exploration of human experience through an individual's worldview. This form of inquiry allows an "understanding [of] how people interpret their experiences, how they construct their worlds, and what meaning they attribute to their experiences" (Merriam, 2009, p.5). While qualitative research is not generalizable, it allows deeper understanding into phenomena and may provide insights for future research.

However, the immigrant population of Canada is not homogenous. Treating all immigrant populations as the same underestimates the diversity of needs and perspectives. While

including multiple ethnic groups in a single study seems to address the multiculturalism found in Canada, drawing information from more than one ethnic group leads to a lack of clear results (Lee & Anh, 2011). The current research study aimed to address the need for qualitative research on the immigrant experience and focusing on one cultural group.

Research Questions

This research was a qualitative inquiry into Chinese immigrant emerging adults' opinions on acculturation stress, mental health, coping strategies, and professional mental health service usage. The purpose of this research was to understand these issues from the perspective of Chinese immigrants and to find ways to remediate their underutilization of services, informing service providers of how to serve this population, and hopefully improving the mental health outcomes of Chinese immigrant emerging adults. The research questions that guided this study are as follows:

1. What are some of the cultural barriers associated with using mental health services identified by Chinese immigrant emerging adults?
 - a. How could mental health professionals address these perceived barriers to increase Chinese immigrant emerging adults' mental health service usage?
2. How do Chinese immigrant emerging adults experience acculturative stress in their lives?
3. What supports do Chinese immigrant emerging adults' access when managing their acculturative stress?
4. How can mental health service providers be better equipped to serving a Chinese clientele?

Definition of Terms

The following terms were used to provide improved comprehension and a common understanding for the language used in this study.

Acculturation

The processes by which members of minority groups change and adapt both psychologically and culturally as a result of intercultural interaction with the majority group (Berry, 1997).

Acculturative stress

Stress arising from conflict due to intercultural contact that cannot be quickly solved by adjustment or assimilation (Berry, 1997).

Emerging adult

A person between the ages of 18 and 25, who is expected to establish their own lives, make their own decisions and become independent from their parents (Arnett, 2000).

First Generation immigrant

Canadians who were born outside of Canada (Statistics Canada, 2011).

Second Generation immigrant

Canadians for whom at least one parent was born outside of Canada (Statistics Canada, 2011).

Chapter 2: Literature Review and Theoretical Framework

This chapter presents an overview of the psychological research on acculturation theories, strategies, and acculturative stress. Berry's (1997) acculturation framework provided the basis for understanding acculturative stress and related mental health outcomes. A brief critique of Berry's model is presented and followed by a review of literature showing the sufficiency of this model. Next will be a review of the concept of emerging adulthood and whether it adequately describes the experiences of Chinese immigrant emerging adults. This is followed by sections that provide a literature review for each of the main concepts in this study. First, literature regarding acculturative stress in immigrant families, including acculturation gaps and family dynamics. Second, a review of mental health concerns in immigrant populations. Third, literature describing the interplay between acculturation and mental health. Fourth, a review on personal and systemic barriers preventing immigrants from accessing mental health services. Fifthly, suggestions from professional organisations for working with minority populations is presented.

Acculturation Framework

Acculturation is the process by which members from different ethnic groups adapt to their new surroundings due to intergroup interaction; however, acculturation is commonly experienced by minority group members and not necessarily by majority group members (Berry, 1997). Berry outlined two aspects of acculturation: (a) psychological acculturation reflecting a person's ability to learn new, culturally appropriate behaviours that are adaptive to life in a new country; and (b) economic acculturation is the ability of an immigrant to find satisfactory and effective work (Berry, 1997). Searle and Ward (1990) described sociocultural adaptation as related to a person's ability to manage life in a new context (Searle & Ward, 1990). Shim and Schwartz (2007) further differentiated acculturation into behavioural and values acculturation. Behavioural acculturation includes the observable characteristics of cultural practices, whereas values acculturation encompasses the hidden, internal components that informs one's identity and beliefs. Acculturation is made up of two components: attitudes towards acculturation and acculturative behaviours (Berry, 2012), which can differ whether the arena being investigated is personal or public (Berry & Sabatier, 2011).

Berry (1997) posited a framework for studying acculturation that included individual and group level factors, and pre- and post-immigration factors. Individual variables are relate to a person's background, including details such as age, gender, personality, and so forth. These

factors exist pre-immigration and can have an effect on a person's ability to adapt in a new social setting. Individual factors also exist post-immigration, including the length of time in the new country, how the person chooses to acculturate, societal attitudes, and so forth. In addition to individual factors, group level factors also exist, including characteristics of their country of origin (e.g. political context), group acculturation, and society of settlement (e.g. attitudes toward minorities). This framework is bidimensional in nature and individuals can vary from high to low desire along these two dimensions, which are cultural maintenance, and contact and participation. Cultural maintenance is one's desire to retain their cultural identity and values. Contact and participation, is one's desire to interact with the majority culture in the country of settlement.

Acculturative Strategies

The variations in these desires are reflected in people's acculturative strategies, which is how a person adapts in their new culture (Berry, 1997). Four strategies arise from this framework: assimilation, separation, integration, and marginalisation. Assimilation is when a person chooses not to maintain their cultural identity and associates mostly with other ethnicities. Separation is when one avoids interacting with others and retain their cultural heritage. Integration combines maintenance of culture and participation in the majority culture. Marginalisation is when a person has interest in neither maintaining their culture nor participating in the majority culture. Empirical support for the existence of the first three acculturation strategies exist, whereas marginalisation is not consistently supported empirically (Schwartz, Unger, Zamboanga, & Szapocznik, 2010). The acculturative stress model of acculturation is founded in Berry's perspective. Research according to this perspective is interested in the psychological outcomes of acculturation.

This model focuses on acculturation through an affective lens, dealing with how immigrants experience stress and how they cope. Other perspectives on acculturation include cultural learning, social-identification, and ontogenetic changes (Sam & Berry, 2010). Ontogenetic changes takes a developmental view and Sam and Berry claimed that this perspective "lack[s] clear theoretical positions are currently just strands of ideas highlighting the importance of including developmental issues into our approaches to acculturation" (p.475). Acculturation research is often interested in how immigrants adapt to their host culture. There are multiple factors that influence an immigrant's acculturative experiences, some of which are

personal factors, such as personality or attitudes towards acculturation, and others are externally rooted in the receiving culture. Research has shown a close relationship between acculturation strategies, adaptive outcomes, and discrimination (Sam & Berry, 2010).

Validity of the acculturative stress model.

The framework presented by Berry (1997) is complex. Acculturation is not solely dependent upon an individual's attitudes towards the receiving culture. The manner in which the receiving culture responds to and accepts newcomers can limit an immigrant's capacity to adapt. Public policies impact available supports and possibly which acculturative strategies are chosen. The more a country supports multiculturalism, the greater likelihood that integration is an option (Berry & Sabatier, 2011). Berry (1997) recognised the importance of contextualising acculturation research and the impact of different receiving cultures. The acculturative stress model has been tested in various countries, including France (e.g. Berry & Sabatier, 2011), New Zealand (e.g. Ward & Kus, 2012), Canada (e.g. Berry & Sabatier, 2011), and the United States (e.g. Ho & Birman, 2010). While differences exist between receiving cultures, the basic framework for acculturation has been useful in explaining the affective experiences of immigrants. Some researchers have focused on larger groups of immigrants such as Asian Americans (e.g. Baker, Soto, Perez, & Lee, 2012), whereas others honed in on specific cultures, such as Chinese (e.g. Qin, Rak, Rana, & Donnellan, 2012), Vietnamese (e.g. Ho & Birman, 2010), or Arab (e.g. Rasmi, Chuang, & Hennig, 2015). European background immigrants in Canada and the United States have not been researched, perhaps due to the perceived closeness of the cultures between European nations and North America. The results of these studies show that while there are differences across cultural groups in terms of acculturative outcomes and experiences, there is evidence for the acculturative stress model as an appropriate framework for understanding acculturation.

Criticism of Berry's Framework

While Berry's work has been influential in the field of acculturation research, he has not stood without criticism. Schwartz et al. (2010) presented a historical review of acculturation research and offered a reconceptualization of acculturation along with its implications for research. They highlight three major criticisms for bidimensional models of acculturation. Firstly, bidimensional models are on a 2x2 matrix and require classification into one of the four acculturative strategies. These are based upon arbitrary theoretical cut-offs, leading to

inconsistency across studies. Secondly, while research support for integration, separation, and assimilation as acculturative strategies is robust, there is little support for the marginalisation strategy (Schwartz et al., 2010). Finally, bidimensional models of acculturation ignore contextual factors such as country of origin and socioeconomic status, implying that acculturation is experienced by immigrants to all cultures in the same way regardless of their pre-immigration backgrounds. Schwartz et al. (2010) posited that a full understanding of acculturation would include “the interactional context in which it occurs” (p. 238). The authors identified three separate lines of inquiry in the acculturative research literature: values, behaviours, and identity. Instead of a bidimensional approach to acculturation, Schwartz et al. (2010) proposed an integrated model that tied all three dimensions together. In addition to these aspects of acculturation, like Berry, they argued that characteristics of both heritage and receiving cultures impact an immigrant’s acculturation experiences.

Schwartz et al. (2010) hoped that their work would bring together research from various streams of literature to form a cohesive theory. One noteworthy aspect of Schwartz et al.’s (2010) criticism is the lack of focus on cultural identity in the acculturative stress framework. While a clear cultural identity is listed as one of the positive adaptive outcomes, the research conducted with the acculturative stress model does not clearly address the issue of identity. Nevertheless, cultural, or ethnic, identity was included in Berry’s original formulation for the acculturative stress model (1997). Schwartz et al. (2010) contended that cultural identity has developed as a largely separate field to acculturation research and deserves to be included within the larger acculturation literature. Ethnic identity has a threefold definition, including exploration of the meaning of one’s ethnicity, the values and emotions attached to that identity (Phinney, 1990), and a newer addition, resolving the meaning of that cultural group after having explored its meaning (Umaña-Taylor, Yazedjian, & Bámaca-Gómez, 2004). While the acculturative stress model recognised the importance of cultural identity, it is viewed more as an adaptive outcome and not a factor informing one’s acculturative strategies.

One potential shortcoming of Berry’s (1997) model is that it does not appear to address the role of the receiving cultural groups in intercultural relations and its impact on members of minority groups. While acculturation is supposed to explain changes occurring with both majority and minority group members as they interact, members of minority groups are often less powerful, leading to inequalities and situations where greater demands to adapt are placed

on ethnic minorities (Ward, Fox, Wilson, Stuart, & Kus, 2010). Ward et al. argued that “a strong link [exists] between acculturation and intercultural relations” (p. 31), with the majority group opinions towards minority groups playing a role in which acculturative strategies an immigrant is able to choose from. The authors argued that it is important to understand the perspectives of both immigrants and members of the receiving culture in order to gain a more complete understanding of acculturative outcomes. A more complete review of these criticisms of Berry’s (1997) model is beyond the scope of the current thesis. As the current study is interested in the experiences of minority members and their perspectives, Berry’s model provides a lens from which to gain understanding. Furthermore, there is evidence that Berry’s model is adequate to gain insights into the affective part of the immigrant experience.

Answering criticism of Berry’s model.

More recent research undertaken by Berry takes into account factors affecting the immigrant experience found in the receiving culture. Cultural identity was a key part of Berry and Sabatier’s (2011) research studies conducted in both France and Canada. Canada and France both have immigrant populations; however, the national attitudes towards immigration and immigrants are vastly different. While Canada is a welcoming nation with policies supporting diversity, France favours assimilation and is less tolerant of cultural diversity. Berry and Sabatier (2011) surveyed 706 second-generation adolescents in Montreal and Paris with two questionnaires measuring acculturation attitudes and acculturation orientations. Acculturation orientations contained items querying cultural identity and ethnic behaviours. They found that national identification was stronger in France, whereas ethnic identification was stronger in Montreal. It may be that in more open cultures like Canada, it seems possible for people to choose to remain identified with their ethnic culture without being a cultural outsider, whereas in more closed cultures like France, the pressure to become “French” is stronger. The receiving country’s attitudes and expectations of immigrants were related to an immigrant’s sense of self, which in turn influenced wellbeing. This showed that the relationship between acculturation and wellbeing is complex. This study not only incorporated identity as an important facet of the immigrant experience, but highlighted the differences receiving cultures have on an immigrant’s choice of acculturation strategy and consequent wellbeing.

Berry’s work was considered ground-breaking and is still highly respected. According to Ward and Kus (2012), Berry is “established... as the leading acculturation theorist” (p. 472).

They maintained that Berry's work was crucial in advancing the understanding of acculturation and that it continues to provide valuable insight into the acculturative process. Ward and Kus (2012) conducted a study to clarify the relationship between adaptation and acculturation and why this varies with different measures. Two hundred and eighty-nine first generation immigrants between 15-86 years of age were included in their study. Participants completed four measures of acculturation and two on adaptation. The distinction between acculturation and adaptation can be seen as the difference between a means and an end. Acculturation is the means by which someone adapts, and adaptation is the goal of acculturation. Ward and Kus (2012) compared acculturation attitudes (what beliefs one expresses) with acculturation behaviours (actions one takes) and how this influenced the endorsement of the four acculturative strategies. They found that when asked about attitudes, participants were more likely to show an integrative strategy as opposed to responses based on behaviours. Ward and Kus (2012) reiterated the value of Berry's contributions and agreed with Berry and Sabatier (2011) in calling for researchers to be clear in which operationalization of acculturation, which aspect of adaptation, and which society of settlement is under investigation as the way to advance acculturation research.

I believe that the acculturative stress model is appropriate for this study because it is well researched and has strong support in identifying acculturation as having an impact on a person's adjustment, and subsequent mental health. As the current study is interested in exploring the connection between acculturation and the mental health of Chinese immigrant emerging adults, the acculturative stress model (Berry, 1997) provides a good foundation from which to approach the research questions.

Emerging Adulthood as a Developmental Period

The majority of research conducted on adjustment and acculturation has been on adolescents, the oldest of whom are in senior high school, overlapping with when emerging adulthood is proposed to begin. Adolescence is viewed as a time when children push for greater autonomy; however, this may not be the case with immigrant families. There is evidence that the crucial period for developing autonomy in immigrant families is not during adolescence but emerging adulthood (Hwang et al., 2010). Ethnic minority youth, like typical adolescents, may disagree with their parents, but research suggests that while tension, and perhaps even desire for autonomy, exists, minority adolescents do not appear to push for independence in the same way as ethnic majority youth. If this is the case, then it is possible that the increased conflict and poor

mental health experienced by western adolescents would be found to a greater degree during emerging adulthood among some immigrant populations.

Features of Emerging Adulthood

Emerging adulthood was proposed as a developmental period distinct from adolescence and young adulthood. It can be defined as a period of “in between-ness” (Syed & Mitchell, 2013, p. 89); it bridges adolescence and young adulthood and spans roughly from 18 to 25 years of age (Arnett, 2000). Emerging adulthood is a relatively new concept that arose because of rapid societal change over the past couple centuries that led to a dramatic alteration in the way people live (Arnett, 2000). This has resulted in a delayed entry into traditional adult commitments, such as marriage and parenthood (Arnett, 2000). For example, the percentage of Canadians between 25-29 years old who are married has decreased dramatically. In 1981, 75% of Canadians in this age range were married, whereas in 2011, only 25% were married (Milan, 2013). While this could be confounded with the fact that more people are in common law relationships, the steep decline in marriages over a 30 year period is still notable and may allude to an underlying societal change. However, unlike adolescence and adulthood which are universal, emerging adulthood is not (Arnett, 2000). It is a culturally constructed concept, tending to exist in cultures where entry to adulthood is delayed well beyond late teenage years (Arnett, 2000). This quality of being culturally constructed calls into question the appropriateness of classifying it as a developmental period. Nevertheless, it is a useful construct for understanding how a growing portion of people are transitioning to adulthood in developed countries.

Normative features of emerging adulthood.

Emerging adulthood, as defined by Arnett (2000), has few normative features. The one aspect considered universal is freedom to experiment with the possibilities in relationship, career, and residence because of few commitments to permanent adult roles (Arnett, 2000). While 18-25 years of age was used to define the age parameters of emerging adulthood, he maintained that “age is the roughest marker of the subjective transition from emerging adulthood to young adulthood” (p. 471). Therefore, it is possible for people to exit emerging adulthood either before or after 25 years of age. What terminates emerging adulthood is a subjective sense of being an adult and is often marked by marriage, childbirth, or a long term career (Arnett, 2000). During emerging adulthood, people become more open to different perspectives, while consolidating their worldviews and identity (Arnett, 2000). While there are no demographical norms connected

with emerging adulthood, Arnett posited that five elements set it apart: self-focus, subjective feelings of being in between, instability, identity exploration, and openness to new experiences. Emerging adulthood can be seen as a period of increasing independence from parents, including financial independence and the ability to make one's own decisions (Arnett, 2000).

The culturally defined nature of emerging adulthood means that the expectations of individualistic, western cultures may not be shared by other cultures. Expectations for this developmental period are likely to vary both between nations and within them. Therefore, the more dissimilar cultures are, the greater the possible differences in normative features during emerging adulthood. Within developing countries, people from rural, less industrialised areas will likely enter directly into adult roles from adolescence and not experience a period of emerging adulthood, whereas those from urban, more affluent areas will likely have more options, enabling them to delay entry to adult roles (Arnett, 2000). The defining characteristics of emerging adulthood in North America may not be accepted by immigrant parents as normative for their children (Schwartz et al., 2013). Immigrants who come from countries where emerging adulthood does not exist may experience greater disharmony than immigrants who come from cultures where emerging adulthood exists, even if the indicators differ from Canadian expectations.

Research on immigrants and emerging adulthood.

There is little research on how immigrants experience emerging adulthood. One possible challenge could be the number of immigrant populations; as emerging adulthood is influenced by cultural factors, each immigrant community probably experiences emerging adulthood differently requiring research of each ethnic group. It is likely that there is no simple answer as to how all immigrants experience this developmental period. While some may assume that the ethnic minority experience mirrors the ethnic majority experience of emerging adulthood, this neglects a key element of this time period.

While entry into adult roles is delayed for many Canadians, and part of emerging adulthood is feeling that one is neither a teenager and nor an adult (Arnett, 2000), becoming 18 continues to communicate having arrived at a new stage in life and is considered a milestone. This often comes with expanded responsibilities and greater independence. However, not all immigrants may share the view that 18 years of age is momentous and if they do, they may view this as a time for greater responsibility and obligation to family (Juang & Cookston, 2009).

The Immigrant Experience of Emerging Adulthood

Syed and Mitchell (2013) conducted a literature review on the five characteristics of emerging adulthood and how well they represent the experience of ethnic minorities. They noted several issues in the applicability of Arnett's (2000) definition to minority populations. While research was robust for general populations, research focusing on minorities was either non-existent or sparse.

Immigrants and the feeling of in-between.

Two characteristics were found to have little empirical support: feeling "in-between" and identity exploration. Feeling "in-between" was critiqued as a vaguely defined concept which merited further research to solidify for both majority and minority populations (Syed & Mitchell, 2013). Two studies on emerging adults in China may elucidate how feeling "in-between" may fit with more recent immigrants to Canada. While these studies were conducted in China, more recent immigrants are likely to align more with their native culture than Canadian culture, as such, their beliefs and views would be more similar to that of the Chinese emerging adults than it would be to western emerging adults.

The studies made use of the same data collected from Beijing Normal University where 207 students completed a questionnaire originally designed by Arnett (Nelson, Badger & Wu, 2004; Badger, Nelson, & Barry, 2006). Nelson, Badger, and Wu (2004) looked only at the Chinese data, whereas Badger, Nelson, and Barry (2006) compared it with data from the University of Maryland. Students responded "yes," "no," or "in some ways yes, in some ways no" to a question asking about their subjective feelings of being an adult. Fifty-nine percent of Chinese university students felt that they had reached adulthood. While still in the majority, it is noteworthy that a significant portion of students did not respond in the affirmative (Nelson et al., 2004). When compared with the American sample, only 28% responded "yes," while 66% chose the indeterminate answer (Badger et al., 2006). These results showed a significant difference in how Chinese and American students viewed their status as adults or not-yet-adults. These studies are older but show the landscape of China at the beginning of the century.

However, more recently, Pang (2011) conducted a qualitative study on students in China with twelve students from various regions. All 12 participants responded that they felt they were in-between adolescence and adulthood. It is striking that the response was 100% towards the ambiguous option and may point to a change within China. The concept of emerging adulthood

in China seemed to be taking root; Arnett (2000) stated that urban Chinese are more likely to endorse characteristics in line with emerging adulthood, which is substantiated in Pang's study (2011) where all the participants resided in larger urban settings. If there has been a recent shift in Chinese culture regarding the post-adolescent years, it is possible that Chinese immigrant parents hold the more traditional beliefs found in the earlier studies, whereas immigrant emerging adult children would subscribe to the newer beliefs. This may be particularly true for Chinese immigrants who grew up in Canada as these changes not only reflect what is happening within China but they have also been exposed to the Canadian perspective.

Immigrants and identity exploration.

Another aspect of emerging adulthood found to be lacking in evidence for minority populations was identity exploration. It is a central element of emerging adulthood, which is consistent with a long history of research in identity (Syed & Mitchell, 2013). For Chinese emerging adults, identity exploration is limited (Pang, 2011). This could be due to restricted opportunities or different parental expectations (Nelson & Chen, 2007). If Chinese emerging adults are not devoted to exploring their identities, Chinese immigrant parents may expect adult children to quickly settle and not be unstable.

A healthy body of research in identity development exists; however, most participants have been Caucasian while studies focused on ethnic minorities investigated ethnic identity and not the processes of identity formation (Syed & Mitchell, 2013). Ethnic identity has been posited as important in the lives of ethnic minorities because of its connection with a range of beneficial outcomes, such as positive mental health, life satisfaction (Chae & Foley, 2010), psychosocial functioning (Schwartz, Zamboanga, Weisskirch, & Wang, 2010), and personal meaning (Kiang & Fuligni, 2010). Research found that ethnic identity is not resolved at the end of adolescence and meaning-making continues into emerging adulthood (Syed & Azmitia, 2010; Syed & Mitchell, 2013). Identity exploration as a concept of emerging adulthood is meant to be a time where a person will try different roles in romance, worldview, and employment (Arnett, 2000). Whether or not Chinese immigrant emerging adults explore their identity in these same ways is not found in the literature. Arnett (2000) stated that identity exploration begins in adolescence but it is during emerging adulthood where decisions are made. It is unclear whether this is central for ethnic minorities as research has not focused on this. Developing an ethnic identity, which is under the umbrella of cultural identity, includes making important decisions about work and love

(Rothe, Pumariega, & Sabagh, 2011). By this definition, it appears that developing ethnic identity for immigrants is similar to members of ethnic majorities developing their identity.

Ethnic identity and emerging adulthood.

Ethnic identity has been recognised as an important component of identity for people of minority descent. While there are various ways of defining ethnic identity, a commonality is a subjective sense of being a member of one or more ethnic groups (Noels, Leavitt & Clément, 2010). Research shows that ethnic identity is a complicated concept and can vary from situation to situation (Noels et al., 2010). Phinney's (1990) research has been influential in identifying how ethnic identity is developed. She proposed three different stages of ethnic identity development: (a) foreclosure, where identity is not examined but with a clear understanding of one's ethnic affiliation; (b) moratorium, where people have explored their ethnic identity but confusion about what it means remains; and (c) achieved, where ethnic identity has been explored and there is a certainty about the significance of this identification. Ethnic identity exploration is related to examining the values and beliefs of one's culture and how one relates to the dominant culture (Juang & Nguyen, 2010).

Researchers have found a connection between ethnic identity exploration and discrimination in situations where one's ethnic affiliations are made salient (Juang & Nguyen, 2010; Kiang & Fuligni, 2010). Kiang and Fuligni (2010) stated that more research needs to be done to corroborate their findings; however, Noels et al. (2010) also found a connection between perceptions of one's ethnic identity and feelings of discrimination. They found that discrepancies between personal and other assessments of how "Chinese" or "Canadian" one was resulted in second generation Chinese immigrants feeling more discriminated against. While discrimination is often thought to be directed against members of minority groups by members of the majority, second generation Chinese immigrants who were perceived as more or less Chinese by same-ethnic group members also felt discriminated against. Conversely, first generation immigrants did not perceive discrimination when perceived differently by Canadians. Taken together, these findings point to the important role discrimination plays in the development of ethnic identity. Ethnicity related situations, such as discrimination, likely bring group memberships to the forefront, and if people had not been aware of these areas in the past (that is in the foreclosed state of ethnic identity) these areas now need to be addressed as ethnicity becomes important.

Chae and Foley (2010) claimed that people who have reached the achieved state of ethnic identity also have more positive wellbeing and psychosocial adjustment.

Ethnic identity and identity exploration.

While research shows that ethnic identity is an important aspect of an ethnic minority member's identity, this cannot be equated with the type of identity exploration proposed by Arnett (2000). Ethnic identity is a component of identity exploration. Identity exploration in general includes experimenting with different options before deciding; for ethnic identity exploration, the decision is not so much which role to take but how aligned one chooses to be to one's ethnic group. Ethnic identity is undeniably an important part of an ethnic minority member's identity, but as it is only one component of overall identity and how it can be explored is arguably different from how one explores other aspects of identity in terms of the options available. There is insufficient evidence to state that identity exploration is part of the Chinese immigrant experience.

Immigrants and the age of instability.

Instability in work, love, and residence are seen as ways to try on different identities and roles. While research supports these concepts for a general population, no studies on these concepts focusing on minority populations were found (Syed & Mitchell, 2013). Instead, U.S. Bureau of the Census information was used to show that Chinese immigrants declined in residential moves with age, whereas Black and Latino Americans continued to have higher rates of residential change past the age that is typically considered the end of emerging adulthood. This was taken to mean that not all ethnic minorities experience the same increase in residential stability with age. While these typical markers of instability are unsubstantiated in immigrant populations, another marker of instability has been proposed.

Family conflict has gained interest as a measure of instability for ethnic minorities during emerging adulthood. If this were included as a component of instability in emerging adulthood, it would show that ethnic minorities experience more instability in this period than Caucasians (Syed & Mitchell, 2013). While there has been research conducted on immigrant parents and adolescents, how this appears in emerging adults is not as clear. One area over which parents and emerging adult children may conflict is career decision (Ma, Desai, George, San Filippo, & Varon, 2014). Ma, Desai, George, San Filippo, and Varon (2014) conducted a qualitative study with eight Asian Americans and their clash with their parents over career choice. These

participants had all chosen unapproved careers, leading to parental disapproval. Parents favoured traditionally valued jobs such as those in the medical field. While the participants' careers were not noted, all the participants responded with information about parental disapproval and the consequences in their lives.

Immigrants and endless possibilities.

Emerging adulthood is portrayed as a time of endless possibilities where someone can engage freely in exploring different jobs, relationships, and worldviews (Arnett, 2000). General trends support this, but the opportunities available to ethnic minorities are not necessarily the same as those of their Caucasian counterparts. Opportunities for ethnic minorities to pursue their desires may be limited. These limits range from discrimination or racism (Syed & Mitchell, 2013) to family opposition (Ma et al., 2014). Syed and Mitchell (2013) suggested that while emerging adulthood is envisioned as full of hope, the picture is not as optimistic for ethnic minorities possibly due to societal barriers that temper prospects. While society may bind the options available to ethnic minorities, family opposition to desired career pathways can influence the choices of emerging adults. How this impacts emerging adults who choose to follow their family's desires against following their own dreams is unclear and it is possible that this could cause distress, particularly if the emerging adult is employed at a job that does not provide personal satisfaction or is a poor fit for the person.

Emerging adults in China have fewer possibilities in career and love possibilities. Similar to other countries, emerging adults who failed university entrance exams would automatically be excluded from careers that require a degree (Pang, 2011). Those who graduate from university may still have limited options because of the large numbers of university graduates. Exploration in romance is seen as a cornerstone of emerging adulthood but for Chinese emerging adults who attended university, this was delayed until after university (Pang, 2011). If parents expect that Chinese immigrant emerging adults will also have fewer options here in Canada, they may believe that there are fewer options for their adult children's future.

Immigrants and self-focus.

Connected with the idea that emerging adulthood is a time of possibilities is the idea that it is a time of self-focus. Independence is a central component of emerging adulthood in the western world. This emphasis is opposed to the value of interdependence and increasing relatedness in collectivist cultures. Immigrants, like the Chinese, who come from collectivist

orientations may struggle when adult children in the family begin to adopt views that their lives post-adolescence are their own. Ma et al. (2014) found that disagreement over career choices led to feelings of guilt and indebtedness in emerging adults, which the authors argued implied psychological distress. The core of this conflict was developmental tasks associated with emerging adulthood – exploring one’s options and self-determination. Cultures that are more collectivistic are depicted as being more interdependent and valuing community belonging and needs over the individual (Drayton, 2014). Chinese culture is seen as collective and linked with Confucian ideals that vary greatly from what is valued in more individualistic cultures like Canada (Nelson et al., 2004; Badger et al. 2006; Meyer, Dhindsa, & Zane, 2012, etc.). This would be at odds with a focus on the self and as such may not fit how Chinese immigrant emerging adult transition to adult roles.

Chinese Emerging Adulthood and the Immigrant Experience

Arnett’s (2000) criteria were derived, in part, from evaluating how people between the ages of 18-25 described adulthood and how they met these criteria (e.g. Arnett, 1994). Though adulthood is a universal life stage, what determines adult status varies by culture and influences the definition of adulthood; likewise, these differences would alter the developmental tasks of emerging adulthood. Multiple studies have found that Chinese university students identified three indicators of emerging adulthood: (a) accepting responsibility for their actions; (b) developing good control of his or her emotions; and (c) financial independence from their parents (Nelson et al., 2004; Badger et al., 2006; Nelson, Duan, Padilla-Walker, & Luster, 2012). While Arnett’s (2000) criteria included financial independence from parents, the reason behind financial independence could be different. Chinese culture highly values a child being able to reciprocate parental care and investment in their lives by providing for their parents in later life (Ma et al., 2014), whereas in Canadian culture, financial independence is for self-sufficiency and not repayment. Thus, while financial independence is a common marker of adulthood, the reasoning behind it is different.

More recently, financial independence, independent thinking, taking responsibility for actions, and mature social relationships were the most common criteria of adulthood according to Chinese university students (Pang, 2011). These echo more closely the criteria that describe emerging adulthood in North America. The distinguishing feature between Pang’s (2011) study and the others (Nelson et al., 2004; Badger et al., 2006; Nelson et al., 2012) is the qualitative

nature of the study. By allowing participants to respond to open-ended questions, minutia that would otherwise be missed could be revealed. A shortcoming of all qualitative studies is the small sample size and therefore the generalisability of findings. Nevertheless, these findings indicate that there may be a change in a segment of Chinese society where the definition of adulthood is beginning to look different. One strength of Pang's (2011) study was that participants were recruited from northern, southwestern, central and southern China. While the sample size is small, the geographical region is diverse. These findings indicate that there is more work to be done in understanding how a new generation of Chinese understand adulthood. This is relevant to a study on Canadian Chinese immigrants because as these changes are recent, Chinese immigrants may not hold these same beliefs.

Acculturative Stress

Adaptation is the ultimate goal of acculturation and reflects the stable, long term changes resulting from intercultural contact (Berry, 2005). The long term outcomes of adaptation can be measured according to internal or external factors (Berry, 1997). Internal markers of positive adaptation include a clear sense of personal and cultural identity, positive mental health, and a sense of personal satisfaction. External indicators include the capacity to handle life in a new social setting. The acculturative stress model states that there are three types of responses to acculturative experiences. When cultural conflict is relatively benign, immigrants can respond with behavioural changes to align themselves with the receiving culture. When conflicts are more difficult to solve, people experience acculturative stress. Finally, if these stresses are overwhelming, people can experience psychopathology (Berry, 1997).

Acculturative stress occurs when immigrants experience intercultural differences that cannot be solved by adjusting or assimilating one's beliefs or behaviours (Berry, 1997). Shin and Schwartz (2007) conducted a quantitative research study on Korean immigrants in the Midwestern United States and "examine[d] the influence of values and behavioural acculturation on... cultural adjustment" (p. 413). Participants were recruited in academic and community settings and returned three surveys with information on behavioural acculturation, maintenance of Asian cultural values, and acculturative difficulties. The researchers found that values and behaviour presented as separate entities and differentially affected acculturation. Those who held traditional Asian values reported greater difficulties in adjusting to life as an immigrant. This

acculturative difficulty could lead to situations where immigrants and their families are adversely affected (Sohng & Song, 2004 as cited by Shim & Schwartz, 2007).

Acculturative difficulties can take many forms. One potential source of stress for families immigrating together is the dynamic between parents and children. Generation gaps between parents and their children has long been seen as a source of contention during adolescence, contributing to the popular notion of the rebellious teenage years. Saechao et al. (2012) identified six areas of stresses faced by first generation Americans that affected mental health: economic concerns, discrimination, language differences, different levels of enculturation between parents and children, parenting differences, and employment below one's qualifications. The impacts of immigration and acculturation on children and their families has been well researched.

The following is a review on acculturative stress and how it impacts immigrant families. This includes sources of acculturative gaps and the influence of acculturation-based conflict on families. Furthermore, family dynamics, such as family cohesion and family communication, and their interaction with the presence of acculturative stress is reviewed.

Acculturative Stress and Families

Parents and children arrive in Canada with varying degrees of experience with their native cultures. The identity and beliefs of children are still forming, whereas parents may have largely solidified who they are and how they live. While most immigrants arrive in Canada with a limited knowledge of Canadian values, behaviours, and attitudes, those who are from more culturally different nations may have greater difficulty in adjusting to Canadian norms. One area of contention could be parenting practices. This includes issues such as the use of corporal punishment, how democratic to be with one's children, and the nature of the relationship between parent and child. While Canada celebrates many cultures, new immigrants are expected to conform to certain Canadian practices. As such, when parents are expected to conform to new patterns of child rearing, feelings of uncertainty may emerge (Saechao et al., 2012), resulting in parental stress. Another cause of concern for parents is that their children are less enculturated, losing their cultural roots (Saechao et al., 2012) and becoming "too Canadian." The impact of parenting changes and the feared loss of ethnic identity on immigrant children has not been researched (Saechao et al., 2012). However, Hwang, Wood & Fujimoto (2010) found that the greater a mother and her child's enculturation gap, the greater the risk for families to experience intergenerational struggles. It appears that when parents and children have different levels of

identifying with their ethnic and receiving cultures, they are at a greater risk for intergenerational conflict.

There are various forms of stress that families may encounter when moving to a new country. Some of these will be expected changes, others are more challenging as they implicate family dynamics and functioning. Parents may understand that Canadians have certain expectations and norms but immigrant parents may not subscribe to them or understand the impact of these differences on their children. Children are left to navigate these differences often without guidance. Acculturation gaps can develop as a child increasingly identifies and values what the receiving culture values and appears less identified with their ethnic culture (Telzer, 2010).

Causes of acculturative gaps.

Berry (1997) claimed that children often acculturate faster than parents and retain less values and behaviours from their native culture, resulting in both acculturation and enculturation gaps. Acculturation gaps are the differences between parents and children in host culture endorsement, while enculturation gaps refer to generational differences in ethnic culture endorsement. Research has shown that both types of gaps are capable of adversely affecting the well-being of immigrant adolescents (Ho & Birman, 2010).

Adolescence is often described as a period of greater intergenerational conflict as boundaries are renegotiated and adolescents establish greater independence. Immigrant youth are no different, they too experience difficulties in differentiating themselves from their parents. However, immigrant youth must also contend with acculturation-based conflicts (Juang, Syed, & Cookston, 2012a). Everyday conflicts regarding homework, chores, and attire are common among all adolescents; however, acculturation-based conflicts are primarily a result of incompatible cultural values such as whether respect is earned or if it is due to someone based on their position (Juang et al., 2012a). Even some everyday conflicts such as disagreement on clothing can take on an acculturative tone, where parents may prefer a style of dress more conservative than what is found in the receiving culture. While some studies have included ethnic minority youth, most research on everyday conflict has focused on European background adolescents (Juang et al., 2012a). This leaves the impact of everyday conflict on immigrant families unclear and as a possible venue for future research. Furthermore, acculturation-based conflict was more strongly related with poorer wellbeing in minority adolescents (Juang, Syed,

Cookston, Wang, & Kim, 2012b). Acculturation-based conflict has a greater negative impact on both family relationships and on adolescent wellbeing than everyday conflict (Juang et al., 2012b).

Impact of acculturation-based conflict on immigrant families.

While the impact of everyday conflict on immigrant families is uncertain, the impact of acculturation-based conflict on immigrant families is widely researched. The acculturation gap-distress model has been used to explain the distress in both parents and children caused by this type of conflict (Rasmi et al., 2015). Research has focused largely on one form of acculturation gap where children are more acculturated than their parents, based on the assumption that children adapt more readily than their parents (Telzer, 2010). Telzer (2010) argued that this may not always be the case and that other forms of acculturation gaps are possible. Parents and their children could vary in both retention of ethnic culture or identification with the receiving culture, and that parents or children could rate more highly on either one (Telzer, 2010). Regardless of the direction of greater acculturation, these differences are likely to cause strain within families as one party may expect that the other should be acting differently or holding other values and beliefs.

While the adequacy of the acculturation gap-distress model is debated, Ho and Birman (2010) posited the understanding of how acculturation gaps impact families is more complicated than previous research accounted for. They, too, indicated that the previous understanding of the direction of gaps was limited, particularly, they found that while children are more likely to be more acculturated than their parents, lower enculturation did not necessarily follow. In addition to behaviour and values, Ho and Birman (2010) indicated that identity is part of the acculturation process. Acculturation levels and family relationships were compared in a sample of 104 first generation Vietnamese (Ho & Birman, 2010). Some youth exhibited greater ethnic identification than their parents. When adolescents were less identified with Vietnamese culture, it was linked with lower satisfaction with their parents and less family cohesion. Moreover, while acculturation gaps may be found in families, these gaps did not always cause distress. These findings indicate that acculturation-based difficulties are complex and there is no clear formula that predicts its presence or the experience of conflicts. The acculturation gap-distress model, however, does take into account the situational factors that could exist. While acculturation gap-

based conflict and its impact cannot be predicted, the basic framework in Berry's model provides a solid foundation from which to understand this complicated dynamic.

Family Dynamics and Acculturative Stress

While conflict contributes to acculturative stress, family dynamics can make families more or less susceptible to the negative outcomes associated with these stressors. Two of these factors are family cohesion and family communication. [Understanding the impact of family cohesion and family communication on acculturative stress will provide insight into how potentially similar acculturative stresses produce dissimilar outcomes in individuals.](#)

Family cohesion.

Family cohesion is defined as the emotional involvement and bonding within a family, which serves as a protective factor during conflicts (Ta, Holck, & Gee, 2010). Marks, Patton, and Coyne (2011) noted research where greater degrees of conflict within families were related with increased risk of negative adaptation in children. Kim, Chen, Wang, Shen, and Orozco-Lapray (2013) found that parent-child acculturation gaps negatively impacted a parent's ability to parent their child, decreasing their confidence, which also corresponded with negative adjustment in the adolescents. Family cohesiveness, was related to a greater gap in parent-child ethnic identification (Ho & Birman, 2010). The quality of family relationships appears to play an important role in the ramifications of acculturation gaps. The more cohesive the family, the less likely they are to experience complications because of acculturation issues. This could be due to a closer family having more resources, both internal and external to the family unit, that help them navigate the challenges that come with immigration. While family characteristics play an important role, the dynamics of a family can be equally important.

Family communication.

A critical dynamic within a family is how its members communicate. This can influence a person's experience of conflict within their family and whether or not it is successfully resolved. A common challenge between parents and children is communication. Particularly with immigrant families, positive intergenerational interactions required the ability to speak a common language (Marks et al., 2011). Differences between parents and children in their native language abilities has been connected to an increase in family conflict in Latino families (Dennis, Basañez, & Farahmand, 2010), and Vietnamese families (Ho & Birman, 2010). It is possible that being able to speak a common language, perhaps more importantly the native

language, is crucial to the development of positive parent-child relationships in immigrant families. Second generation Chinese American adolescents focus group participants attributed poor or ineffective communication with their parents as the main cause of their emotional issues (Yuwen & Chen, 2012). Communication patterns appear to be influenced by a child's generational status. It seems that second generation Chinese immigrants were more likely to engage in overt conflict with their parents (Wu & Chao, 2011), whereas in typical Chinese families, open conflict is avoided (Chen, Greenberger, Lester, Dong, & Guo, 1998 as cited in Juang et al., 2012a). Conversely, good communication patterns served as a buffer between parents and their emerging adult children when they experienced acculturation difficulties (Rasmi et al., 2015).

Communication between parents and children may be an indication of the nature of the parent-child relationship. In addition to family cohesion, Telzer (2010) identified parental warmth as one of the factors that “may be particularly important for how acculturation gaps function in immigrant families lives” (p. 335). Many Canadians value a warm relationship between parents and children. This type of relationship can be defined as more egalitarian in nature, and one where warmth and acceptance are expressed. However, in Chinese culture, parents often appear more distant and fulfill the role of a provider, focusing on academic and career success. This can be seen as pressure to perform and as a lack of concern about the emotional and social wellbeing of their offspring. If children expect their parents to conform to the receiving culture's image of a parent, this can cause children to become disillusioned with their parents and increase the possibility of intergenerational conflict. The more a child viewed their parents as warm and supportive, the greater their psychological adjustment, conversely, as perceptions of parental warmth decreased, feelings of rejection increased (Yoo & Miller, 2011). Furthermore, the greater the difference between the perceived and ideal levels of parental warmth, the more internalising symptoms were reported in second generation Chinese Americans (Wu & Chao, 2011).

Differences between Canadian and Chinese Immigrant Families.

While family characteristics and dynamics likely influence Canadian families, the wellbeing of children and the experience of intergenerational conflict, it is possible that these factors impact immigrant families differently. For example, while poor communication can exist in families regardless of ethnic background, when families immigrate, children could learn to

expect different styles of parent-child communication. If parents maintain their culture of origin's rules for parenting and interaction with their children, this creates opportunities for mismatched values. Mismatched cultural values can lead to greater negative consequences in the lives of adolescents (Juang et al., 2012b). These varying expectations between parents and children can be bidirectional. In collectivistic cultures, the parent-child relationship is one where children, regardless of their age, are expected to respect their parents' wishes. Because of this collective orientation, it is believed that individuals should sacrifice personal needs and desires for the group (Juang et al., 2012a). Individualistic cultures, however, maintain that when one reaches a certain age, for example 18 years old, people are expected to assume control of their lives, make their own decisions, and become increasingly independent from their parents. It is possible that when parents and their children no longer see eye to eye on such issues and adult children behave more in line with the receiving culture, increased opportunity for conflict may occur.

Another difference between Canadian families and immigrant families lies in the nature of the conflicts. Juang et al. (2012b) found that acculturation-based conflict was more closely connected with poor family dynamics, poor parenting practices, and consequently poor wellbeing. While this does not mean that everyday conflict is independent of family dynamics and parenting practices, it does indicate that a stronger linkage exists with acculturation-based conflict. It is possible, therefore, that arguments over core aspects of a person's beliefs has greater potential to negatively affect all aspects of a family's life. As Canadians are more likely to only experience everyday conflict, the impact of these conflicts is not felt as deeply, leaving acculturation-based conflict as a greater cause for concern.

It is evident from these studies that a plethora of factors influence family functioning and the consequences of acculturation gap-distress on a family. Current studies have not taken into account every factor, and it is possible that other aspects of an immigrant's life would influence acculturative stress in their lives. While it would be ideal to gain a complete picture in a comprehensive study, this may not be possible as there are too many factors that may have an impact on the outcomes. One possible way to gain a more comprehensive understanding of immigrants and their acculturative experiences is to ask immigrants about their experiences and see if this fits with existing research or if there are additional insights. Furthermore, the understanding of acculturation-based conflict and its impact on adolescents is well established,

but how these strained relationships and diminished wellbeing manifests themselves in post-adolescence is unclear and is worthy of investigation (Juang et al., 2012b). The current study aimed to address this gap.

Mental Health and Immigrant Populations

In order to understand the state of mental health in Chinese immigrant populations, it is necessary to understand factors which lend to a perception amongst the general population that Chinese immigrants have better mental health. First, Canadian immigration policy requires that immigrants be of sound health before being admitted to the country (Immigration and Refugee Protection Act, 2001, c.27; Meng & D'Arcy, 2012). This resulted in the “healthy immigrant effect” where those who enter Canada initially have better health both of body and of mind than the general Canadian population (Beiser, 2005). However, this positive effect was found to decrease with time (Beiser, 2005), and may be more concerning as people who were healthier before arrival in Canada undergo a significant shift in their physical, and potentially mental, health. The exception to the health policy are refugees who may enter Canada with varying levels of health.

Secondly, in the latter part of the 20th century, Chinese became positively stereotyped as the “model minority.” This portrayed Asian immigrants (Chinese, Korean, and Japanese) as more hardworking and possessing greater ability to contribute financially (Crystal, 1989). Along with these trait stereotypes is the belief that Asians have fewer mental health problems and more stable family ties, leading to a decreased need for government services (Crystal, 1989). Because of this image, Chinese immigrants are expected not to struggle with settling in Canada, or even if they do, be inherently more resilient and need less assistance to cope. Yet, research shows that Chinese immigrants are susceptible to poor mental health outcomes.

Mental Health Concerns

Most research on Canadian immigrants and mental health have studied depression (Hansson, Tuck, Lurie & McKenzie, 2012; Leung, Cheung, & Tsui, 2012). Depressive symptoms in Chinese Americans are related to anxiety, domestic violence, and acculturative concerns (Leung et al., 2012). Studies conducted in the United States have found incidents of anxiety in Asian American populations (e.g. Lu, Walton & Takeuchi, 2011; Meyer et al., 2012). However, in both countries, women were more likely than men to receive diagnoses of mood disorders and men were more likely to be diagnosed with conduct or personality disorders (Lu et

al., 2011; Meng & D'Arcy, 2012). A study with participants from 17-79 years old in British Columbia found that the most common mood disorders were major depression (69%) and anxiety (20%) with 32% of those with diagnoses having comorbid conditions (Ganesan, Mok, & McKenna, 2011). In a longitudinal study of immigrant adolescents, including Asians, in New York, mental health symptoms were found to generally decrease over time, with some exceptions (Sirin, Ryce, Gupta, & Rogers-Sirin, 2013). Students who were withdrawn/depressed showed a linear decrease in symptoms over three years; those with anxious/depressed symptoms, experience an initial decrease, then a plateau, and finally an increase near the end of high school. This could be due to life transitions such as choosing to pursue further schooling or beginning work, which could lead to renewed family conflict that may have subsided.

The results of this research show that Chinese immigrants are not immune to mental health concerns. Additionally, a survey study comparing immigrant and non-immigrant women found that immigrant women endorsed higher rates of mental health problems than non-immigrants, which was posited to still be underestimates of actual mental health concerns (Alvi, Zaidi, Ammar & Culbert, 2012). Whether or not these participants consulted mental health services was unknown. Nevertheless, as ethnic minority members reported more problems it contradicts the notion that immigrants have fewer mental health concerns. Countries of origin were not reported in this study, and it is unknown whether or not the sample included Chinese immigrants. Other studies have included Chinese immigrants or focused exclusively on the Chinese-Canadian community. The current study focuses on the latter community and aimed to provide additional insight.

Analysis of Canadian Community Health Survey: Mental Health and Well-Being data found that increased residency in Canada places immigrants at greater risk for major depressive disorder and alcohol dependence (Patterson, Kyu & Georgiades, 2012). Specifically, early immigration, which was defined as arriving in Canada before six years old, increased one's risk of mood or anxiety disorders but not substance use disorders (Patterson et al., 2012). Length of residency appears to influence alcohol dependency while simultaneously immigration prior to age six is unrelated to substance use disorders. This apparent discrepancy may point to duration in Canada as a separate indicator than the age of arrival. This same study found that Asian-background individuals had the lowest rates of depression whereas those from Europe or North America reported similar levels of depression (Patterson et al., 2012). This may seem to indicate

that Asians have better mental health than the general population yet research supports the idea that Asians are less likely to seek help for mental health concerns and are more likely to report physical symptoms, even if the underlying issue is not physical (Zhou, Siu & Xin, 2009).

Moreover, in research using data from the same source, it was found that the risk of reporting more than four symptoms of depression was higher for immigrants and visible minorities (Stafford, Newbold & Ross, 2010). Stafford et al. (2010) reported that increased diversity was connected with a decreased likelihood of depression in visible minorities, possibly due to a sense of belonging. These contradictory findings indicate that the picture of immigrant mental health is multifaceted and merits further research. Furthermore, none of these studies concentrated on emerging adulthood, thus the rates of mental health concerns in this developmental period are unclear. Studies that included participants between ages 18-30 did not indicate that there were any differences by age.

Acculturation and the Impact on Mental Health

Risk factors related with poor mental health include greater basic needs, social and community issues, family and relationship issues, and health issues (Leung et al., 2012). These stressors can be categorised into the areas of acculturation identified by Berry (1997): sociocultural, economic, and psychological.

Miller, Yang, Hui, Choi, and Lim (2011) conducted research with Asian American university students. They found that a larger acculturation gap between students and their parents was related to acculturative stress and poorer mental health. Students who were more acculturated both behaviourally and in values experienced better mental health. This means that those who are less acculturated experience greater acculturative stress and therefore poorer mental health outcomes. The following sections review the connection between sociocultural acculturation, economic acculturation, and psychological acculturation and how each interacts with mental health.

Sociocultural acculturation and mental health.

Unless immigrants arrive with family members or have family in Canada, they leave their homes and entire social network. Immigrants from cultures typically considered collective, including the Chinese, typically rely on their social network to help make decisions when they are unsure (Dow, 2011). If social connections are severed, immigrants have fewer social resources. The greater the cultural distance between Canada and the country of origin, the more

unfamiliar life appears, increasing the demands upon immigrants to adapt. One such demand is language and it is crucial for navigating society. Chinese immigrants moving to parts of Canada with low ethnic diversity may struggle more with an inability to speak English. In larger urban centres where the Chinese community is well established, resources are presumably available to assist with settlement. When there are fewer social connections, particularly those who speak the same language, immigrants can feel insecure in their new environment (Crooks et al., 2011). Additionally, immigrants will be unable to ask for assistance from neighbours and can become isolated (Crooks et al., 2011). Social cohesion is a protective factor against mental illness for immigrant populations (Lee & Anh, 2011; Alvi et al., 2012; Leong, Park & Kalibatseva, 2013), the lack of social connections increases the risk of mental health symptoms developing.

Economic acculturation and mental health.

Chinese immigrants arriving in Canada are filled with hopes and dreams for a good future. Canada was once known in China as Gold Mountain. While Canada may no longer be referred to as Gold Mountain, the idea that immigration leads to new opportunities and riches still exist among many. There are several classes of immigrants to Canada, such as those joining family, caregivers, and immigrant investors. To qualify as immigrant investors, applicants must have a personal net worth of at least \$10 million (Immigration and Refugee Protection Act, 2001, c.27). The majority of Chinese immigrants do not have these funds and are likely to seek employment.

Chinese who immigrate with pre-existing credentials and work experience may expect to find work in their field. However, this is generally not the case. Even though it is possible for foreign doctors and professionals to have their qualifications recognised in Canada, this can be an onerous and expensive process. As such, immigrants may find that their dreams cannot come to fruition. A qualitative study conducted in Toronto with women explored their experiences settling in Canada and their reasons for not accessing mental health services (Crooks et al., 2011). The most common complaint was that their education and work experience were not recognised. This created numerous obstacles to achieving their goals. Because of these roadblocks, women had to settle for “survival jobs” and suffered a decline in their standard of living, leading to questions of worth, identity, and a sense of degradation. Participants in this study came from various ethnic groups but there were no Asian immigrants who participated.

However, analysis of Canada's National Population Health Survey data showed that all immigrants were underrepresented in upper middle-income earners, and non-European immigrants were also underrepresented in the highest income bracket (Dunn & Dyck, 2000). As all immigrants are included in this general trend, it is likely that at least a portion of Chinese-Canadians share similar financial stressors. A study analysing Canadian Community Health Survey data collected from 2005-2010 found that lower financial status was related to greater health concerns (Wang & Hu, 2013). Although these results were for general health, it is possible that these same financial stressors will impact families on an emotional and psychological level. Wang and Hu's (2013) study focused specifically on Chinese immigrants and signifies the possibility that Chinese immigrants suffer in similar ways as other minority immigrants from financial setbacks.

Along with economic changes arising from immigration, one's socioeconomic level and the prestige associated with certain professions in the country of origin (i.e. doctors, lawyers, etc.) change when employment opportunities do. Research shows that it can take at least 10 years for immigrants to settle into Canada and reap the material benefits of life in Canada (Beiser & Hou, 2006). Unemployment or underemployment, and consequent inability to maintain previous lifestyles, can lead to conflict within families and disillusionment, stressors that can lead to poor well-being (Dow, 2011). Exceptions to this are immigrants accustomed to manual labour, for whom immigration provides greater opportunities and access to resources (Dow, 2011). Immigrants from educated, higher socioeconomic backgrounds are at greater risk of suffering from economic changes detrimental to mental health. It is unclear how financial hardship influenced the development or mental health of emerging adults who arrived as children with their parents.

Psychological acculturation and mental health.

The final component of acculturation is psychological acculturation, which can be divided into values and behavioural acculturation (Shim & Schwartz, 2007). External behaviours are more readily observed and therefore more easily adopted; conversely, internal values are harder to observe and more difficult to adopt (Shim & Schwartz, 2007). It is possible that one may outwardly appear to have acculturated and yet retain ethnic values or hold a mixture of both ethnic and Canadian cultural ideals. How psychological acculturation interacts with a Chinese

immigrant emerging adult's mental health may be influenced by their adherence to Canadian or Chinese behaviours and values.

Behavioural acculturation.

Behavioural acculturation processes may include language, diet, attire, and which holidays are celebrated (Shim & Schwartz, 2007). One area that has received substantial attention is a Chinese immigrant's proficiency in both English and their native language, mostly Mandarin or Cantonese. Mastery of English enables Chinese immigrants to interact with others, meet their needs, and find gainful employment. Inability or poor ability to speak English can lead to confusion, misunderstandings, and broken engagements, leading to distress (Dow, 2011). This angst can arise from feelings of ineptitude and frustration at being unable to navigate life where there was competence and ease. Chinese immigrant emerging adults who arrived as children would have experienced stress in their early home environment as a result of their parents' inability to settle easily. Limited English would hinder academic performance and employment goals of those who arrived later, with or without their parents. Increased English skills resulted in lower prevalence rates of depression among Asian Americans while lower English abilities was related to increased depressive symptoms (Nguyen, Rawana & Flora, 2011; Leong et al., 2013). Unexpectedly, if Chinese immigrants spoke only English, their depressive symptoms were greater than for those who were bilingual (Leong et al., 2013).

Language use effects not only public, but also private life. Children often develop a firmer grasp of the English language and Canadian culture before their parents. Parents may rely on school-aged children to be liaisons with teachers, and emerging adults as advocates with the government and businesses. This places the child, whether adult or school-aged, in a position of power over their parents which upsets the hierarchy common to many Chinese families (Dow, 2011). When this happens, tensions may rise in the household decreasing the quality of family relationships, which is a cause of acculturative stress (Dennis et al., 2010). Family dynamics and parent-child relationships are positively correlated with depression and anxiety (Sangalang & Gee, 2012; Sirin et al. 2013).

Acculturative conflict can be over issues such as when one should begin dating (Hsieh & Bean, 2014), interracial dating and marriage (Meyer et al., 2012), and career choice (Ma et al., 2014). Acculturation differences lead to low family cohesion and greater family conflict, which are connected with higher rates of depression and suicidal thoughts (Meyer et al., 2012), and

decreased psychological well-being (Leu et al., 2011). Asian American emerging adults who reported higher levels of familial acculturative stress had a higher percentage of suicide attempts (Gomez, Miranda, & Polanco, 2011). Whether or not a Chinese immigrant emerging adult chooses to act consistent with their personal desires, they will likely be aware of the divergence between their parents' and their own desires.

Values acculturation.

Values and behavioural acculturation may occur at different rates, which is why they have been addressed separately. Furthermore, behavioural change appears to occur before values change. Asian Americans who retained their cultural practices were less likely to hold western values, which resulted in greater anxiety (Ruzek, Nguyen, & Herzog, 2011) When Chinese immigrant emerging adults hold views more aligned with Canadian culture, it is likely that they are aware of their parents' more traditional views. Dependent upon the emerging adult's loyalty to ethnic values, the pull between acting in line with one's own values and respecting parents' traditional values and behaving accordingly can cause distress. As adolescents increase in their independence, internal conflicts between the ethnic and host-culture value systems can contribute to problems in the parent-child relationship, leading to decreased well-being (Lo, 2010). If this becomes overwhelming, it can lead to depression (Hsieh & Bean, 2014).

Chinese families are highly oriented to academic performance (Fang, Zhang, Poon, Fung and Katakia, 2014), and later career success (Ma et al., 2014). For high school students, parental high expectations can lead to an imbalanced lifestyle with what many Canadians may see as an overemphasis on homework and academic achievement and little or no attention given to social development and pursuing interests that immigrant parents did not approve of. Fang, Zhang, Poon, Fung and Katakia (2014) found that the more time Chinese Canadians aged 17-24 spent on homework and the greater pressure to meet parental hopes, the higher their distress. Hsieh and Bean (2014) reported in their review article that higher levels of stress, depressed mood, academic anxiety, aggression, and somatic complaints were related to the pressure for academic achievement. Chinese immigrant emerging adults may still be under this type of pressure, which may continue to impact mental health symptoms. Further, whether or not academic pressures translate to career pressures in emerging adulthood is unknown and therefore its impact on well-being is also unclear.

Expectations to do well and bring honour to the family do not terminate with high school graduation but continue into emerging adulthood. Chinese immigrant emerging adults who chose careers that did not fit parental ideals were able to decrease familial pressure with greater occupational achievement to prove that they made the right decision (Ma et al., 2014). Failure to do so could lead to continued pressure and rejection from parents and being viewed as the rogue family member who instead of adding to honour takes away from it. Pressure like this could lead to anxiety and depression, feeling as if one were unacceptable and consequently deficient or defective. If there are other siblings in the family or a wide social network from which comparisons can be drawn, these pressures could be felt acutely.

Pressures to perform comes not only from parents, but may also come from within. Research with Korean Americans showed that those who most strongly endorsed ethnic cultural values had the greatest difficulty adjusting to life in the United States (Shim & Schwartz, 2007). Most Chinese esteem the ability to fit in, be perceived as normal, and preserve harmony and may strive to appear to belong. Immigrants may acquire the behavioural skills that they need to fit into their new surroundings, but this does not reduce the internal conflict that they experience as a result of values differences (Shim & Schwartz, 2007). Research seems to be divided on whether or not retaining ethnic values has a negative effect on mental health. This may be due to the difference between shedding cultural values in order to embrace others and being able to both maintain existing values and incorporating new ones. Nevertheless, individualistic values were found to be related to psychological well-being, whereas collectivist values was negatively correlated (Schwartz et al., 2012). Both these studies were conducted in the United States and while the results may be informative, there are some important differences between Canada and the United States that may be significant and will be discussed later.

Ethnic identity.

Ethnic identity, like cultural values, exists on a continuum from identifying solely as Canadian, to solely as Chinese, with a Chinese-Canadian (or for some Canadian-Chinese) identity in between. Parents play an influential role in a child's development, remaining true during acculturation and formation of ethnic identity. Parents who place high worth on maintaining ethnic social networks, traditions, and values strengthen children's ethnic identity (Lo, 2010). If parents are in favour of integrating into Canadian society, they will encourage their children to find ways to fit in and adjust (Lo, 2010). Doing so shows an acceptance of both

cultures, encouraging children to esteem both western and heritage values, which can lead to potential future success (Lo, 2010). Emerging adults who have been raised in this manner may have a greater possibility of positive adjustment and fewer mental health outcomes. For Asian Americans, psychological well-being was found to be shaped by both acculturation experiences and how parents and children interact, in this case, including how parents view their ethnicity (Lo, 2010).

Moreover, ethnic identity was found to be protective for Asian Americans and related to positive outcomes (Chae & Foley, 2010). Higher levels of ethnic identity were related to less anxiety in a 12-month period; whereas low ethnic identity was correlated with higher lifetime occurrence of substance-related disorders (Leong et al., 2013). One reason for this may be that ethnic identity is connected to a sense of belonging, which leads to a positive sense of identity and consequently a positive sense of well-being (Meyer et al., 2012).

Schwartz et al. (2012) conducted a study across 30 universities in the United States with 2,754 students between 18 and 29 years of age. They measured cultural values, cultural identifications, and well-being. Thirty-three percent of participants were East/Southeast Asian. Psychological well-being had a moderately positive correlation with both American and heritage cultural identity. Bicultural identity was posited to reflect flexibility in handling the complex task of juggling the cultural demands of both the United States and their ethnic culture. Furthermore, a multinational, multiethnic study on cultural backgrounds was conducted in 13 countries with immigrants from 26 nations (Berry, Phinney, Sam & Vedder, 2010). A strong orientation to one's own ethnocultural group was found to have a beneficial role in psychological adjustment. While this last study was conducted on youth from 13-18 years of age, the latter end of this age range corresponds with the beginning of what is considered emerging adulthood. Therefore, the trends found in this age group may be continued in the next developmental period.

The literature shows that there are many factors that influence one's acculturation and its interaction with mental health symptoms. The major mental health issues that Chinese immigrant emerging adults face include depression and anxiety. Factors affecting this include levels of stress within family, the degree of behavioural acculturation, whether or not one's values align with adopted behaviours, and cultural identity. Many of these studies were conducted in the United States and there is reason to believe that Canadian research would more adequately describe the Canadian immigrant experience. The current research study adds to the body of

research that addresses the unique experiences of Chinese immigrants to Canada, particularly to Saskatchewan.

Receiving Culture Attributes and Mental Health.

Individual factors are not solely responsible for an immigrant's ability to adjust to life in Canada. Characteristics of the receiving nation are equally important to an immigrant's ability to settle successfully. Two factors that have received significant attention are discrimination and national policy.

Experiences of discrimination

For the past several decades, Canada has been touted as a welcoming, multicultural country. The face of discrimination has decreased dramatically from excluding Asian immigrants from landing on the coast of British Columbia as undesirables and the Chinese head tax to an opening of doors and unprecedented acceptance of Asian immigrants. Because of these positive changes in Canadian society, discrimination against Chinese Canadians is often thought of as a past injustice; nevertheless, although no longer as apparent, it remains an issue in Canada. When discrimination and prejudice are explicit, it is easy to see and can be expected to impact people but when it is veiled, the general population may assume that it is no longer a problem, leading to unrecognised duress.

While some minorities may be subjected to more derogatory stereotypes, many Asian immigrants are stereotyped positively which can lead to beliefs that they should be high achieving. Asian immigrants, including the Chinese, have become known as a "model minority." Crystal (1989) addressed this as the model minority myth and showed that the idealistic views of Asian minorities was predicated on an incomplete picture that did not consider the struggles Asian Americans overcome to achieve these outcomes. This critique was based in America, however, its conclusions are likely applicable to Canada where the Chinese are currently viewed as exempt from the stresses faced by other minorities. Additionally, it is unclear how Chinese immigrants who do not fit this archetype respond to it; however, due to the cultural value to fit in, it is possible that not meeting these external benchmarks of success could lead to increased shame and lower self-esteem, which could place Chinese immigrants at risk for mental health concerns.

Stereotyping people as part of a model minority may not appear to be discrimination but this increases the pressures Chinese immigrants face and lead to discriminatory attitudes when

one fails to live up to these standards. Labelling all Chinese immigrants as people who invariably succeed and work hard can lead to a variety of problems, one of which is social isolation in the workplace due to employers and supervisors giving preference or favouring Chinese immigrants because of these stereotypes (Lo, 2010). On the surface, the positive stereotypes associated with being Chinese appear benign; nevertheless, the model minority myth “denies the reality that Asian Americans continue to encounter racism and discrimination” (Meyer et al., 2012).

Racism-related stress was found to be a significant factor in mental health symptoms (Miller, Yang, Farrell, & Lin, 2011; Edge & Newbold, 2013; Lee & Anh, 2011; Leong et al., 2013). A study of immigrant youth of Chinese immigrants aged 13-17 found that discrimination was related with higher degrees of loneliness, anxiety, somatization, depressive symptoms, and poorer adjustment (Juang & Alvarez, 2010). This is corroborated by Dow’s (2013) literature review and posited to be related to the stress of being in a new community where one feels unwelcome. The relationship between discrimination and these mental health outcomes were mediated by family conflict such that discrimination was more destructive with greater family conflict (Juang & Alvarez, 2010). Family factors were negligible at lower degrees of discrimination, but family characteristics were influential at higher levels of discrimination. Additional family factors may mediate the experience of discrimination.

Lo’s (2010) review found that Asian American parents were unlikely to discuss issues of discrimination and racism with their children. This was perhaps due to a desire to maintain harmony and avoid conflict; however, parents who were unwilling to help or unable to understand their children’s experience of discrimination may ignore their children’s complaints (Meyer et al., 2012). Chinese immigrant emerging adults who were raised not understanding how to face or acknowledge discrimination may be at risk for internalising their experiences. Gomez, Miranda, and Polanco (2011) found that emerging adults who experience discrimination may explore the meaning of belonging which helps them to develop coping skills for future experiences of prejudice. This implies that emerging adults may not have acquired the skills required to address discrimination as children.

Discrimination not only effects a person’s mental health, it is correlated with how one interacts with their country of settlement. Berry et al. (2010) found a strong link between discrimination and poor adaptation. Further, they found that when people felt greater bias against them, individuals were more likely to reject integrating with the host culture and become more

segregated. However, if people experienced low or no discrimination, respect was reciprocated. Canada is a large country and there are variations in the ethnic diversity across the provinces and territories. Discrimination likely has a local flavour and an immigrant's experiences with prejudice, settlement problems, and consequent mental health could vary across the country. Chinese immigrant emerging adults in less diverse regions may perceive discrimination and interact with the local culture differently than immigrants who live in larger urban areas with greater diversity.

Canadian national policy on immigration.

National policies and acceptance of immigrants influence how one can adapt. Canada is culturally similar to the United States in many ways, yet there is a stark contrast in the way the two nations approach immigration and ethnic minorities. Research conducted in the United States may not be completely translatable to a Canadian context due to this. The national vocabulary used to describe immigration paint two pictures. In the United States, assimilation and the melting pot characterise the national dialogue; however, in Canada, multiculturalism and the cultural mosaic predominate the landscape. Immigrants may find that Canada is a more welcoming nation. One caveat to this national acceptance of immigrants is that the overall positive tone may belie underlying issues that prevent complete participation in society.

A comparative study of second generation Chinese immigrants in Canada and the Netherlands found significant variation in the hyphenation of identities, which they argue are the result of national policies towards immigration (Bélanger & Verkuyten, 2010). All participants, regardless of country of settlement, indicated a difference between "real" and "just" Chinese. For someone to qualify as "real" Chinese, they had to be able to speak and write in Chinese. Chinese-Canadians felt that being Canadian was a result of belonging to a nation of immigrants where birthplace and cultural values determine citizenship. This was taken to mean that hyphenated identities are acceptable in Canada. Conversely, second generation Chinese immigrants in the Netherlands reported that a hyphenated identity indicated that someone was not truly Dutch. An immigrant could feel Dutch and behave in a Dutch manner but "being Dutch... is all but inaccessible to individuals of Chinese descent if it involves a claim to Dutch blood and ancestry" (p. 156). Bélanger and Verkuyten argued that these differences are a result of Canada's policies that support multiculturalism and distinguishing between ethnicity and being Canadian.

Bélanger and Verkuyten (2010) highlighted that the United States is more aligned with the Dutch profile of hyphenated identities. If this is the case, then research conducted in the United States, while it has important information to add to the discourse, may not represent Chinese immigrants in Canada. One such difference is the connection between length of residence and mental health concerns. Living longer in the United States was associated with lower overall distress (Shin & Schwartz, 2007); conversely, living in Canada longer was a risk factor for mental illnesses (Patterson et al., 2012).

Chinese Immigrant Mental Health Service Usage and Attitudes

The underutilisation of mental health services by immigrant populations has been well documented (Burgess, Ding, Hargreaves, van Ryn, & Phelan, 2008; Crooks et al., 2009; Loya, Reddy, & Hinshaw, 2010; Leung et al., 2012; Saechao et al., 2012). Mental illness rates in Chinese immigrant populations seem to endorse the image of health in this community. However, these low rates may not be truly representative. Underuse of mental health services may be tied into cultural reasons for underreporting and reluctance to access professional help. Despite the possibly inaccurate picture of Chinese Canadians' mental health, even for those who admit psychological duress, there is a pattern of low service usage both in Canada (Tieu & Konnert, 2014) and the United States (Huang, Appel, & Ai, 2011). In the United States, Chinese immigrants sought services less than other minorities, such as Hispanics and Native Americans (Lee, Martins, Keyes, & Lee, 2013). Asian Americans remained unlikely to access services even if their distress was unlikely to naturally subside (Ho & Daniels, 2011).

Analysis of Canadian Community Mental Health Survey data found that Chinese Canadians in British Columbia accessed mental health services at lower rates than non-Chinese (Chen, A., Kazanjian, & Wong, 2009). This remained a significant difference after considering lower rates of depression. Regardless of birth country, English skill, or immigration status, Chinese immigrants remained unlikely to access mental health services accessed (Chen, A. et al., 2009). Increased acculturation is often thought to move immigrant behaviour closer to that of the mainstream culture. In this case, it appears that acculturation may not align Chinese immigrant help-seeking behaviour with Canadian norms. Chen, A. et al. (2009) posited that ethnicity retains power in preventing Chinese immigrants from seeking mental health care. Not only are there these personal barriers to low service usage, systemic barriers also play a role.

Personal Barriers

Personal barriers are those originating from within the individual and impact one's desire or ability to seek professional services. Many of these revolve around cultural viewpoints toward both mental health and western medicine. Personal barriers also include ethnic community based issues such as stigma.

Cultural barrier: Beliefs about mental health.

Mental health awareness and recognition of mental illness has gained traction in western nations in the past several decades. Internationally, many non-western nations maintain traditional beliefs about mental health and illness, including the Chinese. Chinese immigrants are more likely to see poor mental health as the result of moral, religious, cosmological, psychosocial, or genetic causes (Fang, 2010). On the surface genetic causes may seem to be linked with western ideas of genetic transmission within DNA, the Chinese notion of genetic inheritance is the legacy of moral punishment for the misdeeds of ancestors (Fang, 2010). Asian American youth had lower levels of service usage and this was posited to be caused by parental views on mental health (Ho & Daniels, 2011). Due to cultural perspectives on the causes of mental health, ethnic minority parents are less likely to recognise that their children's emotional and behavioural problems merit professional attention or that they are indeed problematic (Ho & Daniels, 2011). Furthermore, there is a pervasive belief that mental health should be maintained through willpower and those who hold this belief are less likely to access mental health services (Leong et al., 2011). Some Chinese Americans deny that mental health is something that Chinese people could suffer from, framing it as a western problem of the mind from which Chinese are immune (Leung, et al. 2012). If this is the case, Chinese immigrant emerging adults may feel that they are weak if they acknowledge the need for assistance.

Chinese immigrant emerging adults would be aware and perhaps even share their parents' beliefs about the causes of mental duress. Chinese Canadians over 55 years old were found to hold more negative attitudes about mental health service usage when they were more enculturated (Tieu & Konnert, 2014). However, for Chinese immigrant emerging adults who were raised in Canada, it is possible that they are at least aware of the western views of mental illness and the necessity of seeking help. Higher values acculturation and lower values enculturation was found to be related with positive attitudes about seeking professional services amongst Asian American university students (Miller et al., 2011). Whether or not this influences

actual service usage is unclear, especially since Chen, A. et al. (2009) found that generational status did not seem to impact mental health service usage.

Twenty nine Chinese Americans who accessed mental health services were interviewed about their opinions of what caused their mental illness (Lin, 2012). The majority of participants identified western-endorsed precipitants but two participants identified traditional Chinese concepts as the origin of their mental illnesses. While those who sought help were considered more highly acculturated, some still subscribed to ethnic explanations of mental illnesses. One unknown in this study is whether or not these participants held the same views regarding their conditions before treatment or if they had been educated about these causes. Chinese immigrant emerging adults who seek help for their psychological concerns may hold beliefs more aligned with western models or they may have to balance traditional and western conceptualisations.

Regardless of the views held by Chinese immigrant emerging adults, family can be a hindrance towards seeking help. Families may discourage disclosure about mental health status to those outside the immediate family (Chen, F., Lai, & Yang, 2014). Lin (2012) found that Chinese seniors who had support from their families were more likely to hold positive views of mental health services. Families were potential obstacles for Asian American youth who needed services, exacerbating distress and the probability of developing diagnosable mental health illnesses (Ho & Daniels, 2011). This may be true for emerging adults, especially those who confide in their parents or continue to be dependent on them to provide for their needs.

Cultural barrier: Perceptions of western medicine.

Culture may also influence a Chinese immigrant's perspective on western medicine and its ability to provide relief. Chinese (foreign-born) Australians and Australians (Australia-born) were asked to take part in focus groups to share their opinions of healthcare providers (Chan & Ritchie, 2011). One Chinese Australian informant doubted the ability of psychologists and counsellors to provide effective treatment due to not having shared experiences and backgrounds. Only 4.7% of Asian Americans in a Texas study would consider seeking help from mental health professionals, showing that Asian Americans did not perceive mental health services as a source for support (Leung et al., 2012). Instead of turning to mental health professionals or even doctors, these studies found that people were more likely to turn to friends and family for advice. However, friends and families were perceived as unable to provide the assistance needed and offered unsolicited advice (Chan & Ritchie, 2011). Inadequate informal

supports could lead to feelings of resentment at not being understood (Donnelly et al., 2011). This indicates that while Chinese immigrant emerging adults may turn to their friends for support, this may not be enough to alleviate their distress. When Chinese immigrants do turn to health professionals, their interactions could influence future help-seeking. Doctors who were perceived as rushed and inconsiderate, left immigrants with negative reactions to the care they receive and increased their stress (Crooks et al., 2011).

Not only are mental health professionals not viewed positively and less likely to be sought after, the western model of medicine is equally foreign. Western mental health treatment is focused largely upon the individual and helping that person achieve their own needs, aspirations and self-actualise (Chen, A. et al., 2009). This is at odds with the collective mindset of most Chinese Canadians and can be seen as being used to divide the family. Western health models generally do not recognise many Chinese traditional methods of healing, whether it is acupuncture, acupressure, Chinese medicines, or even concepts such as feng shui, which is bringing harmony between people and the environment. Western mental health professionals are trained to facilitate the growth of their clients and not to be directive; nevertheless, evidence suggest that Chinese immigrants expect mental health professionals to function more as an expert and less as a facilitator of personal growth (Chan & Ritchie, 2011). One study with mental health service providers challenged this by finding that most practitioners experienced with minority populations were not authoritative with their clients but adapted their techniques to meet needs (Park, Chesla, Rehm, & Chun, 2011).

Stigma.

Within the Chinese immigrant community, stigma remains around issues of mental health. People fear being labeled by mental health professionals, which could result in social rejection (Clough, Lee, & Chae, 2013). Chen, F., Lai, and Yang (2014) conducted interviews with Chinese American patients who had been hospitalised regarding their decisions to disclose their mental health status. People who chose not to discuss their diagnoses or hospitalisation had several concerns. Keeping mental health statuses a secret helped to preserve a normal appearance, which maintained a person's "dreams of living a normal life" (Chen, F. et al., 2014, p. 10). The notions that mental illnesses are contagious or that those suffering mental illnesses are defective remain pervasive in the Chinese community. Some participants who had revealed their hospitalisations found that family members and friends distanced themselves and they were

no longer invited to family functions (Chen, F., et al., 2014). Additionally, mental health service usage reflected not only on the individual but their family as well. Participants expressed fears that a mental health diagnosis could preclude a sibling's prospects of a good marriage or employment (Chen, F., et al., 2014).

In addition to stigma levied against individuals known to struggle with mental health, stigma exists against seeking help. Chinese Canadians who sought treatment for their mental concerns faced being condemned for moral misdeeds and being labeled as a failure (Chen, A., et al., 2009). Mental health service providers may not be part of the Chinese immigrant's social network; nevertheless, bringing distress to anyone outside the family was considered shameful (Clough et al., 2013). An important aspect to note is that whether stigma is real or perceived, it can decrease an immigrant's willingness to seek help for their (Loya et al., 2010). Because of this, people may postpone seeking treatment (Saechao et al., 2012). This delay may be until the symptoms are overwhelming (Ho & Daniels, 2011).

Systemic Barriers

Personal barriers to professional help-seeking are not the only challenges faced by Chinese immigrants in need of mental health services. Systemic barriers exist within the healthcare industry that deter help-seeking behaviour. This includes misunderstanding cultural displays of illness, lack of information, mismatched language and culture, cost, and discrimination.

Symptom presentation and diagnosis.

Mental health concerns in Chinese immigrants may present differently than they do in non-Chinese populations. Chinese are more likely to express their mental health concerns somatically and seek treatment for them as if they were physical health concerns (Chen, A. et al., 2009). Somatising allows Chinese immigrants to present a socially acceptable expression of what would otherwise be relational and harmony damaging displays (Fang, 2010). When general practitioners are unaware of this, mental health concerns are unrecognised or mislabeled and immigrants will not be able to access appropriate services (Ho & Daniels, 2011). Furthermore, when minorities enter treatment, service providers may consider behaviours that are normal in the minority culture as abnormal and maladaptive because they are atypical to western culture (Walton, Berasi, Takeuchi, & Uehara, 2010). This may cause minorities to terminate and discourage future usage.

Lack of information.

When Chinese immigrants decide that they are no longer able to cope and need to access services, they find another roadblock. Many immigrants are unfamiliar with the Canadian health care system and do not understand how to navigate it to find assistance (Crooks et al., 2011). Many Chinese immigrants lack information on how to access health services (Stewart, Shizha, Makwanmba, Spitzer, Khalema, & Nsaliwa, 2011), and some immigrants may also be unaware of the types of services available through community agencies. When immigrants do not have the information that they need and do not know where to seek the information, they cannot receive assistance.

Language skills.

Linguistic discordance, or a mismatch between the provider's and the client's language, may contribute to low service usage (Clough et al., 2013). When ethnic minorities enter treatment, limited English skills can prevent progress and the resolution of concerns (Donnelly et al., 2011). Those with very low English ability may not seek help despite a desire to do so as they cannot communicate comfortably with professionals (Saechao et al., 2012). Most agencies that offer mental health services do not employ multilingual staff, leading to a lack of linguistically appropriate services (Fang, 2010).

Financial cost.

Immigrants competent in English or who find a provider who speaks their language encounter monetary challenges (Crooks et al., 2012). Mental health services are expensive in general, but factoring in costs associated with resettlement, the expense of mental health services can be prohibitive (Ho & Daniels, 2011). Further, if immigrants do not have health insurance, there will be no assistance for most mental health services (Walton et al., 2010).

Discrimination.

Experiences of discrimination can be subjective. Asian American women who felt that they were being discriminated against based on their gender or ethnicity reported less satisfaction with the services they received (Huang et al., 2011). When non-Chinese minorities in Minnesota experienced discrimination both outside and within the healthcare system, they were less likely to access services (Burgess et al., 2008). Ethnic minorities were not more likely to seek mental health services even if the healthcare system was not prejudiced, indicating that societal discrimination has far reaching consequences. What is concerning with discrimination in the

healthcare system is that Canadian health professionals may not recognise that ethnic minorities experience bias (Edge & Newbold, 2013). The subjective perception of intolerant behaviours complicates whether or not Chinese immigrants will choose to continue to seek services. As discriminatory practices become more subtle, it is harder to detect and if Chinese immigrants are feeling ignored or dismissed, they may be less likely to continue reaching out for help (Edge & Newbold, 2013). This barrier to service usage is alarming as those who do seek professional services have already done so at a great personal cost. As professional services are often the last avenue of assistance, Chinese immigrants may feel that there is nowhere else to turn.

Suggestions for Improving Mental Health Services

There have been numerous suggestions on how to improve access and usage of mental health services by ethnic minorities. Four themes have arisen: (a) increasing the cultural competency and sensitivity of mental health service providers (Chen, A., et al., 2009; Crooks et al., 2011; Ho & Daniels, 2011; Donnelly et al., 2012; Lee et al., 2013; Kohn-Wood & Hooper, 2014); (b) providing mental health education and information (Chen, A., et al., 2009; Fang, 2010; Saechao et al., 2012; Lee et al., 2013; Giacco, Matanov, & Priebe, 2014; Shannon, 2014); (c) including families in treatment and decision making (Fang, 2010; Ho & Daniels, 2011; Kirmayer et al., 2012; Nguyen & Lee, 2012; Shannon, 2014); and (d) increasing the number of bilingual and bicultural services providers or brokers (Fang, 2010; Ganesan et al., 2011; Ho & Daniels, 2011; Donnelly et al., 2012; Lee et al., 2013). Additional suggestions that are intriguing are using technology to facilitate access (Giacco et al., 2014) and diversifying both the location and hours of services (Ho & Daniels, 2011).

American Psychological Association Guidelines

The American Psychological Association (APA) has nine guidelines for mental health providers regarding working with diverse clients (1990):

1. Educating clients on the process of therapy.
2. Be aware of research and practice issues.
3. Recognise the importance of culture in understanding psychological processes.
4. Respect the roles of people and structures in the client's culture.
5. Respect a client's religious or spiritual beliefs.
6. Speak the language requested by the client, and if necessary use an interpreter or make a referral.

7. Consider environmental factors faced by minorities in assessment and intervention.
8. Be aware of and work to eliminate biases, prejudices and discriminatory practices.
9. Keep records of culturally pertinent information.

Canadian Recommendations

The Canadian Psychological Association does not have its own guidelines on culturally sensitive practice and refers to the APA's recommendations. However, the Mental Health Commission of Canada in partnership with the Centre for Addiction and Mental Health published a report investigating the barriers to services faced by Canadian minorities. A threefold approach to improving services for ethnic minorities was proposed: (a) interagency coordination and collaboration; (b) including stakeholders; and (c) diversifying available services (Hansson, Tuck, Lurie, & McKenzie, 2010).

Interagency coordination and collaboration called for providers offering services to ethnic minorities to plan and implement strategies in concert. When changes are implemented, the results need to be assessed to determine effectiveness. The second proposal, including stakeholders had two arms, which are including families in decision making and bringing community members together for input on service delivery while informing them of existing services. The scope of services offered needs to expand to promoting health and preventing illness amongst ethnic minorities to increase the ways they can access services. Similar to the APA, Hansson et al. (2010) suggested training ethnically diverse professionals, increasing cultural competencies, and using interpreters when bilingual practitioners are unavailable. Furthermore, printed information should be provided in multiple languages to increase its usefulness. Research supports many of these recommendations, yet, I see three areas of concern.

Evaluation of recommendations.

First, involving family in the treatment of an individual contrasts with the individualised western mindset. Family involvement was posited to encourage individuals in adhering to treatment plans (Fang, 2010). This involvement extended to including family members in initial sessions to build rapport (Kirmayer et al., 2012). However, some clients may desire that their family be unaware of their treatment and in such situations, confidentiality is crucial (Donnelly et al., 2011). Including family members in treatment places the practitioner in a situation where they may need to view the client as more than just an individual. Families can be a source of

emotional and practical support but if clients need to be institutionalised because of symptom severity, practitioners may need to prepare both the family and client (Park et al., 2011).

Second, cultural education has been proposed as unidirectional wherein providers become educated about their own cultural biases and become astute in the cultural nuances of their clientele (APA, 1990). However, mental health providers with an average of 16.3 years' experience felt it was not only important to be a learner of their client's culture but also to provide information on the nuanced cultural expectations and norms of the United States (Park, et al., 2011). This reflected a bi-directionality that is not normally advocated in the literature.

Thirdly, there is an emphasis on employing bilingual and bicultural therapists and in their absence employing interpreters to meet linguistic needs. Interpreters should be professional and trained to ensure that what the client is sharing is adequately translated and to prevent filtering of the message (Clough et al., 2013). Yet, the use of interpreters and bilingual practitioners may not be enough to increase service usage by minorities (Chen, A., et al., 2009). Moreover, a third person in the room may prevent the development of a therapeutic relationship (Clough et al., 2013).

Summary

This review of current literature showed that some Chinese immigrants face many challenges when settling into Canadian society. Acculturation-based difficulties impact not only individuals but families. Conditions upon arriving in Canada and unmet expectations may create stressors that influence an immigrant's mental health. The concept of emerging adulthood as a developmental period is relatively new and resulted from societal changes in the last 100 years. However, the milestones of emerging adulthood may differ significantly for Chinese immigrants, particularly if parents are less acculturated. This can cause additional strain on families and individuals that compound the complications of settling into life in Canada. The research shows that Chinese immigrants who develop mental health concerns are highly unlikely to access the required services. Personal and systemic barriers exist and both require attention to improve mental health service usage and outcomes for Chinese immigrant communities.

The majority of the research reviewed was conducted either in the United States or larger urban areas in Canada. This provides insight into the experiences and needs of Chinese immigrants in those areas; however, as the visible minority population in Saskatchewan has grown only within the past several decades, the needs and experiences could vary in unexpected

manners. As research in less diverse areas of Canada has been limited, existing research may not address the unique needs of ethnic minorities living in such areas as Saskatchewan. The degree of cultural diversity in an area will provide a different environmental context to which an immigrant will need to adapt his or her behaviour and values. Differences such as availability of resources in one's native language, finding others of a similar ethnic background to help orient within the new context, and the degree of understanding of struggles faced by new immigrants can influence one's experiences with acculturation and mental health outcomes. The current study endeavoured to provide a qualitative lens into the experiences of five Chinese immigrant emerging adults in Saskatchewan to inform service provision and better understand the needs of the community.

Chapter 3: Methodology

This chapter gives an overview of the methodology chosen for this study. It covers the importance of qualitative research and the sufficiency of the basic qualitative method. Recruitment procedures, data gathering, and data analysis are discussed along with their rationale. This is followed by a discussion of ethical considerations. Finally, there is a synopsis of the measures taken to ensure the quality of the research.

Qualitative Research

Qualitative research is concerned with “expos[ing] the human part of the story” (Jacob & Furgerson, 2012, p. 1). The majority of research on immigrant populations and mental health has been quantitative, and while this is informative, there is a need for qualitative research that could reveal otherwise inaccessible information (Hansson et al., 2009). Immigration and mental health are inherently personal; qualitative inquiry will provide space for people to divulge some nuances of their experiences. Qualitative research allows for an in-depth analysis of human experience and “produce great richness of material” through a flexible and responsive inquiry by researchers (Crouch & McKenzie, 2006, p. 486-487). Furthermore, qualitative research is context specific, which is appropriate for an investigation into the particular experiences of Chinese immigrants in Saskatchewan (Denzin & Lincoln as cited in Ponterotto, 2005).

Qualitative research focuses on “understanding how people interpret their experiences, how they construct their worlds, and what meaning they attribute to their experiences” (Merriam, 2009, p. 5). This is built on a premise of constructivism, which is a philosophical perspective that assumes that there is no universal truth because truth does not exist outside interpretation, which is contextual and informed by subjective voices (Hays & Singh, 2012). This epistemology leads to an interpretive stance that employs symbolic interactionism, that is, experiences and identity are understood and developed through social interaction (Hays & Singh, 2012). These foundational assumptions guided how the research was designed, implemented and data analysed.

Basic Qualitative Research

There are many types of qualitative research, including basic qualitative research (Merriam, 2009). This research study made use of the basic qualitative research model as outlined by Merriam (2009). A basic qualitative research design aims to uncover “the meaning a phenomenon has for those involved” (Merriam, p. 22). These aims aligned with the primary

purpose of this proposed study. Furthermore, for a master's level research study, the basic qualitative method is appropriate as it does not require intensive knowledge of qualitative methods and a large time commitment (Caelli, Ray, & Mill, 2003). This approach has been critiqued as not being founded in a recognised qualitative methodology and as less rigorous (Sandelowski, 1986); nevertheless, "basic qualitative studies can be found throughout the disciplines and in applied fields of practice [and] are probably the most common form of qualitative research found in education" (Merriam, 2009, p. 23). Therefore, while basic qualitative research may not be the most rigorous of qualitative research methods, it has been widely employed in the educational field and was a suitable methodology for this thesis as it aimed to provide practical knowledge for practitioners in the mental health field.

Data Gathering

Pilot Study

Cozby (2004) defined a pilot study as a small scale study designed to test and refine procedures. A pilot study was conducted prior to the commencement of the main research study with a Chinese immigrant friend to determine the suitability of the questions and to refine my skills in conducting research interviews. This pilot study included two audio-recorded sessions, one that was one-hour and the other roughly half an hour. It was conducted in the same manner as the main study with the exception that the data generated was used to refine the research process and questions and not included in the main analysis. Part of the pilot study process included asking for feedback on the questions and how they could be adjusted to increase cultural sensitivity. The pilot study provided information about whether the proposed number and length of sessions are adequate to gain the desired information. The questions were determined to be sensitive and therefore no adjustments to the questions were made. As the total time of the interviews was 1.5 hours the lengths of the study remained at two, one-hour interviews.

Participants

Five participants were included in this study. Three of them were recruited through my personal networks and the others were recruited via the use of a university message board. Three participants were female and two were male. They ranged in age from 19-29 with an average age of 21 years. Their average length of time in Canada was 12 years, with a range of 5-19 years. Two participants moved to Canada after adolescence, two in their childhoods, and one was born

in Canada (second generation Canadian). Four of the participants are currently students, two working part-time. The final participant had completed university and worked full time. Four participants majored in a science-related field in university with one participant majoring in the social sciences. The pseudonyms of the participants are Olivia, Abby, Calvin, Penn, and Emily.

Typically, referral sampling is when individuals who meet the selection criteria are interviewed, and then asked to refer others (Trotter, 2012). This allowed a purposive sample to be recruited. Purposive sampling employs selection criteria to ensure that those who are included will be a good source of information (Gall et al., 2007). However, one key difference in this study was that the first people to make referrals were not participants in the study. Participants of this study were at least one degree separated from myself in order to preserve their privacy. This meant that they were not people known immediately to myself but were friends or acquaintances of people I knew. As a member of the Chinese community, I took care not to delve into sensitive issues with people directly in my social circle and write about it to prevent potential issues of losing face.

Chinese community members that I knew (referees) were asked to refer people to my study (referrals). Referees were provided with the selection criteria to help in recruitment. There were five criteria for this study: (a) first or second generation self-identified Chinese immigrants; (b) between 18 and 30 years of age; (c) spent time between 18 and 25 years of age in Canada; (d) male or female; (e) willing to talk about sensitive topics around mental health. Individuals over 25 years old, typically regarded as having exited emerging adulthood, were included in this study since age is only a rough marker (Arnett, 2000). These individuals may still be in emerging adulthood or have recently entered adulthood and have relevant lived experiences.

Referees were asked to distribute flyers or send messages to friends who may be interested in participating in the research. Some referees posted the flyer on Facebook. The flyer contained the research topic, questions, contact information, time commitment, and honorarium information. Interested individuals contacted me via email. Responding to the first email, I explained the research process and responded to any questions. Referrals were informed that he or she would receive a \$10 gift card after each interview. When the referral agreed to participate, a first interview was scheduled that took place in a private location on campus. While participants were offered the choice of a private location of their choice, the university was convenient for all the participants.

As there were many respondents to the bulletin, the two final participants were selected as one had experience with mental health services and the other provided a second male voice. Qualitative research has fewer participants than quantitative studies. However, the specific size of the study is determined by the researcher. A study including less than 20 participants is considered small and may limit generalisability (Crouch & McKenzie, 2006). However, the point of qualitative research is depth and not breadth (Merriam, 2009). A small sample size enables “individual cases to have a locatable voice... and for an intensive analysis of each case to be conducted” (Robinson, 2013, p. 29). Robinson further suggested a range of 3-16 participants for interpretative phenomenological analysis, with a lower range suitable for non-funded, undergraduate projects. Even though the current study did not follow interpretative phenomenological analysis, it was a master’s level research study and non-funded. This was the reason that a lower number of participants was selected.

Procedures

Data collection began after the first participant was recruited. At the first interview, participants were asked to sign an informed consent form (see Appendix B) and given the chance to ask additional questions. Each participant was informed that they could withdraw from the study at any time prior to the release of their transcript for analysis. Due to the sensitive nature of this research and the potential for emotional harm, participants were informed of counselling resources before the interviews. As none of the participants showed indication of distress and had knowledge of available services, they were not reminded of available services at the end of the interviews. To create a safe atmosphere, the interview began with the collection of benign, demographic information to build rapport with questions becoming increasingly personal.

Semi-structured interviews.

The interviews were semi-structured and audio-recorded. Semi-structured interviews are “a dynamic exchange of ideas based on open-ended questions/areas of interests with probes that are designed to elicit details and explanation, loosely sequenced and may change in accordance with interviewee responses” (Trainor, 2013, p. 126). A semi-structured method was suitable because this provided the freedom to pursue lines of inquiry raised by participants while reaching study objectives. Flexibility allowed for each of the topics to be explored in a way that hopefully revealed how the participants viewed their reality and experiences.

In-depth interviews.

The first interview covered all the research areas through three categories of questions (see Appendix C). With the exception of one interview that took one and a half hours to complete, all other first interviews were one hour in length. First, six demographic questions such as length of time in Canada and country of origin were used to develop rapport. Second, five acculturation questions gathered information on experiences with adapting to life in Canada and associated struggles. Questions regarding career or major choice were used to determine how this possibly contentious area was navigated. Finally, four questions explored mental health service usage and suggestions for promoting mental health service use. Apart from the demographic questions, most questions had a series of probes that could be used to elicit further information. Participants were also asked for clarification during the interviews if there was a lack of clarity.

During the interview, I made note of the body language and demeanour of the participants to provide context when interpreting the data. The participant was informed that at any point during the interview, he or she could ask to terminate, pause the recording device, or take a break if she or he became uncomfortable. None of the participants became observably emotionally aroused or showed a marked change in their affect. At the end of this interview, a second interview time was set up between one and two weeks after the initial interview. For most of the participants, this was possible. However, for one participant the interviews were a month apart and another was three weeks apart. This was due either to illness or miscommunication about the appointment.

In between the first and second interviews, I reviewed the audio-recordings to determine topics that needed to be readdressed or clarified. At the second interview, participants were given an opportunity to add to their previous responses. All but one of the second interviews were an hour in length, with one being roughly half an hour long. Finally, participants were informed that a transcript would be ready for their review in two to three weeks and that they had a chance to review it.

Data Analysis

The goal of data analysis is to consolidate, reduce, and interpret what has been revealed and make meaning from the data (Merriam, 2009). I personally transcribed the interviews to increase familiarity with the data with the assistance of Transcribe, a secure app that aids with

transcription. Once this was complete, transcripts were emailed to participants for member checking, which is taking interpretations back to participants to confirm their credibility (Creswell & Miller, 2000). This was the first member check. Participants were informed that he or she could review as much or as little of the transcript as desired and make alterations where appropriate, with the exception of correcting grammar. All participants were asked to sign a transcript release form (see Appendix D) to permit analysis to begin. Two participants signed the transcript release form at the second interview and the other three chose to review their transcripts. One slight alteration was made by a participant because of a misheard word. From this point forward, the information was de-identified and participants no longer had the ability to withdraw from the study. Audio-recordings were revisited to enable detection of intonation and pauses that may yield useful information.

Thematic analysis was used to search for themes that emerged in the data (Fereday & Muir-Cochrane, 2006). Transcript analysis began after the first transcript was released. However, as this was near the end of the interview process, it was not able to inform subsequent interviews; however, as interview recordings were reviewed, this helped provide guidance in some areas that were worth exploring. The analytic tool NVivo Pro was used to help with transcript analysis. Transcripts were uploaded to the program and the rest of the analysis process took place manually on NVivo.

Transcript analysis followed the method outlined by Gibbs (2011). There were four separate readings of the transcripts. The first reading increased familiarity with the transcript and notes were taken about anomalies that do not fit with existing data and major themes. The second reading was when coding began. Coding is the process where meaning is attributed to a text (McLeod, 2011). Key ideas, codes, and analytic information was added during the second reading (Gibbs, 2011). The third reading systematically identified themes and I grouped themes together. This was an active process where themes were adjusted, added, removed, or subsumed under another theme with each additional transcript. The fourth reading was where themes were interpreted to see whether or not they answered the research question. If they were related, they were kept, if not, they were removed from consideration.

A combination of factors determined whether or not themes were included. I considered the number of supporting quotes and whether or not themes corresponded with existing research in deciding which themes to include. However, a theme that was not widely supported was not

automatically excluded. Inclusion was based on agreement with existing research or if it was potentially a novel finding, meriting additional research.

Participants were given the opportunity to review a list of themes near the end of data analysis as a second member check. Participants were emailed a list of themes and supporting quotations. They were asked for their feedback and to respond to me within one week. This was to ensure that the final process of writing was not delayed because of non-response. A list of themes and supporting quotations was sent to my thesis supervisor, Dr. Tim Claypool for review. One of the participants responded to the second member check and responded that she was comforted to see that others shared her experience.

Research results were presented with thick description, which is substantial quotations used to present both meaning and context (Sallee & Flood, 2012). By providing context, people reading the research will be able to see how the theme was identified and have the opportunity to evaluate the adequacy of the interpretation.

Ethical Considerations

Ethics approval from the Behavioural Research Ethics Board at the University of Saskatchewan was obtained prior to the research beginning (see Appendix E). I adhered to standards set out by the research ethics board, including informed consent, confidentiality, and freedom to withdraw. I was transparent with participants about the process of the study and briefly explained how the research study would work and how their privacy would be protected. Contact information for both myself and my thesis supervisor was provided to participants in case they have concerns. Participants were also informed that the data will be stored at the University of Saskatchewan for a minimum of five years and then destroyed. This information was stored electronically.

Furthermore, participants were informed that if we meet in future, I will not acknowledge them but they can acknowledge me. Referees were asked not follow up with referrals about involvement or intimate in social settings that the participant and I may know one another.

Sensitive Research

A special consideration in this study was the sensitive subject matter. Sensitive topics are any areas that could possibly induce “highly charged emotions, especially if the topic is a secret, an untold story, or considered a taboo” (Band-Winterstein, Doron, & Naim, 2014, p. 532). Confidentiality is crucial for participants in qualitative studies, but this may be heightened on

tabooed topics in smaller communities. To safeguard privacy, participants were asked to choose pseudonyms and the data was de-identified. Participants were advised that they were free to reveal as much or as little as they desired and could decline to answer. Sensitive research increases the probability that attachments between the researcher and participant could develop (Dickson-Swift, James, Kippen, & Liamputtong, 2007). To prevent this, I set and maintained boundaries with participants both during and after the research completed.

Trustworthiness

Trustworthiness is an issue in all research studies. The measures taken in a qualitative study are different than those employed in a quantitative study. Guba (1981) proposed four major concerns in establishing the trustworthiness of a qualitative study: (a) truth value (i.e. credibility); (b) applicability (i.e. transferability); (c) consistency (i.e. dependability); and (d) neutrality (i.e. confirmability).

Truth Value and Credibility

Credibility has to do with testing the truth value of the interpretations and whether or not they reflect participants' experiences (Guba 1981). Krefting (1991) suggested that this is "perhaps the most important criterion for the assessment of qualitative research" (p.216). In this study, credibility was established through collecting and storing transcripts and audio-recordings for a minimum of five years so that the findings can be corroborated (Guba, 1981). Sandelowski (1986) suggested that credibility is achieved when the interpretations are recognised by people in those situations immediately as representative of their own experiences. Member checking allowed me to ensure that the interpretations I made were recognisable by participants (Guba, 1981).

Applicability and Transferability

Applicability consists of how the findings of the study can be applied to other contexts and can be established through transferability (Krefting, 1991). This is ensuring that other researchers have enough detail to determine whether or not the findings are relevant to other environments. Researchers are responsible for ensuring that the research they are using is applicable to their own context (Lincoln & Guba as cited in Krefting, 1991). Thick description allows others to determine whether the findings in this study are transferable to any other contexts. Furthermore, I provided a general description of the research site and general participant characteristics, enabling others to determine applicability (Krefting, 1991).

Consistency and Dependability

This area of trustworthiness deals with whether or not the findings are consistent with the data collected (Merriam, 2009). In this study, I used an audit trail to increase dependability. An audit trail requires journaling reflections, questions, decision making processes, and challenges encountered during data collection (Merriam, 2009). This permits others analysing the data to arrive at similar, and not different, results (Guba as cited in Sandelowski, 1986).

Neutrality and Confirmability

Constructivism believes that reality is co-constructed and that researcher perspectives cannot be completely removed from data analysis. Neutrality is concerned with keeping interpretations free from bias (Sandelowski, 1986). I kept a reflexive journal to be cognisant of how my personal identity, beliefs, knowledge, and relationships influence data analysis (Krefting, 1991). I hoped that this would help me to be transparent with my “biases, dispositions, and assumptions regarding the research” (Merriam, 2009, p. 219).

Summary

This chapter provided the foundation of the proposed research. I chose a basic qualitative method and utilised semi-structured interviews. Five participants were recruited. This provided a rich source of data to analyse and provide a local and nuanced picture of the experiences of five Chinese immigrant emerging adults in a less diverse Canadian city. The data analysis procedures have been provided. Additionally, ethical considerations and methods ensuring trustworthiness have been described.

Chapter 4: Results

The purpose of this research was to explore acculturative stress amongst the five Chinese immigrant emerging adults, their mental health concerns, their attitudes towards mental health services, and their insights on improving access to and usage of mental health services. The data was analysed thematically and results are presented for each of the research questions. The participants' family composition and family dynamics is presented as a background for understanding the relationship between acculturative struggles and mental health outcomes. Participants are identified by pseudonyms with general descriptions provided to safeguard participant confidentiality. I recognise that the limited amount of biographical information provided about each participant may limit the transferability of the research findings; however, providing anonymity and safeguarding privacy was viewed by myself and my thesis supervisor as of higher importance. In an effort to increase the readability of the text, some statements have been altered, with ellipses representing omitted text and square brackets representing edited text.

Findings

As a first-generation Chinese immigrant myself, during the interviews and data analysis process, I recognised many of the stories and perspectives that the participants shared. Through the interviews, several themes arose regarding participants' acculturative stress experiences, their views and attitudes towards mental health, and their suggestions for increasing service usage by Chinese immigrants. While the participants came from a variety of backgrounds, including various lengths of time spent in Canada, there are shared experiences that unify them whereas other challenges they faced were unique to individuals. Although experiences with acculturation appeared to differ, perspectives on mental health and cultural barriers were similar. The barriers to service that they identified and their suggestions for outreach into the Chinese immigrant community provide insight on the struggles of Chinese immigrants who are seeking services in Saskatchewan. Before the presentation of the themes, a brief discussion on the family characteristics is provided as background information for understanding the interplay between family relationships, acculturation, and mental health outcomes.

Family Characteristics

Family dynamics, such as family cohesion (e.g. Marks et al., 2011) and communication (e.g. Telzer, 2010) can mediate the relationship between acculturative stress and mental health concerns. A presentation of family composition is included to provide a more nuanced

understanding of the participants' experiences. Furthermore, family dynamics and communication patterns are briefly discussed to provide a context for discussing the apparent mental health outcomes of the participants.

Family Composition

The families of the participants ranged from three to five people. Two were only children, one had a brother, and two had a brother and a sister. Four lived with at least one parent while the other lived alone. Two participants came from mixed families with a parent and a step-parent.

Family Dynamics

Family dynamics was not an area that was directly asked about or included in the interview schedule. The interviews with some participants headed in this direction as their families seemed to be one of the sources of stress in their lives. Others shared about their families in response to other questions. This allowed me to glean some information about how the participants interacted with their families. For the most part, the participants' relationships with their families were not clear cut. The relationships appeared to be dynamic with some experiencing greater change than others. Four of the five participants described tension in their households. Abby described her family as one with a stalemate:

There was never really much conflict, since like my parents might not get along super well, but it's just, it's less of an argumentative kind of atmosphere, it's more kind of just like we've reconciled the fact that, okay, we're quite different and I mean there's a little bit of tension because they don't like really talk to each other very much. And, I've just kind of learned to deal with that and that's just the way my family is.

Calvin also described a household where tension and conflict existed in describing the differences between how he and his brother valued family:

I don't quite know what they were fighting about but sometimes they were even, they did kind of talk about money sometimes, but sometimes they were like arguing on other things... so I was like, you know what if I can just drop that a little bit, help them out a little bit in that form... sometimes, my um, they would just talk about something like um, how they're not liking something that the other's doing kind of thing, or something like that.

Emily's family had experienced many changes since her early adolescence. She described her family as follows:

He [her brother] and my mom didn't really get along, so he wouldn't do anything that my mom tells him to do... [Currently,] they're not worse. They're just kinda maintained. So we don't really talk, we just try to keep out of each other's way.

Emily described her relationship with her mom as one that was close but had changed in recent years, “after she told me... there was this divide between us. There was this distance... before we were really close and we were best friends.”

Olivia was the only person I asked directly to describe her relationship with her mother. She shared that she had never really considered this question, saying, “I never thought about that question, like she’s my mom. I never thought about like that part of it.” However, she shared the most about disagreements with her mother and tensions over her behaviour and choices, including staying out late, drinking, and relationships.

Penn, who moved away from home at the earliest age, did not indicate that there had been tension in his home growing up. As the latest to arrive in Canada, he also spent the most time in a shared, non-Canadian culture with his parents and his experiences may have been quite different from the other participants in this study. He compared his relationship to his parents currently to when he was an undergraduate student:

I mean I try to balance [family, career, and personal excellence], but like at that time I didn’t really have a good grasp on balance... I think back [then] my career is more important than my family... but then at the same time there are like off chances like um during the semester I have weekend that’s free I’ll go visit them and they’ll come visit me. So like I think we still have a fairly tight relationship but then like they’re quite career focused too, so like we try to make time in like those situations.

Family Communication

The way immigrant families communicate has been indicated as a factor affecting acculturative stress (Marks et al., 2011). Abby seemed to have the most consistent communication pattern with her parents, while Penn’s appeared to have improved over time. Olivia and Calvin were most non-communicative with their parents in terms of open discussion. Emily’s communication with her mother had shifted from close to more distant over time. These communication patterns provided context for the family experiences of the participants and allowed for discussion on the interplay between family dynamics and potential mental health concerns.

Decision Making and Career Choices

The literature surrounding acculturative stress and immigrant merging adults seemed to indicate that decision making about the future and about careers can often be a source of contention. Currently, none of the participants appeared to be in distress. However, for Emily, decisions about her major choice had at one point provided significant distress. One reason for

this lack of distress may be that the participants chose career paths that conformed to what would stereotypically be considered appropriate careers. This section was included to provide insight into how these decisions were made and the degree of involvement of the participants' family members, allowing me to explore the implications that family relationships may have on mental health.

Penn had been most independent in making decisions regarding school and future, even though he had spent the most time living in China. His choice of major was made independently and may have been acceptable as he chose a stereotypically well-regarded field. His decision to study abroad was also made independent of his parents even though he shared that "they were not happy with me leaving the country" both initially and when he chose to return to Canada.

Calvin's major choice had originally been in line with his brother's chosen career path; however, when he failed to gain admittance into the program, he realised that another related program would be satisfactory even though his father was disappointed. For Calvin, this decision was motivated by a desire not to waste time and not to spend years attempting to get into his chosen college and "waste" his parents' money, sharing:

My dad was more pushing me to try out something like pharmacy because they make more income and it's, I guess, seen as almost like a higher status kind of thing... I told my dad I didn't make it in, and he was like, "huh? How come?"... and then he was like, "tsk, ah it's okay, there's another year okay, you can try again next year."... Except then, then I got the email of being accepted in to [my major], and I was like, "man, seems like kind of a waste to just say no."... that's why I was like, I'll just be wasting like over a hundred dollars just to attempt... [My dad] was a little bit disappointed but at the same time, he's, he can't, like change that, you know.

Abby sought guidance from her parents about her major choice. She considered her mother's opinion of greater weight while her father's desire was simply that she not do anything dangerous. Her mother's desire was for her to become a doctor, Abby's chosen field appeared to be an acceptable choice. Abby had experienced a change in her decision making process regarding school, sharing:

For a long time I did think I want to be a doctor but then I kind of examined my own, like do I really want to be a doctor or is it because my mom seems to be happy where she's at and she just told that to me and I trust her and we have a good relationship... so I chose [my major] ... not like a reaction against... just examining what do I actually want to try? What do I think is the best fit for myself?

As Abby was uncertain what she would like to do with her degree and her choice was in a health-related field, her chosen major was not seen as contrary to her mother's desires. Abby felt

that “once it plays out then she might give her opinion of like where I should go from there.” However, Abby recognised that her mother’s desire was still for her to enter medicine and that she may be planning this for her. Abby expressed her mother’s acceptance that she cannot choose for Abby, saying, “I think she’s accepted that I won’t necessarily follow what she wants.”

For Emily, her choice of major would be considered non-traditional. Yet, this was not always the case, Emily shared:

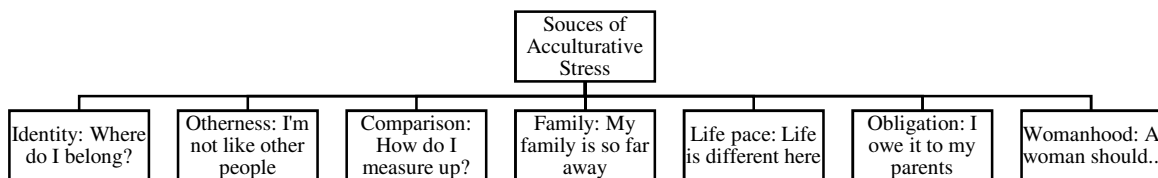
Before... a lot of my decisions regarding school and my future was like driven by the idea that I must make my parents proud... I was putting their expectations before my own desires, before what I really want for myself.

Emily described that when initially making choices regarding her education, she had felt the “pressure to impress him” (her father) and that this had strongly influenced her decision. In choosing her current major, Emily had not consulted her parents and announced her plans to them, saying “that was all my... decision. Like that, I made that on my own. I didn’t... ask my mom for her approval or anything, I just told her.” When asked what her father felt about her choice, she shared, “I guess he think it’s fine. He’s not like really opposing it.”

Sources of Acculturative Stress

As previously noted, the acculturation experiences of the participants varied. Six themes were identified with the majority of themes endorsed by a minimum of three participants. One theme in particular (the pace of life) was relevant to participants who moved to Canada more recently and had experienced life in China for longer periods. One theme was unique to the female participants. Most themes are introduced by a quote which I felt exemplified the struggles experienced by the participants, followed by each participant’s own description of personal experiences or that of their acquaintances.

Figure 4-1 Overview of the Participants’ Sources of Acculturative Stress



Identity: “Who am I? Where do I Belong?”

“It’s like I’m stuck in between two worlds, and sometimes I feel like I’m pulled to one more than the other, but sometimes I feel like I’m just kind of stuck in between.” Emily

Whether raised in Canada or arriving more recently, the confusion behind the question of identity was echoed by all the participants. Penn's immediate response when asked about his ethnicity was "I don't know." The participants all identified under different labels. Emily, who moved to Canada in her adolescence, identified as "just Chinese." Emily shared that she did not think she would identify as Canadian, saying, "I don't feel qualified to be a Canadian or a Chinese-Canadian. 'Cause I wasn't born here. I only moved here like a couple years ago." Penn, who moved to Canada for university, did not give an answer when prompted. As the one who moved to Canada the latest in life, Penn shared this struggle of identifying himself:

I found that that's a part that's hard to do and like um 'cause like it's always that way when you live in a different country for awhile, like you realise I'm not this, nor that, kind of neither...

Abby and Olivia both came to Canada in their early childhoods. However, they differed in how they identified their ethnicity. Abby, living in Canada longer than Olivia, identified as Chinese-Canadian and Olivia as Canadian. Both these participants described a lack of clarity when defining what a Canadian is. Abby considered the definition of Canadian only during class discussions, outside that she said, "it's not something I've really thought about" and "we never came up with an answer, and maybe it's because it seems so vague and like, it's not very solid." Abby identified with others around her and concluded that since she was like them, she would identify herself likewise:

Like other people who are, that I find are similar to me in terms of just Canadian-Chinese the balance of that, of how they call themselves or how they have experience of other people calling them that. I'm like well... in an easy way to put it I'll just say it that way. From appearances, Abby seemed to have come to a conclusion about her ethnicity, but she expressed a degree of confusion because of not knowing what Canadian is. For Abby, the question of ethnicity was secondary to other aspects of her identity, particularly where she is or who she is in relation to others. Olivia expressed that at one point, she rejected her Chinese identity and "just wanted to be Canadian and like not Chinese." She elaborated with, "I think there was a point where I wanted to be just Canadian. But now, I want to like kind of learn more about China and history and stuff..." Olivia's previous struggle with accepting the Chinese aspect of her life seems to have given way to a desire to re-discover where she came from.

Calvin, born in Canada, immediately responded with "as in like... I'm Asian?" When given examples of commonly used ethnic labels (e.g. Chinese, Chinese-Canadian, etc.), he elaborated with, "I typically if it's like not thought through, I would just say I'm a Chinese

person,' but when I think it through I usually like 'oh I'm, I guess, part Chinese, part Vietnamese.'" Calvin was in the unique position of juggling three cultures, however, it became clear that when it came to identifying who he was, he aligned more with his Chinese identity, partially because he spoke Chinese and ate Chinese food and neither ate Vietnamese food nor spoke Vietnamese. While he was the only participant born in Canada, he did not identify as Canadian, stating:

The only time I identify myself and say "I am Canadian" is when people start questioning "are you Canadian?" I'm like, "well, I technically am through laws and things like that. I was born here so thus I have my birth certificate here making me an automatic Canadian, so I am still declared as a Canadian."

The idea of ethnic identity is a question that was not easily resolved. Even for participants who appeared to have arrived at a resolution to the question, there remained a desire to explore more of who they are. Despite identifying as Canadian, Olivia expressed a desire to reconnect with her cultural roots and no longer deny that aspect of her identity. Emily, identifying solely as Chinese, shared that "the sense of belonging is tricky. I do sometimes feel like I don't belong here... and I don't feel like I belong to China as much anymore." For her, the question of who she was ethnically was unanswered.

Otherness: "I'm not really like Other People."

"Just 'cause like I'm like a minority and they're like the majority, and just like wanting to fit in with them." Olivia

The desire to fit in and be like others can be seen as quintessential to the Chinese identity. Three of the participants reported interactions which led to a sense of otherness. Both Penn and Emily experienced what they felt was differential treatment because of being Chinese. Emily shared that while there were no outward expressions of racism, she experienced what she termed "microaggressions." She described an instance where a person turned to someone with her to ask if she could speak English or instances where she was complimented on her English proficiency, which both led to feelings of not being like other Canadians. Emily's mother, who does not speak English, frequently required her to translate; Emily shared, "I feel like I'll always be an immigrant, especially when I have to translate... and talk in Chinese... I just kind of feel like people are seeing me as an outsider." Penn shared that "people think well we don't know where you're from you look different, so we just assume you don't know anything." He described experiences where others would try to explain something to him, assuming that he did not

understand, whereas not only did he have knowledge, he recognised that what they were saying was incorrect.

Penn also witnessed Canadians expectations of Chinese who had moved to Canada and assumptions about the length of their stay and what they should or should not know. At an open event where guests could come in uninvited, he observed a Chinese man who came to this party. The lack of understanding between Canadians and immigrants can lead to awkward situations:

Very quickly I grasp this is socially awkward person, where my Canadian coworkers didn't realise that and so he made one comment, and it was really bad, he want to, pay a compliment to people he was talking to, so he comment on that girl, "oh you are so sexy." What he meant was you are very beautiful, um, but then all the Canadian workers, including that student, think that's inappropriate, he's sexually harassing me. And I was thinking, no, this is a socially awkward person... But then they couldn't believe that he doesn't know the difference between sexy and beautiful where like I do, I can believe that where if you're learning your language on movies and TVs, yes, right it is the language they're using. But yeah, like they're thinking he's been here for like 8 years, how can he not know? And that can be an issue where um expectation where like if you think they are here long enough to understand but a lot of time they don't.

While not his personal experience, this story illustrates how behavioural expectations and a lack of understanding creates situations where individuals are treated as a pariah. It is almost as if these experiences can be lived vicariously.

Existing research indicates that while discriminatory experiences are typically thought of as directed from members of the receiving culture towards the member of the minority, discrimination can be experienced from within one's own cultural group (Noels et al., 2010). Olivia's journey reflected instances of feeling at odds with both Chinese and Canadian culture. In high school, she shared, "you wanted to be like Canadian and like not Chinese... I felt like I would be accepted more if I did." While this feeling diminished after high school, her current struggles are with other Chinese. In her own words:

A lot of Chinese people they kind of get confused by me because they think I look like a foreigner... I seem like I was born here and raised here and don't know anything about Chinese because I seem that way because I don't have an accent and I dress like not like super Asian, so and they just don't know what to do with me. She elaborated with sharing that "I don't act like [Chinese], I don't think like they do. And I don't speak Chinese in school." Olivia viewed these behavioural differences as making her stand out from her same-ethnic peers.

Otherness can go either direction and is tied to the sense of belonging which most of the participants appeared to value. Emily echoed this sentiment in sharing how older Chinese viewed

young people like herself, “there’s always this kind of judgment for like second generation immigrants or people like me... that like we’re whitewashed or we, we want to be, um, kind of trying to be distant from our culture.” Abby identified under this same label, feeling that she was different from recent Chinese immigrants, saying “you would see a lot of whitewashed Asians, I guess they would consider me a whitewashed Asian, as just being like well I just act exactly the same way [Canadians] do mostly.” Abby did not interpret this as a negative experience; however, her experience was with Canadians considering her whitewashed and not Chinese labeling her as such.

Comparison: “How do I Measure up?”

“When it came to school, it felt kind of competitive, right, everyone, like no one’s saying, ‘ha, I got a higher mark,’ but you know you kind of feel... the need to be better.” Abby

Chinese immigrants, having been labeled as the model minority, can often feel the need to measure up to this ideal (Crystal, 1989). This creates competition between Chinese and others around them. Four of the participants shared their struggles in this area and how they cope with it. Many of the participants had seen a shift in their own beliefs regarding competition and comparing. Even with the shifts in their perspectives, the participants often found themselves pushing back against the pressure to compare. Emily shared the following:

Growing up in China lots of the values are ingrained in my brain, so when I moved here it’s, um, I had to kind of unlearn a lot of thing... when I was younger everyone compared myself, me to other people, we used to like, like rank our marks in the whole class and see what’s your place in the whole class... it’s really hard to unlearn, it’s almost automatic, but like still to this day I care too much about my grades and I keep wanting to find out what other people got and compare myself to them.

Olivia, who had identified as Canadian and typically aligned herself with Canadian values and ways of being also shared this struggle. She had a few years of education in China and in describing the differences between Canada and China noted the different approaches to school, education and the relationship between teachers and their students as one of the major changes she experienced in moving to Canada. Despite growing up in a Canadian educational environment, she, too, felt the push to compare and be the best, saying, “for like marks and stuff, ‘cause I was raised that way, I’ll like get a pretty good mark in terms of myself, but I’ll like look at like what other people get and oh compare myself to that.” Abby, whose quote opened this section, shared that this desire to be good in comparison to others bred in her a desire “to be that

person who was like good at everything. And if I found that I wasn't good at something... I actually avoided that." Failure, real or imagined, was not an option for her.

Calvin had a slightly different journey in comparison with the others. Having always excelled at school (high 90's average in high school) he felt that it was upon entering university that he began not only to compare his marks with his friends but to compete with them. He surrounded himself with others who excelled in school and grades became a competition, he said "every single time, I always compete with him to beat him" and is surprised when he found that his friends would perform poorly on exams. He questioned this change in himself, stating, "when did I become so comparing?" He noticed amongst his friends, many of whom had been trying to enter a highly competitive college, a mutual competition that caused them to strive for higher. One friend who failed to attain this goal experienced a marked change in his academic performance and his self-confidence. When his friend asked Calvin if he was disappointed in him because of his lower performance, Calvin worried that it was "starting to get much more... powerful." While this is a second-hand story, it illustrated the pressure that Chinese immigrants can be under to meet expectations of those around them. To this person, it seemed that failure could tarnish the image of those around him.

Comparison did not end with marks and scholastic achievement. While the majority of participants shared this pressure in an academic setting, Abby expanded this pressure to compare herself to include values and expectations communicated by her family members. In speaking about body image and what it means to be female, she shared:

I would focus in on the people who would represent like their values, right, so not necessarily the whole entire general population... for me I'd like focus in on that person fits that standard, they seem to be happy with their life, I should be like them.

The pressure to compare also extended to other measures of success, Emily shared that she feared that if her mother's friends found out her desired career path, they would compare her to their own children who have chosen more traditional professions. She shared, "it's already ingrained in my brain that I always compare to other people so I don't need other people to do that for me." Even when these participants concluded that they did not desire to be so comparing in their lives, the familial and cultural push to compare was typically their initial response. For Emily who found greater freedom to be herself in Canada as compared to life in China, she would catch herself comparing her life circumstances with those of others she knew back in China:

I feel like I'm behind, people my age are like in, in their third year or they're going somewhere, they know what they're doing, but I'm still starting. So sometimes, I compare myself to them and feel kind of inadequate but I know that's not true, like I know I have to do it my own... pace.

Family: "My family is so far Away."

Family is traditionally seen as of utmost importance in most average Chinese families. While most of the participants lived with their immediate families, only Calvin had extended family living nearby. Three participants described isolation from their families as a source of stress. Emily, whose family had undergone many changes, shared a disconnection with her family back in China:

My mom was an only child and um, it was just her and my grandparents. And my, like my biological dad, um, I lost touch with his side of the family after the divorce so I don't talk to my grandparents on that side.

Life circumstances placed Emily in a position of alienation from her family. When she moved away from home alone for a time for schooling, she found the distance from her immediate family exacerbated her mental state.

For Penn and Olivia, the distance from family in China led to a sense of seclusion. Penn shared that distance from family was a struggle faced by many Chinese in Canada, whether for school or immigration:

In China, you have families there and then like, uh, a lot of extended family members, so like that make it easier. Where versus here came by myself and a lot of people are in the same situation, there's not that blood bond.

As he considers his options for the future, he found the problem of aging parents as an additional pressure. Like many other Chinese, Penn is an only child, and recognised that "you only have a limited number of years like how you spend that time with each other" and that his future decisions have an impact on his parents' retirement. In making decisions for his future, Penn noticed the variety of choices he has and the consequences of choosing:

With choice I think there comes to that uh pressure where if you think about it... if I settle here, I need to make choice where uh my family whether they, either they move here or like I see them like in occasion and those times.

Olivia's extended family was in China and she expressed a sense of aloneness:

Sometimes it feels isolating just 'cause you don't have like relatives around you. Like for me, it's just my mom. And in that way it's like around family gatherings it can be like... a little boring... all my friends they're like here and with their family...

The sense of isolation can also lead to comparison. For Olivia, this was recognising that she did not have something that her friends have. Abby, who did not directly share about a struggle with

feeling isolated from family had responded to a need for authentic connection through developing relationships at church. The natural connection of kinship identified by Penn is lacking for many Chinese immigrants, particularly those who moved here without family.

Life Pace: “Life is Different here.”

Chinese urban centres are larger than Canadian cities. For Emily and Penn who moved here later in life, the difference between their home cities and the central Canadian city they immigrated to were substantial. One of the differences Penn described was the way people walked in his hometown, “everyone was like trying to walk around you and pass you, uh, everyone was in a hurry... all those things energise me.” Another example he raised was the manner in which tasks were accomplished in China. He described growing up in China as reflecting a “come on, come on, let’s go” mentality. He viewed Canada as being “more relaxed,” describing the experience as being “a tough adjustment for me ‘cause like I am much more used to like being on top of things and having things move alongside really fast.”

Emily expressed that life here lacked variety and that there was not much to do. She described the pace of change in China as fast and that she was now unable to keep up with the changes. However, this was what she had been used to and the initial adjustment to life in Saskatchewan was difficult; she communicated, “I lived in big cities all my life... moving to here was kind of a shock. I feel like there’s nothing to do.” While she has adjusted to life in Canada, she found that her increased appreciation for Saskatchewan lay in how the city has developed and there is “stuff to do [like] the library. The museum... the restaurants... thrift stores... each neighbourhood is different... the... farmer’s market...” Emily’s increased satisfaction with life in Saskatchewan is related to the increased variety of leisure activities, reflecting her desire for a more diverse range of experiences.

Obligation: “I owe it to my Parents.”

While only two participants mentioned what was due to their parents, research indicated having a sense that there is a debt to be repaid to parents was related to acculturative stress (Ma et al., 2014). Both Calvin and Emily shared that they felt a sense of obligation to achieve in order to honour their parents’ sacrifices. Calvin described it as follows:

I do feel like it’s my responsibility to do good, because they’re the one who, like my parents, um, they’re the ones who are paying for my education, who’s giving me a house, and food and that everything, right... I feel like I should be doing good... they can see

their children is doing good in school, they're going, they're going to most likely succeed and get a good job, and everything.

He elaborated this desire to achieve well in school as an indicator that he would be able to provide for himself and a future family. The need to show his parents that he could sustain and take care of himself was part of what drove Calvin's pursuit of academic excellence. In discussing the future, he shared his perception of his parents' desire for him to "find like a secure job and all that, and have [my] own family, have like a better life than him kind of thing." While he did not feel that his parents expected monetary payback for their investment, he shared a desire to "have enough income to also give back a little bit to my parents while maintaining my own house well enough." The idea of personal success, at least for Calvin, is tied to a desire to do well for the sake of his parents and to be able to pay them back whether through materials or the knowledge that he is doing well.

Emily recognised the impact of moving to Canada for her mom and that it was a "sacrifice... she quit her job to move... she has to be away from her friends and her parents who are aging... I kind of felt like I don't want to disappoint her." The feeling of disappointing her mother was strong for Emily as she mentioned it multiple times in our interviews. There has been a shift in her fear of disappointing her parents, and while she periodically felt that her choices disappointed her mother in particular, she recognised that ultimately, she desired to pursue what she felt was right for her health. While she has experienced a shift in whose aims she prioritises in decision making, her earlier journey was influenced largely by her duty to her parents:

A lot of my decisions regarding school and my future was like driven by the idea that I must make my parents proud, I must, I must not, like make their sacrifice go to waste, um, like I was putting their expectations before my own desires.

Her current attitude towards her decision and their impact on her parents is one of not caring, placing more value on her own health and her own desires than she had previously.

Womanhood: "A Woman should..."

An area not represented in the acculturative stress literature is the idea of womanhood and what this means. Gender norms exist in most cultures. However, Canadian norms are typically seen as more liberal and empowering for women. While inequities exist (e.g. unequal pay for equal work), the differences experienced by the female participants are significant. All the women participating in this study expressed a degree of expectation placed on them by family members because they were women. This ranged from taking up physical space, to

loudness, having opinions, and behavioural freedoms. Abby shared messages received from her family members, particularly her male family members, such as “you shouldn’t be too loud, you shouldn’t be like a tomboy” and expressed this pressure to conform to their standards:

I was trying to live up to the... Chinese standard of beauty or like what woman should be like, like kind of quiet and like listen and be small and thin. And I kind of strived for the thinness or [to] take up less space.

Olivia displayed a change in terms of her ideas of womanhood and how this has affected her. In her adolescence, her mother would tell her “you’re a girl, you should just like stay at home” or “oh in China blahblahblah you wouldn’t be able to do this.” She found this limiting as her friends would be allowed to go out and created a difference with her peers. This caused extra tension in the household where Olivia saw the difference between how her mother was raised in a more traditional Chinese culture, expecting Olivia to behave likewise, and the freedoms enjoyed by her peers. While she has begun to interpret her mother’s actions as simply “being a mom,” their current interactions follow a similar vein whether it was regarding leisure activities or being out late. When asked if her mother saw her as an adult or child, she thought she was viewed as a child and gave the following example:

I have to always check in with her and she like wants me to but I usually don’t remember. And like if I go to my work... I get home pretty late sometimes, she’ll wait up for me or like see if I need a ride or something like that, and she just thinks I’m like, I don’t know, like not okay by myself if I go home really late... I know I can just drive home at like 2 a.m. or something...

While not directly connected to the idea of womanhood, this example shows the protective stance that Olivia’s mother took towards her. While Olivia finds it stifling, she has chosen to see this as an act of care by her mother.

Emily had more firsthand experience with sexism in China. She shared multiple examples including preference for males and differential treatment for young women in the workplace. Having been raised under this pressure, she described it as follows:

At school, they would just discourage girls to like, um, like if you are good at math and science, they would say, “it’s not because you’re smart, you’re a girl, you’re just, you just work hard. And boys will be, boys will always be better at math and science.”

She also understands the cultural expectations for her as a woman:

You have to look a certain way, there's just, it's all over the media and the culture and even I know it's the same, similar things are... here in Canada, but I think it's worse in China about how, how much expectations there are for women.

She followed this with:

You're supposed to be like modest, not too, like not too outspoken, not be like, not have strong opinions, you're supposed to know how to cook, how to clean, how to take care of your husband that kind of things.

Emily expressed multiple times that she feels a sense of freedom to be different and live differently than she would in China, but the pressure to be a certain way as a woman seemed to remain, particularly when she thinks of interacting with others in her cultural group and how she felt that they would pry and give unsolicited advice.

Part of the pressure for women is the cultural ideal of marriage and when that should happen. Olivia shared that her mother would often be asked to act as a matchmaker. While she has expressed to her mom that she would rather a relationship, if it were to happen, develop "organically." Both Olivia and Emily said that a woman should be married before she is 30.

Emily talked about this pressure for a woman to meet certain benchmarks:

There's so many expectations on how a girl should act and what you have to do in life to be accepted, and then they expect you to be married before a certain age or if you don't, there's something wrong with you or there's something pathetic about you.

While the men in the study did not speak of these pressures, the women in this study unanimously shared that they were aware of expectations that other Chinese would have on them as women. To some degree, all the participants whether currently or in the past felt the pressure to be a certain way as a woman.

Acculturation Strategies

The participants were not directly asked about their acculturation strategies; however, as the strategy chosen by immigrants is related to their mental health and adaptation outcomes, it is important to discuss what strategies the participants appear to have chosen. The degree of acculturation was determined by how much a participant retained native culture values and behaviours and their adoption of Canadian values and behaviours.

Calvin retained the most cultural practices including religious practices and spoke freely about the maintenance of Chinese culture in his home, including a mostly Chinese diet and exclusively speaking Chinese with his father. Most of Calvin's friends were Chinese and found that he identified more with them than with Canadians. After high after high school, he seemed to not connect with the Caucasians around him and chose to associate with other Chinese. Calvin resembled someone who has chosen the separation strategy.

Conversely, Olivia appeared to choose the assimilation strategy, at one point desiring to “be Canadian and not Chinese.” The majority of Olivia’s friends were Canadians or other Chinese like her. Her behaviours and choices most aligned with Canadian values and behaviours; however, she appeared to be experiencing a change in this area as she had indicated that was interested in exploring Chinese culture. Further, Olivia’s decision making process appeared to be more individualistic than collective, wherein she would predict her mother’s responses before announcing her decisions.

Penn and Abby appeared to have chosen the integration strategy. Both have a good mixture of Chinese and Canadian friends, although both feel that they are not as connected to the Chinese community as they desire. Penn is actively working through the balance between his more traditional values and Canadian values. He realised that tension exists between the two and he may ultimately have to choose, for example how he and any future children will interact (i.e. closely or more independently). Abby felt that her mother had passed on mostly Chinese values to her and she seemed to maintain these values while behaving in more typical Canadian manners, particularly in the way she communicates about her faith, which she admitted had been a challenge for her. Abby identified herself as a “whitewashed Asian,” further supporting the notion that she may have integrated in many ways while retaining a view of herself as Chinese.

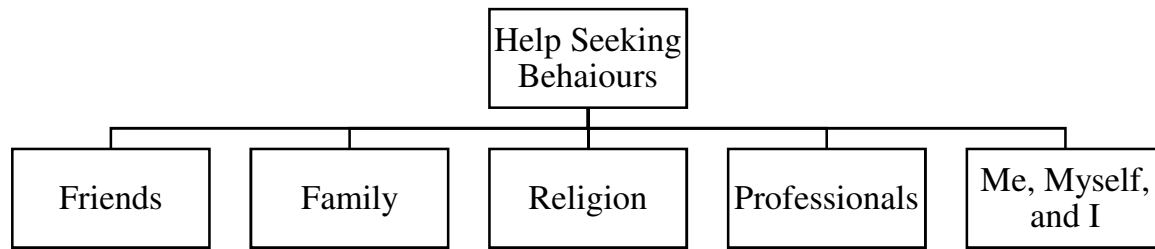
Emily’s acculturation strategy was unclear. While most of her friends are other minorities, her behaviour and values appear to be undergoing a change and this may be reflective of the growth she has experienced in recent years. Before her return to Saskatchewan, it would appear that she endorsed mostly Chinese values and acted in a Chinese way with a more recent change.

The following is a discussion of the ways the five participants sought help when they became under stress.

Help-Seeking Behaviours of Chinese Immigrant Emerging Adults

The participants in this study identified five ways in which they and those around them coped with mental health concerns.

Figure 4-2 Overview of Participants' Help-Seeking Behaviours



Friends

“I know people tend to seek friend and family first in Chinese community is like I know these people, I trust them.” Penn

The only source of support that all participants indicated was friends. Calvin’s attitude towards help seeking in general tended toward problem solving. His major source of stress was academics and his stress levels would increase when he struggled with his schoolwork. Reaching out to his friends provided two types of support. First, they provided mutual encouragement when his grades were below his standard, Calvin shared, “I notice we almost like never talk about it. Like, like any time we do, it’s always like, ‘it’s okay’ ... and they’re always like, ‘you can do better on the next one.’” Second, his friends provided practical assistance. One friend helped him in the following manner:

He would always work with me, every. Single. Saturday. And, and I’m just like, “man, I feel kind of bad,” as in like sometimes I’m just like, “am I wasting his time? is it not good?” But he doesn’t see it that way; he never sees it that way. He’s always like, “even though I’m redoing a question which I did, it’s also helping me learn, because now it is much more ingrained in me, because now I’m teaching somebody and I have done it myself.”

Calvin turned to his friends to keep a positive attitude and to provide practical assistance when dealing with his academic stress.

Abby shifted in how she handled stresses in her life. In high school, she kept these to herself; however, currently she stated, “I feel like I make it a practice to do that... to talk to people, like selective [people] of course.” She felt that turning to her friends allowed her to fully express herself and gave her an outlet to talk about the bigger questions in life and to openly share her struggles. As part of Abby’s struggles laid in feeling like she did not belong or fit in, she found solace in “being able to talk about deeper things,” and having friends she could turn to regardless of the situation and described them as follows

You feel like you can talk to them about anything... and maybe they don't agree with you exactly... they won't just like back away from not talking... their opinion of you won't change based on whether you disagree or not.

Penn moved to Canada without family but knew people from home that lived in the same Canadian city. During his initial stay in Canada and difficulty adjusting, he did not turn to anyone for help; however, currently he turns to his close friends when he needs them:

I have like pretty close friends here... I can talk about my issues and then like they, not necessarily try to solve it, it's just like 'cause being there listening and supportive that was really nice... I realise, hey, by talking about stuff, I feel better.

When asked about seeking professional services, he shared that he did not know if there was a difference between talking with a really good and supportive friend or to a professional. Abby echoed this sentiment saying "there's people around me... I don't have to pay them to talk to them."

Olivia turned to her friends for both practical advice on how to handle stress and when she is under emotional duress. She shared, "one of my good friends is a peer health mentor, so I kind of just talk to her." Further, her initial response to overwhelming situations is to go to her friends. Of all the participants, it appeared that Olivia relied more on her friends. Olivia appreciated that they gave her a different perspective, and was "another... voice instead of like you and your mind rambling on."

When Emily first returned home and wanted to seek professional help, she turned to her friends for assistance in finding the right supports. Moreover, she had two friends she identified as people that she could count on and talk to. Interestingly, these friends are not Chinese. She shared that with her Chinese friends, "when we talk, it's almost like the nice and funny things like or just regular everyday things like school and stuff. We don't talk about our feelings a lot. We don't talk about like, if we're struggling..." Her Chinese friends, however, were included when she spoke generally of how her friends were able to help her:

One of my closest friends, she's very supportive and she would talk to me on the phone until I feel better and things like that. And um there's other friends who are just like, "oh, well let's go like have a nice dinner and then you'll feel better."

For Emily she found greater commonalities amongst friends who were ethnic minorities as they had shared experiences.

Friends were helpful for providing perspective, distraction or practical assistance and was the most readily accessed source of help during difficult times. While the precise source of

assistance sought by participants from their friends varied and for some changed over time, this was the only unanimous source of help sought.

Family

“I don’t want to get my family involved...” Penn

As Penn’s quote illustrates, most participants in this study did not turn to parents or family as a support. Nevertheless, it is important to note what their behaviours and attitudes regarding seeking help from their families are. The assumption is that Chinese immigrants should naturally turn to family, this seemingly anomalous finding is noteworthy and may merit future research. Of the five participants, only Abby actively sought advice and emotional support from a parent. Penn shared that he was starting to realise the importance of including his parents in his struggles whereas Calvin, Emily and Olivia all expressed that their parents and family were not sources they turned to for emotional support.

Abby, who lived with both parents, actively sought advice from her mother. When she was struggling with anxiety and depression in late high school, it was her mother who noticed and encouraged her to seek help. She described her mom as “a big person in my life” but that she also noticed a change, saying, “I find that I don’t talk to her as much because I have other people to talk to... So like I still talk to her but I don’t feel like I completely depend on her anymore.”

When Penn first moved to Canada, he would either turn to his friends or try to deal with his problems on his own. In his own words:

Back then I think I have very much a mindset is like I don’t want to get my family involved so they’re not worried... I don’t know if it’s culture... I can see a lot of my friends and their family still doing that... I didn’t [talk to my family] back then which was bad, because those are people I want them to support me but at the same time I don’t share so they don’t know what I’m going through.

This initial mindset changed and he shared that he will “talk with family and say this is something I’m going through, especially if it involve with them.” Like Abby, he has come to see his family as a source of support.

For the remaining participants, how they saw parental support differed from the others in significant ways. Both Emily and Calvin identified their parents as providing for their practical needs. When Emily made the choice to return home after being away for school, she felt “grateful” that her mother supported her. When asked whether she shared any of her problems with her mom, she said:

I couldn't really talk to [my family] about that. Like I told my mom that I was depressed, that's the reason why I had to move back. She kind of, she didn't say that she didn't believe me... I read her messages to my dad... she just said, "Oh, I don't think she's depressed"... there's really no point talking to my family... I don't want to bother them, and... they wouldn't really understand.

She recognised that her family, particularly her mother, is not a good source of support for her on a mental health front and shared, "I feel a little bummed out that she doesn't understand my mental illness... but my mom is supporting me in other ways."

For Calvin, who did not typically seek help, the idea of seeking help from family was not only foreign but uncomfortable, stating, "I feel like it's almost weird.... It's kind of different and odd to be like, 'mother, father, I'm really kind of stressed right now,'" said in an apologetic manner. He elaborated saying that "it just feels too like out of place... it's not something which you naturally be like... something which I should telling them about or something." While he felt that his parents provided for his physical needs and felt supported by them as a result, he would rather be able to solve the problem on his own (typically regarding school) and be able to show them a good result that they could be proud of. Calvin did not turn to his siblings for assistance or they to him. He looked to his brother particularly as an example and appreciated his practical assistance (e.g. with studying, etc.) but said that in terms of his siblings' personal struggles, "I don't really hear much about whenever my brother and sister is going through stress, except they might say... 'kay, I'm a bit stressed right now,' but it kinds of ends there." Olivia also did not turn to her family for support and did not mention how she and her family interacted about mental health except to say that her mom had different expectations of her when it came to taking care of her mental health. She described an incidence in late high school:

Sometimes like everyone feels like down... [I] told my mom can I like take like a day off or just kind of like take it easy, and she was like, "no school's more important than that aspect, like it's okay, just feel better."

Most of the participants specifically stated that their families are a source of practical support, however, only Abby showed any inclination to discuss her non-practical needs with her family. Penn's discussions with his family about his stresses were only regarding situations effecting his parents, while the rest did not actively turn to their families.

Religion.

"The main thing is like refocusing my attention on like my creator... that's what's going to give me peace in the end." Abby

Abby and Penn both discussed turning to religion as part of their current coping skills. Neither participant had a family history of religion while in China; however, both had become Christians after living in Canada. None of the other participants spoke about seeking help from religion, although Olivia's mother was Christian and Calvin's family was Buddhist.

For both Penn and Abby, religion's role in their lives had increased over time. While not religious in China, Penn shared, "before I went to university I'm more like spiritual" and that he had some friends in China who were Christian. While in China, he had concluded that "there's [not] one particular religion will do it. It's just like in general sense some religions I don't really like them... I kind of see them as like maybe all different answers;" however, after exploring faith and religion when he moved to Canada, he became a Christian and named this as the root of many positive changes. Abby, who attended church starting early high school, came to a point in life where she recognised the differences between her and other Christians, saying "like I call myself a Christian... [I would question] Why's your life different than mine? Um, and I guess mostly being inspired by other people to really examine faith and realise how much I needed that in my heart." Because of their decisions to make religion and spirituality a more serious part of their lives, both Abby and Penn sought comfort and assistance through religion.

In describing how she coped with her stress, Abby said, "the first thing I would do would be to pray... I need to just step back and [talk] to him." She shared that connecting with God was important for her when under stress, and highlighted its importance stating, "When I pray, or when I spend quiet times with God, by myself or like in my room, I find like that quietness is really important." Abby had gone from not coping with her stress in high school to turning first to the Christian God as a way to centre herself before she approached either friends or family for help. Penn described his routine for seeking help, he shared that one of his coping skills is to pray; further, he shared that "faith was quite important for me... knowing I don't have to figure everything out in my life, that change a lot."

Professionals.

"When I can't deal with those things on my own, that's what I know I have to ask for help."

Emily

Three of the participants had sought professional help in the past. Emily, Olivia and Abby had all seen counsellors. For Olivia, this was earlier in life when dealing with a major life change and her school brought a counsellor whom she saw multiple times that year. Abby's mother had

suggested that she see a counsellor and she tried a few counsellors but did not persist with therapy and went on medication.

Emily was the only participant who sought out and persisted in the use of mental health services. She had been under extreme stress while living away from home and had already been depressed prior to leaving home. Emily shared her perspective on seeking professional health for mental or emotional concerns as follows, “I would say I am open to seeking professional help... but like I wasn’t so open about taking medication for mental illness when I was in high school.” In fact, multiple times during her time away from home, she had sought professional services, saying “I tried to see a counsellor at school but like they were really busy so it was really hard to get an appointment” and that eventually, she talked to a case worker on campus which led to her decision to return home. Upon her return, she turned to trusted friends to for referrals to agencies. She researched additional services and availed herself of multiple services, which she continued to access.

Olivia’s experience with mental health services was through her school who responded to her situation. Abby responded to her mother’s suggestion but terminated treatment early. However, both women indicated that while they had not personally sought to seek help in the past, they were both open to professional services if they felt the need arose. For Olivia, she shared that this would only happen “if none of my friends are able to help. And that was kind like the best option. I feel that it’s right for myself, I would.” Abby indicated that if she felt herself slipping into depression again she would turn to professional services for assistance.

While Penn and Calvin had never sought professional services, their attitudes seemed to have changed. Penn’s attitude towards professional services was that it could be used a preventive measure for future problems. When first adjusting to Canada and changing his expectations of his academic career, Penn had not sought help. However, he now recognised that “if I can take preventive measures... I can prevent things from happening... it’s easier to do that than fixing it when it’s all going down” and seeking professional services to deal with issues he has become aware of is becoming a priority. Calvin, too, had experienced a change in perspective, noting that “it wouldn’t be too bad if I go [to seek professional help] one day.” While Calvin still has some objections and worries about seeking professional help, he recognised that it could be a useful tool in coping with his academic stresses.

Only the women involved in the study had accessed professional services at some point in their lives. Emily is actively using services and while the rest of the participants were not currently using services, they all expressed a willingness to consider the use of professional services if they felt that their situations warranted that type of assistance.

Me, Myself, and I.

“I started trying out something here and there, and then I started learning what’s kinda working, what’s failed miserably.” Calvin

This attitude of self-reliance is considered typical of Chinese culture. Calvin best represented this idea of solving problems on his own and changing his situation, stating:

I tend to just kind of... keep it to my own self... if I’m feeling stressed out, I’ll try to figure it out, how to deal with it... And then in the end result, after I complete everything, I can go to [my parents] and make them feel kind of proud.

Not only was this Calvin’s personal approach to his own stress, when noticing his friends being pressured by school work or poor marks, his response was to provide them with practical assistance, offering to study together. Calvin had reported multiple ways he tried to deal with his academic pressures, including changing his sleep pattern and talking to himself differently, both techniques he had identified through trial and error.

Emily, who was the most willing to seek professional services, also endorsed this notion that before seeking professional assistance, there is a need to try and take care of the situation on your own, saying:

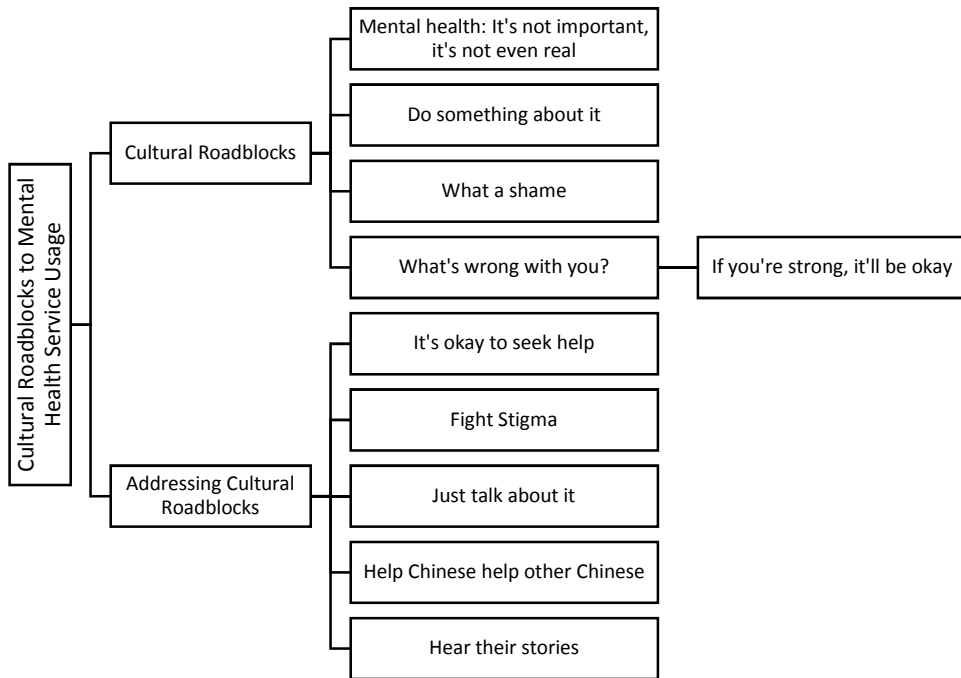
A standard for me is even if I feel bad I can still go on with my day-to-day life, I can still function, I can still like try to deal with it... on my own, by doing things I enjoy and stuff. Olivia, while not stating her opinion that she needed to take care of her own problems, acted in a manner that corresponded with this idea. She had made changes in her lifestyle and studying pattern in order to try and maintain a healthier school-life balance, recognising:

If I like work myself really hard I like get like stressed out I overthink, but if I kind of like manage like that mental health part, like when I study I like try to take body breaks and stuff like that go on walks instead of just like sitting there and like stressing about it.

Attitudes toward Accessing Mental Health Services

The five participants identified roadblocks for Chinese immigrants in terms of accessing mental health services. This included cultural roadblocks that prevent Chinese immigrants from considering accessing services. There are also service roadblocks that would be hindrances to those who have decided that they would like to seek services. This section also provides suggestions that the participants gave to reach out to the Chinese immigrant populations.

Figure 4-3 Overview of Cultural Barriers to Mental Health Service Usage and Suggestions for Addressing Cultural Roadblocks



Cultural Roadblocks

There are several cultural roadblocks which the participants felt would encumber a Chinese immigrant from seeking professional services for their mental health concerns. These included the idea that mental health is not real, the shame attached to having to seek help, the idea of needing to be self-sufficient and solving one’s own problems, that there is something wrong with a person if they have mental health concerns, and the idea that mental illnesses or struggles are a sign of weakness. Their perceptions of cultural views towards mental health did not always align with their personal views. Although for some participants, cultural views may have aligned with past personal beliefs.

Mental health? It’s not important, it’s not even real.

“It’s not actually an issue. It’s just an issue we’ve made up in North America because people are too comfortable.” Abby

Abby’s quotation above encapsulates what is thought of as a common Chinese belief regarding mental health. Abby shared that it would be difficult to get anyone to speak about the topic of mental health, because from her perspective, “it’s maybe not valued so much, like why

would I go talk about this?” This sentiment was echoed by Olivia, who talked about how her Chinese friends handled mental illness concerns, saying, “I think they just pretend it doesn’t exist because they’ve never talked to me about stuff like that.” Emily also discussed not talking about mental health with her Chinese friends. Penn shared his experiences with other Chinese around the issue of mental health, saying, “a lot of people are thinking... they don’t realise like it’s an illness or they don’t think it’s an illness.” Penn recognised that at times, there are physiological or biological bases for certain mental health conditions.

Calvin, too, shared that this was an area neither his family nor friends talked about. In talking about a family member who faced an academic setback, his response to how she was coping with the situation was that “everything just went nicely quiet.” No one discussed the setback and no one appeared to check in with his cousin. He also shared that he knew that she was under more pressure from her parents than he was and that in his opinion, “she always... gets stressed, much more quicker and much more easier... from the sounds of it.” In addition to trying to do something to solve a problem, Calvin’s method of dealing with possible mental health concerns appeared to be not to talk about it. Speaking more about his family’s approach on well-being, he shared “lots of like the mental health stuff I notice that it’s almost like... not known slash neglected.” While the topic of mental health did not appear to be directly addressed by the majority of those within the participants’ social circles, Olivia was aware that stresses and problems were still talked about, saying, “even though they don’t acknowledge it, they talk amongst themselves.”

Do something about it.

“I think there’s a little bit assumption where people think people have mental illness are not doing what they’re supposed to do or a lack of responsibility or not taking care of themselves.”

Penn

Penn, Calvin, and Olivia expressed that part of their cultural beliefs in dealing with stress and mental health concerns is to solve the problem. As Penn shared, there’s a belief that those struggling with mental health concerns are not doing enough to solve their problems and live well, Penn shared, “I definitely notice where they think they’re just no trying hard enough.” Olivia’s response to her own stress had been to deny that it was a problem; her past experience followed this pattern of denying a problem and working to solve it:

I wasn't really accepting, like I wasn't acknowledging that I was like anxious over like things or like stressed about things, and it's just kind of like deal with it, like deal with this thing, and once it's done, it'll get better.

The drive to problem solve and remove stressors is not only a response to personal issues but also a popular response when others are struggling. Calvin's most common response to stressful situations was to solve the problem he faced. When helping his friends, he said, "What I would want to do is that I would want to see if it's something which I can help them with or something like that." Penn echoed this sentiment while discussing the various responses to a friend's suicide; for those who were compassionate, there was a desire to have done something to prevent the situation or have made it better. Penn personally went through a period of self-blame, stating, "I felt quite accountable for my friend's death for a number years... I can see he was somewhat trouble[d]." Penn had multiple classmates who struggled with mental health and the strain of school; his typical response was reflected by the following sentiment, "I felt sorry for them, really bad for them like if anything we could do, I would like to do them." The idea that one should work to solve the problems causing stress extended beyond a personal realm and became a communal responsibility.

What a shame.

"It doesn't look good if like you or like a family member has like mental health [issues] basically because it's like really looked down upon..." Olivia

Shame is a strong motivator in Chinese cultures. The desire to preserve face and family honour is paramount. Four of the participants felt that a cultural barrier towards acknowledging mental health concerns and seeking help lay in the shame surrounding asking for help. In addition to sharing about how mental health issues are looked down upon, Olivia felt that the desire to preserve a good public image motivated Chinese to avoid dealing or talking about mental health issues:

I think a lot of them wouldn't want to admit that they are having problems 'cause it would look bad, like they think it would look bad on themselves to other people if they admitted it, that they have like mental problems or unhealthy in that aspect. Emily agreed with this perspective, sharing that for "Chinese people... it's really important to save face, and um, mental illness is not something that people talk about with other people."

Whenever Calvin discussed the idea of seeking help, whether from family or professionals, he had an apologetic air where he lowered his voice, almost as if it were inappropriate for him to bring his concerns to light. While he felt that he may be open to seeking

help, the idea of actually seeking help sparked worries about having to “disappear in life,” elaborating with:

I always felt like disappearing will be kind of a bit odd... should I tell anybody? Should I tell my brother and sister? I usually feel like it's okay to tell them and things like that, or like uh, kind of like what should I do as in how should I do it correctly without interfering and affecting too many people in my one little action.

Calvin thought that seeking help required being secretive with his actions and not allowing others to know or have his actions impact them.

When asked about reasons people do not seek professional help, Abby said “it's... the shame, you know feeling like I have to go see a counsellor,” an opinion she used to share. Shame was not simply experienced on an individual level, Abby talked about how it was possible for shame to be shared by others in the community, saying, “even you might not be ashamed of it anymore, you know that other people will kind of, it's kind of like second hand shame almost.” Furthermore, she shared how it was possible that the hostility of the environment may prove too much for people who had addressed this issue for themselves, keeping those who would otherwise speak up silent:

You don't want to be like looked down upon, you feel like you will be looked down upon. If you feel like you're in a good place now, it's like okay I'm not ashamed of it, to put yourself in a situation where you feel like other people will make you feel ashamed again... a lot of people might not feel like they're strong enough to do that in a situation that seems more hostile.

What's wrong with you?

“She has this stigma against mental illness... it's like almost a sickness. So if you're depressed, then you're sick, and she doesn't want her child to be sick. So she just... kind of denies it and I understand that reasoning.” Emily

The term commonly used to describe mental health concerns is “mental illness.” However, for Chinese this idea of illness takes on a different flavour. Emily shared that her mother's response to her taking medication was one of fear, she described her mother's response as “she's kind of against [me taking medication], she hopes, she just hopes I can get off it soon.” She shared that her mother's current response was similar to her own former perspective, saying “I was mostly scared... I was scared of the side effects, I was scared that I might be dependent on it... part of me felt like, it's not that bad, I can just power through it.” Wrapped up in Emily's previous perspective was that there was a fear of drug dependency or a lifelong struggle with illness and the need to be strong and simply take care of one's problems on one's own strength.

Penn thought that mental health concerns was viewed as an undesired illness and described his initial assumptions about mental health as follows:

Well something wrong, right like I think, at least that's the general cultural view... I think a lot of that is people treating, like even nowadays, I know people treating it as like another type of disease, um which like it's out of my depth, but I'm not sure if it's uh the best way of looking at it. Um, and then like the other thing is that I realise if you have a broken arm, you have a broken leg, people feel oh so bad you have this, but thin if you have a mind, mental problem, people are like uh oh I'm going to stay away from this person.

While physical illnesses or conditions appeared to be acceptable, when issues were invisible to the eye, the response was comparable to a contagion, where people avoided your presence. Penn further elaborated what he saw to be the Chinese idea of mind and body, saying, “[the] Chinese mind is so much geared towards uh you know like our whole person is our mind so if there's something wrong with your mind you're pretty much insulting them.” Problems of the mind, then, appeared to be a reflection on the whole person.

Another facet of the idea that there is something wrong with those struggling with mental health is that everyone goes through stress and if you are unable to handle it, there must be something wrong with you. There were many messages about what one should be able to do. Olivia shared “it's your emotion so you should be able to control it. Because... they're like [there is] no outside thing.” The presence of mental health concerns appeared to be connected to a lack of self-control and a personality flaw rather than a genuine issue. While Abby's mom was more aware of the impact of mental health concerns and more accepting of them as a condition to be treated, Abby felt that the following thoughts were more representative of the Chinese community, “It's kind of like just get over it, like this is just normal, you should, like stress, just whatever! Just, everyone goes through stress, like what is, what's your problem?” Penn, too, felt that many Chinese shared this idea:

A lot of Chinese here they'll have the same thing where like “what do you mean you're stressed out? Everyone goes through the same thing like you just have to you know do something more...”

The pressure of comparison extended to areas of mental wellness and dealing with stress. Not only did the participants compete to achieve better results, they found that if they or others were having problems, those who could not cope or mask the negative effects of stress were made to feel like they were performing worse than their peers or their parents. Emily shared that she knew some Chinese whose parents would compare their children's difficulties with their own:

I felt like some parents will be like, um, compare their hardship to yours, like “I sacrifice so much to move to this country, I’m not even depressed, but you have this great life, and how can you be depressed? Your life is so good compared to mine when I was your age,” kind of like that.

If you’re strong, it’ll be okay.

“There’s this idea that you’re, um, almost like you’re weak, um you’re weak so you have mental illness. If you’re stronger, if you just tough it out, you’ll be fine.” Emily

A subtheme of the idea that there is something wrong when you struggle with mental illness is the idea that if you are strong or if you work hard, things will be okay. Emily shared the idea that those who are strong will be able to survive the situation unharmed. Calvin shared a similar sentiment when discussing his father’s approach to stress and struggle, he shared that while it was not something his family specifically talked about, his father’s perspective was as follows:

He always talks about oh hard work is like good kind of thing, it’s like it’s how it’s going to lead you to x kind of thing, wherever you want to be... And so it’s like, sure it’s hard but it’s kind of like, don’t complain so much about it because you can’t, or else you’ll kind of be complaining about everything.

For Calvin, working hard and pushing aside stress would lead to good things, which ultimately leads to a good life. Abby described a belief that working hard is the solution to problems, sharing about the Chinese mentality in this way:

I think a lot of people think of mental health as like an excuse... Because the Chinese [thought] of like working hard to get where you want to go, it’s like you need to just pick yourself up, and this is just an excuse for you to be lazy. And so, it all plays into shame, like it all plays into that idea... that if you’re depressed or something... you’re just choosing not to live up to your full potential, and you could just move out of it.

Addressing Cultural Roadblocks

The cultural roadblocks outlined by the participants may represent the initial focus of outreach to improve the mental health outcomes of the Chinese immigrant population. To varying degrees, all the participants understood and acknowledged the importance of addressing mental health concerns. Emily shared her perspective, “I think the younger people are starting to... I would say like their stigma is kind of going away and they’re like, they, they know more about mental health, so they have a more open mind.” While this is starting to change, all the participants agreed that there is work to be done as many may be aware of mental health issues but may not see the value of seeking help. The participants suggested five ways to build awareness in combatting these cultural roadblocks: (a) helping them understand that it is okay to

seek help; (b) fight stigma; (c) simply talking about mental health; (d) helping Chinese people help other Chinese; and (e) sharing personal stories.

It's Okay to Seek Help

“Create awareness that it's not the end of the world but it's a need, and then, um, and then like to deal with the issues you have, I think that would be important.” Penn

Combatting the mentality of being self-sufficient and that a mark of strength is to solve one's own problem, Penn, Emily and Olivia suggested that it would be important to help Chinese immigrants that seeking help is not bad. Penn thought that creating awareness that addressing your problems is important would be crucial and helping people realise that there is something they can do. He said, “I think a lot of that is... awareness, um, ‘cause when I... look back and look at my friends, a lot of people didn't realise that like there is a need for doing that especially with mind.” Emily shared that she would want to encourage people to take a long term perspective, saying, “let them know it's good in the long term... it's really important to like seek help and talk about your feelings and stuff like that... just letting them know that it's helpful.” Olivia thought that it would be helpful to normalise these experiences and let people know that “everyone experiences things like this and it's normal, like it's not normal but it's okay.”

Fight Stigma

“Letting them know that it's okay, they're not weak...” Emily

Some of the cultural barriers identified was the idea of mental illnesses being shameful and that a strong person would not need to seek help. Both Emily and Olivia mentioned how it would be helpful to combat areas of stigma. Emily thought that it was important to help people realise that mental health struggles are not signs of weakness, saying, “Reducing the stigma of reaching out for help and having a mental illness just to let them know that it's okay... I guess if we could reduce the stigma and then that will be great.” Olivia spoke to the idea that mental health is real and not something made up by North Americans or non-existent:

Mental health is just as important as any other aspect of your life, and that if like when you are like mentally unhealthy or stressed or anything that you should not try do deal with like by yourself ‘cause that's not always the best thing to do, like seek help in some sort of way.

Olivia addressed two issues, the need to recognise that mental health challenges are real and that it is not necessarily the best habit to try and take care of everything on your own.

Just Talk about it.

“I think everyone’s kind of aware that it happens... someone should really just address the elephant in the room and just like, just come out and you know talk about it.” Abby

Abby, Olivia and Emily felt that it would be important to simply speak about mental health and have conversations about what this is. Abby described it as “the elephant in the room,” meaning the topic that no one wants to talk about but that everyone knows is there. She shared that it had been helpful for her to hear others speaking about it. Many of the participants had expressed that they knew or thought they knew of other Chinese who had sought professional services; however, most people did not speak about their experiences, Abby said, “a lot of people go through this, but a lot, I think people just stay silent.” Abby also recognised that there may be a challenge in asking people to speak up, saying:

If you have like young people and they don’t wanna really rock the boat... with elders and you know, the people who have established ways of thinking about what mental health is... you don’t want to like, upset the status quo.”

This tension between talking about mental health and the cultural push to remain silent appeared to be a concern for Abby. She also shared that she felt with younger generations of Chinese, particularly those currently in school, they are getting this knowledge.

Both Olivia and Emily agreed that it would be important to talk about mental health as a first step. When talking about people reaching out for help, Olivia elaborated with:

Just like talking about it. Like it’s okay to talk about it 'cause they like wouldn't talk about mental health and things like that so just to like tell the community that it's okay to talk about it in the first place.

Olivia felt that it was important that people realise that it does not need to remain hidden or ignored. Emily also shared, “starting a conversation is really good and important... like starting a conversation... with someone you trust.” This idea of trust will resonate in other areas of seeking help and will be discussed later.

Help Chinese Help Other Chinese.

“I’ve seen in some occasions where one friend brought the problem... in social circle everyone start to poke fun of him instead of actually listen and just trying to relate, showing empathy.”

Penn

The idea of helping others with their struggles was shown to be important to many of the participants. However, as Penn pointed out, there may be instances where friends either are not the best source of help or they make matters worse by reacting poorly, such as by making fun of

the person. Penn felt that there is a lack of understanding of what it is like to have mental health concerns and he felt that it was important to help people know how best to support those in need:

For people... who are on the other side... they're healthy, to be a little more understanding for people who have issues and give them more time and tolerance and compassion rather than trying to fix their problems.

Penn felt that the typical response of many Chinese was to try and change the situation for their friends and make it better; however, he felt that this was not the best response. Penn thought that if people who are healthy become more aware of what is helpful, they can better assist those in distress.

Abby shared this view. When discussing how to bring people who are distraught to information sessions, she realised that when someone was living depression or other mental illnesses, the tendency was to isolate. Her solution to this problem was to educate other Chinese to know how to help their friends:

If you have all these talks and like if you have these events then those people can do that one-on-one and bring these people out of isolation or whatever you know be able to properly be able to help them instead of just being like, "get over it," right, or saying really insensitive things.

Part of the awareness building process, in the eyes of Penn and Abby, was to help those who are unaware of the travails of mental illness be more sensitive and equipped to help their friends well.

Hear Their Stories

"It's really helpful like listening to someone who struggle with mental illness themselves, like 'cause it's not just a piece of paper, or a poster, it's a living, talking person and telling you what it's like and I think that might help." Emily

Emily felt that it was important for people to hear from another human being the extent of their difficulties. The idea of silence and not talking about mental health or talking about seeking professional help permeated all the interviews. Emily never spoke about her emotions with her Chinese friends. Calvin preferred for difficult topics to turn silent. Penn knew people who had sought help but few spoke about their experiences. Olivia knew that, if she chose to, she would have to approach difficult topics differently with her Chinese friends because of their sensitivities. Abby felt that Chinese in general tend not to speak up, preferring to remain silent. Yet, the idea of hearing personal stories seemed to be of importance for both Emily and Abby.

Emily shared that a live person speaking about their experiences would help. Abby shared about a personal experience where she heard from someone who fought depression:

They had one alumni just talk about her own experience with depression and just very open about it. She had people ask questions... she said, "Like if you, I understand that maybe people don't understand this, so I won't consider any of your comments insensitive. Just like ask me. Just say it." ... I think it needs to be people coming in, neither side being like overly sensitive... you have to be like able to get over that to be able to bridge the conversation and not just back away.

This was powerful for Abby and she really appreciated this woman's openness and felt that open discussion and hearing from someone who had lived through or is living with mental illness would be impactful.

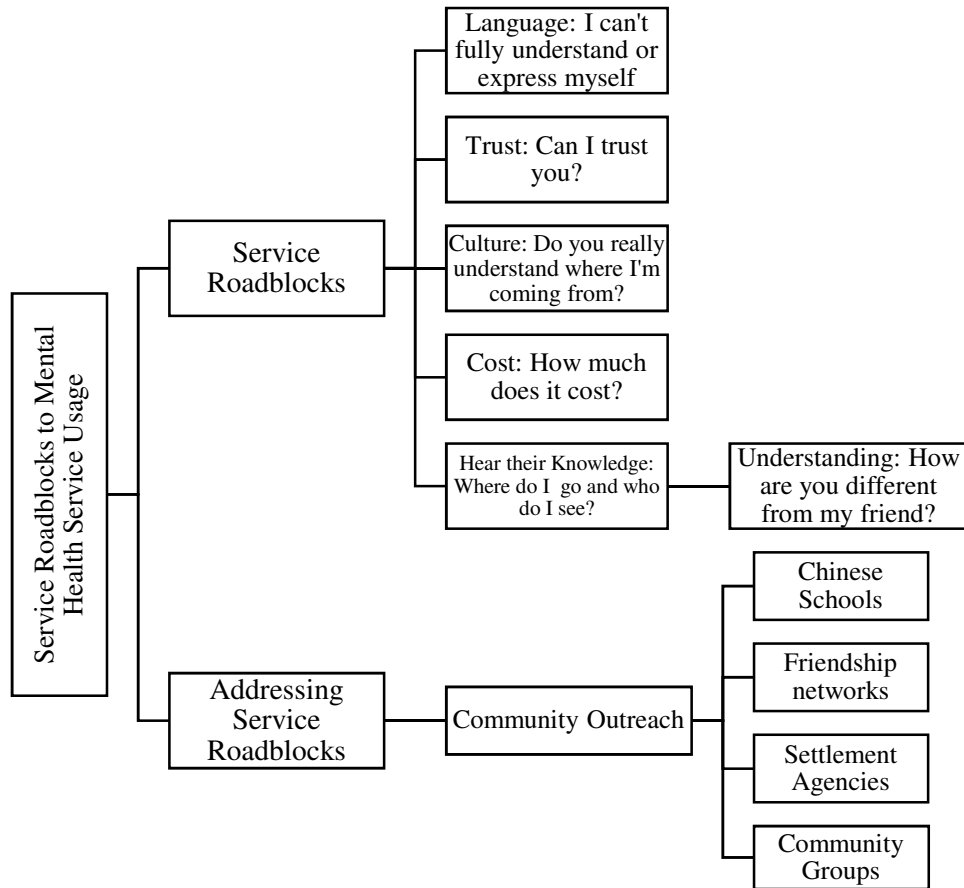
Equipping Mental Health Service Professionals

Cultural roadblocks to mental health service usage is only part of the puzzle. Once a Chinese person decides that mental illness is a legitimate area of concern, the issue of where to go and who to talk to and the process of counselling is a new mystery. Calvin, who expressed an openness to seeking professional services, shared, "I started a brand new fear. Which is uh... are they going to be okay with me coming if you're not feeling stressed yet?" The participants identified several service roadblocks and some provided ideas on how these may be addressed.

Professional Service Roadblocks

The service roadblocks are distinct from cultural roadblocks. While some are unique to Chinese immigrant or other immigrant populations, others may be shared by the general population. The participants identified five areas that act as barriers to services: (a) language; (b) trust; (c) culture; (d) cost; and (e) a lack of knowledge about services.

Figure 4-4 Overview of Service Barriers to Mental Health Services Usage: Service Roadblocks and Suggestions for Addressing Service Roadblocks



Language: I can't fully understand or express myself.

“A big barrier for lots of Chinese immigrants it's the language.” Emily

Emily, Penn, and Olivia identified language as a service roadblock for Chinese immigrants. Language was an area of personal struggle for Emily, feeling like she was personally unable to express herself fully in English and felt that this would be a barrier for other Chinese. Penn elaborated this thought by sharing:

Where we are in a conversation like language is pretty much what's carrying the message, a lot of like new students here doesn't necessarily have the skill to uh to express what exactly they're feeling so like... it could definitely be an obstacle there.

Olivia, too, shared that she felt language would be a barrier to Chinese immigrants seeking services. She shared about high school classmates she had who did not speak English well by the time they obtained their high school diploma. While Penn felt this could be an issue for newer immigrants, Olivia felt that time in Canada did not necessarily relate to proficiency in English. Olivia's response to what would prevent Chinese from seeking help was, “first of all language.”

She went on to share that “a lot of immigrants understand a lot more than they can speak so it's like telling them about their situation.”

Research has shown that the inability to either understand or speak well enough in English to communicate with a mental health professional could be a barrier to service usage (e.g. Saechao et al., 2012; Lee et al., 2013, etc.). While the participants did not offer any suggestions as to how to solve this problem, it is potentially a major challenge to serving the needs of immigrants.

Trust: Can I trust you?

“It's kind of intimidating 'cause you don't know them and they're just like a total stranger.”

Olivia

The idea of trust is important in psychotherapy. For Chinese immigrants, this may have an additional layer of shame and the idea that you cannot speak about mental health. Calvin, Olivia, Emily, and Penn identified the issue of trust as a roadblock for service usage. Olivia felt that it was intimidating to trust someone that she didn't know. Calvin, too, shared this feeling of being intimidated, saying:

I always felt like I had an interest in seeing [someone]... but at the same time, I always felt intimidated and it felt like it's kind of weird and awkward and maybe not quite right to go to talk to somebody else...”

This feeling of intimidation is reflective of a lack of trust in someone outside their social circles. Calvin's paramount concern in seeking professional services is knowing “who is good and safe to talk to.” Emily shared that speaking with a stranger was not necessarily a comfortable experience even though she had sought professional services multiple times. She shared that “it's always scary to open up to a stranger... they feel like I can just talk to my friends about these stuff, I don't need to see a stranger about it.” Additionally, Penn shared that he felt that “it come[s] down to trust, that part I don't know how to fix.” Penn recognised that trust was a major issue for Chinese immigrants when discussing personal issues, and he shared the following:

Even though sometimes your friends not necessarily should be the person you trust... there's that trust there so they go for that where with, um, professional, well I don't know, I don't know what they be like, there's a fear of the unknown. I've talked to a number of people [to encourage them] to talk to someone have to seek for help they don't want to just 'cause they don't know what will happen.

Penn recognised that friends may not always be the most helpful but it is the element of trust and knowing that appeared to be a factor for why friends were approached and not professionals.

Culture: Do you really understand where I'm coming from?

"It would be nice if like the professional is someone would like understand... what it's like to be in my shoes." Emily

For many of the participants, the ideas of belonging and otherness were important in their acculturative journeys. Emily felt that it would be helpful for professionals to have personal experience of what it was like to be an outsider, "most of the counsellors I've seen are white, and so um, when I talk about like um, the sense of belonging and stuff, um, like they couldn't relate even though they try to help." Both Penn and Emily felt that they were uncertain whether or not professionals would truly understand their problems. Penn felt that "culture definitely comes to play" and he identified language as part of culture but further explained:

When it comes to mind it's like mostly emotions and attitudes, so much is tied to culture where like uh I don't know... how much they are aware of the culture difference... 'cause like counsellor might have hard time to grasp the problem or issue they're dealing with.

Penn and Emily viewed the idea that the counsellor does not truly understand or may have difficulty understanding their issues because of cultural difference as a potential barrier. Emily's personal experience in counselling led her to think that it would be nice to have more counsellors who "relate to the immigrant experience."

Abby felt that there could be a potential problem of a counsellor being viewed as different culturally and ethnically than the clients seeking help:

I think since there is such a, in terms of mental health services... I don't know if there is like a lot of Chinese people who are in that kind of field... that's just like a systemic kind of thing. It's not like suddenly you're gonna have like whoo Chinese counsellors! Like just go here, like I think that, could be a thing too, just not having people of your own, people that you would feel most comfortable actually opening up to about these things... like nobody's entering into that so then there's no one to open up to.

For Abby, shared culture did not necessarily mean shared understanding, for her, it was an issue of having someone with whom you could be comfortable as you identify with them as part of a cultural group.

Cost: How much does it cost?

"It depends on whether I have to pay money or not. If I have to pay money, usually I... prefer not to spend more money because I already feel bad enough that I'm using, like, you know, my parents' money... so I really don't want to spend more money than necessary." Calvin

Cost is a barrier that may be a barrier to the general public as well as to Chinese immigrants. For Calvin and Abby, the idea of spending their parents' money on therapy seemed to be a waste. Calvin, who valued saving money, would only access services if they were free. When asked what he thought other Chinese should know, his response was "I would just say probably like the availability of it, and where you can go, who you can see and probably that it won't cost you anything." When he talked about cost, he lowered his voice and emphasized its importance. I clarified that mental health services typically do cost money, and he mentioned that he meant on campus, considering outside campus, he shared, "if it's outside of campus and you're not a student, then that... might be possible factor." While he was not firm in the assertion that cost could be a potential barrier, Calvin's responses in the interview showed a reluctance to spend money on anything he considered frivolous. Abby, who had been to a few counselling session during late high school shared:

It seemed really expensive. I think maybe I'm just, I hate, even though it wasn't my own money, my family's money. I was just like why are you paying this much money for me to just talk to someone, like can't I just talk to someone else?

For Abby the expensive nature of therapy was not the only setback when it came to cost. For her, the idea of paying someone so that you could talk to them was a barrier:

There's people around me... I don't have to pay them to like talk to them and you know it just seems strange. In any kind of like paid relationship, I just feel it can't be completely genuine... It feels weird. Like I'm paying you to meet you like, that's just a barrier for me.

Emily, Penn, and Olivia all mentioned the idea of cost. Olivia shared that a deciding factor on seeking professional services was "if it's like covered by my insurance." Emily recognised the issue of insurance as problematic for newer immigrants, "lots of new immigrants don't have insurance at first, and or if they're on a work visa or a student visa like their insurance... might not cover counselling cost." Penn had considered therapy but potential cost stopped him from exploring his options, stating, "I thought about it at one point but I wasn't sure if I could afford it so I didn't even bother looking into it." For some immigrants seeking help, the idea of it being an additional cost may be enough to stop them from taking action.

Knowledge: Where do I go and who do I see?

"I don't think it's really on their radar that if you feel really, really bad you should see a professional." Emily

The idea of not knowing was a hindrance to many of the participants. When asked about their knowledge of mental health services and what would be available to them, with the exception of Emily, most of the participants had little actual knowledge. Emily's knowledge came through a friend and through an internet search. Unlike many of the other participants, she had someone whom she could reach out to who would be able to provide her with services outside the university. Abby, Olivia, Emily and Calvin all knew that there were mental health services on campus available to students free of charge. Outside the university walls, only Emily knew where services could be found. Calvin had no interest in paying for services. Olivia knew that she could search for it on the internet. Abby would turn to her mother. Penn, who was interested in seeking services, said, "I know it's available, I know where I can find them, never bother to look yet." Penn had been most open about wanting to seek professional services; one of the factors affecting his delay in seeking services was not knowing who to speak to, "the other thing is I haven't really know, um well it's probably haven't been looking which counsellor I should go to." The effort required to find out more about who you will be talking to can be a potential barrier.

The knowledge most of the participants had about services was limited. Calvin, the newest to entertain the possibility of professional services, shared:

Currently from my peer understanding, I can go to that place in, um, [the Student Centre] for stress, but I never heard about anything past stress for that. And I only recently have learned about that... I felt like, man I learned it so late, kind of thing... maybe I just didn't read everything in depth or reading the pamphlet...

Calvin had been aware that there was information posted about potential services on campus; however, he felt that it was not enough to catch his attention. For Calvin, the more knowledge he had about time, location, and who he would be talking to would ease his decision making process. Specifically Calvin felt it may be important for him to know information specifically about the person he may see:

I might just say also I guess who, kind of thing... kind of like who will you kind of be talking to.... I feel like if there's certain people who you tend to connect easier more, versus these people and something like that. And it could just be even something like male versus female... kind of knowing more information on who you'll be talking to, I feel like that might make you decide to choose which one you feel you'll be most calmest about and able to listen and kind of like get the bestest form of help that you can.

As seeking help was not something on most of the participants' priority lists, few shared what they were looking for in a counsellor or what information specifically that they would like

to know. The silence in this may be related to the idea that mental health services is a mystery and they may not know the questions to ask. Indirectly, the participant have all communicated the desires for people to understand them and that they desire for more clarity surrounding the process and the providers of mental health services.

Understanding: How are you different than my friend?

A sentiment raised by Abby is the idea that talking to a professional would be like talking to a good friend. Penn also felt that he did not know if there was a distinction between friend and professional, saying “I don’t know if a health professional... is similar or different from like a mentor relationship.” There appeared to be some mystery surrounding what it is that professionals actually do. In our conversation after the interviews, Penn asked me what a counselling session was like and what may be involved. This lack of understanding about what professionals actually do can be a barrier to mental health service usage.

Community Outreach

The question of connectedness to one’s culture group was addressed with most of the participants. From what Olivia shared, I gathered that she was not too connected to the Chinese community here, which she confirmed. Calvin felt that he was not as connected to the Chinese community as others because his family’s native language was not Mandarin and was reluctant to speak on behalf of the Chinese community when it came to addressing their potential needs.

For Abby, Penn, and Emily, they had some suggestions as to where to locate the Chinese community. Abby identified Chinese schools as a good location to meet with Chinese as they are gathered there weekly, however “for the older community, it’s like a bit harder... it’s hard to gather them together... ‘cause the Chinese community is more scattered than I’d say the Filipino community... But for the Chinese community there’s lots of little pockets.” Penn and Emily, both with more recent ties to Chinese immigrants, identified organisations reaching out to new immigrants as potential places to reach out and to build connections. Emily felt that those locations would be a good place to give referrals, “they could point the way to people who need mental health services, like they can give them a number to call or tell them to go here.” Emily also felt that going through referral networks and building relationships in the community would be a good way for mental health professionals to reach out, saying “from knowing people to people, like you know one people and they’ll introduce you to another.” This may be connected to the pockets of connections that Abby alluded to.

Penn had a few more suggestions for locations and groups to reach out to. Like many of my other participants, Penn did not feel as connected to the Chinese community here. However he said:

I do monitor a little bit I think. I think right now there are a few major places where Chinese people gather. The Chinese church is one... and then there's a financial group... and then there's the Confucius Institute... I guess there's a Chinese school, they collaborate a lot, in fact I think there's two of them.

Summary

This chapter provided the results of this research study. A description of the general family dynamics of the participants was presented. The acculturative strategies adopted by participants was also presented. The results for the four research questions were shown thematically and supported by quotations from the participants. These were organised in themes under the headings of (a) sources of acculturative stress; (b) help seeking behaviours; (c) cultural roadblocks and how to address them; and (d) service roadblocks and suggestions for outreach.

Chapter 5: Discussion

The purpose of this chapter is to consider the results of this study within extant research. A synopsis of the findings from chapter four is followed by integrating these results within existing literature, seeing where they align and any novel findings. Researcher reflections on the research study is then provided.

Summary of Findings

As discussed previously, the interaction between acculturation and mental health problems can be mediated by family dynamics and patterns of communication. Some Chinese immigrants tend to underutilise mental health services due to cultural and service barriers. Five participants were recruited for this study ranging from 19-29 years old and have lived in Canada a minimum of five years. Most of the participants came from families with some tensions and there was a variety of communication patterns. The current study found that all the participants experienced some form of acculturative stress whether currently or at another point in their emerging adulthood years.

The participants in this study had varying experiences with acculturative stress and were not all currently under stress in all the areas they endorsed. There were seven potential sources of acculturative stress, including a question of identity, a sense of otherness, the pressure to compare and compete with others, distance from family, feelings of obligation to parents, and for female participants, traditional notions of womanhood.

Three of the participants had sought mental health services, one in recent years and one in childhood. The remaining two had not sought services but both were open to seeking help. All the participants reached out to their friends for support. However, only two participants currently are actively seeking help for their stress from family members. Two of the participants relied on religion and spiritual disciplines in their time of stress.

The participants identified four main cultural barriers that prevent Chinese from seeking help. Firstly that the concept of mental health is not real; secondly, the shame attached to those who suffer from mental health concerns; thirdly, the cultural expectation to solve one's own problems; and fourthly, the notion that having mental health concerns means there is something wrong with you. The participants suggested ways to help overcome these cultural barriers. They suggested that Chinese immigrants would benefit from outreach focused on addressing the stigma against mental health, helping people realise that seeking help is okay, and that they

should talk about their problems. Participants also suggested that it would be impactful to hear firsthand stories and to help Chinese who are mentally healthy become more adequate supports.

In addition to cultural barriers, service barriers were also identified. This included issues of language, trust, cultural understanding, cost, and knowledge about services. Suggestions about how to identify and reach the Chinese community were also given.

Integration with Current Research

The following section looks into how the results of the current study fit into existing research. It looks into several areas including how the participants fit into Berry's (1997) acculturative stress framework, how their experiences of acculturative stress compare with the literature, their perceived cultural and service barriers and those found in the literature, and finally their suggestions for improving services and their place in the literature.

Placing Participants within Berry's Acculturative Framework

Berry's (1997) acculturative framework had posited four strategies for acculturation: (a) assimilation (rejecting Chinese culture and embracing Canadian culture), (b) integration (both maintaining Chinese culture and participating in Canadian culture), (c) separation (not participating in Canadian culture and maintaining Chinese culture), and (d) marginalisation (participating in neither Chinese nor Canadian cultures). This was thought to influence adaptation to life in a new culture. Adapting well to life in Canada was related to positive outcomes such as a clear personal and cultural identity, positive mental health, and personal life satisfaction. While a clear personal and cultural identity was posited as a sign of adapting well, none of the participants appeared to have a clear understanding of where they stood in terms of ethnic labels. However, for the participants who chose integration, their mental health and life satisfaction appeared to be higher. While they appeared to be doing well, both Penn and Abby who seemed to choose integration strategies had struggled with mental health concerns in the past. For Penn, this was when he was initially adjusting to life in Canada and for Abby it appeared to be a response to anxieties regarding her academic future. What is less clear is whether those choosing other strategies were experiencing poorer outcomes. Looking at Emily's situation, it appeared that her previous experiences where she maintained more native culture values produced stresses that led to serious mental health concerns and her shift towards more Canadian values appeared to alleviate some of that stress. In Calvin's situation, he appeared to be

well-adjusted even though he employed a separation strategy. Olivia did not disclose current mental health distress even though she chose to assimilate.

Chinese Immigrants and Emerging Adulthood

Arnett (2000) had proposed the idea of emerging adulthood as a new category in developed countries. This was defined as a period between adolescence and young adulthood (18-25 years of age) characterised by self-focus, a feeling of in-between, identity exploration, openness to possibilities, and instability. Age was considered a rough marker for the end of this developmental period and entry into adult roles was posited as the determining factor of one's exit from emerging adulthood. However, it has been posited that the opportunities for Canadians may not be the same ones available to some immigrants and therefore their experience of this time period may be different (Syed & Mitchell, 2013).

For immigrants, ethnic identity has been proposed as an important aspect of exploration in the emerging adulthood years (Chae & Foley, 2010). Ethnic identity was described as a subjective sense of belonging to one or more ethnic groups (Noels et al., 2010). Syed and Azmita (2010) found that the idea of ethnic identity may not resolve in adolescence but continues into emerging adulthood. Reaching a decision on ethnic identity was correlated with psychosocial functioning (Schwartz et al., 2010), personal meaning (Kiang & Fuligini, 2010), and positive mental health and life satisfaction (Chae & Foley, 2010). Phinney (1990) outlined three stages of ethnic identity: (a) foreclosure, where identity has not been examined and there is no clear understanding; (b) moratorium where identity has been explored but confusion remains; and (c) achieved, where there is a sense of certainty and significance attached to the chosen identity. It was proposed that those who reached the achieved state have the most positive outcomes. Another factor influencing ethnic identity is the presence of discrimination. Noels et al. (2010) found that when discrepancies existed between an immigrant's perception of their ethnic identity and what others see (whether from Canadian culture or from Chinese culture), they perceived this as discrimination, which is a factor for poor outcomes.

For the participants in this study, the idea of ethnic identity and where one belonged was important. All of the participants had considered the idea of ethnicity and what that meant. The participants were in different stages of ethnic identity exploration. One participant appeared to be in the foreclosed state where ethnic identity had not been explored but where there was acceptance. Three appeared to be in moratorium where there was a degree of confusion even

though it had been explored. One of these participants appeared to have been in a stage or moratorium but was moving toward a desire to explore her roots. For the final participant, he appeared to have reached an achieved status, but not because he had determined exactly what he was, but because he accepted the reality that he will be in-between cultures. The connection between ethnic identity and positive outcomes was unclear. For the participant in the foreclosed state, he seemed happy with where he was and did not exhibit any outward symptoms of distress. For those in the moratorium stage, there appeared to be a variety of mental health experiences and their life outcomes are still yet to be determined. Finally, for the participant who seemed to be in the achieved state, he had the positive outcomes but there may have been other factors surrounding this, including being more established in life and being in a different life stage.

Part of the difficulty in labeling where the participants sit in terms of ethnic identity is that there is an ongoing exploration or desire to explore further one's ethnic roots. While the other indicators of emerging adulthood were not clearly expressed in the lives of these participants, the exploration of ethnic identity and the tensions that it produced are clear.

Acculturative Stress in Chinese Immigrant Emerging Adults

Acculturative stress was defined as areas where immigrants could not easily assimilate their behaviours and values (Berry, 1997). Saechao et al. (2012) stated that there are six areas of potential stresses for first generation immigrants, including economic difficulties, discrimination, language difference, differing levels of enculturation (retention of native culture) between parents and their children, parenting differences, and underemployment. While enculturation gaps may exist between the child and both parents, it may be that the gap between mother and child is a better predictor of difficulties in adjusting to life in a new country (Hwang et al., 2010). Furthermore, everyday conflict (e.g. chores, attire, etc.) existing between parents and their children are typically thought to end with entry to adulthood, typically understood as 18 years of age in Western cultures. However, these challenges may extend for immigrant emerging adults who continue to live at home and who may have acculturative gaps with their parents. Compared to everyday conflict, acculturative conflict is based more on incompatible values and may have a greater impact on acculturative stress (Juang et al., 2012a).

The participants in this study identified four areas that Saechao et al. (2012) had noted as causes of stress. These were economic stress found in one participant's story, whereas discrimination, language differences, and differing levels of enculturation was experienced by

more than one participant. One of the participants felt that she had experienced discrimination from within her own cultural group and two currently felt they experienced discrimination from the general Canadian population. A fourth participant was discriminated against earlier in life, which laid the foundation for his current perspective on interacting with others. The impact of discrimination on their lives is varied; for some it led to feelings of exclusion and isolation, for others, it produced a feeling of discomfort or annoyance. While acts of discrimination were not overt, as Emily stated, “it’s not like they’re shouting racial slurs at me, but it’s still kind of – it just makes me uncomfortable,” these actions had a genuine impact in their lives. For two participants, the difficulty of communicating in English and the perceptions of Canadians on their abilities to speak English was a source of annoyance. For two who had lived in Canada longer, they felt that they were treated differently by Canadians and not viewed as Chinese because they do not have accents. For the participants viewed more as outsiders because of their language abilities, there was a greater sense of exasperation and discomfort whereas participants who were told that they had no accent did not appear to exhibit distress because of it. Four of the participants lived with at least one parent and two of them appeared to have significant acculturation gaps. For one participant, high school represented an era of more overt conflict and current communication and conflict with her parent is unclear. For another participant, the ability of her parent to navigate life in Canada was low and she appeared to be adopting more western values. She was navigating the claims of both her cultures, which at times caused distress. For the final two participants who lived in Canada with their parents, they shared similar rates of acculturation and enculturation with their parents and did not experience distress as a result of values differences.

The differences between Canada and the United States where much of the acculturation literature has been researched was previously noted. In the current study, there appeared to be indications that the relationships found between retaining or shedding ethnic culture and its relationship to poor mental health outcomes and the positive outcomes of embracing Canadian culture was not clearly found.

Berry’s (1997) model of acculturation allowed for situational factors to influence the outcomes of acculturative stress. The presence of acculturation gaps did not always co-occur with acculturative stress and a reason posited for this was family dynamics. Another possible factor was how the immigrant identified him or herself along ethnic lines; those who had lower

levels of ethnic identification had greater conflicts with parents and lower levels of family cohesion (Ho & Birman, 2010). Research into family dynamics and acculturative stress found family cohesion to be a protective factor (Ta et al., 2010) whereas increased conflict in families was related to negative outcomes (Marks et al., 2011). The parent-child relationship was also seen as influential for mental health outcomes (Sangalang & Gee, 2012; Sirin et al., 2013) with lower quality relationships being related to poor outcomes such as depression and anxiety.

The family dynamics in the participants' families appeared to play a role in mental health outcomes. For participants who had warmer relationships with their parents, there appeared to be less mental health concerns; further, if mental health concerns arose, those with stronger relationships with their parents were encouraged to seek help whereas those whose parents were both more enculturated and less warm did not appear to encourage help-seeking. Participants whose parents were more aligned with Chinese culture, with the exception of the participant whose family did not live in Canada, were more reticent about seeking help. One participant whose mother was supportive of help seeking was not supportive of the use of medications. The participants' ethnic identity did not play a clear cut role in their experience of mental health concerns. One reason for this may be that the participants were mostly in the early part of what is considered emerging adulthood and may still be on a journey to discover and explore what their ethnicity means and where they will choose to align themselves.

The ability of parent and child to communicate in a common language was found to be an important factor in predicting family cohesion (Marks et al., 2011). Poor or ineffective communication was seen as a cause for emotional problems (Yuwen & Chen, 2012). Telzer (2010) described the concept of parental warmth (i.e. egalitarian and expressive of approval) as a Western concept, whereas for most Chinese, parents function more as the role of provider. If emerging adults, particularly those living at home, are expecting warmth from their parents instead of simply provision, this could be a possible cause of conflict. Those who perceived their parents as being more warm had more positive psychological adjustment (Yoo & Miller, 2011). All of the participants were bilingual and able to communicate with their parents in their native language and so this was not a factor to their family communication patterns. However, many of the participants appeared to have poor communication with their parents, ranging from no communication to unilateral communication to a disregard for communication. For these

participants, the outcomes in their lives appeared to be less positive than for the two who appeared to have open communication with at least one parent.

The pressure to perform well academically (Fang et al., 2014), and for older emerging adults the pressure to succeed in their careers (Ma et al., 2014), can lead to mental health concerns. This area was most clear in producing mental health concerns in all the participants who had spent at least part of their formative years in Canada. While the drive to perform was found in the participant largely educated in China, his pressures were different and related to advancement in his chosen field and not necessarily the need to outperform those around him. He recognised the opportunities he had and felt that he would be able to have a good career wherever he chose to go. For the other participants, the stress of school, performance and its relation to future opportunities was paramount. For all these participants, academic performance had at various points in their lives, for most including their university careers, produced high levels of stress and for some the development of mental health symptoms.

Mental Health and Chinese Immigrant Emerging Adults

The sources of the participants' acculturative stress have already been discussed as well as general statements about their apparent mental health outcomes. Of the five participants, one had mental illnesses and one had previously been on medication. For the others, one had experienced many difficulties upon arriving in Canada and the other two have experienced academic concerns leading to stress but have not been diagnosed or used medication.

Several factors have been linked to increased incidences of mental health concerns in immigrant populations, including length of residence in the host country (Patterson et al., 2012), low levels of diversity (Stafford et al., 2010), fewer economic resources, and being more acculturated (Miller et al., 2011). Specifically for those who immigrated with family, larger acculturation gaps between parents and their progeny can result in worse mental health (Miller et al., 2011). Furthermore, greater tension in the home may result when parents rely on their children for navigating life in the new country (Dennis et al., 2010). For example, when children, even adult children, serve as translators for their parents, they are placed in positions of power over their parents, which upsets the hierarchal dynamic common in Chinese families (Dow, 2011). The factors predicting poorer mental health did not always relate to diagnosed problems or help-seeking behaviours amongst the participants. Of note is the apparent lack of connection between length of time in Canada and experiences with mental health concerns. The research

showed that those who arrived before six years old had a higher chance of mental health concerns (Patterson et al., 2012); however, there is no clear connection in this study. The only clarity that existed in the data regarding mental health concerns was self-reported by the participants. For those who had experienced or are experiencing mental health concerns, some of the factors that were related to the development of mental illness were present, including family tensions and the reversal of parenting roles via poor language skills in a parent.

Research showed that there is greater pressure on Chinese immigrants to perform well in school and that they appeared to spend more time than others in their school work, which was connected with higher levels of distress (Fang et al., 2014). The pressure to meet parental expectations did not cease with finishing school, but continued into emerging adulthood and career decision making where failing to meet expectations was related to poor mental health outcomes (Ma et al., 2014). This pressure to perform was not solely external in origin but internal as well where immigrants who retained more traditional values, in this case the drive to perform, experienced poorer outcomes (Shim & Schwartz, 2007). As previously noted, academic performance was important for all the participants currently in university. For one participant who had failed to achieve in this area, along with other life stresses, mental health concerns became a reality. One appeared to see academic stress as a reality of life and while he expressed the desire to potentially seek help in the future if he becomes under stress again, there was no clear acknowledgement of any problems. One participant had become aware of her academics-related stress and had taken steps to counteract the monotony of studying and was trying to take better care of herself. For another participant, she did not express much stress about school currently, although in the past it had caused mental health problems that resulted in professional services. The range of outcomes of academic stress in the lives of the participants also showed the range of behaviours taken to alleviate the stress and cope with the pressure.

Ethnic identity, an important component of identity for Chinese immigrant emerging adults, was also shown to be a factor in mental health outcomes with those who have chosen integration with the best outcomes (Lo, 2010). Schwartz et al. (2012) stated that a bicultural identity would increase the ability of an immigrant to juggle the competing demands and values of their native and host cultures. For the participants in this study, only one claimed a bicultural, integrated identity and appeared to have adjusted well although the question of what is Canadian was one she had not resolved. The rest were on the continuum from being only Chinese to only

Canadian. The two most recent immigrants appeared to be most uncertain about where they stood. However, even they had different responses with one who embraced the idea of being in limbo with what appeared to be good mental health outcomes, whereas the other felt that she would never belong and is on a journey towards mental wellness. The participant who embraced a solely Chinese identity did not appear to feel any difficulties or struggles in this area and appeared to be happy where he was. The participant who was more on the Canadian end of the spectrum was not communicative about current mental health concerns but did not appear to have struggles because of ethnic identity.

Racism related stress can also affect an immigrant's mental health where increased levels of discrimination was connected with increased loneliness, anxiety, somatic complaints, depressive symptoms and overall poor adjustment in 13-17 year olds (Juang & Alvarez, 2010). This was mediated by family conflict. The experience of discrimination in the lives of the participants appeared to be discrete in nature. This was not raised as a current concern for the three participants who had spent the most time in Canada. For the two more recent immigrants, even though they would at times feel treated differently because they were Chinese, it did not directly appear to have an effect on mental health although it was a source of annoyance and could potentially be a contributing factor to mental health concerns.

Cultural and Professional Service Barriers for Chinese Immigrant Emerging Adults

Cultural barriers and service barriers both prevent Chinese immigrants from accessing mental health services. While there are some who will seek professional help, this is typically when they are overwhelmed. In order to increase generally positive outcomes for the Chinese immigrant community at large, it is important to address both cultural and service barriers on a broader level.

Cultural barriers.

Cultural barriers affecting low service usage by Chinese immigrant emerging adults included beliefs that there are moral, religious, cosmological, psychosocial, or genetic causes to mental illnesses (Fang, 2010). Another belief is that mental health is maintained by willpower and therefore it is the weak who need help (Leong et al., 2012). Furthermore, the idea that mental health is a western problem prevents Chinese immigrants from seeking help. Participants in this study identified both maintenance of mental health through willpower and the notion that mental health is a western concept as possible barriers. None of the participants identified the beliefs

found by Fang (2010). While mental health as a western concept was identified as a cultural barrier, it did not appear that the participants shared this belief fully. There was a belief that stress could be reduced and mental health issues solved through hard work. However, all the participants agreed that mental health is a true issue. For those who felt that problem solving could prevent or eliminate mental health concerns, there remained a belief that there was a cut-off that separated stress that could be rectified by problem solving and stress that was problematic. Many of the participants lived the dynamic of working hard to solve their problems and the problems of those around them. Currently, this type of coping strategy appeared to be working and they did not personally see the need for additional help.

Research showed that while Chinese immigrants may recognise that they are under pressure, their tendency is to seek help from friends and family (Leung et al., 2012); however, there are times when friends and family do not respond in helpful ways, such as offering unsolicited advice (Chan & Ritchie, 2011). Furthermore, Chinese immigrants may be unable to recognise when their friends and family are not providing adequate support (Donnelly et al., 2011). The participants in this study typically turned to their friends for assistance. Many of the participants recognised that there were times when their friends were not helpful or had witnessed situations where peers did not respond well when others shared their difficulties. The question of whether all the participants could recognise unhelpful peer and family assistance was not unanimous. It appeared that there were some who were more adept at recognising when their friends did not help and others who seemed to not know the difference between professional help and the help of trusted friends.

For Chinese immigrants who desire to seek professional services, there is a cultural barrier leading to the belief that western counsellors cannot truly understand their experiences because they lack a shared background (Chan & Ritchie, 2011). One participant had identified that part of the reason that Chinese turn to their friends and family first is because there is a shared cultural understanding and mutuality of experience. Another participant noted the cultural undertones surrounding language that may be influenced by a lack of shared cultural understanding. For Emily in particular, she expressed that while professionals had been helpful in her life, she found that they did not truly understand her experiences and could not fully appreciate her struggles with belonging.

Family can also act as a barrier to seeking mental health services, particularly if the family is against seeking help (Chen et al., 2014). Most of the participants in this study had not personally initiated seeking professional help. While three had accessed services, only one was by personal choice. One had terminated treatment early on and one had limited memory on her treatment and experiences. For one participant who expressed interest in possibly seeking help, a concern was what he would tell his family and the consequences of “disappearing.” The only participant whose family actively encouraged seeking professional assistance had parents who appeared the most acculturated. For the others, their parents were less acculturated although that did not necessarily impact their decisions or desires to seek help. Participants did not indicate that generally family was a barrier to seeking services. One participant said that it would be easier for friends’ whose families did not live with them to go and seek help because they did not have to account for their whereabouts.

Additionally, stigma is a personal barrier preventing Chinese immigrants from seeking help. Clough et al. (2013) noted that there is the potential for social rejection when one’s mental health status becomes known. Further, not discussing mental health concerns, usage, or diagnoses maintains a sense of normalcy as mental illness is seen as a defect that reflects on the family; by maintaining secrecy, Chinese immigrants with mental health concerns and their families can proceed with life as normal (Chen et al., 2014). Because of this stigma, treatment is delayed until the problem becomes overwhelming (Ho & Daniels, 2011; Saechao et al., 2012). The notion of shame and the fear that something is wrong with you if you have mental health concerns was identified by the participants in this study as a barrier to mental health care. It was unclear whether participants who had sought help were upfront about their mental health status or help seeking behaviours. If participants had been open about their experiences, it appeared that it was only with a specific group of people and was not commonly spoken about. Two participants mentioned the semicolon tattoo campaign and how it was raising awareness about mental health issues amongst the general Canadian population. However, the effectiveness of this campaign, even though it drew admiration, was unclear. Amongst the Chinese friends of the participants, mental health remained avoided and not discussed. Some participants knew of others who sought help but only through second-hand reports, with those actually seeking help remaining silent. Participants did not report anyone speaking openly about their mental health status with the exception of one participant who had acquaintances who seemed to share about

their experiences but in ways that the participant felt was not helpful as no noticeable change was seen in the lives of those sharing. Regardless, those suffering from mental health concerns and seeking help for them often remained silent. While the silence was not explained directly by participants, as Abby shared, to speak up would be to “upset the status quo.”

Professional service barriers.

Barriers to professional service usage included symptom presentation (i.e. somatisation) (Chen, A. et al., 2009), lacking information about mental health services and the health care system (Crooks et al., 2011; Stewart et al., 2011), limited language proficiency (Donnelly et al., 2011; Clough et al., 2013), cost and the lack of insurance (Ho & Daniels, 2011; Walton et al., 2010), and practitioners not recognising ongoing discrimination (Edge & Newbold, 2013). Limited English proficiency, lacking information, and cost were listed by the participants as professional service barriers. Additional barriers that they added was the idea of lack of trust and lack of shared experiences as minorities. While not typically discussed as barriers, these concerns were often highlighted as ways for practitioners to be aware of in working with minority clients. Three of the participants responded that English would be an obvious barrier to service. There was a worry that they could not fully communicate with the professional and not get the help that they truly need. Furthermore, one participant suggested that language was not the only factor influencing communication but the cultural nuances that are communicated through language. There was a question amongst the participants whether professionals could truly understand their experiences. The more recently immigrated participants were most concerned about the lack of cultural understanding.

In this study, all the participants demonstrated a basic understanding that there are mental health care services available; however, this was mostly pertaining to the service available on the university campus. When asked about other services that may be available, only one participant was able to readily provide answers due to her own service usage. However, none of the other participants showed much understanding about what is available but all seemed to know that the information could be researched. One participant felt that the best way to reach out to immigrants was to provide information on services so that those who do have concerns would know where to go without having to do research when they were under duress.

Cost was mentioned by all the participants as a barrier to service. The concern for the participants was particularly that newer immigrants typically do not have access to insurance or

available finances. For those who were dependent on their parents, there was also a reticence to spend more money than they already were. Cost and lack of insurance was well documented as barriers to immigrants in seeking services (Crooks et al., 2011; Donnelly, 2011; Ho & Daniels, 2011; Stewart et al., 2011; Saechao et al., 2012).

The final area mentioned by the participants was the idea of trusting mental health professionals. While trust may be important in any therapeutic relationship, the trust being discussed here may also extend to a group level and not solely an individual level. As one participant had suggested networking as a way to reach out to the mental health community, it would appear that building trust with one segment of the Chinese community can trickle over to other pockets. Trust was identified as an area for practitioners to develop (Donnelly et al., 2012; Shannon, 2014). Chan and Ritchie (2011) had stated that trust was important for immigrants to open up; however, what this trust is and how it can be developed was not as clearly shown.

Suggestions for mental health professionals.

American and Canadian professional bodies have made suggestions for mental health professionals working with minority populations. The American Psychological Association (1990) outlined nine professional guidelines for working with ethnic minority clients: (a) educating clients about the process, (b) being aware of research and practice issues, (c) recognising the importance of culture in psychological processes, (d) respecting the roles of people and structures in a client's culture, (e) respecting religious and spiritual beliefs, (f) speaking the language requested by the client, including use of translators or referrals to a clinician who speaks the language; (g) consider the environmental factors faced by immigrants in making decisions about assessment and intervention; (h) being aware and working to eliminate biases, prejudices and discriminatory practices; and (i) keeping records of culturally relevant information. The Mental Health Commission of Canada (MHCC) in partnership with the Centre for Addiction and Mental Health (CAMH) proposed three suggestions to improving services for immigrants: (a) interagency cooperation and collaboration; (b) including stakeholders; and (c) diversifying services (Hansson et al., 2010). The suggestions of researchers and the participants of this study align well with the APA guidelines and those of the MHCC and CAMH.

Foremost on the minds of the participants in this study is the lack of knowledge that they and those around them had regarding the availability of and access to mental health services. Few participants were able to name any services outside those provided by the university

although each had an idea of how they could find the information. Providing easily accessible and understandable information on available services was found to be an important part of improving mental health outcomes for Chinese immigrants (Saechao et al., 2012). It is noteworthy that the participants in this study all had some level of post-secondary education and had lived in Canada for a relatively longer period of time. For newer immigrants who are not as aware of how to find information in Canada this may be an insurmountable task. Participants had suggested providing information on services, who counsellors are, and where they can be found on a readily available basis, such as through community partners that already reach out to immigrants.

Three participants made suggestions for increasing mental health awareness and service usage amongst Chinese immigrants. They pointed out agencies in the city that reached out to immigrants as locations that would be possible for good partnership opportunities to raise awareness for mental health services and increase the knowledge of available services. This would echo the call of the MHCC and CAMH for interagency collaboration. Researchers have also suggested interagency collaboration such as integrating physical and mental healthcare (Giacco et al., 2014; Kohn-Wood & Hooper, 2014) and interdisciplinary professionals to reduce social and structural barriers (Nguyen & Lee, 2012).

Confidentiality and trust were identified in the literature as critical components to working with Chinese immigrants. Focus groups conducted by Chan and Ritchie (2011) found that trust was a prerequisite to disclosing emotional distress whether to friends and family or professionals. Trust would provide immigrants with a sense of peace, knowing that no one else could find out their mental health status and use this against them (Donnelly et al., 2011). Trust was listed as an important component by four participants and this would indicate that there may be a need for mental health professionals to reach out and establish a presence in the community that connects well with the population. They did not have any suggestions as to how this could be done. However, multiple participants responded with building awareness as a way for the mental health profession to increase and improve service usage amongst Chinese immigrants.

The participants in this study agreed that outreach to the Chinese population is needed. For some, there appeared to be a distinction between the older generation of Chinese and the younger one. The younger generation was seen as more receptive to a changed message, although most participants recognised that their friends did not seem to know much about mental

health services and did not speak about mental health concerns. Many researchers have advocated for psychoeducation and community education regarding mental health issues for immigrant communities (Chen, A., et al., 2009; Fang, 2010; Donnelly et al., 2011; Saechao et al., 2012; Giacco, et al., 2014; Lee, et al., 2014; Shannon, 2014). Suggested outreach ideas have ranged from community psychoeducation to normalise mental health concern and help-seeking (e.g. Chan & Ritchie, 2011; Giacco et al., 2014 etc.) to mass media and information campaigns (e.g. Fang, 2010; Donnelly et al., 2011, etc.). It was advised that these outreach efforts be made in the native language of the populations that mental health professionals hope to reach, in this case, Chinese (e.g. Chan & Ritchie, 2011; Ho & Daniels, 2011, etc.). For the participants in the current study, one of the first steps they identified to reach out to the Chinese immigrant community was to decrease stigma, simply talk about mental health, and normalise help seeking and mental health concerns. They did not identify the desire that these campaigns should be run in Chinese but for those who suggested places to reach out, they were largely hubs where the Chinese community gathered. As a barrier to service that they raised was limited English proficiency, it would follow that outreach efforts would best be conducted in Chinese to promote understanding.

Another area that professionals could address is the issue of language possibly through the use of trained interpreters. Limited English language skills prevent client and therapist understanding and the provision of appropriate services. Recruiting practitioners with both linguistic and ethnic match to clients was suggested as a way to reduce misunderstandings, miscommunication, and cultural barriers (Ganesan et al., 2011; Ho & Daniels, 2011; Lee et al., 2013) However, it has been noted that shared language itself was not a sufficient bridge to gap mental health service usage amongst Chinese (Chen, A., et al., 2009) returning to the issue of the need for outreach to increase awareness and decrease stigma. Suinn (2010) suggested that while ethnic or linguistic matching is beneficial for some immigrants, it is also important to consider a person's level of acculturation before assuming that he or she would be best matched by someone who shares an ethnic or linguistic background. This shows that the work of being sensitive to a potential client's needs is multifaceted and complex. In the absence of professionals who are ethnically and/or linguistically matched, trained translators and other cultural brokers could be utilise to improve services (Fang, 2010; Donnelly et al., 2011). In the participants' view, language and culture were issues that prevented other Chinese from readily

seeking help. No participant had suggestions to change the linguistic or cultural landscape. One participant had mentioned that it would be beneficial to have counsellors who matched her experiences so that they would understand what she was sharing. While she recognised her counsellor's desire to help, she also noticed that the counsellor did not truly understand. She also suggested the use of online or technology based counselling as an appealing venue for counselling services, partially as it would allow her access when she felt she required it. Technology based interventions has been suggested as a way to combat language barriers (Giacco et al., 2014).

Becoming a psychologist or counsellor is not typically seen as an approved area for Chinese emerging adults. With the stigma attached to mental health and related topics, it may take time to recruit and train practitioners who are ethnic and linguistic matches. Research suggested that cultural sensitivity training would be an important component of training for mental health professionals (Chen, A., et al., 2009; Clough et al., 2011; Stewart et al., 2011; Ho & Daniels, 2013, Kohn-Wood & Hooper, 2014). This would include the suggestions outlined by the APA for culturally competent practice. Canada prides itself on multiculturalism and on the surface, it may appear that this openness to cultures would relate to an awareness amongst mental health professionals of the importance of cultural differences. However, in Saskatchewan, the tone about cultural differences and what that implies appears to be different than in larger urban centres. Penn compared his impression of Saskatchewan and a more ethnically diverse area of Canada:

In Toronto, we talk about... multi-ethnicity a lot. Where it seems like in the States even though there are a lot of conflict, but then they're talking about, where in Canada, we kind of know there is issue but we don't want to deal with it, so we kind of sweep it under the rug.

He also shared his perception about those who may have less experience of other cultures, which may be true of practitioners living in central Canada:

I think especially with people who doesn't have the awareness of another culture. [Canada seems to have a national belief that] our difference make us stronger, but where in like reality, a lot of people who are here in like generations may not have that awareness, there is difference.

While this was spoken in the context of Canadians in general, Penn's concern that there is a lack of awareness of difference would be concerning with practitioners working with ethnic minorities. Not recognising that meaningful differences exist may trivialise or ignore the lived experiences of immigrants. This would be akin to the microaggressions and lack of awareness

amongst health professionals on the discriminations faced by minority clients on a daily basis which decrease general help seeking behaviours (Kohn-Wood & Hooper, 2014). Practitioners would be well advised to continue considering the impact of cultural differences and to help their clients navigate the murky waters of cultural adjustment and all that may entail. Cultural sensitivity would also extend to assessment and treatment (Kirmayer et al., 2012; Kohn-Wood & Hooper, 2014) and while participants did not make note of this, research showed that it is important to consider the differences in how mental health symptoms may be different in immigrant populations and the appropriate and sensitive ways to provide interventions (Lee et al., 2013). Improving mental health service outcomes for minority populations, including Chinese immigrant emerging adults, necessitates both mental health professionals and students preparing to enter the field to be better equipped for working cross-culturally.

Preparing future practitioners adequately for the cultural landscape they will face is crucial to providing services that address the needs of a diverse clientele. While the current research study focused on the experiences of Chinese immigrant emerging adults, they are only a small portion of the growing ethnic diversity in Saskatchewan. The awareness of the mental health profession regarding the impact of cultures on assessment and treatment of clients has been growing for the past several decades (Collins, Arthur, Brown, & Kennedy, 2013). Collins, Arthur, Brown, and Kennedy (2015) stated that “counselor education programs evolved to instruct students in critical thought about personal culture, biases, and privileges as well as teaching a general awareness of the cultural dimensions that influence clients” (p. 153) as a response to increased awareness of cultural factors affecting the therapeutic process. However, despite the shift towards better equipping future mental health professionals, several areas were determined to be lacking. Collins et al.’s (2015) study was conducted in Alberta amongst students who were completing or had recently completed their practicum. Incidences in the students’ training that helped or hindered their multicultural counselling and social justice competencies were evaluated in addition to the barriers they encountered and the gaps they perceived in their education.

Both positive and negative aspects of student preparation were identified in Collins et al.’s study (2015). The students in the study one course in their program aimed at increasing their multicultural competencies; however, multicultural competency was minimally incorporated into their other courses. Practicum experiences varied and did not always include the ability for

growth in multicultural competency. A focus on multicultural and social justice competencies helped to facilitate increases in both awareness of self-and others' cultures, increased student awareness of multiple worldviews, increase cultural sensitivity in practice, and "social justice action" (p. 157). However, when students "lack[ed] buy in," or felt that they were not competent, the effectiveness of the course was limited. Furthermore, systemic issues existing outside the educational institution presented barriers for students to adequately develop their multicultural competencies. What is perhaps of greater concern is the gaps that students identified in their own education, which included both competency and education process gaps. Students called for practical tools, information about cultures, understanding the systems influencing ethnic minorities and the need to be empowered to work on the concerns brought to their awareness about multicultural counselling.

Participants in the current study pointed toward a lack of cultural understanding and shared experiences as potential barriers to accessing services. If students entering the profession lack awareness surrounding the influence of culture, the interventions that they employ or perhaps how they construct their understanding of their clients' concerns may be skewed. Trust was an important facet for the five participants in this study. If professionals are unaware of the potential cultural aspects behind building trust with some Chinese immigrant emerging adults, it is possible that they may rush into interventions that do not fit the needs of the clients who did not yet trust them to confide their concerns. Furthermore, it is possible that power differentials exist in a way for ethnic minority clients that mirror some of the power dynamics found in society at large. Therefore, there are larger societal factors that ethnic minority clients may face that require different levels of intervention.

It is important to note that Collin's et al.'s (2015) study was conducted with students from institutions where a course on multicultural competencies was part of the program. If students from these programs felt underprepared for working well with ethnically diverse clientele, those who have not had courses that specifically address this important area of competency may be at a disadvantage when they enter their chosen professions. Competencies can be developed during work, yet, opportunities and support for developing in these areas may be lacking. To truly change the landscape for ethnically diverse clients, greater efforts on the part of programs preparing students for the field may be required.

Collins et al.'s (2015) study showed the importance of including a strong focus on multicultural competencies in programs preparing professionals. While their study looked specifically at graduate programs, bachelor's programs preparing other mental health professionals such as social workers may benefit in many ways from a similar focus on multicultural competencies. However, growth in multicultural competence is not limited to students preparing to enter the field. Professionals already working with or who could potentially work with culturally diverse clients would benefit from increasing their skills in this area. Collins, Arthur, Brown, and Kennedy (2013) conducted a similar study with practicum supervisors and counsellors found similar gaps in their education, which has implications for their ability to assist in the training of practicum students or others under their supervision. Two suggestions raised by participants were to help Chinese help other Chinese and to use personal stories as a means to improve awareness. These are not found directly within the literature. One possible reason for this is that the outcome of increasing awareness and decreasing stigma could be presumed to increase the ability of Chinese immigrants to assist those around them in more helpful manners and so this could be seen as a by-product of outreach by the mental health community. The idea of using personal stories was not found in the literature and this is an area that could be explored. However, participants raised concerns that asking a Chinese person who had these experiences to speak up may be difficult even though they felt that there would be value in this.

Providing services in convenient locations and at convenient times was raised as a way to improve mental health service usage (Ho & Daniels, 2011). This was not mentioned by participants and may have been related to the fact that few had sought services or knew where services could be found. Furthermore, the idea of including family in treatment was forwarded as a way to improve mental health outcomes (Fang, 2010; Kirmayer et al., 2012; Nguyen & Lee, 2012). However, based on the participants' help seeking behaviours, it would appear that for Chinese immigrant emerging adults, involving family in their mental health care may not be desirable and may increase the pressure they face. Therefore, it may be that for this population, including family in their decision making process needs to be on a case by case basis, perhaps taking into consideration factors such as family cohesion, family communication, and acculturation.

Researcher Reflection

Having lived in Saskatchewan for a short portion of my life, I had been unsure coming into this research study whether or not my experiences growing up in a larger, more diverse city would be similar to the situations of immigrants here. I was uncertain how I would be received by my participants and unsure whether or not I would be making too many assumptions about their possible experiences. In discussing my research topic with various friends over the past several years, there had been great interest and many had thought that this was an important topic. So while I felt that the stories I would hear would be important, I was unsure how I would be viewed by my participants, as Abby and Olivia shared, “I don't have an accent.” I knew I was a first generation immigrant myself but I also recognised that I was not in the same situation that many of my participants would be in.

Growing up in a large urban centre provided me with different growing up experiences than my participants who grew up here. However, having moved from a larger city to a smaller, less diverse city during my own emerging adulthood years, introduced a new sense of being a minority to me. To a degree, I understood how Emily and Penn felt when they moved from larger cities to a small city. I echoed my participants’ struggles with identity and otherness, a new sense I had developed after moving to Saskatchewan where for the first time in my life, I had become someone who belonged in a category of my own. The need to “defend” my “Chinese-ness” both to Canadian and other Chinese alike had been a novel experience to me.

With each of my participants, I saw shadows of my own life and experiences. With Abby I realised that not only did we share a similar experience in coming to Canada at a young age, we shared a faith background that we both drew on for strength. I saw in her story of her teenage years a similar story to my own, comparing with friends and joking about our parents and their expected stereotypical responses to situations and her reflection that she did not know how true those ever were. In Calvin’s tale, I heard the need to push to be the best and the pressure to do well so that, in some sense, I can repay my parents’ investment in me. I understood the otherness that not being a native Mandarin speaker in a Mandarin-speaking community produced. In Olivia’s tale, I heard the echoes of a younger me as I tried to make decisions in ways that took my parents into consideration and the subtle knowledge of their expectations for me and the desire for independence and to make my own decisions. In Emily, I shared the sense of shock when arriving in Saskatoon and the arrivals area of the airport led directly to the outside – no

long hallways, no travelling the concourse. I also have grown to love this city in many similar ways as Emily had. Penn's life was perhaps the most different from my own and yet hearing about his tale of developing a Christian faith in Canada and the impact that made on his life and his inclusion of his parents in his struggles was a point of connection for me. I resonated with the sense that growing in my faith and its impact on my personal growth has led to me interacting differently with my own family.

The stories shared with me were private and I was honoured by how open my participants were being in sharing their experiences and how willing they were to share their joys and their struggles. Through the interviews I realised that I may not be as different from others in similar situations in the Chinese community. While native language may separate me from some of the experiences of other Chinese in Saskatchewan, perhaps I do understand their experiences a little more than I thought I did. This research helped me to recognise that some of the assumptions I brought to the table as a first-generation immigrant were not unfounded in my new surroundings. I have recognised that for those of us who within the past few generations have called this country home, there are parts of our stories that bind us together in ways that at times set us apart from those who have called Canada home for many generations.

Summary

This chapter provided a discussion of the results from the current study and situated them within the existing literature. The struggles faced by Chinese immigrant emerging adults in this study are comparable to those experienced by other immigrants. The five participants recognised cultural beliefs regarding mental health that deter service usage that were also found in the existing literature. The barriers to mental health service usage identified by the participants were also found in existing literature. The outreach ideas proposed by the participants provide insight for mental health professionals in reaching out to improve the mental health outcomes of Chinese immigrant emerging adults. The results of this research adds to the understanding that while there may be a desire for increased cultural awareness, there is still much work to be done to increase the accessibility of mental health services to Chinese immigrant emerging adults in Saskatchewan.

Chapter 6: Conclusion

This study explored the acculturation experiences and mental health experiences of Chinese immigrant emerging adults in Saskatchewan. Furthermore, participants provided insight on mental health opinions and suggestions for improving mental health service access. Acculturation experiences of the five Chinese immigrant emerging adults varied. However, struggles with ethnic identity was endorsed unanimously by the participants. Comparison of one's achievements was a significant source of stress. Furthermore, the idea of womanhood and what that entails appeared to be an important part of the immigrant experience for the women who participated.

The presence of acculturative stress did not directly correlate with self-reports of mental health concerns and appeared to be mediated by family circumstances and relational patterns. Most of the participants turned to friends for assistance as was expected. Contrary to assumptions, the participants in this study largely did not consult their parents with their problems, emotional or otherwise. One interesting finding is how religion has played an important role in improving the mental health of some of the participants. The participants all showed concern for the mental health of those in their community and that significant cultural and service roadblocks exist that prevent Chinese immigrants from seeking help. These include dismissing the reality of mental health concerns, and an attitude of shame that clouds those who show signs of mental "weakness." Their suggestions on how to address mental health concerns provided practical actions that could be taken to reach out to the Chinese community, including talking about mental health, helping Chinese help other Chinese, and normalising help seeking through Chinese sharing their mental health experiences.

Strengths of the Current Study

This research builds upon existing literature in detailing the experiences of Chinese immigrants in Canada. It joins a body of literature that highlight the importance of reaching out to the Chinese immigrant community in the area of mental health awareness. By taking a qualitative approach and allowing participants to share their experiences, this study allowed participants involved a chance to think through not only their own opinions and experiences but give them space to share their thoughts on how to change the problems that they see.

Additionally, this research study took place in a Saskatchewan city that is less diverse than larger urban centres would be. Ethnic diversity in this area is a relatively new phenomenon.

Exploring the stories of Chinese immigrants in this context provides an understanding into the lives of Chinese living in an area where they are much more visibly a minority than in other areas of Canada. This provides more contextualised information into improving service access to a community that is under-resourced and whose options are more limited than in larger urban settings. It paints a picture of where outreach to the Chinese immigrant community may need to be begin.

The nearly equal representation of male and female participants in this study was a strength as it allowed both men and women to share their experiences. This provided the study with a more complete picture of what Chinese immigrant emerging adults may face. It also showed that while there may be slight differences in how men and women experience acculturative stress, the only noticeable difference was in how the women experienced their lives as Chinese women. The women in this study shared the pressures that they have felt as women to be, to act, and to take up space in a certain way. The exact implications of this are unclear, however, it was a source of annoyance for the women in this study. This merits further research as existing research does not seem to address this topic directly.

The diversity of time spent in Canada is an additional strength. It showed that there are common experiences impacting Chinese immigrant emerging adults regardless of their birth country and duration in Canada. While there are common threads in their experiences, the differences that existed are also noteworthy. For those who had lived in Canada longer, the issues of discrimination no longer appeared to bother them; however, for those who were newer to Canada, the pangs of discrimination were felt more deeply. Newer immigrants were more affected by the dullness of life in Saskatchewan, something those who had been here longer did not seem to experience. These differences are significant because it showed that there may be a relationship between length of time in Canada and how one is effected by the Saskatchewan context. Perhaps more important is the similarity found in how both recent immigrants and those who have lived here longer viewed their culture's perception of mental health and the barriers that they face. These similarities showed the deep and longstanding nature of these beliefs. Therefore, addressing them may take a protracted and sensitive approach as people are being asked to replace long-held beliefs.

Limitations of the Current Study

One possible shortcoming of this study is the self-reported nature of participants' mental health concerns. It is possible that the findings regarding participants' life outcomes and current mental health could be incomplete as participants may not be aware of mental duress or choose not to disclose. Future research could include culturally sensitive inventories measuring common mental health struggles, such as depression or anxiety. This may provide a more complete and objective picture of the current mental health status of participants.

The small sample size of this study was a limitation. The diverse representation of generational status and length of time in Canada at times produced a noticeable discrepancy between what participants shared about their acculturative experiences. There appeared to be differences in the timing of experiences for those who arrived prior to high school and those who arrived more recently. Future research could isolate these populations to give a more in-depth understanding of possible differences. A larger sample size would allow more voices to be heard, which could potentially balance out what appeared to be different or highlight any true differences that there may be.

Another limitation of this study was that those who agreed to take part in this study may already be interested in the topic or otherwise more willing to participate in this type of research. This may leave an untapped portion of the Chinese community here in Saskatchewan who are more reluctant to speak about their experiences. Their input into this study may have painted a different picture of the challenges faced by Chinese immigrants and more direct information on those who do not consider mental health an important concern.

Furthermore, this research study was limited to those who were comfortable conversing about these topics in English or Cantonese as I am unable to converse to this level in Mandarin. This prevented those who may have difficulties with language from sharing their perspectives and thoughts. As the research recruitment material was produced only in English, only those who could read and understand English were able to respond. The possible effects of this limitation on the research is unclear, except that those with more limited English proficiency would likely be newer immigrants and have more recent experiences of adjusting to life in Canada. This would provide insight into the acculturative difficulties and mental health struggles of newer immigrants and how to support them in their adjustment to life in Canada.

Implications for Future Research

In addition to how future research can address the limitations of this study, there are several possibilities for future research. This study showed that for the women, there were pressures that the men did not seem to share. This indicated that there may be a unique experience for Chinese immigrant women that would influence their emotional and psychological well-being that may be worthy of investigation. Future research could look more in-depth at the experience of Chinese women as they wrestle with ideas of womanhood and expectations. The implications of these expectations on their mental health is an issue that does not seem to be addressed in the current literature. Furthermore, as the participants made suggestions for reaching out to the Chinese community, future studies could be designed as an action research study to look into how this outreach could be done and whether the suggestions are practicable. One area that participants did not provide insight on how to address was the question of shame as it relates to mental health concerns. Future research could investigate the power of shame that may influence making decisions regarding help seeking and ways to address this stigma in ways that are beneficial for Chinese communities.

Implications for Practice

This study also raised implications for mental health professionals. The service barriers that the participants raised can be difficult to address, particularly in the areas of language and the perception that the therapist does not truly understand the cultural background of possible clients. However, the research echoes other research studies which show that a therapist's cultural awareness and understanding is instrumental in working with a more diverse clientele. Mental health professionals should be careful to examine their own culture and understand their own worldviews to better assist clients. Established mental health professionals could benefit from increasing their multicultural competencies and questioning the efficacy of their models of therapy for ethnic minority clients. Mental health professionals training students or supervising provisional psychologists need to help those they are forming as practitioners understand the need to develop their multicultural counselling competency.

It would be beneficial for training programs to incorporate aspects of cultural awareness and learning into training new mental health professionals. Research seems to indicate that classroom instruction alone may not be sufficient to prepare students for working with ethnically diverse clientele. Training programs could consider more in-vivo experiences that invite budding

practitioners to engage in practical experiences interacting with ethnically different individuals and understanding some of the challenges that potential clients may face. Counsellors from Collins et al.'s (2013) study suggested that learning opportunities include “application of learning in the real world” (p. 288).

The idea of trust was important for all participants. In order to increase service usage amongst Chinese immigrants, it would be important for mental health professionals to build bridges within the community to become someone that is trusted. This can be done through implementing the outreach suggestions. Targeted outreach seeking to establish understanding among Chinese immigrant communities and providing information regarding services may be one way to increase mental health service usage. Furthermore, by increasing awareness of mental health amongst different Chinese communities in a meaningful way, mental health professionals can provide a human aspect to professional services, acting to demystify the help-seeking process.

Appendix A: Recruitment

Department of *Educational Psychology and Special Education*
University of Saskatchewan



PARTICIPANTS NEEDED FOR RESEARCH IN *Through their Eyes: Chinese Immigrant Emerging Adults, Acculturation, and Mental Health*

We are looking for volunteers to take part in a study of acculturation, mental wellness concerns and mental health service usage.

As a participant in this study, you would be asked to:

- take part in private interviews
- review transcripts of your interviews if desired

Your participation would involve two sessions, each of which is approximately 60 minutes.

In appreciation for your time, you will receive a \$10 gift card after each interview (total \$20).

For more information about this study, or to volunteer for this study, please contact:

Caryn Tong
Educational Psychology and Special Education
at
306-XXX-XXXX or
Email: xxxxx.xxxx@usask.ca

This study has been reviewed by, and received approval through, the Research Ethics Office, University of Saskatchewan.



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Appendix B: Consent Form



Participant Consent Form

You are invited to participate in a research study entitled: Through their Eyes: Chinese Immigrant Emerging Adults, Acculturation, and Mental Health

This project was reviewed on ethical grounds by the U of S Behavioural Research Ethics Board. Any questions regarding your rights as a participant may be addressed to the Research Ethics Office toll free at 1-888-966-2975 or ethics.office@usask.ca

Researcher Caryn Tong, Graduate Student, Educational Psychology and Special Education, University of Saskatchewan, (306) 262-6351, caryn.tong@usask.ca.

Supervisor: Tim Claypool, Educational Psychology and Special Education, (306) 966-6931.

Purpose(s) and Objective(s) of the Research:

- To understand the unique experiences of Chinese immigrant emerging adults in Saskatchewan as they adapt to life in Canada.
- To gain insight into the wellbeing of Chinese immigrant emerging adults.
- To provide healthcare workers with an understanding of how to assist Chinese immigrants in meeting their mental health needs.

Procedures:

- Participants will be invited to take part in two, one-hour interviews.
- Interviews will take place in private locations either on campus or in a location of the participant's choosing.
- Interviews will be audio-recorded.
- Interviews will be conversational, including questions on adapting to life in Canada, emotional and psychological wellbeing, and opinions and usage of mental health services.
- Interviews will be transcribed (typed into words) and participants will be given an opportunity to read as much of the transcript as they wish and make changes where needed.
- Participants will be invited to release the transcript for the information to be analyzed.
- Information from all participant will be pooled together to search for themes.
- Please feel free to ask any questions regarding the procedures and goals of the study or your role.

Potential Risks:

- There are possible emotional risks to you by participating in this research, including: feeling of anxiety or distress.
- To protect against these outcomes, participants are free to stop the interview at any time, limit what they choose to share, and decline to answer any question.
- Participants who experience emotional distress may wish to speak to a counsellor. Counselling services are available through the University Student Health Services (306-966-5768).

- Counselling services are also available in the community and registered psychologists can be located through the Saskatchewan College of Psychologist's registry (<http://www.skcp.ca/register.html>).

Potential Benefits:

- Research can be used to help inform mental health service providers on how to meet the needs of immigrant populations.
- Participation could give participants space to share their experiences in a safe environment and have their stories heard.

Compensation:

- Participants will receive a \$10 gift card upon completion both interviews, for \$20 total.

Confidentiality:

- Transcripts will have all identifiable information removed.
- Consent forms and any other source of identifiable information will be stored separately from the data.
- Participants will not be identified by name in published material. Although direct quotations will be used, your identity will be kept confidential.
- Participants may choose their own pseudonym (false name) or one can be assigned to them to prevent identification.
- People who made referrals to this study will not be notified whether or not a person has taken part in this study.
- Audio-recorded sessions and transcripts will be downloaded onto the researcher's password protected computer and stored on the University of Saskatchewan Secure Cabinet on PAWS.
 - I grant permission to be audio-recorded ___ Yes ___ No
- To preserve anonymity, participants are requested to choose a pseudonym:
 - The pseudonym I choose for myself is _____.
 - I permit the researcher to select a pseudonym for me _____ (please initial).

Storage of Data:

- Data includes transcripts, audio files, researcher notes and other related materials.
- After completion of the study, data will be stored securely by Dr. Tim Claypool in the Department of Educational Psychology and Special Education.
- After a minimum of five years, the data pertaining to this research will be destroyed in accordance with University of Saskatchewan guidelines.

Right to Withdraw:

- Your participation is voluntary.
- You have the freedom to answer only the questions that you choose to.
- You may withdraw from the research project for any reason, at any time without explanation or penalty of any sort prior to releasing the transcript for analysis.
- You may also request that the audio-recording device be turned off at any point.
- After you have released your transcript for analysis, it is possible that some form of research dissemination has already occurred or has been de-identified and it may not be possible to withdraw your data.

- Should you wish to withdraw, notify the researcher and your data and contact information will be destroyed.

Follow up:

- If you have questions about the study, please feel free to ask at any time. You are also free to call the researchers at the numbers provided below if you have questions later.
- If you would like a copy of the completed study you can request a copy by calling myself at 306-262-6351 or emailing me at caryn.tong@usask.ca or by calling my thesis supervisor Dr. Tim Claypool at (306) 966-6931.

Questions or Concerns:

- Contact the researcher(s) using the information at the top of page 1;
- This research project has been approved on ethical grounds by the University of Saskatchewan Research Ethics Board. Any questions regarding your rights as a participant may be addressed to that committee through the Research Ethics Office ethics.office@usask.ca (306) 966-2975. Out of town participants may call toll free (888) 966-2975.

Continued or On-going Consent:

- Your consent will be renewed verbally at the second interview on an audio-recording device.

Your signature below indicates that you have read and understand the description provided; I have had an opportunity to ask questions and my/our questions have been answered. I consent to participate in the research project. A copy of this Consent Form has been given to me for my records.

<i>Name of Participant</i>	<i>Signature</i>	<i>Date</i>
<i>Researcher's Signature</i>	<i>Date</i>	

A copy of this consent will be left with you, and a copy will be taken by the researcher.

Appendix C: Interview Guide

Demographic questions

1. Where were you born?
2. How long have you lived in Canada?
3. How old were you when you moved to Canada?
4. How many places in Canada have you lived?
5. Have you lived in any other countries?
6. What is your major/career?

Acculturation questions

1. What are some of the differences between Canada and (insert home country)?
 - What were some of the changes that you experienced in moving to Canada?
2. Before you moved to Canada, what was most important to you in your life?
 - What did you think about?
 - What did you focus on?
 - What kind of things mattered to you?
 - Has this changed since coming to Canada?
3. How would you describe your experience of living in Canada?
 - What has been most difficult for you to adjust to in moving to Canada?
 - What was most difficult for you when you first moved here?
4. How would you identify yourself in terms of ethnicity? Chinese? Chinese-Canadian?
Canadian- Chinese? Canadian?
5. What has been your experience in making major decisions in life, like your major choice or career choice?

- How has it been impacted by your immigration experience?

Mental health service usage

1. What has your experience with stress been like? E. g. school, work, family, friends, etc.
 - a) What are the kinds of things causes stress in your life?
 - b) Have you been able to manage these stressors on your own or have you ever sought help? (different follow up depending on the answer)
 - Professional help? Family? Friends? Online?
 - How have you managed? What do you do?
 - c) If you were under a lot of emotional stress, where would you turn for help?
 - d) Have you ever gone to see a professional counsellor or a psychologist?
 - What were your reasons for going?
 - Were you always open to seeking professional help?
2. When you hear the term “mental health” what do you think of?
 - What do you know about mental health services?
3. How likely would you be to see a psychologist or counsellor?
 - What reasons do you have for (not) seeing a psychologist or counsellor?
 - a) Do you know anyone who has seen a psychologist?
 - b) In your opinion, what would increase the chances of you seeing a psychologist?

Or What influenced your decision to see a psychologist or counsellor?
4. If you were to design an outreach program for Chinese immigrants about mental health and mental health services, what would be most important to include?

Appendix D: Transcript Release Form

Transcript Release Form

Title: Through their Eyes: Chinese Immigrant Emerging Adults, Acculturation, and Mental Health

I, _____, have reviewed the complete transcript of my personal interview in this study, and have been provided with the opportunity to add, alter, and delete information from the transcript as appropriate. I acknowledge that the transcript accurately reflects what I said in my personal interview with Caryn Tong. I hereby authorize the release of this transcript to Caryn Tong to be used in the manner described in the Consent Form. I have received a copy of this Data/Transcript Release Form for my own records.

Name of Participant

Date

Signature of Participant

Signature of researcher

References

- Alvi, S., Zaidi, A., Ammar, N., & Culbert, L. (2012). A comparative and exploratory analysis of socio-cultural factors and immigrant women's mental health within a Canadian context. *Journal of Immigrant and Minority Health, 14*, 420-432. doi:10.1007/s10903-011-956-1
- American Psychological Association, (1990). Guidelines for Providers of Psychological Services to Ethnic, Linguistic, and Culturally Diverse Populations. Retrieved from <https://www.apa.org/pi/oema/resources/policy/provider-guidelines.aspx>
- American Psychological Association, (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.
- Arnett, J. J. (1994). Are college students adults? Their conceptions of the transition to adulthood. *Journal of Adult Development, 1*(4), 213-224. doi:10.1007/BF02277582
- Arnett, J. J. (2000). Emerging adulthood: A theory of development from the late teens through the twenties. *American Psychologist, 55*(5), 469-480. doi:10.1037/0003-066X.55.5.469
- Badger, S., Nelson, L. J., and Barry, C. M. (2006). Perceptions of the transition to adulthood among Chinese and American emerging adults. *International Journal of Behavioral Development, 30*(1), 84-93. doi:10.1177/0165025406062128
- Baker, A. M., Soto, J. A., Perez, C. R., & Lee, E. A. (2012). Acculturative status and psychological well-being in an Asian American sample. *Asian American Journal of Psychology, 3*(4), 275-285. doi:10.1037/a0026842
- Band-Winterstein T., Doron, I, & Naim, S. (2014). 'I take them with me' – reflexivity in sensitive research. *International and Multidisciplinary Perspectives, 15*(4), 530-539. doi:10.1080/14623943.2014.900031
- Beiser, M. (2005). The health of immigrants and refugees in Canada. *Canadian Journal of Public Health, 96*, S30-S44.
- Beiser, M. N. M. N., & Hou, F. (2006). Ethnic identity, resettlement stress and depressive affect among Southeast Asian refugees in Canada. *Social Science and Medicine, 63*, 137-150. doi:10.1016/j.socscimed.2005.12.002
- Bélanger, E., & Verkuyten, M. (2010). Hyphenated identities and acculturation: Second-generation Chinese of Canada and The Netherlands. *Identity: An International Journal of Theory and Research, 10*, 141-163. doi:10.1080/15283488.2010.495906

- Berry, J.W. (1997). Immigration, acculturation, and adaptation. *Applied Psychology: An International Review*, 46(1), 5-68. doi:10.1111/j.1464-0597.1997.tb01087.x
- Berry, J. W. (2005). Acculturation: Living successfully in two cultures. *International Journal of Intercultural Relations*, 29, 697-712. doi:10.1016/j.ijintrel.2005.07.013
- Berry, J. W. (2012). Intercultural relations in plural societies: Research derived from Canadian multiculturalism policy. *Canadian Ethnic Studies*, 43-44, 5-18. doi:10.1353/ces.2011.0033
- Berry, J. W., and Sabatier, C. (2011). Variations in the assessment of acculturation attitudes: Their relationships with psychological wellbeing. *International Journal of Intercultural Relations*, 35, 658-669. doi:10.1016/j.ijintrel.2011.02.002
- Berry, J. W., Phinney, J. S., Sam, D. L., & Vedder, P. (2006). Immigrant youth: Acculturation, identity and adaptation. *Applied Psychology: An International Review*, 55(3), 303-332. doi:10.1111/j.1464-0597.2006.00256.x
- Burgess, D. J., Ding, Y., Hargreaves, M., van Ryn, M., & Phelan, S. (2008). The association between perceived discrimination and underutilization of needed medical and mental health care in a multi-ethnic community sample. *Journal of Health Care for the Poor and Underserved*, 19, 894-911. doi:10.1353/hpu.0.0063
- Caelli, K., Ray, L., & Mill, J. (2003). 'Clear as mud': Toward greater clarity in generic qualitative research. *International Journal of Qualitative Methods*, 2(2), Article 1. Retrieved March 21, 2015 from <http://www.ualberta.ca/~iiqm/backissues/pdf/caellietal.pdf>
- Canadian Multiculturalism Act (1985, c. 24 (4th Supp.)). Retrieved from Justice Laws website: <http://laws-lois.justice.gc.ca/eng/acts/C-18.7/page-1.html>
- Chae, M. H., & Foley, P. F. (2010). Relationship of ethnic identity, acculturation, and psychological well-being among Chinese, Japanese, and Korean Americans. *Journal of Counseling and Development*, 88, 466-476. doi:10.1002/j.1556-6678.2010.tb00047.x
- Chan, B., & Ritchie, J. (2011). Perceptions of Chinese Australians on seeking help for mental health problems: A qualitative study. *International Journal of Mental Health Promotion*, 13(4), 36-45. doi:10.1080/14623730.2011.9715667
- Chen, A. (2010). Immigrant access to mental health services: Conceptual and research issues. *Canadian Issues*, 51, 51-54.

- Chen, A., Kazanjian, A., & Wong, H. (2009). Why do Chinese Canadians not consult mental health services: Health status, language or culture? *Transcultural Psychiatry*, 46(4), 623-641. doi:10.1177/1363461509351374
- Chen, F., Lai, G. Y., & Yang, L. (2013). Mental illness disclosure in Chinese immigrant communities. *Journal of Counseling Psychology*, 60(3), 379-391. doi:10.1037a0032620
- Clough, J., Le, S., & Chae, D. H. (2013). Barriers to health care among Asian immigrants in the United States: A traditional review. *Journal of Health Care for the Poor and Underserved*, 24, 384-403.
- Collins, S., Arthur, N., Brown, C., & Kennedy, B. (2013). Counsellor and supervisor views of multicultural and social justice education. *Journal of Counsellogy*, 1, 279-295.
- Collins, S., Arthur, N., Brown, C., & Kennedy, B. (2015). Student perspectives: Graduate education facilitation of multicultural counseling and social justice competency. *Training and Education in Professional Psychology*, 9(2), 153-160. Retrieved from <http://dx.doi.org/10.1037/tep0000070>
- Cozby, P. C. (2004). *Methods in behavioral research*. New York: McGraw Hill.
- Creswell, J. W., & Miller, D. L. (2000). Determining validity in qualitative inquiry. *Theory into Practice*, 39(3), 124-130. doi:10.1207/s15430421tip3903_2
- Crooks, V.A., Hynie, M., Killian, K., Giesbrecht, M., & Castleden, H. (2009). Female newcomers' adjustment to life in Toronto, Canada: Sources of mental stress and their implications for delivering primary mental health care. *GeoJournal* 76, 139-149. doi:10.1007/s10708-009-9287-4
- Crouch, M., & McKenzie, H. (2006). The logic of small sample sizes in interview-based qualitative research. *Social Science Information*, 45(4), 483-499. doi:10.1177/0539018406069584
- Crystal, D. (1989). Asian Americans and the myth of the model minority. *Social Casework: The Journal of Contemporary Social Work*, 70(7), 405-413.
- Dennis, J., Basañez, T., & Farahmand, A. (2010). Intergenerational conflicts among Latinos in early adulthood: Separating values conflicts with parents from acculturation conflicts. *Hispanic Journal of Behavioral Sciences*, 32(1), 118-135. doi:10.1177/0739986309352986

- Dickson-Swift, V., James, E. L., Kippen, S., & Liamputtong, P. (2007). Doing sensitive research: What challenges do qualitative researchers face. *Qualitative Research*, 7(3), 327-353. doi:10.1177/1468794107078515
- Donnelly, T. T., Hwang, J. J., Este, D., Ewashen, C., Adair, C., & Clinton, M. (2011). If I was going to kill myself, I wouldn't be calling you. I am asking for help: Challenges influencing immigrant and refugee women's mental health. *Issues in Mental Health Nursing*, 32, 279-290. doi:10.3109/01612840.2010.550383
- Dow, H. (2011). An overview of stressors faced by immigrants and refugees: A guide for mental health practitioners. *Home Health Care Management and Practice*, 23(3), 210-217. doi:10.1177/1084822310390878
- Drayton, B. (2014). Culture, conditions, and the transition to adulthood. *New Directions for Adult and Continuing Education*, 143, 17-27. doi:10.1002/ace20101
- Dunn, J. R., & Dyck, I. (2000). Social determinants of health in Canada's immigrant population: Results from the National Population Health Survey. *Social Science and Medicine*, 51, 1573-1593. doi:10.1016/S0277-9536(00)00053-8
- Edge, S., & Newbold, B. (2013). Discrimination and the health of immigrants and refugees: Exploring Canada's evidence base and direction for future research in newcomer receiving countries. *Journal of Immigrant and Minority Mental Health*, 15, 141-148. doi:10.1007/s10903-012-9640-4
- Fang (2010). Mental health service utilization by Chinese immigrants: Barriers and opportunities. *Canadian Issues*, 70, 70-73.
- Fang, L., Zhang, V. F., Poon, H. L. M., Fung, W. L. A., & Katakia, D. (2014). Lifestyle practices, psychological well-being, and substance use among Chinese-Canadian youth. *Journal of Ethnic and Cultural Diversity in Social Work*, 23, 207-222. doi:10.1080/15313204.2014.932732
- Fereday, J., & Muir-Cochrane E. (2006). Demonstrating rigor using thematic analysis: A hybrid approach of inductive and deductive coding and theme development. *International Journal of Qualitative Methods*, 5(1). Retrieved from <http://ejournals.library.ualberta.ca/index.php/IJQM/article/viewArticle/4411>
- Gall, M. D., Gall, J. P., & Borg, W. R. (2007). *Educational Research* 8th Ed. New York, NY: Pearson.

- Ganesan, S., Mok, H., & McKenna, M. (2011). Perception of mental illness: Preliminary exploratory research at a cross-cultural outpatient psychiatric clinic. *International Journal of Social Psychiatry*, 57(1), 81-89. doi:10.1177/0020764010104286
- Giacco, D., Matanov, A., & Priebe, S. (2014). Providing mental healthcare to immigrants: Current challenges and new strategies. *Current Opinion Psychiatry*, 27(4), 282-288. doi:10.1097/YCO.0000000000000065
- Gibbs, G. R. [Graham R Gibbs]. (2011, Oct. 24). Coding part 1: Alan Bryman's 4 stages of qualitative analysis. [Video file]. Retrieved from: <http://www.outube.com/watch?v=7X7VuQxPfpk>
- Gomez, J., Miranda, R., & Polanco, L. (2011). Acculturative stress, perceived discrimination, and vulnerability to suicide attempts among emerging adults. *Journal of Youth and Adolescence*, 40, 1465-1476. doi:10.1007/s10964-011-9688-9
- Guba, E. G. (1981). Criteria for assessing the trustworthiness of naturalistic inquiries. *Educational Communication and Technology*, 29(2), 75-91. Retrieved from www.jstor.org/stable/30219811
- Hansson, E. K., Tuck, A., Lurie, S., & McKenzie, K. (2012). Rates of mental illness and suicidality in immigrant, refugee, ethnocultural, and racialized groups in Canada: A review of literature. *The Canadian Journal of Psychiatry*, 57(2), 111-121. Retrieved from <http://publications.cpa-apc.org/browse/documents/558>
- Hansson, E. K., Tuck, A., Lurie, S., & McKenzie, K. for the Task Group of the Services Systems Advisory Committee, Mental Health Commission of Canada (2010). Improving mental health services for immigrant, refugee, ethno-cultural and racialized groups: Issues and options for service improvement. Website access http://www.mentalhealthcommission.ca/SiteCollectionDocuments/Key_Documents/en/2010/Issues_Options_FINAL_English%2012Nov09.pdf
- Hays, D. G., & Singh, A. A. (2012). *Qualitative inquiry in clinical and educational settings*. New York, NY: The Guildford Press.
- Ho, J., & Birman, D. (2010). Acculturation gaps in Vietnamese immigrant families: Impact on family relationships. *Journal of Intercultural Relationships*, 34(1), 1-20. doi:10.1016/j.ijintrel.2009.10.002

- Ho, J., & Daniels, S. (2011). Acculturation and mental health status, help seeking, service use, and outcomes for Latino and Asian/Pacific Islander youth. In Johnson, T. M. (ed) *Acculturation: Implications for Individuals, Families, and Societies* (pp. 95-132). New York: Nova Science Publishers, Inc.
- Hsieh, A. L., & Bean, R. A. (2014). Understanding familial/cultural factors in adolescent depression: A culturally-competent treatment for working with Chinese American families. *The American Journal of Family Therapy*, *42*, 398-412.
doi:10.1080/01926187.2014.884414
- Huang, B., Appel, H., & Ai, A. L. (2011). The effects of discrimination and acculturation to service seeking satisfaction for Latina and Asian American women: Implications for mental health professionals. *Social Work in Public Health*, *26*, 46-59.
doi:10.1080/10911350903341077
- Hwang, W., Wood, J. J., & Fujimoto, K. (2010). Acculturative family distancing (AFD) and depression in Chinese American families. *Journal of Consulting and Clinical Psychology*, *78*(5), 655-667. doi:10.1037/a0020542
- Jacob, S. A., & Furgerson, S. P. (2012). Writing interview protocols and conducting interviews: Tips for students new to the field of qualitative research. *The Qualitative Report*, *17*(42), 1-10. Retrieved from <http://www.nova.edu/ssss/QR/QR17/jacob.pdf>
- Jensen, L. A., & Arnett, J. J. (2012). Going global: New pathways for adolescents and emerging adults in a changing world. *Journal of Social Issues*, *68*(3), 473-392. doi:10.1111/j.1540-4560.2012.01759.x
- Juang, L. P., & Alvarez, A. A. (2010). Discrimination and adjustment among Chinese American adolescents: Family conflict and family cohesion as vulnerability and protective factors. *American Journal of Public Health*, *100*(12), 916-926. doi:10.2105/AJPH.2009.185959
- Juang, L. P., & Cookston, J. T. (2009). Longitudinal study of family obligation and depressive symptoms among Chinese American adolescents. *Journal of Family Psychology*, *23*(3), 396-404. doi:10.1037/a0015814
- Juang, L. P., & Nguyen, H. H. (2010). Ethnic identity among Chinese-American youth: The role of family obligation and community factors on ethnic engagement, clarity, and pride. *Identity: An International Journal of Theory and Research*, *10*, 20-38.
doi:10.1080/15283481003676218

- Juang, L. P., Syed, M., & Cookston, J. T. (2012). Acculturation-based and everyday parent-adolescent conflict among Chinese American adolescents: Longitudinal trajectories and implications for mental health. *Journal of Family Psychology, 26*(6), 916-926. doi:10.1037/a0030057
- Juang, L. P., Syed, M., Cookston, J. T., Wang, Y., & Kim, S. Y. (2012). Acculturation-based and everyday family conflict in Chinese American families. *New Directions for Child and Adolescent Development, 135*, 13-34. doi:10.1002/cd.20002
- Kiang, L., & Fuligni, A. J. (2010). Meaning in life as a mediator of ethnic identity and adjustment among adolescents from Latin, Asian, and European American backgrounds. *Journal of Youth and Adolescence, 39*(11), 1253-1264. doi:10.1007/s10964-009-9475-z
- Kim, S. Y., Chen, Q., Wang, Y., Shen, Y., & Orozco-Lapray, D. (2013). Longitudinal linkages among parent-child acculturation discrepancy, parenting, parent-child sense of alienation, and adolescent adjustment in Chinese immigrant families. *Developmental Psychology, 49*(5), 900-912. doi:10.1037/a0029169
- Kirmayer, L., J., Narasiah, L., Munoz, M., Rashid, M., Ryder, A. G., Guzder, J. ...Pottie, K. (2011). Common mental health problems in immigrants and refugees: General approach in primary care. *Canadian Medical Association Journal, 183*(12), E959-E967. doi:10.1503/cmaj.090292
- Krefting, L. (1991). Rigor in qualitative research: The assessment of trustworthiness. *The American Journal of Occupational Therapy, 45*(3), 214-222. doi:10.5014/ajot.45.3.214
- Lee, D. L., & Ahn, S. (2011). Racial discrimination and Asian mental health: A meta-analysis. *The Counseling Psychologist, 39*(3), 463-489. doi:10.1177/0011000010381791
- Lee, S., Martins, S. S., Keyes, K. M., & Lee, H. B. (2011). Mental health service use by persons of Asian ancestry with DSM-IV mental disorders in the United States. *Psychiatric Services, 61*(10), 1180-1186. doi:10.1176/appi.ps.62.10.1180
- Leong, F. T. L., Kim, H. H. W., & Gupta, A. (2011). Attitudes toward professional counseling among Asian-American college students: Acculturation, conceptions of mental illness, and loss of face. *Asian American Journal of Psychology, 2*(2) 140-153. doi:10.1037/a0024172
- Leong, F., Park, Y. S., & Kalibatseva, Z. (2013). Disentangling immigrant status in mental health: Psychological protective and risk factors among Latino and Asian American

- immigrants. *American Journal of Orthopsychiatry*, 83(2, 3), 361-371.
doi:10.1111/ajop.12020
- Leu, J., Walton, E., & Takeuchi, D. (2011). Contextualizing acculturation: Gender, family, and community reception influences on Asian immigrant mental health. *American Journal of Community Psychology*, 48, 168-180. doi:10.1007/s10464-010-9360-7
- Leung, P., Cheung, M., & Tsui, V. (2012). Help-seeking behaviors among Chinese Americans with depressive symptoms. *Social Work*, 57(1), 61-71. doi:10.1093/sw/swr009
- Lin, S. Y. (2012). Beliefs about causes, symptoms, and stigma associated with severe mental illness among 'highly acculturated' Chinese-American patients. *International Journal of Social Psychology*, 59(8), 745-751. doi:10.1177/0020764012454384
- Lo Y. (2010). The impact of acculturation process on Asian American youth's psychological well-being. *Journal of Child and Adolescent Psychiatric Nursing*, 23(2), 84-91.
doi:10.1111/j.1744-6171.2010.00227.x
- Loya, F., Reddy, R., & Hinshaw, S. P. (2010). Mental illness stigma as a mediator of differences in Caucasian and South Asian college students' attitudes toward psychological counseling. *Journal of Counseling Psychology*, 57(4), 484-490. doi:10.1037/a0021113
- Ma, W. P., Desai, U., George, L. S., San Filippo, A. A., & Varon, S. (2014). Managing family conflict over career decisions: The experience of Asian Americans. *Journal of Career Development*, 41(6), 487-506. doi:10.1177/0894845313412898
- Marks, A., Patton, F., & Coyne, L. W. (2011). Acculturation-related conflict across generations in immigrant families: Understanding theory and the school context. In R. Moreno & S.S. Chuang (Eds.) *Immigrant children: Change, adaptation and cultural transformation*. (pp.255-270). Lanham: Rowman and Littlefield Publishers.
- McLeod, J. (2011). *Qualitative research in counselling and psychotherapy*. Los Angeles, CA: Sage.
- Mellor, D., Carne, L., Shen, Y., McCabe, M., & Wang, L. (2012). Stigma toward mental illness: A cross-cultural comparison of Taiwanese, Chinese immigrants to Australia and Anglo-Australians. *Journal of Cross-Cultural Psychology*, 44(3), 352-364.
doi:10.1177/0022022112451052

- Meng, X., & D'Arcy, C. (2012). Common and unique risk factors and comorbidity for 12-month mood and anxiety disorders among Canadians. *Canadian Journal of Psychiatry, 57*(8), 479-487. Retrieved from <http://publications.cpa-apc.org/media.php?mid=1340>
- Merriam, S. B. (2009). *Qualitative Research: A Guide to Design and Implementation*. San Francisco: Jossey-Bass.
- Meyer, O., Dhindsa, M., & Zane, N. (2012). Psychology of Asian American adults: Challenges and strengths. In E. C. Change & C. A. Downey (eds.) *Handbook of Race and Development in Mental Health*. ONLINE BOOK!!!
- Milan, A. (2013). *Marital status: Overview, 2011* (Report No. 91-209-X). Retrieved from Statistics Canada website: <http://trentu.ca/history/workbook/theoreticalframeworks.phps>
- Miller, M. J., Yang, M., Farrell, J. A., & Lin, L. (2011). Racial and cultural factors affecting the mental health of Asian Americans. *American Journal of Orthopsychiatry, 81*(4), 489-497. doi:10.1111/j.1939-0025.2011.01118.x
- Miller, M. J., Yang, M., Hui, K., Choi, N., & Lim, R. H. (2011). Acculturation, enculturation, and Asian American college students' mental health an attitudes toward seeking professional psychological help. *Journal of Counseling Psychology, 58*(3), 346-357. doi:1037/a0023636
- Miller, M., J., Yang, M., Farrell, J. A., & Lin, L. (2011). Racial and cultural factors affecting the mental health of Asian Americans. *American Journal of Orthopsychiatry, 81*(4), 489-497. doi:10.1111/j.1939-0025.2011.01118.x
- Nelson, L. J., & Chen, X. (2007). Emerging adulthood in China: The role of social and cultural factors. *Child Development Perspectives, 1*(2), 86-91. doi:10.1111/j.1750-8606.2007.00020.x
- Nelson, L. J., Badger, S., & Wu, B. (2004). The influence of culture in emerging adulthood: Perspectives of Chinese college students. *International Journal of Behavioral Development, 28*(1), 26-36. doi:10.1080/01650250344000244
- Nelson, L. J., Duan, X. X., Padilla-Walker, L. M., & Luster, S. S. (2012). Facing adulthood: Comparing the criteria that Chinese emerging adults and their parents have for adulthood. *Journal of Adolescent Research, 28*(2), 189-208. doi:10.1177/0743558412467685

- Nguyen, H., Rawana, J. S., & Flora, D. B. (2011). Risk and protective predictors of trajectories of depressive symptoms among adolescents from immigrant backgrounds. *Journal of Youth and Adolescence*, *40*, 1544-1558. doi:10.1007/s10964-011-9636-8
- Noels, K. A., Leavitt, P. A., & Clément, R. (2010). "To see ourselves as others sees us": On the implications of reflected appraisals for ethnic identity and discrimination. *Journal of Social Issues*, *66*(4), 740-758. doi:10.1111/j.1540-4560.2010.01673.x
- Pang, W. (2011). *An exploration of the experience of Chinese emerging adults - university students transitioning to mature adulthood* (master's thesis). University of Ottawa, Ottawa.
- Park, M., Chesla, C. A., Rehm, R. S., & Chun, K. M. (2011). Working with culture: Culturally appropriate mental health care for Asian Americans. *Journal of Advanced Nursing*, *67*(11), 2373-2382. doi:10.1111/j.1365-2648.2011.05671.x
- Patterson, B., Kyu, H. H., & Georgiades, K. (2012). Age at immigration to Canada and the occurrence of mood, anxiety, and substance use disorders. *Canadian Journal of Psychiatry*, *58*(4), 210-217. Retrieved from <http://publications.cpa-apc.org/media.php?mid=1495>
- Phinney, J. S. (1989). Stages of ethnic identity development in minority group adolescents. *Journal of Early Adolescence* *9*(1-2), 34-49.
- Qin, D. B., Rak, E., Rana, M., & Donnellan, M. B. (2012). Parent-child relations and psychological adjustment among high-achieving Chinese and European American adolescents. *Journal of Adolescence*, *35*, 863-873.
doi:10.1016/j.adolescence.2011.12.004
- Rasmi, S., Chuang, S. S., & Hennig, K. (2015). The acculturation gap-distress model: Extensions and application to Arab Canadian families. *Cultural Diversity and Ethnic Minority Psychology*, *21*(4), 630-642. doi:10.1037/cdp0000014
- Robinson, O. C. (2014). Sampling in interview-based qualitative research: A theoretical and practical guide. *Qualitative Research in Psychology*, *11*, 25-41.
doi:10.1080/14780887.2013.801543
- Rothe, E. M., Pumariega, A. J., & Sabagh, D. (2011). Identity and acculturation in immigrant and second generation adolescents. *Adolescent Psychiatry*, *1*, 72-81.
doi:10.2174/2210676611101010072

- Ruzek, N. A., Nguyen, D. Q., & Herzog, D. C. (2011). Acculturation, enculturation, psychological distress and help-seeking preferences among Asian American college students. *Asian American Journal of Psychology, 2*(3), 181-196. doi:10.1037/a0024302
- Saechao, F., Sharrock, S., Reicherter, D., Livingston, J. D., Aylward, A., Whisnant, J., Koopman, C., & Kohli, S. (2012). Stressors and barriers to using mental health services among diverse group of first generation immigrants to the United States. *Community Mental Health Journal, 48*, 98-106. doi:10.1007/s10597-9419-4
- Sallee, M. W., & Flood, J. T. (2012). Using qualitative research to bridge research, policy, and practice. *Theory into practice, 51*(2), 137-144. doi:10.1080/00405841.2012.662873
- Sam, D. L., & Berry, J. W. (2010). Acculturation: When individuals and groups of different cultural backgrounds meet. *Perspective on Psychological Science, 5*(4), 472-481. doi:10.1177/1745691610373075
- Sandelowski, M. (1986). The problem of rigor in qualitative research. *Advances in Nursing Science, 8*(3), 27-37.
- Sangalang, C. C., & Gee, G. C. (2012). Depression and anxiety among Asian Americans: The effects of social support and strain. *Social Work, 57*(1), 49-60. doi:10.1093/sw/swr005
- Schwartz, S. J., Unger, J. B., Zamboanga, B. L., & Szapocznik, J. (2010). Rethinking the concept of acculturation; Implications for theory and research. *American Psychologist, 65*(4), 37-251. doi:10.1037/a0019330
- Schwartz, S. J., Waterman, A. S., Umaña-Taylor, A. J., Lee, R. M., Kim, S. Y., Vazsonyi, A. T., ... Williams, M. K. (2013). Acculturation and well-being among college students from immigrant families. *Journal of Clinical Psychology, 69*(4), 298-318. doi:10.1002/jclp.21847
- Schwartz, S. J., Zamboanga, B. L., Luyckx, K., Meca, A., & Ritchie, R. A. (2013). Identity in emerging adulthood: Reviewing the field and looking forward. *Emerging Adulthood, 1*(2), 1-18. doi:10.1177/2167696813479781
- Schwartz, S. J., Zamboanga, B. L., Weisskirch, R. S., & Wang, S. C. (2010). The relationships of personal and cultural identity to adaptive and maladaptive psychosocial functioning in emerging adults. *The Journal of Social Psychology, 150*(1), 1-33. doi:10.1080/00224540903366784

- Searle, W., & Ward, C. (1990). The prediction of psychological and sociocultural adjustment during cross-cultural transactions. *International Journal of Intercultural Relations, 14*, 449-464. doi:10.1016/0147-1767(90)90030-Z
- Shannon, P. J. (2014). Refugees' advice to physicians: How to ask about mental health. *Family Practice, 31*(4), 462-466. doi:10.1093/fmpr/cmu017
- Shim, Y. R., Schwartz, R. C. (2007). The relationship between degree of acculturation and adjustment difficulties and Korean immigrants living in a Western society. *British Journal of Guidance and Counselling, 35*(4), 409-426. doi:10.1080/03069880701593516
- Sirin, R., Ryce, P., Gupta, T., & Rogers-Sirin, L. (2013). The role of acculturative stress on mental health symptoms for immigrant adolescents: A longitudinal investigation. *Developmental Psychology, 49*(4), 736-748. doi:1037/a0028398
- Stafford, M., Newbold, B. K., & Ross, N. A. (2010). Psychological distress among immigrants and visible minorities in Canada: A contextual analysis. *International Journal of Social Psychiatry, 57*(4), 428-441. doi:10.1177/0020764010365407
- Statistic Canada (no date). "Components of population growth, by province and territory (Quebec, Ontario, Manitoba, Saskatchewan)" (table). Retrieved from Statistics Canada website <http://www.statcan.gc.ca/tables-tableaux/sum-som/l01/cst01/demo33b-eng.htm> (accessed January 24, 2015).
- Statistics Canada (2005). *Population projections of visible minority groups, Canada, provinces and regions*. (Catalogue no. 91-542-XIE). Retrieved from <http://revistadebate.net/global/attachments/article/2484/ETHNIC2017.pdf>
- Statistics Canada (2011). *Immigration and ethnocultural diversity in Canada, national household survey, 2011*. (Catalogue number 99-010-X201001). Retrieved from Statistics Canada website <http://www12.statcan.gc.ca/nhs-enm/2011/as-sa/99-010-x/99-010-x2011001-eng.pdf>
- Statistics Canada (no date). Generation status: Canadian-born children of immigrants. (Catalogue no. 99-010-X2011003). Retrieved from Statistics Canada website http://www12.statcan.gc.ca/nhs-enm/2011/as-sa/99-010-x/99-010-x2011003_2-eng.cfm
- Stewart, M., Shizha, E., Makwarimba, E., Spitzer, D., Khalema, E. N., & Nsaliwa, C. D. (2011). Challenges and barrier to services for immigrant seniors in Canada: "You are among

- others but you feel alone". *International Journal of Migration, Health and Social Care*, 7(1), 16-32. doi:10.1108/17479891111176278
- Suinn, R. M. (2010). Reviewing acculturation and Asian Americans: How acculturation affects health, adjustment, school achievement, and counseling. *Asian American Journal of Psychology*, 1(1), 5-17. doi:10.1037/a0018798
- Syed, M., & Azmitia, M. (2010). Narrative and ethnic identity exploration: A longitudinal account of emerging adult' ethnicity-related experiences. *Developmental Psychology*, 46(1), 208-219. doi:10.1037/a0017825
- Syed, M., & Mitchell, L. L. (2013). Race, ethnicity an emerging adulthood: Retrospect and prospects. *Emerging adulthood*, 1(2), 83-95. doi:10.1177/2167696813480503
- Ta, V. M., Holck, P., & Gee, G. C. (2010). Generational status and family cohesion effects on the receipt of mental health services among Asian Americans: Findings from the National Latino and Asian American Study. *American Journal of Public Health*, 100(1), 115-121. doi:10.2105/AJPH.2009.160762
- Telzer, E. H. (2011). Expanding the acculturation gap-distress model: An integrative review of research. *Human Development*, 53(6), 313-340. doi:10.1159/000322476
- Tieu, Y., & Konnert, C. A. (2014). Mental health help-seeking attitudes, utilization, and intentions among older Chinese immigrants in Canada. *Aging and Mental Health*, 18(2), 140-147. doi:10.1080/13607863.2013.814104
- Trainor, A. A. (2013). Interview research. In Trainor, A. A., & Graue, E. (Eds.), *Reviewing Qualitative Research in the Social Sciences* (pp. 125-138). New York, NY: Routledge.
- Trotter, R. T. (2012). Qualitative research sample design and sample size: Resolving and unresolved issues and inferential imperatives. *Preventive Medicine*, 55(5), 398-400. doi:10.1016/j.ypmed.2012.07.003
- Umaña-Taylor, A. J., Yazedjian, A., & Bámaca-Gómez, M. (2009). Developing the ethnic identity scale using Eriksonian and social identity perspectives. *Identity: An International Journal of Theory and Research*, 4(1), 9-38. doi:10.1207/S1532706XID0401_2
- Walton, E., Berasi, K., Takeuchi, D. T., & Uehara, E. S. (2010). Cultural diversity and mental health treatment. In Scheid, T. L., and Brown, T. N. (eds.) *A Handbook for the Study of Mental Health: Social Contexts, Theories, and Systems*, 2nd ed. (pp. 439-460). New York: Cambridge University Press.

- Wang, L., & Hu, W. (2013). Immigrant health, place effect and regional disparities in Canada. *Social Science and Medicine*, 98, 8-17. doi:10.1016/j.socscimed.2013.08.040
- Ward, C., Fox, S., Wilson, J., Stuart, J., & Kus, L. (2010). Contextual influences on acculturation process: The roles of family, community and society. *Psychological Studies*, 55(1), 26-34. Doi:10.1007/s12646-010-0003-8
- Ward, C., & Kus, L. (2012). Back to and beyond Berry's basics: The conceptualization, operationalization and classification of acculturation. *International Journal of Intercultural Relations*, 36, 472-485. doi:10.1016/j.ijintrel.2012.02.002
- Wu, C., & Chao, R. K. (2011). Intergenerational cultural dissonance in parent-adolescent relationships among Chinese and European Americans. *Developmental Psychology*, 47(2), 493-508. doi:10.1037/a0021063
- Yoo, C. S. M., & Miller, L. D. (2011). Culture and parenting: Psychological adjustment among Chinese Canadian Adolescents. *Canadian Journal of Counselling and Psychotherapy (Online)*, 45(1), 34-52. Retrieved from <http://search.proquest.com/docview/852999834?accountid=14739>
- Yuwen, W., & Chen, A. C. C. (2012). Chinese American adolescents: perceived parenting styles and adolescents' psychosocial health. *International Nursing Review*, 60, 236-243. doi:10.1111/inr.12002
- Zhou, Z, Siu, C. R., & Xin, T. (2009). Promoting cultural competence in counseling Asian American children and adolescents. *Psychology in the Schools*, 46(3), 290-298. doi:10.1002/pits.20375