ABSTRACT

Title of Dissertation:	UNDERSTANDING THE INFORMAL HELP-SEEKING PROCESS OF KOREAN EMERGING ADULTS LIVING IN THE U.S.: INFLUENCE OF THE FAMILY CONTEXT
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Korean Americans are a major Asian subgroup in the U.S., and epidemiological data demonstrate that rates of mental health symptoms are higher among Korean American emerging adults compared to other Asian American counterparts. Seeking and receiving appropriate support are important ways to cope with mental health burden, but there is a dearth of literature on how Asian Americans seek help from friends and family members. Available studies suggest that various sociocultural factors influence the informal help-seeking process among Asian Americans. As family context has a significant impact on children's sociocultural development, examining such contextual factors can help understand some of the mechanisms and correlates of informal help-seeking. In this dissertation study, I explored the characteristics and associations among family communication patterns, relevant sociocultural factors (i.e., perceived parental support, emotional self-control, relational concerns, face loss concerns), and informal help-seeking intentions using a sample of 201 Korean American emerging adults (ages 18 – 29) drawn from an online survey. In paper 1, factor analysis showed that different help sources can be grouped into

three domains (i.e., formal sources, family members, and partner and friends), with intention to seek help being the highest towards partner and friends, followed by family members and formal sources. Characteristics of higher acculturation were positively associated with help-seeking intention towards partner and friends. In paper 2, mediation analyses revealed that participants with parents fostering unrestrained communications perceived receiving more informational support from parents, which in turn was associated with higher intention to seek parental support. Participants with parents emphasizing conformity in beliefs and values perceived receiving less emotional and implicit support from parents, which in turn was associated with lower intention to seek parental support. The negative association between conformity orientation and perceived emotional support was only significant among participants identifying as American or bi-cultural. In paper 3, bivariate analyses showed that conversation orientation was positively associated with informal help-seeking intention, while conformity orientation, emotional self-control, relational concerns, and face loss concerns were negatively associated. Mediation analyses indicated that participants with parents stressing conformity in beliefs and values were more likely to endorse suppression of emotional expression and be concerned with potential loss of face from help-seeking, which in turn were associated with lower intention to seek help from family and friends. Findings from this dissertation study point to the utility of examining family contextual factors to better understand the informal help-seeking process among Korean American emerging adults. More studies on Asian Americans' informal help-seeking are needed to find more culturally appropriate ways to address the mental health needs of this population.

UNDERSTANDING THE INFORMAL HELP-SEEKING PROCESS OF
KOREAN EMERGING ADULTS LIVING IN THE U.S.: INFLUENCE OF THE
FAMILY CONTEXT

by

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Dedication

This dissertation is dedicated to God, whom I believe in.

You provided me with this opportunity to learn and grow as a researcher, sent good people who would support me throughout this process, and gave me strength and wisdom to finish this journey. Let your name alone be glorified through this work.

I can do all things through him who gives me strength. (Phil. 4:13)

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Chapter 1: Introduction

Overview

Researchers have demonstrated that indicators of mental health challenges, including depression and anxiety, are prevalent and on the rise among emerging adults (Curtin & Heron, 2019; Substance Abuse and Mental Health Services Administration [SAMHSA], 2020). One key factor that can help to alleviate mental health concerns at the individual level is the ability to reach out to others and seek help as problems become burdensome (Rickwood & Thomas, 2012). However, emerging adults are often reluctant to seek help for their mental health challenges, and the issue of low utilization of different sources of support have been especially concerning for Asian Americans (Gulliver et al., 2010; Sue et al., 2012). While the literature on Asian Americans' help-seeking process has mostly focused on factors associated with seeking formal help (e.g., mental health services), much less is known about how they utilize their informal sources of support, such as family and friends. Critically, one aspect that is understudied is the influence of the family context on beliefs and actions toward informal help-seeking. In this dissertation, I will address this health problem by focusing on examining how communication patterns within the family are associated with Korean emerging adults' informal help-seeking process.

Background

Emerging Adulthood and Mental Health

Emerging adulthood, defined as a developmental stage between adolescence and young adulthood with a focus on ages 18 to 29, is an important period during which individuals experience numerous cognitive, social, and economic changes (Arnett, 2000, 2014; Bonnie et al.,

2014). Although many emerging adults cope successfully with the developmental demands, these periods are also marked by a high prevalence of psychiatric symptoms. According to a review of epidemiological data in the U.S., the 12-month prevalence of any psychiatric disorder for people aged 18-29 was 40% (Kessler et al., 2005). The same review reported that mental disorders commonly appear during the years of adolescence and emerging adulthood, with 50% of all lifetime cases of mental disorders starting by age 14 and 75% by age 24. More recent results from the 2019 National Survey on Drug Use and Health showed that emerging adults aged 18-25 had the highest prevalence of any mental health illness (25.8%) compared to adults aged 26-49 (22.2%) and those aged 50 and older (13.8%; SAMHSA, 2020). Such findings suggest that mental health is becoming a dominant health problem for this group.

In fact, indicators of mental health challenges have been increasing in prevalence among emerging adults in recent years. Among people aged 18-25, rates of major depressive episodes increased from 8.0% in 2009 to 15.2% in 2019, and the percentage of people experiencing serious mental illness (i.e., mental, behavioral, or emotional disorder that substantially interferes with one or more major life activities) increased from 3.8% in 2008 to 8.6% in 2019 (SAMHSA, 2020). Additionally, suicide is the second leading cause of death for people aged 18-24, and the percentage of emerging adults who had serious thoughts of suicide or made a suicide plan increased from 6.8% and 2.0% in 2008 to 11.8% and 3.9% in 2019, respectively (Curtin & Heron, 2019; SAMHSA, 2020). With such a concerning increase in mental health problems, the Office of Disease Prevention and Health Promotion (ODPHP) recognized mental health as one of three important emerging issues among adolescents and young adults in the Healthy People 2020 objectives, along with growing ethnic diversity of Latino and Asian American youth and positive youth development (ODPHP, 2020).

While emerging adulthood is a period marked by vulnerability to mental health problems, this period can also be described as a time of opportunity. Studies suggest that indicators of mental health improve, and problem behaviors subside, for average emerging adults (Schulenberg et al., 2005). In a 14-year prospective cohort study, researchers found that, when symptoms of mental disorders were brief in duration (less than six months) during teenage years, symptoms were much less likely to persist into young adulthood compared to when symptoms were longer-lasting or recurring (Patton et al., 2014). Such findings demonstrate that symptoms of mental disorders can dissipate even without formal treatment, suggesting that there is much heterogeneity in mental health trajectories during this developmental period. As such, this transition period deserves special attention to better understand how youth can be supported with the relationships and resources they need to become competent, well-functioning adults (Bernat & Resnick, 2006). Mental health has substantial implications for well-being and quality of life, such as social adjustment and economic productivity, and addressing the mental health needs among emerging adults will provide them with the opportunities to change from negative to positive life pathways.

Help-Seeking

Help-seeking in the mental health context, defined as "an adaptive coping process that is the attempt to obtain external assistance to deal with a mental health concern" (Rickwood & Thomas, 2012, p. 180), is an important factor to consider. Help-seeking and receiving appropriate support can potentially shorten the duration of negative mental health episodes and help individuals move towards a more positive mental health trajectory. Unfortunately, studies suggest that emerging adults are generally reluctant to seek professional help for mental health problems due to a variety of factors, including stigma, low mental health literacy, and desire for autonomy and self-reliance (Cauce et al., 2002; Gulliver et al., 2010; Rickwood & Thomas, 2012; Wilson et

al., 2007). While relying on oneself to cope with stressors may be beneficial in providing a sense of autonomy and fostering resilience, it can easily become taxing when individuals start experiencing more significant distress (Chang, 2015). Knowing how to recognize support needs and how to seek appropriate informal (e.g., friends and family) or formal (e.g., mental health professionals) support is essential in managing more serious and damaging mental health states.

Asian Americans

When addressing the discrepancy between the high needs for mental health support and low levels of help-seeking, Asian American population is an important group to consider. Since the early findings that Asian Americans tended to underutilize mental health services (Sue, 1977), mental health research in this population has been concerned with disparities in access to effective and culturally competent care (Sue et al., 2012). Asians living in the U.S. consistently demonstrate low rates of mental health service utilization (Cummings & Druss, 2011; SAMHSA, 2015; Sue et al., 2012). When they do seek professional care, the severity of disturbances tends to be high, suggesting that they may be delaying seeking help until symptoms reach a crisis point (Lee et al., 2009). Researchers have suggested that such underutilization is not due to a low prevalence of mental disorders but due to a set of systemic and cultural barriers, such as mental health stigma, lack of culturally competent providers, and lack of knowledge about service options (Barry & Grilo, 2002; Wang et al., 2020; Wu et al., 2009). However, mechanisms underlying such disparities in mental health service use have yet to be firmly established.

Problem Statement

While the literature on Asians Americans' help-seeking for mental health problems has mostly focused on understanding the factors associated with seeking formal services, much less is

known about how they utilize their informal sources of support, such as family and friends. Studies have generally shown that, while young Asian Americans tend to seek help from their personal networks relatively more than they do from professional services (Lee et al., 2009; Spencer et al., 2010), Asian Americans still report relatively low levels of family support and tend to underutilize social support for mental health concerns (Chang, 2015; Chang et al., 2014; Kim et al., 2008). Social networks can be critical, not only as a direct source of support during times of distress but also as an indirect source of support in treatment referral and initiation (Chung, 2010; Guo et al., 2014). As professional help tends to be the last resort and is not likely to be sought, it is crucial to gain a better understanding of the facilitating or hindering factors associated with the process of seeking help from informal sources among this population.

A major aspect of the informal help-seeking process is that it is social in nature. To effectively receive help from other people, emerging adults need to decide on with whom to communicate about their personal or emotional problems. As such, informal help-seeking is a form of active coping that relies on the nature of the social relationships and the shared assumptions about the interactions (Kim et al., 2008; Rickwood et al., 2005). Factors such as emerging adults' general expectations of support (network orientation; Vaux et al., 1986) and perceived social support (Wethington & Kessler, 1986) have been previously associated with help-seeking intentions and behaviors (Cheng et al., 2015).

When assessing help-seeking among Asian populations, another important aspect to consider is the impact of culture on this process. Cultural values and contexts influence how individuals judge what is socially acceptable or unacceptable, as well as how individuals place priorities on certain values over others. Such cultural differences in the internal framework, in turn, have implications for whether people seek social support, the type of support they seek, and the

effectiveness of the support received (Kim et al., 2008). For example, factors such as one's tendency to restrain the expression of emotions (emotional self-control; Kim et al., 2005), concerns about negative relational impact of seeking help (e.g., burdening others; Taylor et al., 2004), and concerns for losing face (Ho, 1976; Zane & Yeh, 2002) have been identified as culturally relevant factors negatively impacting Asians' help-seeking attitudes and intentions (Kim et al., 2016; Leong et al., 2011; Taylor et al., 2004). As Asians consistently show low help-seeking rates, these subtle cultural and social dimensions of help-seeking process need further examination.

The family context has a significant impact on children's' social and emotional development, including learning how to cope with stressors (Zimmer-Gembeck & Skinner, 2011). While studies have suggested that the proportion of social support directly sought from parents gradually decrease by late adolescence (Helsen et al., 2000; Rickwood et al., 2015), parents continue to play a crucial role in shaping children's beliefs and internal working models through the processes of socialization, parent-child relationship qualities, and modeling (Eisenberg et al., 1998; Vogel et al., 2007). Some empirical evidence suggest that parental values and the associated communication patterns influence Asian youths' informal help-seeking process. For example, Asian youths described not seeking help from their parents because they expect messages of forbearance and perseverance rather than emotional support; another participant explained trying to take care of depression by herself because she was taught to resolve personal problems on her own (Chang, 2015; Shin, 2002).

As such, examining the family context will be vital in elucidating the sociocultural factors associated with the help-seeking process. In this dissertation study, I will quantitatively explore how the family communication patterns influence Korean emerging adults' help-seeking intentions toward informal sources of support. The overall purpose of this research is to better

understand the impact of family context on the unique cultural and social correlates of the help-seeking process among this population.

Brief Justification of the Current Study

The consistent findings on the underutilization of mental health services among Asians living in the U.S. are supportive of further investigating the broader cultural and social factors that influence this population's help-seeking process. While access to mental health services is a crucial component for reducing mental health challenges, professional services are not the sole support system for emerging adults. In fact, people generally seek support from informal sources when they are experiencing less severe mental health symptoms or are not sure how to interpret what they are thinking and feeling (Rickwood et al., 2015). As such, it is critical to further examine the process of seeking informal support.

The extant literature on the informal help-seeking process among Asians living in the U.S. is relatively limited. Additionally, most studies on mental health service utilization among Asian Americans often treat them as one homogenous group, failing to consider the ethnic and cultural heterogeneity in this population (Sue et al., 2012). The current study will be an examination of the family context of a subset of the Asian population, namely Koreans living in the U.S., and how it influences the sociocultural process of informal help-seeking. In this study, the subsequent use of the term *Koreans living in the U.S.* refers to both foreign-born Koreans (U.S. citizens or not) and U.S.-born Korean Americans (U.S. citizens) who are residing in the U.S., and the term *Koreans* specifically refers to South Koreans, as there are limited number of North Korean defectors in the U.S. due to the extreme restrictions in North Korea.

Focusing on the family context, this study will be a contribution to the existing literature by providing preliminary insights into explaining how different social and cultural factors, such as

perceived social support, emotional self-control, and relational and face loss concerns, are influenced by parental communication practices. I will also explore how these sociocultural factors, in turn, facilitate or hinder intentions to seek informal help. Findings from this study will have important implications for educational programs for emerging adults, parents, and communities in forming a more supportive, help-seeking-inducing environment.

Conceptual Framework

The conceptual framework for this study (Figure 1) is guided by the theoretical propositions from the theory of family relationship schemas and communication (Koerner & Fitzpatrick, 2002). The dashed and solid lines are used to distinguish the specific models that will be tested in each section of this study.

The family communication theory proposed by Koerner and Fitzpatrick (2002) claims that the relationship schema shapes family communication behavior. This schema includes relational knowledge and interpersonal scripts, resulting in communication practices in subsequent situations. The theory identifies two central dimensions that characterize how families communicate: (1) *conversation orientation*, defined as the degree to which family members are encouraged to talk about a wide array of topics, and (2) *conformity orientation*, which is the degree to which homogeneity of attitudes, values, and beliefs is emphasized.

Previous studies have applied these theoretical propositions in the context of the help-seeking process to predict that individuals from high conversation-oriented families would demonstrate higher motivation to seek social support because they view interactions as rewarding and are less likely to avoid conflict. These studies have found positive associations between conversation orientation and social support seeking (High & Scharp, 2015; Koerner & Fitzpatrick, 1997). High and Scharp (2015) were initially unable to hypothesize the direction of the association

between conformity orientation and motivation to seek support. Still, they found a positive association, with individuals from high conformity-oriented families showing higher motivation to seek social support. The authors discussed that people with strong conformity orientation might be motivated to seek support from other support sources, such as friends, because they do not receive support from family members, but this association needs further examination.

Empirical evidence suggests that family communication is an important component to consider to better understand the help-seeking pathways of Korean emerging adults. For example, one pattern found in studies of Korean emerging adults was their tendency to not seek help from parents for various reasons. While some Korean participants reported not seeking parental support because they did not expect emotional support from their parents, others explained that they knew that their parents are there for them even if they did not explicitly discuss personal problems (Bhang, 2019; Chang, 2015). These findings illustrate how individuals' experiences in specific relationships and the associated expectations about the interactions influence their intentions to seek help. As such, one aspect that will be explored in this study is whether perceived types of parental support (emotional, informational, and implicit) mediate the relationship between family communication patterns and help-seeking intentions toward parents.

Additionally, emotional self-control (Kim et al., 2016), relational concerns (Taylor et al., 2004) and face loss concerns (Taylor et al., 2004; Zane & Yeh, 2002) are worth examining in the context of family communication patterns. These factors have been identified to be salient cultural factors associated with Asians' informal help-seeking process. Those who report a higher tendency to restrain the expression of emotions, higher concerns about negative relational impact of seeking help, and higher concerns for loss of face showed more negative attitudes toward seeking mental health services as well as support from family and friends (Chang, 2015; David, 2010; Kim et al.,

2016; Taylor et al., 2004).

Moreover, the theoretical propositions of the family communication theory (Koerner & Fitzpatrick, 2002), as well as some empirical findings, suggest that these cultural factors could be influenced by family communication patterns. For example, individuals from high conversation-orientation families may demonstrate a lower tendency to restrain the expression of emotions, as these families would inherently value children's thoughts and opinions and would provide more opportunities to talk about various topics. However, families high in conformity may stress harmony and conflict avoidance, fostering an environment where children do not feel welcomed to talk with their parents about diverse issues, including emotions. Individuals from such settings can show a higher tendency to restrain emotion expression.

To the best of my knowledge, family communication patterns have not been previously assessed in Korean population, and the cultural factors mentioned above have not been previously tested for associations with family communication patterns. As such, this dissertation study will not propose specific hypotheses for the mediating effects of the cultural factors on the relationship between family communication patterns and intentions to seek informal help, but I will nonetheless explore whether any mediation effects emerge from this study. Findings will have meaningful contribution to the current literature, as this study will be the first in exploring how the family communication patterns relate to Korean emerging adults' help-seeking intentions.
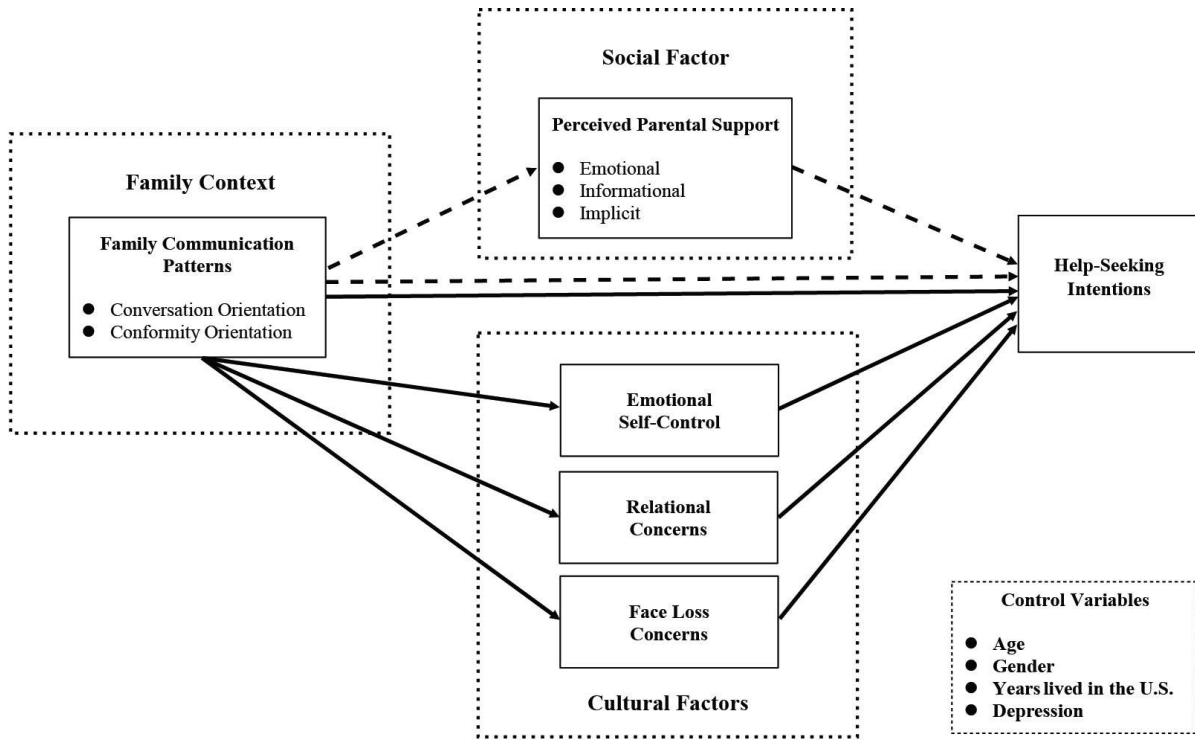
Figure 1. *Influence of Family Context on the Process of Informal Help-seeking*

Research Questions

Primary Research Question

How does the family context influence the process of informal help-seeking for personal or emotional problems among Korean emerging adults (ages 18-29) living in the U.S.?

Manuscript 1

Assess the sociodemographic and descriptive characteristics in terms of intentions to seek help for personal/emotional problems among Korean emerging adults living in the U.S.

Exploratory Research Question 1. What are the demographic characteristics of the study participants in terms of age, gender, country of birth, citizenship, years living in the U.S., cultural identity, English proficiency, education, and primary occupation?

Exploratory Research Question 2. Do help-seeking intentions toward different sources of support cluster into meaningful domains other than the formal vs. informal dichotomy?

Exploratory Research Question 3. Which individual characteristics are associated with different domains of help-seeking intentions?

Exploratory Research Question 4. Are mental health indicators (i.e., flourishing, depression) associated with different domains of help-seeking intentions?

Manuscript 2

Assess the relationship between family communication patterns (conversation and conformity orientations) and help-seeking intention towards parents, and explore whether perceived parental support (emotional, informational, and implicit) mediate this relationship among Korean emerging adults living in the U.S. (Figure 2).

Exploratory Research Question 5. Which individual characteristics are associated with conversation and conformity orientations?

Hypothesis 1. Koreans from high conversation-oriented families show higher intention to seek help from parents than Koreans from low conversation-oriented families do.

Exploratory Research Question 6. How does conformity orientation relate to Koreans' intention to seek parental support?

Exploratory Research Question 7. Does perceived parental support mediate the relationship between family communication patterns and intentions to seek parental support?
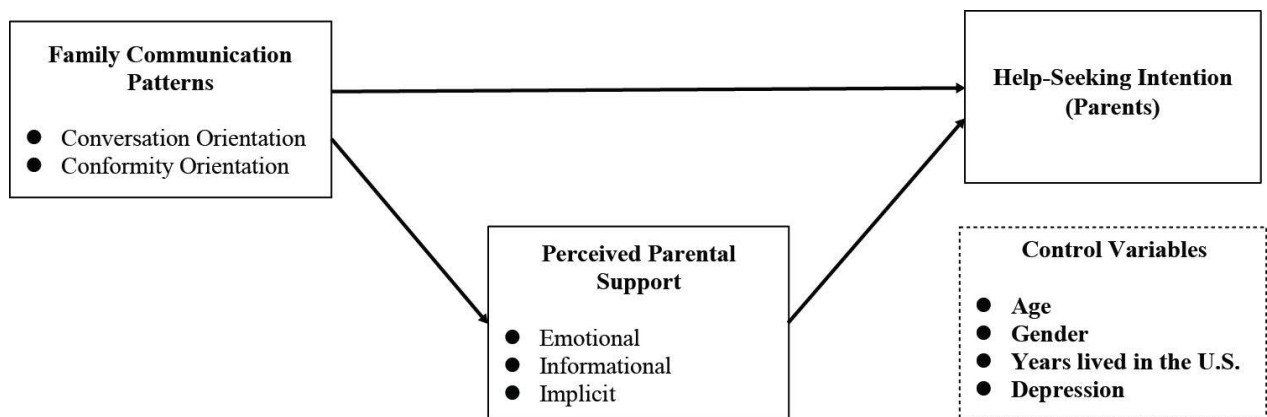
Figure 2. *Direct and Indirect Effects of Family Communication Patterns on Help-seeking Intentions toward Parents via Perceived Parental Support*

Manuscript 3

Explore whether key cultural factors (emotional self-control, relational concerns, and face loss concerns) mediate the relationship between family communication patterns (conversation and conformity orientations) and general informal help-seeking intentions among Korean emerging adults living in the U.S. (Figure 3).

Exploratory Research Question 8. Which individual characteristics are associated with

emotional self-control, relational concerns, and face loss concerns?

Exploratory Research Question 9. Are family communication patterns associated with Koreans' endorsement of key cultural factors?

Hypothesis 2. Koreans from high conversation-oriented families show higher intention to seek help from informal sources of support than Koreans from low conversation-oriented families do.

Exploratory Research Question 10. How does conformity orientation relate to Koreans' intentions to seek support from informal sources?

Exploratory Research Question 11. Do the cultural factors mediate the relationship between family communication patterns and intentions to seek support from informal sources?
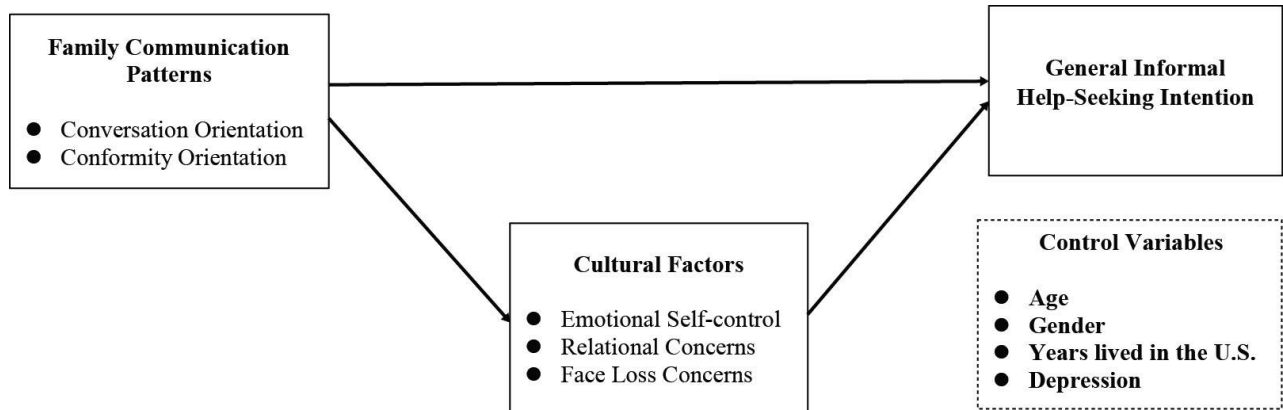
Figure 3. *Direct and Indirect Effects of Family Communication Patterns on General Informal Help-seeking Intentions via Cultural Factors*

Definition of Variables and Terms

Emerging Adulthood / Emerging Adult	A developmental stage between adolescence and young adulthood with a focus on ages 18 to 29 (Arnett, 2000, 2014).
Emotional Self-Control	One of the five Asian values in the Asian Values Scale that is characterized by an emphasis on the restraint placed upon the expression of emotions (Kim et al., 2005).
Family Communication Patterns – Conformity Orientation	The degree to which family communication stresses a climate of homogeneity of attitudes, values, and beliefs (Koerner & Fitzpatrick, 2002).
Family Communication Patterns – Conversation Orientation	The degree to which families create a climate in which all family members are encouraged to participate in unrestrained interaction about a wide array of topics (Koerner & Fitzpatrick, 2002).
Formal Help	Help received through mental health professionals, including counselors, psychologists, psychiatrists, social workers, and therapists (Rickwood & Thomas, 2012).
Help-seeking	An adaptive coping process of attempting to obtain external assistance to deal with mental health concerns (Rickwood & Thomas, 2012).
Informal Help	Help received through friends, family, and other lay social network, including neighbors, colleagues, and relatives. (Rickwood & Thomas, 2012).
Face Loss Concerns	Concerns for losing respectability and/or disrupting group harmony by deviating from a set of socially sanctioned claims and roles as a member of a group (Zane & Yeh, 2002)
Mental Health	A state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community (WHO, 2005).
Mental Health Challenge/Problem	A broad term to describe negative changes in a person's way of thinking, feeling, or acting. Can range from minor signs and symptoms (e.g., worry, stress) to more major, worsening signs and symptoms that last longer (e.g., anxiety, depression).
Perceived Parental Support - Emotional	Individual's perceptions of his/her parents' provision of emotional support (e.g., expressions of affection and care, providing encouraging words; Ishii et al., 2017)
Perceived Parental Support - Informational	Individual's perceptions of his/her parents' provision of informational support (e.g., giving advice, helping in making decisions; Ishii et al., 2017)
Perceived Parental Support - Implicit	Individual's perceptions of his/her parents' provision of implicit support (e.g., emotional comfort from reminding

	oneself of parents, spending time or doing an activity together without specifically talking about a problem; Ishii et al., 2017; Taylor et al., 2007)
Relational Concerns	Concerns about the potential negative relational ramifications of seeking help (e.g., disturbing the harmony of the group, making the situation worse; Taylor et al., 2004)

Chapter 2: Literature Review

2.1. Asians in the U.S.

Asians are a growing population in the U.S. While Asian Americans currently account for approximately 6% of the nation's population, they show the fastest growth rate of any major racial/ethnic group in the U.S., having a 72% increase from 11.9 million to 20.4 million between 2000 and 2015 (Pew Research Center, 2017a). With such a fast growth rate, Asian Americans are projected to become the largest immigrant group and make up 38% of the foreign-born population by 2065 (Pew Research Center, 2015). As the immigrant population constitute a significant portion of the U.S. population growth, accounting for 55% of the growth between 1965 and 2015 (Pew Research Center, 2015), the current growth trend of Asian Americans suggests that this particular group will have important implications for the health care needs of the U.S. population in the near future.

Asian Americans are a racially and ethnically diverse group, with approximately 20 million people tracing their roots to more than 19 countries (Pew Research Center, 2019). Each country-of-origin subgroup has its own unique set of culture, history, and pathways to America, and this is manifested through the significant differences in sociodemographic characteristics across the subgroups. For example, while about half (51%) of Asian Americans overall hold a bachelor's degree, fewer than 20% of Cambodian, Hmong, Laotian, and Bhutanese do (Pew Research Center, 2019). In addition, there is a wide disparity in income. According to the 2017 U.S. Census data, the poverty rate for Filipinos was 6.0%, compared to 16.2% for the Hmong, and despite the seemingly high annual median household income of $83,456 for Asian Americans overall, only very few subgroups, such as Indians and Filipinos, actually have household incomes that exceed this national median (Office of Minority Health [OMH], 2019). The percentage of

foreign-born Asians vary widely as well. Japanese Americans had the lowest share of foreign-born immigrants (27%), whereas Bhutanese Americans were mostly foreign born (92%; Pew Research Center, 2019).

It is important to acknowledge such heterogeneity among different subgroups when examining the Asian American population, as these differences may also have important implications for disparities in various domains, including education and health. For example, Asian Americans are often labeled as the *model minority* due to the stereotypic perception that they are academically, economically, and socially more successful than any other racial/ethnic minority groups due to their high work ethic and emphasis on education (Lee, 1994). However, this misconception also stems from reports on national statistics that consistently show higher percentage of people holding bachelor's degrees and higher median household income among Asian Americans in aggregate compared to non-Hispanic whites (Chang, 2017). Data on Asian Americans portrayed only in aggregate forms may mask meaningful differences in health and health risks among Asian American subgroups, and more deliberate efforts are needed to gain a more nuanced understanding of this diverse population (Kiang et al., 2017). In this dissertation study, I will focus on Koreans, as they are one of the major subgroups of Asian Americans who demonstrate significant mental health burden.

2.2. Koreans in the U.S.

According to the 2018 American Community Survey, Korean Americans are the 5th largest Asian population in the U.S., with an estimate of just under 1.9 million people (U.S. Census Bureau, 2020). Although more Koreans have been emigrating to China in recent years, the U.S. is still home to the largest South Korean immigrant population in the world (Ministry of Foreign Affairs, 2020). As of 2018, nearly half of all Korean immigrants resided in three states: California

(31%), New York (8%), and New Jersey (7%; Migration Policy Institute [MPI], 2020a). When broken down by metropolitan areas, the top three areas in which Korean immigrants resided were Los Angeles-Long Beach-Anaheim, CA (215,000 immigrants), New York-Newark-Jersey City, NY-NJ-PA (142,000 immigrants), and Washington-Arlington-Alexandria, DC-VA-MD-WV (60,000 immigrants; MPI, 2020b).

2.2.1. Age, Income, and Poverty Status by Origin

The majority of Korean Americans are foreign-born (62%), and data from the 2013-15 American Community Survey further suggest that there are differences in several sociodemographic characteristics between Koreans who are foreign-born and those who are U.S.-born (Pew Research Center, 2017b). The median age of all Korean Americans is 35 years, which is comparable to the median age of 34 years for all Asian Americans. However, the median age of U.S.-born Korean Americans is much younger at 18 years, compared to 45 years for foreign-born Koreans (Pew Research Center, 2017b). The median annual household income also varies between the two groups, with the median income being higher for U.S.-born Koreans at $68,900 compared to $57,000 for foreign-born Koreans (Pew Research Center, 2017b). The poverty rate among Korean Americans (12.8%) is comparable to that of Asian Americans in aggregate (12.1%), but the rate is higher for foreign-born Koreans at 14.2% compared to 10.5% for U.S.-born Koreans (Pew Research Center, 2017b).

2.2.2. Educational Attainment and International Students

Similar to the overall profile of Asian Americans, Korean Americans are more highly educated compared to the overall U.S.-born American population. In 2013-15, 33% and 20% of Korean Americans held bachelor's and postgraduate degrees, respectively, compared to 19% and

11% of all U.S.-born Americans (Pew Research Center, 2017b). Annual reports on foreign students indicate that South Korean students are consistently among the top three largest groups of international students enrolled in higher education institutions in the U.S., along with Chinese and Indian students. The estimate of the number of Korean international students in 2018/19 academic year was 52,250. Although this was a decrease since the peak period of 2008-13 school years when the numbers were consistently over 70,000, we continue to see an overrepresentation of international students coming from South Korea every year. (Institute of International Education [IIE], 2020).

2.2.3. Immigration Trends to the U.S.

The history of Korean immigration to the U.S. can be broadly divided into three phases: the old immigration period (1903-1949), the interim immigration period (1950-1964), and the contemporary immigration period (post-1965). The current sociodemographic characteristics of Korean Americans are predominantly shaped by immigrants who came after 1965. It is estimated that more than 95% of Korean Americans are from the post-1965 immigrants and their children, as the 1965 Immigration Act lifted the quota system for family reunification (Min, 2011). Min (2011) points to two factors that contributed substantially to the increase in Korean immigrants, namely the 1998 financial crisis in Korea and the radical increase in the number of temporary Korean residents who later changed their statuses. These events led not only Koreans who lost their jobs in Korea but also Koreans who came to the U.S. for various other reasons (e.g., to study, to get training, to see their family members) to remain in the states and later become permanent residents.

Additionally, the revised Immigration Act of 1990, which increased the quota for occupational immigrants, changed the dominant entry mechanism of Korean immigrants from

family-sponsored immigration to employment-sponsored immigration (Min, 2013). This led to the radical increase in the 2000s in terms of the proportion of professional immigrants as well as status adjusters who changed their student status after completing their education. Particularly, the extreme competition in Korea for college education and employment has led many parents to send their children to the U.S., which helps explain the overrepresentation of Korean international students. Min (2011) noted that children's college education and parents' own graduate education are now the most important motivation for Koreans to immigrate to the U.S.

2.3. Mental Health of Koreans in the U.S.

2.3.1. State of Mental Health in Asian Americans

Since the release of the U.S. Surgeon General's report on the mental health of ethnic minority groups in the United States (U.S. Department of Health and Human Services [DHHS], 2001), several large epidemiological surveys, including the National Latino and Asian American Study (NLAAS; Alegria et al., 2004) and the annual National Survey on Drug Use and Health (NSDUH), have provided important data on the state of mental health in Asian Americans. Results of these national surveys suggested low prevalence rates of mental disorders in Asian Americans. For example, one study using the NLAAS data reported the overall lifetime prevalence of any psychiatric disorder among Asian Americans to be 17.3% (Takeuchi et al., 2007), which was lower than the lifetime prevalence of about 30% reported by Latinos in the same NLAAS sample (Alegria et al., 2007). Although not directly comparable, this prevalence rate was also much lower than the lifetime prevalence of 52.0% reported by non-Hispanic Whites in the National Comorbidity Survey (Breslau et al., 2005). Currently, the prevalence of any mental illnesses is still the lowest among Asian adults, with the past year prevalence of 14.4% compared to 22.2% for non-Hispanic

Whites and 17.3% for Black/African Americans (National Institute of Mental Health [NIMH], 2021).

While some researchers take the low prevalence of mental illnesses among Asian Americans to suggest that Asian Americans do not struggle as much as other racial/ethnic groups do, others have raised various points to consider when interpreting the data. Reporting biases, such as tendencies to have a middle-response style (e.g., avoiding extremes on rating scales) and to underreport mental health problems, have been identified as factors pertinent to Asian participants (Harzing, 2006; Lam et al., 2004). Others have also argued that, because the basis of the knowledge in psychological and psychiatric disorders have been rooted in Western cultures, simply exporting, and then applying these definitions and conceptual schemes cross-culturally may lead to errors in understandings (Henrich et al., 2010). Perhaps most importantly, studies have suggested that there is considerable heterogeneity across Asian subgroups not only in terms of the type of clinical problems but also in terms of the conceptualization of mental disorders and symptom expressions (Okazaki et al., 2014; Sue et al., 2012). As such, to continue making meaningful scholarly contribution on the mental health of the Asian American population, it is critical to acknowledge such variabilities and assess the unique mental health needs of different subgroups within this diverse population.

2.3.2. Depression among Korean Americans

Depression is one of the most common psychological problems experienced by Korean immigrants. Although the data specifically on Korean emerging adults is limited, one study on Korean American college students showed that 42% of the participants reported clinically diagnosable levels of depressive symptoms (Hovey et al., 2006). Another cross-sectional study with Korean immigrants of all ages in the NY-NJ area showed that 45.3% of the participants had

clinical levels of depressive symptoms (Bernstein et al., 2020). Bernstein et al. (2020) noted that this rate has been steadily increasing for the past 10 years, with the rate of 23.0% found in their previous study of Korean American immigrants (Bernstein et al., 2011). A meta-analysis of depression among Asian American adults showed that the prevalence rate for Korean Americans was 33.3%, which was nearly twice as high as the rate for Chinese Americans (15.7%; Kim et al., 2015). While many of these studies may not be generalizable to the entire Korean American population, the findings clearly suggest that this group is vulnerable to developing mental health problems and are in relatively higher need among the Asian American subgroups.

2.3.3. Factors Associated with Depression

Factors related to the immigration process have been commonly associated with depressive symptoms among Korean Americans. In particular, acculturative stress, defined as a type of stress that stems from adjusting to a new culture, is one of the most well-known factors associated with reduced overall health status among immigrants (Berry et al., 1987). Several studies with Korean Americans also suggest that they face stressful adjustment processes due to major shifts in lifestyle, and such acculturative stress has been associated with increased depressive symptoms (Bae & Park, 2010; Choi et al., 2009; Jang & Chiriboga, 2010). Exposure to discrimination is another salient factor associated with higher depressive symptoms among Korean Americans (Chau et al., 2018; Bernstein et al., 2011), with one study showing that a lowered sense of control mediated the effects of perceived discrimination on depressive symptoms (Jang et al., 2010). These findings suggest that, similar to other Asian American subgroups, Korean Americans experience various challenges related to the adaptation process, and such difficulties are having a negative impact on their mental health.

Studies with Korean American adolescents and emerging adults tell a similar story.

Acculturative stress has been associated with higher depressive symptoms among Korean adolescents, with the U.S.-born group reporting higher levels of acculturative stress compared to the Korea-born group (Park, 2009). Hovey et al. (2006) found that Korean college students who reported greater adherence to their Asian cultural values showed increased anxiety and depression; the authors discuss the dual pressure of cultivating one's Korean background while also trying to minimize it to adapt to the new American culture. Similarly, in a qualitative study of Asian American young adults, one of the major themes that emerged as a source of stress was the difficulty balancing two different cultures (Lee et al., 2009).

In addition, studies with the youths also identify family as an important point of consideration. In Lee et al.'s (2009) study, the participants reported that communicating with parents was challenging due to the differences in culture or generation gap. Choi, Lee, et al. (2020) support this account, in that they found not only general parent-child conflict but also specifically intergenerational cultural conflict between parents and children to be associated with higher depressive symptoms in Filipino and Korean emerging adults. These findings collectively suggest that the process of acculturation and establishing their ethnic identities can be difficult for these youths, and they also gradually experience intergenerational conflict with their parents, who are slower to adapt to a new culture.

2.3.4. Suicide among Korean Americans

Unfortunately, suicide is a significant public health problem in Korea. Korea has ranked the highest in suicide rates among members of the Organization for Economic Cooperation and Development (OECD) since 2003, with a rate of 26.9 per 100,000 persons in 2019 (OECD, 2021; Statistics Korea, 2020a). For youths aged 9-24, suicide has been the top leading cause of death since 2011, with the 2019 rates being 5.9 and 19.2 per 100,000 persons for age groups 10-19 and

20-29, respectively (Korea Suicide Prevention Center, 2021; Statistics Korea, 2020b). A longitudinal analysis of the death rates from 1983 to 2012 showed that the most alarming mortality trend was observed for intentional self-harm; the percent increase in death rates during this time was the highest for intentional self-harm among all leading causes of death (122.2% and 217.4% increase for men and women, respectively; Lim et al., 2014). Such statistics convey a grim picture of the Korean society that is suffering across all age groups.

     Findings in the U.S. also suggest that Korean Americans report higher rates of suicide among Asian American subgroups. An analysis of the National Epidemiologic Survey of Alcohol and Related Conditions (NESARC) data showed that Korean Americans reported the highest suicidal ideation rates, at three times the rate of other Asian American subgroups (Wong et al., 2014). Data from the 2003-2012 National Center for Health Statistics (NCHS) also showed that Korean American adults aged 20-34 had the highest rate of suicide deaths (17.2 and 8.0 per 100,000 persons for men and women, respectively) among all Asian American subgroups, and these rates were almost twice the rates for Asian Americans in aggregate (10.3 and 4.2 per 100,000 persons for men and women, respectively; Kung et al., 2018). In the same study, the authors also noted that the suicide mortality rates for Korean Americans nearly doubled from 2003 to 2012, with rates increasing from 10.1 to 18.7 and 3.7 to 7.0 for men and women, respectively (Kung et al., 2018). Similarly, a prospective cohort study following a group of Filipino and Korean teens aged 11-19 showed that the proportion of suicidal ideation increased from 9.5% in Wave 1 to 16.4% in Wave 3, and the authors noted that the rate of 22% among 18 to 19-year-olds in the study was twice as high as the national average of 11% among the same age group in 2017 (Choi, Park, et al., 2020). With such illustrating examples, Korean Americans clearly carry a substantial burden of suicide issues.

2.3.5. Factors Associated with Suicide

The available data on suicidal ideation and attempt among young adults in Korea generally point to stress and mental disorders as significant contributing factors. An epidemiological survey of mental disorders in Korea revealed that 75.3% of those with a history of suicide attempt experienced at least one mental disorder (Roh et al., 2016). Higher stress level, more severe depressive mood, and having a bipolar disorder were commonly identified as positive predictors of suicidal ideation and attempts (Lee, 2017; Lee et al., 2008; Park et al., 2010). One study found that the effect of depression was strongest among those aged 20-44, with those having clinical levels of depressive symptoms showing 9.17 times the odds of suicidal ideation compared to those with lower depressive symptoms (Park & Lee, 2015). Additionally, lower education level, being female, living alone, and engaging in high-risk drinking were additional factors associated with suicidal ideation and attempts (Lee et al., 2008; Park & Lee, 2015).

A major portion of these mental health challenges is arguably due to the extremely competitive culture in Korea. For example, academic achievement is often highly regarded in Korean families, as it can determine future successes in forms of entering prestigious universities and ensuring profitable jobs. Such competitive environments and the pressure to succeed have been shown to have negative effects on Korean youths, and academic stress has been identified as a primary risk factor for depression and suicide, especially for adolescents (Ahn & Baek, 2012; Kwak & Ickovics, 2019). One study on high school students with suicidal ideation showed that some of the major stressors in the students' lives were difficulties with career choice, high amount of academic work, and low academic achievement (Im & Jung, 2002). Similarly, drops in academic achievement and dissatisfaction with school life have also been positively associated with suicidal ideation among Korean university students (Kim & Park, 2019; Lee et al., 2008).

Another salient risk factor for suicidal tendencies among Korean youths is negative parent-child relationship. Adolescents with a dysfunctional parent, a poor parent-child relationship, and closed communication with parents were found to be at an increased risk for suicide attempts (Kang et al., 2017; Kim & Kim, 2008). In contrast, having open and positive communication with parents and perceived parental support were protective factors that mediated the relationship between stress and suicidal ideation (Kang et al., 2017; Oh et al., 2008). Researchers have considered parental pressure for high academic achievement to be a major source of parent-child conflict, which has been associated with higher stress, learned helplessness, and depression (Ahn & Baek, 2012; Park & Jung, 2010). These findings suggest that the high-achieving, academic-oriented culture, while it played a crucial role in rebuilding the country following the Korean War of the 1950's, is also having a detrimental effect not only on individuals but also on family dynamics.

Among Korean Americans, factors associated with suicide are similar to those associated with depression, in that the factors stem from experiences related to the immigration process. Acculturative stress, perceived discrimination, and social isolation have been associated with increased suicidal ideation (Cheng et al, 2010; Cho & Haslam, 2010; Hofstetter et al, 2009). Findings also suggested that parent-child bonding, living with parents, and perceived parental support were protective factors of suicidal ideation, highlighting the central importance of parents to the well-being of acculturating youths (Cho & Haslam, 2010; Choi, Lee, et al., 2020). Unfortunately, factors such as intergenerational cultural conflict not only make it difficult to achieve optimal parent-child relationships but also are directly associated with increased suicidal ideation (Choi, Lee, et al., 2020). A qualitative study also revealed that youths often have difficulty communicating with their parents due to the differences in culture or the generation gap, and efforts

to balance two different cultures at the same time can be very stressful for them (Lee et al., 2009). This can be especially difficult for Korean immigrant families because youths often assimilate and integrate into the American culture at a faster pace than parents do, which in turn leads to a divergence of perspectives and values between parents and children (Hofstetter et al., 2009).

2.3.6. Significant Mental Health Needs among Korean Americans

Despite the oft-used label of model-minority, numerous studies suggest that young Koreans are heavily vulnerable to mental health challenges and are in considerable need. Lee et al. (2009) also discussed the significance of addressing the mental health issues among the Asian American population, as the community participants in her work indicated that mental health was one of the most important health concerns, especially for 1.5 and 2.0 generation young adults. As I will discuss in the following section, such vulnerability is amplified even further when we consider how these needs are being met because Asian Americans consistently show the lowest rates of mental health service utilization.

2.4. Help-seeking Behaviors among Korean Americans

While many different definitions and interpretations have been applied to the term, help-seeking defined by Rickwood and Thomas (2012) is used for this study (see definitions of terms in Chapter 1). Typically, the source of help is conceptually divided into two categories: formal and informal sources of help. Formal sources of help refer to professional mental health service providers, such as psychiatrists, psychologists, general practitioners, and mental health nurses (Rickwood & Thomas, 2012). Informal sources of help primarily refer to friends, family members, and intimate partners but also can include others such as relatives, neighbors, or colleagues (Rickwood & Thomas, 2012). While self-help strategies, such as unguided website use, have

emerged as another source in recent years, this study will focus on formal and informal sources that involve an interpersonal component.

2.4.1. Formal Help-seeking Patterns: Underutilization of Mental Health Services

Asian Americans have consistently been shown to have the lowest rates of mental health service utilization across racial/ethnic groups (Abe-Kim et al., 2007; Alegria et al., 2008; Okazaki, 2000; Sue et al., 2012). Recent data from the National Survey on Drug Use and Health (NSDUH) show that 23.3% of Asians with any mental illness received mental health services in the past year, compared to 50.3% of Whites and 32.9-33.9% of Blacks/African Americans and Hispanics/Latinos (NIMH, 2021). Findings also suggest that Korean Americans are not seeking professional mental health services in coping with mental distress. A study using a national dataset in Korea found that only 7.4% of Koreans with suicidal ideation reported having used mental health services (Han et al., 2016). Another study using a nationally representative sample in Korea showed that 6.1% of participants with any psychiatric disorder had received mental health care (Cho et al., 2009). Other studies have shown higher rates of service utilization, ranging from 15.3% to 32.3% (Park et al., 2017; Park et al., 2012; Roh et al., 2016), but these rates still suggest that low utilization of mental health services is a concern in this population. It is also important to note that these data were based on the Korean population living in Korea, and it is possible that these rates are even lower for Korean immigrants in the U.S. due to added cultural and systemic barriers.

Delays in treatment initiation is another prominent issue related to the mental health of Koreans. A nationwide study of Korean patients with depression showed that they spent an average of 3.4 years between recognizing their episodes as depression and receiving treatment (Ki et al., 2014). Another study of Korean Americans found that they took an average of 5.3 years to get psychiatric consultations after the onset of depressive symptoms (Shin, 2002). While there was

also one exception found among Asians Americans, with an average treatment delay of 1.4 years (Okazaki, 2000), the treatment delay of 5.3 years found in Korean Americans was longer than the delay of 4.0 years found among the general U.S. population (Wang et al., 2007).

The long delays in treatment may be partly because mental health services are not the preferred choice of support for Koreans. When asked to rank the service/support options for mental health problems, Korean American participants ranked friends and family as their top preference (52%), followed by religious consultation (40%) and physicians (32%); only a few (9%) reported they would consult mental health professionals (Cheung et al., 2011). Similarly, a study using focus groups and in-depth interviews also reported that formal mental health services are the last resort for many Korean immigrants, who often delay seeking treatment until family members can no longer tolerate the symptoms and behaviors associated with mental illness (Shin, 2002). Such findings suggest that there is a reluctance towards seeking formal help among Koreans, and this contributes to the high prevalence of severe mental health challenges such as depression and suicide because treatment is delayed until their symptoms reach a crisis point (Lee et al., 2009; Nam et al., 2015).

2.4.2. Factors Associated with Low Service Utilization among Koreans

Demographic Factors. Several demographic factors have been associated with attitudes toward and behaviors of seeking professional help. As found in studies of Asian Americans, Koreans also demonstrated similar demographic factors to be associated with help-seeking, namely gender (being female; Jang et al., 2009; Lee & Jang, 2016; Nam et al., 2010), age (younger age; Han et al., 2016; Jang et al., 2009; Park, Jeon, et al., 2018), and education (higher levels of education; Han et al., 2016; Jang et al., 2009; Baek et al., 2020). Additionally, immigrants' level of acculturation has been positively associated with more willingness to use mental health services

among Korean Americans (Lee & Jang, 2016). Conversely, adhering to Korean cultural values was associated with more negative attitudes toward help-seeking (Gloria et al., 2008).

Stigma. Studies have found that Asian Americans highly stigmatize obtaining services for mental health problems, suggesting that this population experiences higher attitudinal barriers to professional service use (Han & Pong, 2015; Shea & Yeh, 2008). This is reflected in the Korean population as well. A study involving people with mental illness showed that they perceived high prejudice against emotional or mental health problems, which in turn influenced them to engage in more passive-avoidance coping strategies, such as hiding their emotional problems or avoiding social relationships (Seo & Kim, 2005). Korean American families also reported hesitating about sending family members with mental health challenges for treatment because they feared being easily identified within their community (Shin, 2002). Such experience is closely related to the concepts of shame and embarrassment associated with mental illnesses; people consider having a family member with mental illnesses a shame to the whole family, and such beliefs have been identified as critical barriers to seeking mental health treatment (Cho et al., 2009; Jang et al., 2009; Park, Jang, et al., 2018).

Cultural Norms about Managing Emotions. One of the main reasons for underutilization of mental health services was found to be associated with cultural factors and the ways Koreans express emotions. Several studies revealed that, when people diagnosed with a psychiatric disorder were asked about reasons for not seeking treatment, the most common reason cited was their desire to handle the problem on their own (Cho et al., 2009; Park et al., 2012). Researchers in the field point to the cultural values rooted in Confucianism as a major influencing factor for this phenomenon (Jang et al., 2006; Park & Bernstein, 2008). Emphasizing harmony within oneself as well as with others, the philosophy of Confucianism is thought to promote

cultural norms of controlling negative emotions, rather than expressing them. Because sharing negative thoughts or emotions is considered as burdening others, individuals would try to manage the emotional distress internally without asking for outside assistance.

Mental Health Literacy and Beliefs about Mental Illness. Another common set of reasons cited for not utilizing mental health services is related to mental health literacy. Jorm et al. (1997) define mental health literacy as a set of knowledge and beliefs that assists individuals in recognizing, managing, and preventing mental illnesses. Having the ability to recognize when a mental disorder is developing and the knowledge of effective self-help or other help-seeking options are important components of mental health literacy, and studies suggest that Koreans are potentially lacking in these aspects. Reasons commonly cited for not seeking treatment by Korean participants with diagnosable levels of mental health symptoms were: (1) not believing they had a mental illness, and (2) believing that the mental health problems would go away naturally (Cho et al., 2009; Park et al., 2012). Additionally, many Koreans attempt to overcome their psychological distress through personal willpower and suppression of morbid thoughts, as they view symptoms of mental illnesses as a sign of weakness or lack of discipline (Leong & Lau, 2001; Park & Bernstein, 2008).

Findings on these cultural norms are suggestive of Koreans' lacking the knowledge on how to recognize and manage symptoms of mental illness. They often minimize the significance of the mental distress they are experiencing and think that it can be overcome with perseverance, which in turn may reinforce the delay or avoidance of professional care. Research on mental health literacy among Korean college students showed that people with higher mental health literacy had lower stigmatizing views about mental illnesses, which in turn was associated with more positive attitudes toward help seeking (Kim et al., 2020). Similarly, Korean Americans who considered

depression as a medical condition that needs treatment had more positive attitudes toward mental health services (Jang et al., 2009). These findings underscore the importance and utility of interventions targeting mental health literacy to encourage seeking professional help for mental illnesses.

English Proficiency and Health Insurance. Other factors associated with mental health service utilization include linguistic and structural barriers. As in the case of many other racial/ethnic minorities and immigrants, Korean Americans report lower rates of having health insurance, with rates of not having insurance ranging from 24.5% to 44.8% (Jang et al., 2009; Park et al., 2013). One study found that Korean American children showed the lowest rate of health insurance coverage among Asian American subgroups, with 16.2% reporting they were uninsured for the past year (Yu et al., 2010). As having health insurance is directly related to access to care, the low rates of health insurance coverage in this population are likely to contribute to the low utilization rates.

Moreover, limited English proficiency has been consistently associated with lower utilization rates of mental health services among Asian Americans (Jang et al., 2019; Kang et al, 2010). It has also been associated with poorer levels on multiple measures of health, such as limited activity, self-rating of health, and symptoms of depression, among older Korean Americans (Jang et al., 2016). Navigating the mental health service system involves not only having a good understanding of available resources in the community but also the ability and willingness to describe the experience of emotional problems. Being proficient in English is critical, as the thought of having to describe their emotional experiences in English can be a significant barrier for immigrants who are not as comfortable speaking in English.

2.4.3. Informal Help-seeking Patterns among Koreans

Studies on informal help-seeking among Koreans and Korean Americans generally suggest that they consider family and friends as important sources of support. In a community-based survey, about half (52%) of the Korean American participants chose family and friends as their most preferred support options for mental health problems, followed by religious consultation (40%) and physicians (32%; Cheung et al., 2011). Another study of Korean and Indian immigrant adolescents showed that most participants had friends (97.5%) and parents (87.3%) as sources of support to cope with acculturative stress, with friendships being rated as the most important source of social support (Thomas & Choi, 2006). Qualitative findings further demonstrated that Korean immigrant students considered friendships with other Korean or Asian students as an important source of social support for dealing with acculturative stress, as they shared similar immigration experiences including adaptation challenges (Kim et al., 2012). Korean American young adults also described that the mere presence of family provides them with a sense of belonging and security, further supporting the well-established benefit of both perceived and received support from close others (Bhang, 2019; Wethington & Kessler, 1986).

While these findings illustrate the positive impact of social support among Korean immigrants, other studies also suggest that Koreans rely on social support less when compared to other racial/ethnic groups. A cross-national study of Korean and European American college students showed that Korean students (39.3%) were less likely to mention using social support as a coping strategy for relieving stress compared to European American students (57.1%; Taylor et al., 2004). Similarly, data collected from Chinese, Korean, and Japanese immigrant adolescents also showed that Korean students were the least likely among the three to seek social support to cope with difficulties experienced since coming to the U.S., with 37.2% of Korean students

reporting seeking social support compared to 47.4% and 70.2% of Chinese and Japanese students, respectively (Yeh & Inose, 2002). While a study of Korean Americans found that those who were female, younger, and more acculturated were more likely to talk to family and friends to cope with mental distress (Baek et al., 2020), the findings mentioned above suggest that the rates of utilizing social support are relatively low among young Koreans.

One pattern found in studies was that Korean students do not actively seek support from their parents. In-depth interviews with Korean international students revealed that most participants expressed reluctance to discuss their stressful life events with their parents who were living in Korea; they were concerned that parents would become very worried if they shared their difficulties, and not causing them worry was perceived as a way to live up to the sacrifice and support provided by their parents (Kim et al., 2012). For Korean American students, the intergenerational gap associated with differences in acculturation-level between parents and children is a major source of parent-child conflict, which hinders them from seeking support from parents when in distress (Ahn et al., 2008). Ahn et al. (2008) also found that the intensity of parent-child conflict was positively associated with the use of social support, and the authors interpreted this finding to suggest that Korean American students seek more support from peers, who could provide more confirmation for their world views that conflict with their parents' views. Studies on help-seeking generally suggest that the main source for informal help-seeking shifts from parents to peers during adolescence (Rickwood et al., 2005; van den Toren et al., 2020), and the findings on Korean students indicate that additional cultural and interpersonal contexts need to be considered when studying informal help-seeking patterns in this population.

2.4.4. Informal Help-seeking and Associated Factors: Findings from Asian Americans

Informal Help-seeking Patterns. As in the case with Koreans, friends and family

members are the much-preferred sources of support over professional services for Asian Americans (Han & Pong, 2015), and studies also suggest that they are less likely to utilize informal sources of support when compared to European Americans. Chang et al. (2014) found that Asian Americans showed significantly lower reliance on and disclosure to family compared to Whites and Latinos, and they also showed lower reliance on and disclosure to friends compared to Whites. Similarly, a study using daily diaries on support experiences found that Asian Americans were less likely to mobilize support from friends and family in response to stress compared to European Americans (Wang et al., 2010).

This pattern was more distinct for foreign-born, first-generation Asians. In a study comparing European Americans, second-generation Asian Americans, and Asian nationals, Asians and Asian Americans reported less reliance on social support as a coping strategy compared to European Americans, and Asian nationals were less likely to turn to and receive help from their family in coping with stress compared to second-generation Asian Americans (Taylor et al., 2004). These outcomes were found to be largely driven by significantly lower levels of help-seeking for emotional support, such as receiving comfort and understanding from someone, among Asians and Asian Americans compared to European Americans. Chen et al. (2015) also found that relationship quality positively predicted emotion-focused support provided by European Americans, while this association was not consistently found among Asian Americans. The authors further found that relationship quality predicted problem-focused support (e.g., helping to think clearly about the problem) more strongly among Asian Americans relative to European Americans. These studies point to Asian Americans' low tendency to actively seek and receive social support to cope with stress, and the exchange of seeking and receiving emotion-focused support are particularly low, even in close relationships.

While there is limited research on factors associated with informal help-seeking specific to Korean Americans, studies on informal help-seeking among Asian Americans provide a fuller picture of the sociocultural factors associated with this process. In addition to the demographic factors of younger age and female gender having been associated with increased help-seeking from friends and family members (Nguyen et al., 2018), the following themes were consistently identified to be critical factors associated with informal help-seeking patterns in the extant literature: emotional self-control, relational concerns, and face loss concerns.

Emotional Self-control. As discussed earlier in the section on factors associated with formal help seeking, the cultural norms that encourage forbearance (exercising emotional restraint and enduring or minimizing problems; Yeh et al., 2006) and emotional self-control are thought to undermine Asian Americans' desire to seek help from others. Butler et al. (2007) found that women who held European American cultural values reported suppressing emotions less frequently in daily life than did women holding Asian values, and emotional suppression was assessed more negatively by women with European values than by those with bicultural Asian-European values. While emotional self-control has only been tested and found to be negatively associated with professional help-seeking attitudes (Kim et al., 2016), tendency to restrain expression of emotions could be an influential factor in the informal help-seeking process as well. Chen et al. (2015) described how the transaction of social support often involves direct, verbal forms of acknowledging one's stressor and describing the associated negative emotions, for which the person receives advice, emotional comfort, or instrumental support from others. If Asian Americans hold the cultural values of emotional self-control, they can be less inclined to solicit help because the process would imply some degree of emotion expression.

Qualitative findings suggest that parents are a source of support that often reinforces the

cultural norms of emotional restraint. A focus group study of undergraduate students found that Asian American participants often refrained from seeking help from parents because they did not expect emotional reassurance from them (Chang, 2015). Rather, they anticipated parental messages of forbearance and perseverance, which was in direct contrast with the Latino participants, who reported receiving parental encouragement to self-disclose. Similarly, the adolescent participants in Lee et al.'s (2009) study also described their perception of parents' holding different standards for what may count as a serious mental health concern that warrants external help. Some of the youths perceived that their stressful experiences were not appreciated or acknowledged by their parents; they thought that this was due to their parents' experience of different kinds of stressors (e.g., poverty, Korean War) and perception of mental distress as a personal problem that should be resolved by oneself. These findings convey an important message about the influence of parental values and interactions on Asian emerging adults' expectations about seeking and receiving support from parents and friends.

Relational Concerns. Emotional control is also closely related to another set of Asian cultural values on maintaining harmonious social relationships, and these values are manifest in the forms of relational concerns expressed by Asians immigrants when discussing their help-seeking process. Taylor et al. (2004) conducted focus groups with Asian, Asian American, and European American students to ask about their study results of Asian students' lesser use of social support as a coping method. Several explanations emerged from the study, including the desire to maintain group harmony and a belief that telling others about one's problems would make the situation worse by making them overly concerned about him or her.

As briefly discussed earlier, this concern of making others worry is especially salient in the parent-child relationships. Asian students have explicitly described avoiding telling their

parents about mental health concerns to prevent parents from worrying (Chang, 2015; Lee et al., 2009). An illustrative quote that captured such relational concern was: "I don't like to go to my family with my stress because I think they have too much stress on their own. So, I like to stay away from them (Lee et al., 2009, p. 149)." Such relational concerns were found to explain Asian American students' lower rates of seeking social support compared to European American students (Kim, Sherman, et al., 2006; Taylor et al., 2004).

Researchers point to the interdependent view of the self, which is one of the known features of Asian cultures, as the underlying factor that affects Asians' tendency to consider relational concerns. A foundational work in cultural psychology highlighted how different cultures held different construals of the self (Markus & Kitayama, 1991); while many Asian cultures had conceptions of individuals being fundamentally related to each other (interdependent self-construal), American culture did not assume such connectedness among individuals but rather valued independence (independent self-construal). Accordingly, individuals in more independent cultures, such as European Americans, are socialized to act according to their own volitions and assert personal opinions or feelings, whereas individuals in more interdependent cultures, such as Asians, are encouraged to maintain harmony within a group and value subordination of personal thoughts and feelings to accommodate group interests. In the context of the help-seeking process, European Americans solicit social support with relatively little restraint because they view that individuals should proactively secure their own well-being and that others also have the freedom to choose to help. In contrast, Asian Americans are more concerned about the relational implications of bringing personal problems to the attention of others, as it can burden others or cause relational conflicts (Kim et al., 2008).

Face Loss Concerns. Another factor that is closely related to, but distinct from, relational concerns is the potential *loss of face* associated with disclosing mental distress. The concept of face can be described as the perceived image of oneself by others in the society, and losing face suggests losing a certain level of respectability or social integrity due to deviating from a set of socially sanctioned norms (Ho, 1976; Zane & Yeh, 2002). Several studies found that face loss concerns were a major factor that hindered Asians from seeking help from their friends and family (Chang, 2015; Chung, 2010; Shin, 2002; Taylor et al., 2004). Participants in these studies anticipated embarrassment from sharing their problems with close others, mentioned wanting to maintain their sense of dignity, or worried that they would receive criticism from others, which all stemmed from their concerns about maintaining a positive perception that others have of them. Asian immigrants who expressed these concerns of potential loss of face also preferred to engage in self-reliant coping strategies over informal help-seeking.

2.5. Implications from the Findings

The extant literature on the mental health status of Korean immigrants illustrates that Korean immigrants experience a substantial mental health burden, which often manifests in the forms of depressive symptoms and suicidal ideation, attempts, or deaths by suicide. Numerous factors related to the immigration process, including acculturative stress, social isolation, and intergenerational cultural conflicts with their parents, have been identified to be major sources of mental distress for Korean emerging adults living in the U.S. Additionally, many Korean families send their children or emigrate to the U.S. together in hopes of providing their children with better education and job opportunities, but the sustained cultural norms that foster a competitive and achievement-oriented atmosphere put immense pressure on these youths to succeed academically

and professionally. Much effort is needed to address the mental health needs and assist these youths in applying healthy coping strategies.

Seeking appropriate help from professionals or other informal sources of support is one way to mitigate mental health challenges, but studies on Korean and Asian immigrants suggest that they are less likely to utilize both formal and informal sources of support compared to other racial/ethnic groups. Of note, numerous studies have focused on the formal help-seeking process to highlight the phenomenon of underutilization of mental health services among Asian Americans. However, the associated factors identified from these studies, including cultural views about mental illnesses, linguistic barriers, and accessibility issues also imply that it could be particularly difficult to encourage Asian immigrants to seek and receive mental health services.

The informal help-seeking process is an equally important, if not more culturally pertinent, component in addressing this health problem. Notwithstanding the fact that many Korean and Asian immigrants rely on themselves to deal with their mental health problems, friends and family can serve as important sources of social support for people in distress. In addition, they also have the potential to facilitate the process of seeking professional help if they judge that their support alone is insufficient in resolving the problem. It is common for people in need of mental health care to first ask for opinions or advice informally from their close others. Studies on Koreans have also suggested that friends and family members are the preferred support options over professional services. As such, gaining a better understanding of this process and capitalizing on potential modifiable factors is one culturally appropriate way to assist Koreans in managing their mental health by utilizing their social support network.

2.6. Gaps in the Literature

The process of informal help-seeking among Asian Americans is relatively understudied compared to formal help-seeking, and data on Asian subgroups, such as Koreans, are even scarcer. One thing to consider regarding informal help-seeking is that the sociocultural context becomes much more central in this process. For example, some of the factors associated with formal help-seeking, such as language barriers, knowledge of and access to available professional services, and need to build a new relationship with the professionals, become largely irrelevant in the informal help-seeking pathways. Rather, factors such as relationship dynamics and cultural norms become crucial in understanding people's intentions and behaviors on seeking help from their informal sources of support. Understandably, available findings on informal help-seeking or social support demonstrate that various cultural factors, such as tendency to restrain expression of emotions and concerns about negative relational implications, are associated with the lower utilization of informal sources of support in the Asian population.

One important aspect that is not yet fully investigated is the role of the family context in shaping and influencing the beliefs and actions toward informal help-seeking. Specifically, the role of the parents' cultural values and the associated parental practices on their children's endorsement of these cultural factors is worth investigating. Some of the qualitative findings have hinted at the potential influence of parents. In explaining why they did not prefer to reach out to their parents, Asian participants described their anticipation of messages of forbearance and perseverance from parents, who often minimized children's experiences relative to what they personally have endured (Chang, 2015; Lee et al., 2009). While these accounts may explain why children would prefer friends as their source of support, it is also possible that such parental values and messages are partly, or substantially, internalized and reflected in children's beliefs and actions on help-seeking.

For example, in describing her efforts to take care of her depression without seeking help from others, one participant recalled how her mother always said, "Even between parents and children, there are some things that are better not to discuss. Don't say everything on your mind. It's better to try to resolve it alone (Shin, 2002, p. 465)." Such accounts warrant further examination of the impact of parental values and communication patterns on the informal help-seeking process.

2.7. Current Study

In this dissertation study, I will address this gap in the literature by examining the influence of family context on the process of informal help-seeking among Korean emerging adults living in the U.S. Many Asian immigrants described relational and face loss concerns related to seeking social support, as well as their tendency to refrain from expressing emotions. These factors are rooted in the Asian cultural values that emphasize the interdependency and harmony of relationships. The family unit is a crucial factor to consider when considering how people come to endorse such cultural values, as it is the first foundational context in which children begin their learning and socialization processes (Maccoby, 1994) In particular, I consider communication patterns within the family context as one critical piece because the exchange of explicit or implicit messages, as illustrated in some of the cited studies, can be a primary mode through which different cultural values are manifested and learned. As such, I will examine the relationships among family communication patterns, key cultural factors (relational and face loss concerns, emotional self-control), and help-seeking intentions to better understand the influence of the family context on Korean emerging adults' informal help-seeking process.

2.7.1. Theoretical Influences: Family Communication Theory

The conceptual model (Figure 1) for this study is guided by the propositions from the

theory of family relationship schemas and communication (Koerner & Fitzpatrick, 2002). Koerner and Fitzpatrick (2002) developed their theory of family communication based on the foundational knowledge gained from Baldwin's (1992) and Fletcher's (1993) work on relationship schemas. These works collectively describe relational schemas as broadly consisting of interrelated pieces of declarative (attributes or features of things) and procedural (knowledge of if-then contingencies) knowledge about relationships. These pieces of knowledge include information about the self and others, as well as the interpersonal *scripts* that a person can draw from to make decisions about how to behave or react. Fletcher (1993) conceptualized the relationship schemas to exist in three different levels of specificity: general social schema (beliefs or pragmatic rules that apply in all interactions), relationship-type beliefs (knowledge specific to different types of relationships, such as romantic or parental relationships), and relationship-specific schemas (applying to only one particular relationship).

Koerner and Fitzpatrick (2002) apply these concepts in the family context to describe that there are family relationship schemas consisting of declarative and procedural knowledge, as well as interpersonal scripts. These family relationship schemas affect the interpersonal communicative behaviors through controlled and automatic information processing. For example, if a person grew up in a very outspoken family, this person is likely to develop the belief that family members ought to be outspoken and frank with each other. At the same time, if this person's father is relatively more sensitive, this person can apply this relationship-specific knowledge to interact with the father in a more guarded, reserved way.

Based on this foundational knowledge and previous research on family communication, Koerner and Fitzpatrick conceptualized two specific dimensions that characterize the communication patterns in families: *conversation* and *conformity* orientations. Conversation

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orientation is defined as "the degree to which families create a climate in which all family members are encouraged to participate in unrestrained interaction about a wide array of topics (Koerner & Fitzpatrick, 2002, p. 85)." Families on the high-end of conversation orientation can be characterized as freely and frequently interacting with each other with little or no limitations on time spent and topics discussed, whereas families on the low-end of conversation orientation interact with each other less frequently, with the array of topics discussed and the degree of openness also being limiting. Conformity orientation is defined as "the degree to which family communication stresses a climate of homogeneity of attitudes, values, and beliefs (Koerner & Fitzpatrick, 2002, p. 85)." Families high in conformity orientation interact with each other with a focus on harmony, conflict avoidance and interdependence (typically hierarchical), whereas families low in conformity orientation have interactions that emphasize equality of all family members and acceptance of differences in attitudes and beliefs.

Koerner and Fitzpatrick (2002) use these dimensions to describe four family types (Figure 4): *consensual* (high conversation and high conformity), *pluralistic* (high conversation and low conformity), *protective* (low conversation and high conformity), and *laissez-faire* (low conversation and low conformity). Consensual families generally hold a hierarchical structure but also value open communication and exploring new ideas. Pluralistic families have open and unconstrained discussions, and parents tend not to feel a strong need to be in control of their children. Protective families typically emphasize obedience to parental authority, and there are fewer accounts or opportunities of open communication. Laissez-faire families usually engage in few and uninvolving interactions, and many parents display an emotional divorce from their children (e.g., low interest in them and do not value communication).

High Conversation Orientation

Pluralistic

- Open, unconstrained discussions involving all family members and a wide range of topics

- Parents do not feel the need to be in control of their children nor feel the need to agree with their decisions

Consensual

- Open communication but preserving hierarchy

- Parents listen to their children and spend time/energy in explaining their decisions, values, and beliefs

Low Conformity Orientation

High Conformity Orientation

Laissez-Faire

- Few, often lifeless interactions between family members

- Parents believe all family members should make their own decisions and have little interest in children's decisions.

Protective

- Emphasis on obedience to parental authority & low concern for open communication

- Parents make the decisions for their family and see little value in explaining their reasoning to children.

Low Conversation Orientation

Figure 4. *Family Type based on Conversation and Conformity Orientations*

2.7.2. Family Communication Patterns of Korean Families

To my knowledge, Korean emerging adults' perceptions of their family communication patterns using Koerner and Fitzpatrick's (2002) theory have not been previously assessed, but existing studies indirectly suggest that typical Korean families are high on conformity orientation and low on conversation orientation. The traditional values of Korean parenting are largely influenced by Confucianism, which values filial piety, family obligation, and conformity, and such values are observed in parenting behaviors that emphasize parental control, respect for elders, and family hierarchy (Min & Foner, 1998; Sung, 2010). Korean parents who hold these traditional values are described by their children as authoritarian and lacking affection as well as communication (Kang & Shih, 2018; Kim & Cain, 2008). On the other hand, there is also evidence suggesting that some families are moving away from the traditional ways to accommodate for their

children' adaptation to the Western culture, including making efforts to have more open communications with their children (Choi & Kim, 2010; Kim et al., 2014). Yet, these parents still considered values such as filial piety and respect for elders as some of the most important cultural aspects they wished to preserve in their families. Based on these accounts, it is possible that Korean families show some heterogeneity in conversation and conformity orientations, with more variabilities observed in the conversation orientation dimension.

2.7.3. Family Communication Patterns and Help-seeking

Koerner and Fitzpatrick (2002) proposed that the set of knowledge that determines family's communication behaviors is mostly contained within the family-specific relationship schemas (relationship-type beliefs). However, it is also highly plausible from a socialization perspective that much of the relationship schemas developed over time within the family context can also influence the way individuals interact with those outside of the family (general social schema). In the context of help-seeking, individuals from high conversation-oriented families may engage in more help-seeking behaviors because they are more likely to have had positive experiences of interacting and openly communicating with their parents. In contrast, people in high conformity-oriented families may be less likely to engage in help-seeking behaviors because they are socialized to adhere to social norms and avoid conflicts, suggesting little motivation to seek support for personal problems.

Theoretically, Korean emerging adults from families high in conformity orientation would be less willing to seek support from others because the cultural norms emphasized in the family setting of emotional restraint and relational harmony are likely to discourage expressing personal needs to others. However, it is also possible that Korean emerging adults who accept their parents' conformity orientation view such communication style as steadfast and dependable, thus

motivating them to seek help from their parents when in need. For example, a study found that U.S.-born Korean adolescents interpreted high levels of parental control to be indicative of low parental acceptance, while adolescents born in Korea perceived it as parental warmth and low neglect (Kim, 2005). This suggests that the effects of certain parenting styles, such as conformity-oriented communication, would partially depend on the adult-children's understanding and acceptance of the more traditional ways of Korean parenting.

Researchers who examined the influences of family communication patterns on other social situations have found that individuals from families high in conversation orientation showed greater degrees of self-disclosure, sociability, and social support seeking, while those from high conformity-oriented families were more likely to be self-monitoring, shy, and avoid conflicts (Huang, 1999; Koerner & Fitzpatrick, 1997). More recently, a study on undergraduate students found that conversation orientation was positively associated with motivation to seek support, which in turn predicted more direct support seeking (e.g., asking for help with a problem; High & Scharp, 2015). Interestingly, conformity orientation was also positively associated with motivation to seek support and direct support seeking, although the associations were weaker compared to those of conversation orientation. As the authors measured motivation to seek support to be from the general social network that combined family, friends and other sources as opposed to specifically from family, they discussed the possibility that individuals from high conformity-oriented families are motivated to seek support from sources other than family, such as friends, because they do not receive the support from family members. Overall, empirical evidence suggests that the positive association between conversation orientation and help-seeking is more established, while the association between conformity orientation and help-seeking will need further investigation.

2.7.4. Family Communication Patterns and Cultural Factors

The link between family communication patterns and key cultural factors (relational concerns, face loss concerns, and emotional self-control) is much more theoretical and exploratory, as these factors have not been previously empirically tested. In theory, these cultural factors will show a stronger association with conversation orientation than with conformity orientation. The degree to which families engage in unrestrained interactions about various topics (conversation orientation) would be more closely and directly related to emotional and relational experiences. For example, individuals who grew up in families that encourage children to discuss topics openly and freely are more likely to have had positive interpersonal exchanges with their parents, possibly including difficult conversations. These children are likely to hold beliefs that their opinions and feelings are valued, which would lead them to be more open about their feelings and less concerned about potential negative relational impact of sharing personal problems.

The degree to which families emphasize the importance of homogeneity of values and beliefs (conformity orientation) may not be as directly related to the degree to which individuals endorse these cultural values. On the one hand, it is plausible that Korean families high in conformity orientation are also those who hold more traditional values, which could lead to more frequent exposure to messages that entail such cultural values, such as teaching that one should not burden others with personal problems. It is also possible that children in high conformity-oriented families experience more disconfirming or shaming incidences, as parents try to secure strict obedience to parental authority. Such negative experiences can lead children to restrain expressing their feelings, thinking that their thoughts are not valued or that sharing personal problems would cause shame in the family. On the other hand, there can be differences in the degree to which individuals accept or reject such parenting behaviors and the associated cultural

messages. Children who grow to understand the cultural background and the intentions behind their parents' parenting behaviors would also see the value in such cultural norms and internalize them, whereas those who grow to reject such parenting behaviors would also reject the associated parental values altogether. Moreover, children can overturn the negative parental experiences with other social relationships, such as with friends, that are characterized by equality and acceptance of differences. Such factors can dilute the direct impact of the family's conformity orientation on children's concerns regarding relational harmony, face loss, or emotional expression.

While no studies have examined the influence of family communication patterns with relational and face loss concerns, available studies indirectly suggest that emotional self-control is negatively and positively associated with conversation and conformity orientations, respectively. Schrodt et al. (2007) found that parents higher in conversation orientation reported expressing verbal and nonverbal affection to their children more than those who were lower on conversation orientation. Conformity orientation, on the other hand, was marginally negatively associated with expressions of parental affection.

Other studies demonstrate the potential impact of such parenting behaviors on the children. Jones et al. (2017) found that university students from high conformity-oriented families reported suppressing their emotions as a regulation strategy more than those from low conformity-oriented families, while conversation orientation was marginally negatively associated with suppression. Similarly, Chinese and Korean adolescents who scored lower on emotional intelligence described their parents as utilizing punitive discipline methods and communicating in a directive manner, which can be characteristics of high conformity-oriented parenting (Sung, 2010). Adolescents who scored higher on emotional intelligence described their parents as making efforts to create an atmosphere of reciprocal communication, where the children felt comfortable questioning parents'

decisions or disagreeing. These studies collectively suggest that high conversation orientation also reflects emotion-confirming parenting, which in turn socialize children to be more aware of and feel more comfortable expressing emotions. Conformity orientation, however, could foster an emotion-suppressing environment in which children are socialized to avoid displaying emotions.

2.7.5. Summarizing Study Aims

In the first part of the study, I will assess the descriptive characteristics of the study participants. As many of the study measures have not been used exclusively among Koreans, it will be important to first gain a basic understanding of the informal help-seeking intentions among Korean participants. It will also be important to compare these measures across several demographic factors (age, sex, and cultural identity) that have previously been associated with help-seeking behaviors. Findings from this part of the study will contribute to the existing literature by providing quantitative characteristics of the Korean participants on the informal help-seeking process.

The second part of the study will examine how, if at all, Korean participants' perceived parental support explains the relationship between family communication patterns and intentions to seek support from their parents. As family communication pattern is not a direct measure of the parental practices of the cultural values but a more general assessment of the family context, it will be helpful to understand how different communication patterns relate to participants' perception of parents' provision of support as well as their intentions to seek support from parents. Considering High and Scharp's (2015) discussion about the implications of measuring help-seeking intention by combining the support sources (i.e., seeking help from friends, family, or others), this study will examine how family communication patterns relate to intentions to seek help specifically from parents. The types of parental support to be assessed are emotional,

informational, and implicit support. These were conceptualized to be the more culturally relevant types of support in Asians' support seeking process (Ishii et al., 2017; Taylor et al., 2007).

In the third part of the study, I will explore whether different family communication patterns are associated with Korean participants' endorsement of the identified cultural factors related to help-seeking (emotional self-control, relational concerns, face loss concerns), and whether those cultural factors, in turn, are associated with general informal help-seeking intentions. Theoretical perspectives, and some empirical evidence, suggest that conversation orientation shows clearer associations with the cultural factors, while the empirical evidence is more lacking for conformity orientation. Specifically, it is plausible that conversation orientation will be negatively associated with emotional self-control, relational concerns, and face loss concerns. Conformity orientation is likely to be positively associated with emotional self-control. As there has been a dearth of research exploring how the family context influences Asian Americans' informal help-seeking process, findings from this study will provide some meaningful preliminary insights and possible future directions.

Chapter 3: Manuscript 1 – Mental health help-seeking among Korean American emerging adults: Individual-level predictors and moderators

Mental health help-seeking among Korean American emerging adults:

Individual-level predictors and moderators

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Abstract

Objectives: Asian Americans have consistently shown low help-seeking rates for mental health problems. Mental health research on Asian Americans has mostly focused on understanding formal help-seeking, but relatively less is known about the factors associated with informal help-seeking. The current study aimed to explore the help-seeking intention for emotional distress among Korean American emerging adults, with a special focus on informal help-seeking. Demographic and mental health indicators were tested for associations with different help-seeking intentions.
Methods: We used a one-time, online survey and collected 201 responses from Korean emerging adults living in the U.S. (M_{age} = 24.2, SD = 3.2, Range = 18 – 29; 52.2% female). Descriptive, bivariate, and exploratory factor analyses were conducted to address the study objectives.
Results: Help-seeking intentions toward different sources were grouped into three domains (formal sources, family members, and partner and friends), with intention to seek help from partner and friends being most common. Older age, identifying as American or bi-cultural, more years lived in the U.S., higher English proficiency, higher education, and positive mental health were associated with higher help-seeking intention towards partner and friends; positive mental health and lower depression were associated with higher help-seeking intention towards family members. Gender and English proficiency moderated the association between depression and help-seeking intention towards informal sources, with the lowest intentions found in females with high depressive symptoms and those who were less proficient in English and experienced high depressive symptoms.
Conclusion: Findings suggest that South Korean Americans may be highly unlikely to seek help from formal sources, and more studies on informal help-seeking pathways are needed to better support their mental health needs. Those who are younger, not proficient in English, and experience higher depressive symptoms may need proactive support, as they showed low help-seeking intention towards informal sources.

Introduction

Emerging adulthood, defined as a developmental stage between adolescence and young adulthood (Arnett, 2000, 2014), is a challenging transitional period for many youths. Epidemiological data demonstrate that rates of mental health problems continue to rise during this period and now represent a dominant health problem for this group (Substance Abuse and Mental Health Services Administration [SAMHSA], 2020). Results from the 2019 National Survey on Drug Use and Health (NSDUH; SAMHSA, 2020) showed that emerging adults aged 18-25 had the highest prevalence of any mental health illness (25.8%) compared to adults aged 26-49 (22.2%) and those aged 50 and older (13.8%), and rates of major depressive episodes and other serious mental illnesses have steadily increased in the past 10 years. However, studies have also shown that mental health generally improves for most emerging adults as they settle in different life situations, and symptoms of mental health challenges that are brief in duration (i.e., less than six months) are much less likely to persist into subsequent life stages (Patton et al., 2014; Schulenberg et al., 2005). Because of the heterogeneity of mental health outcomes, there is a need to better understand how emerging adults can be supported through this period of increased vulnerability.

Asian American emerging adults are an important population to consider in the mental health context. Despite the "model-minority" myth that has traditionally painted Asian Americans as a successful and problem-free minority population, studies have shown that Asian Americans experience numerous stressors and are vulnerable to mental health problems. Asian emerging adults experience culturally specific stressors such as inter-generational family conflict, discrimination, and acculturative stress, and data from higher education settings have shown that Asian students are more likely to report feeling hopeless, depressed, or overwhelmed than White students (Chen et al., 2019; Choi et al., 2020; Lee et al., 2009; Young et al., 2010). Perhaps more

importantly, studies have shown consistently that Asian Americans underutilize mental health services compared to other racial/ethnic groups (Abe-Kim et al., 2007; SAMHSA, 2015; Sue et al., 2012). This discrepancy between high mental health needs and low rates of mental health service utilization has been a concern, as seeking help and receiving appropriate support can potentially shorten the duration of negative mental health episodes and help individuals move towards a more positive mental health trajectory.

Extant literature on Asian Americans' help-seeking for mental health problems has mostly focused on understanding the factors associated with seeking formal help, such as counseling or other mental health services. Various factors, including demographic characteristics (e.g., gender, age, education, acculturation; Abe-Kim et al., 2007; Baek et al., 2020), cultural-attitudinal factors (e.g., mental health stigma, emotional self-control; Kim & Lee, 2014; Maeshima & Parent, 2020), and structural factors (e.g., English proficiency, cost; Gee et al., 2020; Jang et al., 2019), have been identified as associated with mental health service utilization among Asian Americans. Researchers have used these findings to advocate for mental health services to incorporate more culturally competent care systems, as well as encourage community-based outreach interventions to raise awareness (e.g., Lee et al., 2009; Yang et al., 2020).

While much effort has been directed towards understanding the help-seeking pathways for formal mental health services, relatively little is known about the help-seeking pathways for informal help sources, such as family members and friends. Studies have generally found that, while young Asian Americans tend to seek help from their personal networks more than they do from professional services for mental health concerns (Lee et al., 2009; Spencer et al., 2010), Asian Americans still report low levels of family support and tend to underutilize this form of social support (Chang, 2015; Chang et al., 2014; Kim et al., 2008). Social support networks can be critical,

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not only as a direct source of support during times of distress but also as an indirect source of support in treatment referral and initiation (Chung, 2010; Guo et al., 2014). Moreover, some of the factors associated with formal help-seeking, such as linguistic barriers and accessibility issues, also imply that it could be particularly difficult to encourage Asian Americans to seek and receive mental health services. These considerations call for more research on understanding the informal help-seeking pathways and the associated factors, along with formal help-seeking, among Asian Americans.

Factors associated with Informal Help-seeking among Asian Americans

Studies on informal help-seeking and social support in Asian Americans have found several demographic characteristics to be associated with these processes. Indexes of acculturation, such as generation and nativity status, have been associated with using social support as a coping strategy. In a study comparing European Americans, second-generation Asian Americans, and Asian nationals, Asian nationals were the least likely to draw on social support for dealing with stressful events, followed by later generation Asian Americans and European Americans (Taylor et al., 2004). Another study using survey responses collected from local Asian community events found that age and sex were associated with likelihood of consulting with friends or family for family problems or difficulties, such that those who were under 26 years old (compared to those who were older than 40) and women (compared to men) were more likely to say that they would seek advice from family or friends (Nguyen et al., 2018). Similarly, Baek et al. (2020) found that the average age was significantly lower for Korean American respondents who talked to others to cope with mental distress compared to those who didn't utilize informal help.

Another important factor to consider is the association between mental health and help-

seeking. In the context of formal help-seeking, people experiencing more severe mental health symptoms have generally sought mental health services more; findings from the 2019 NSDUH showed that 44.8% of adults with any mental illness received any mental health services, compared to 65.5% of adults with serious mental illness receiving mental health services (SAMHSA, 2020). However, factors such as perceived need, ability to recognize mental health symptoms (i.e., mental health literacy), and mental health stigma also partly explain why people with a certain level of mental health symptoms don't always seek mental health services (Chu & Sue, 2011; Eisenberg et al., 2007; Na et al., 2016). Few studies involving mental health indicators and informal help-seeking have shown mixed results. Nguyen et al. (2018) found no association between anxiety and depression symptoms and intention to seek advice from friends and family among Asian American adult participants, whereas Kung's (2003) secondary data analysis of Chinese American epidemiological study showed that individuals with a higher score for mental distress were more likely to have had sought help from relatives and friends. A study on Korean American sample also showed no associations between anxiety and depressive symptoms and informal help utilization (Baek et al., 2020).

The limited literature available on Asian American's informal help-seeking behavior and the associated factors warrants further study. In particular, individual characteristics that have been associated with formal and informal help-seeking, including age, gender, acculturation, and mental health, should be investigated further. Assessing the moderating effects among these salient individual-level factors may provide additional insights on Asian American's informal help-seeking process.

Korean Americans as a Major Asian Subpopulation

One aspect to consider when studying Asian Americans is that they are a culturally and linguistically diverse group, with approximately 20 million people tracing their roots to more than 19 countries and 43 ethnic groups (Pew Research Center, 2019). It is important to acknowledge such heterogeneity among different subgroups, as these differences may also have important implications for disparities in various domains, including mental health. Moreover, data on Asian Americans portrayed only in aggregate forms may mask meaningful differences in health and health risks among Asian subgroups, and deliberate efforts examining subgroup differences are also needed to gain a more nuanced understanding of this diverse population.

Korean American emerging adults were the target population for this study, as they are one of the major subpopulations of Asian Americans who experience significant mental health burden. Of note, the term *Koreans* specifically refers to South Koreans, as there are very limited number of North Korean defectors in the U.S. due to the extreme restrictions in North Korea. Korean Americans are the 5th largest Asian population in the U.S., with an estimate of just under 1.9 million people (U.S. Census Bureau, 2020). Korean Americans have demonstrated high mental health needs among Asian American subgroups. A meta-analysis of depression among Asian American adults showed that the prevalence rate for Korean Americans was 33.3%, which was nearly twice as high as the rate for Chinese Americans (15.7%; Kim et al., 2015). Additionally, data from the 2003-2012 National Center for Health Statistics (NCHS) showed that Korean American adults aged 20-34 had the highest rate of suicide deaths (17.2 and 8.0 per 100,000 persons for men and women, respectively) among all Asian American subgroups, and these rates were almost twice the rates for Asian Americans in aggregate (10.3 and 4.2 per 100,000 persons for men and women, respectively; Kung et al., 2018). Such findings demonstrate that Korean Americans are heavily vulnerable to mental health challenges, and more studies on this major Asian subpopulation are

needed.

The Current Study

The purpose of this study was to contribute to filling these gaps in the literature by examining the help-seeking intentions toward informal help sources among Korean American emerging adults. The specific objectives of the study were to (1) explore how help-seeking intentions toward different sources of support cluster into any meaningful domains other than the formal vs. informal dichotomy, (2) identify individual characteristics that are associated with intention to seek help domains, including interaction effects among key individual factors (i.e., age, gender, cultural identity, English proficiency, and mental health indicators), and (3) examine the association between mental health indicators, including flourishing and depression, and domains of help-seeking intentions.

Methods

Procedures

This cross-sectional study was conducted as part of the first author's dissertation research. Convenience and respondent-driven sampling methods were utilized to recruit Korean or Korean American participants aged 18-29 who were currently living in the U.S. Korean student organizations at universities, youth groups in Korean ethnic churches, and additional Korean community groups were contacted via email, community websites, or other social networking services. Study recruitment information, which included links to the full consent form, online survey, pre-recorded introductory video, and a flyer, was shared with the group representatives or posted in social media pages upon permission. Eligible participants were invited to complete a

one-time, online survey that lasted 15-25 minutes. Participants received a $10 online gift card as study compensation. Follow up emails were sent to the study participants, notifying them of the compensation payment and encouraging them to share the study recruitment information with their friends who may also be eligible. All study procedures, including a waiver of written consent, were approved by the university institutional review board (IRB).

Participants

Study participants were 201 self-identified Korean or Korean American emerging adults. About half of the sample identified as females (52.2%). The majority of the participants were born in South Korea (72.6%), but many also reported as U.S. citizens or permanent residents (68.2%). Most common occupation reported was full- or part-time students (53.7%), and 32.3% reported that they were currently working. Table 1.1 presents a more detailed description of the sample characteristics.

Measures

Demographics

Participants were asked to provide their **age** (in years; continuous), **gender** (female, male, non-binary or other; categorical), **country of birth** (South Korea, U.S.A. or other; categorical), **years lived in the U.S.** (in years; continuous), **citizenship status** (yes or no; categorical), **region of residence** (select state; categorical), **cultural identity** (American, Korean, both American and Korean or neither; categorical), **English proficiency** (1 – 5 scale; continuous), **education** (less than high school, high school diploma, some college but no degree, associate's, bachelor's, master's, doctoral degree or equivalent or other; categorical), and **primary occupation** (student,

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working, both or neither; categorical).

Social-psychological Well-being

The 8-item Flourishing Scale (Diener et al., 2010) was used to assess participants' perceived social-psychological prosperity in areas such as social relationships and self-esteem. A sample item is "I lead a purposeful and meaningful life," for which participants responded on a Likert-type scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). A single score was computed by adding the responses for all eight items, resulting in a possible range of scores between 8 and 56 with a higher score indicating higher levels of psychological well-being. Previous studies have shown good reliability (Cronbach's α = .87-.88) among Filipino and Chinese samples (Datu, 2018; Tong & Wang, 2017), and the reliability in the present study was comparable (Cronbach's α = .91).

Depression

Depressive symptoms were measured using the Patient Health Questionnaire-9 (PHQ-9), which is a validated screening instrument for assessing depression severity (Kroenke et al., 2001). This measure lists nine core symptoms of depression (e.g., "Little interest or pleasure in doing things") and asks participants to indicate how often they experienced the symptoms in the past two weeks on a scale of 0 (*not at all*) to 3 (*nearly every day*). A composite score was computed by taking the sum across the items, resulting in a score ranging from 0 to 27 with higher scores indicating higher depressive symptoms. Based on the validity test in the original study, Kroenke et al. (2001) found that 88% of patients diagnosed with major depression had scores of 10 or higher on this scale. The scale has been used in university students (Lipson & Eisenberg, 2018), as well

as Korean patients with good reliability (Cronbach's α = .85, Choi et al., 2007). The reliability in the present study was α = .85.

Help-seeking Intention

Participants' intention to seek help was measured using the General Help-Seeking Questionnaire (Wilson et al., 2005). This matrix format instrument measures future help-seeking intentions by listing a number of potential help sources and asking participants to rate how likely it is that they would seek help from each source for a particular problem. As the original authors encourage these components to be modified to fit the need of different samples and study requirements, the following probing question was first asked for an open-ended response: "*Think over the past three months. What stressors have you encountered? Please list the top three stressors you have experienced during this time period*." Then, the modified questionnaire prompt was presented in the following format: "*Please think about the things that cause you stress, such as those you listed above. Below is a list of people who you might seek help from or talk to if you were experiencing emotional or mental health problem. Please indicate how likely it is that you would seek help from each of these people for a personal or emotional problem*." After the prompt, the following help sources were listed: *partner, friends, mother, father, other relatives or family members, mental health professionals, phone help line, family/primary care doctor, teacher, I would not seek help from anyone,* and *other*. For each help source, participants rated their likelihood to seek help on a scale of 1 (*extremely unlikely*) to 7 (*extremely likely*). Wilson et al. (2005) reported internal reliability of α = .70 based on combining all specific help source options for a particular problem type (i.e., personal-emotional problems). The overall reliability in the present study was α = .57.

Data Analysis

We first conducted descriptive analyses to examine sample characteristics, including bivariate analyses to assess differences in characteristics by depression. Cut-off score of 10 was used to distinguish those who reported minimal to mild levels of depressive symptoms (scores 1 – 9) and those who reported moderate to severe levels (scores 10 or higher), as recommended by the original authors (Kroenke et al., 2001) and validated in a meta-analysis study (Manea et al., 2012).

For the first objective, exploratory factor analysis with Varimax orthogonal rotation (Kaiser, 1958, 1959) to assess whether different help sources can be explained by a smaller set of factors (e.g., informal vs. formal help sources). Response options *I would not seek help from anyone* and *other* were excluded from this analysis, as these options either were conceptually distinct or had a mix of different help sources.

For the second and third objectives, we conducted bivariate analyses to identify individual-level characteristics that are associated with different domains of help-seeking intentions. Moderation analyses using PROCESS macro (Hayes, 2018) were performed to test for potential interaction effects. We used IBM SPSS Statistics predictive analytics software (Version 28) for all statistical analyses.

All items used in the survey did not have missing values exceeding 4 cases, with no particular patterns detected across participants. As such, missing value cases were excluded analysis by analysis.

Human Subjects

While the risks associated with completing the survey were minimal, additional help

resources (i.e., phone help line) were included in the consent form and at the end of the survey to support those who may experience emotional discomfort or arousal related to the survey questions. To address potential participant burden, break prompts were included in between survey sections to inform the participants on their progress and allow them to take a break if needed. The only personally identifiable information collected for the study were participants' contact information (i.e., email or phone number), which was necessary to receive their study compensation. To ensure confidentiality, contact information was collected through a separate survey that was linked to the end of the study instrument. Only the principal investigator had access to the identifiable data, and the information was used only to send the study compensations and was deleted afterwards.

Results

Sample Characteristics

Table 1.1 displays the characteristics of the study sample by depression levels. The mean age of the study participants was 24.2 years (SD = 3.2, range = 18–29 years). The average years lived in the U.S. was 12.7 years (SD = 7.4). The majority of the sample had at least a bachelor's degree or higher (63.2%). In terms of the mental health indicators, participants reported fairly high levels of social-psychological well-being, with a mean score of 45.5 (SD = 6.7) out of 56 possible maximum score. For depressive symptoms, 17.4% of the sample scored 10 or higher on the depression score, which is considered moderate to severe levels of depressive symptoms (Kroenke et al., 2001). Participants who showed higher levels of depressive symptoms (moderate to severe) had lived longer years in the U.S. (Cohen's d = .54) and reported lower levels of psychological well-being (Cohen's d = .79) compared to those who showed lower levels of depressive symptoms

(minimal to mild).

Exploratory Factor Analysis on Help-Seeking Intentions

A total of 9 items (*partner*, *friends*, *mother*, *father*, *other relatives or family members*, *mental health professionals*, *phone help line*, *family/primary care doctor*, *teacher*) on a 7-point scale were used for the factor analysis. The means ranged from 1.93 (*phone help line*) to 5.60 (*partner*). Inter-item correlation ranged from $r = -.01$ (*partner & phone help line*) to $r = .66$ (*mother & father*). Bartlett's test of sphericity was significant ($\chi^2 = 474.2$, $p < .001$), which indicated that the correlation matrix was not an identity matrix. The Kaiser-Meyer-Olkin (KMO) statistic (.69) was "mediocre" according to Kaiser's (1974) criteria, suggesting that, while not ideal, the level of sample adequacy was acceptable.

Table 1.2.1 presents the factor loadings, correlations between components, and the total amount of variance in the items that is explained by the extracted factors. The Varimax orthogonal rotation method yielded three factors, explaining 64.5% of the common variance of the items. Factor 1 was labeled *formal sources* due to the high loadings by the following items: *mental health professionals*, *phone help line*, *family/primary care doctor*, and *teacher*. This first factor explained 26.4% of the total variance. Factor 2 was labeled *family members*, as items *mother*, *father*, and *other relatives or family members* showed high loadings on this factor. The variance explained by the second factor was 22.9%. Factor 3 was labeled *partner & friends* due to the high loadings for the items *partner* and *friends*; this factor explained 15.2% of the variance.

Table 1.2.2 shows the descriptive statistics, between-factor correlations, and alpha coefficients for the three generated subscales. Factor-based subscales were computed by taking the mean across the items with high loadings for each factor. Participants indicated highest intentions

to seek help from partners and friends ($M = 5.3$), followed by family members ($M = 4.1$) and formal sources ($M = 2.5$); a series of paired t-test showed that the scores were significantly different from each other (Cohen's $d = .71$, 1.70, and .92 for partner/friends vs. family, partner/friends vs. formal, and family vs. formal, respectively). The correlations between the subscales ranged from .082 (*Formal Sources* and *Partner & Friends*) to .284 (*Family Members* and *Partner & Friends*). The reliability estimates for *Formal Sources* and *Family Members* were .75 and .76, respectively, and the bivariate correlation coefficient between the items *Partner* and *Friends* was .28.

Demographic Characteristics Associated with Help-Seeking Intentions

The results for the bivariate analyses between demographic characteristics and help-seeking intentions toward different sources of support are presented in Table 1.3. Cultural identity, education, age, years lived in the U.S., and English proficiency were statistically significantly associated only with intention to seek help from partner and friends. Participants who identified as American or bi-cultural (vs. Korean; Cohen's $d = .49$), had a bachelor's degree (vs. those with high school diploma or equivalent), were older (vs. younger; $r = .193$), lived longer in the U.S. (vs. lived shorter years in the U.S.; $r = .184$), and were more proficient in English (vs. less English proficient; $r = .154$) reported higher levels of intention to seek help from partner and friends for personal or emotional problems. None of the demographic factors were associated with help-seeking intention towards formal sources.

To investigate whether there were any demographic characteristics that moderated each other's association with different help-seeking intentions, the following variables were tested in pairs for interaction effects using PROCESS: *gender*, *age*, *cultural identity*, and *English proficiency*. Table 1.4 presents interaction terms that showed statistical significance at $p < .05$.

For the outcome variable *Partner & Friends*, the interactions between age and cultural identity (b = .105, *SE* = .053, *p* = .048) and age and English proficiency (b = -.076, *SE* = .035, *p* = .033) were significant. For age and cultural identity, the plots of the simple slopes demonstrated that the positive association between age and help-seeking intention was stronger for those identifying as Korean compared to those identifying as American or bi-cultural (Figure 1.1). Among participants who identify as American or bi-cultural, Overall, the increase in help-seeking intention towards partner and friends as age increased was larger among participants who identify as Korean (b = .15) compared to those identifying as American or bi-cultural (b = .05). For age and English proficiency, simple slopes revealed that the positive relationship between age and intention to seek help from partner and friends was stronger for the less English-proficient group (Figure 1.2). The increase in help-seeking intention as age increased was the largest in the low English proficient group (b = .17) and the smallest in the high English proficient group (b = .07).

For the outcome variables *Formal Sources* and *Family Members*, none of the selected demographic factors showed statistically significant interaction effects.

Mental Health Indicators and Help-Seeking Intentions

Mental health indicators (flourishing and depression) were statistically significantly associated with help-seeking intentions toward family members (Table 1.3). Participants with higher psychological well-being (r = .252), and lower depression (r = -.215) reported higher levels of intention to seek help from family members. For partner and friends, flourishing score was positively associated with help-seeking intentions (r = .276), and depression was marginally negatively associated with help-seeking intentions (r = -.124). The associations between mental health indicators and help-seeking intentions toward formal sources were not significant.

To test the moderating effect of demographic factors on the associations between mental health indicators and different help-seeking intentions, the same set of variables were tested for interaction effects using PROCESS: *gender*, *age*, *cultural identity*, and *English proficiency*. Table 4 presents interaction terms that showed statistical significance at $p < .05$.

For the outcome variable *Partner & Friends*, English proficiency moderated the relationship between depression and help-seeking intentions ($b = .051$, $SE = .024$, $p = .033$). The plots of the simple slopes (Figure 1.3) showed that the negative association between depression and help-seeking intention towards partner and friends was stronger for those less proficient in English. Among those with low depressive symptoms, the level of help-seeking intention was comparable across participants with different levels of English proficiency. However, among those with high depressive symptoms, the level of help-seeking was the highest in the lower English proficiency group and the lowest in the higher English proficient group. The decrease in help-seeking intention as depressive symptoms increased was the largest in the low English proficient group ($b = -.07$) and the smallest in the high English proficient group ($b = -.01$).

For the outcome variables *Formal Sources* and *Family Members*, none of the selected demographic factors showed moderating effects on the association between mental health and help-seeking intention.

Discussion

In this exploratory study, we investigated how help-seeking intentions toward different sources of support cluster into meaningful domains for Korean American emerging adults. We found three domains of support, specifically one formal and two informal, where informal sources

of support were further broken down into support from partner and friends and support from family members. Moreover, intention to seek help from partner and friends was higher than intention to seek help from family members, and intention to seek help from formal sources was substantially lower than the other two. This is consistent with previous research that showed Asian youths' preference for informal over formal support, as well as their preference for friends over parents for social support (Chang, 2015; Chiang et al., 2021; Han & Pong, 2015; Lee et al., 2009). Such preference may reflect the fact that the proportion of social support directly sought from parents gradually decreases by late adolescence (Helsen et al., 2000; Rickwood et al., 2015), or it could also be due to the intergenerational gap and conflict that many Asian Americans experience with their parents (Chang, 2015; Choi et al., 2020). While the term *informal support* has been traditionally used to include all non-professional, lay support sources (Rickwood & Thomas, 2012), this distinction between partner/friends and family members may be important to consider when studying help-seeking behaviors among emerging adults.

We also tested whether demographic characteristics and mental health indicators were associated with intention to seek help from different types of help sources among Korean American emerging adults. Our results showed different factors being associated with help-seeking intentions depending on the type of help sources. Specifically, demographic factors, including age, years in U.S., cultural identity, English proficiency, and education, were associated with help-seeking intentions toward partner and friends only. The directions of the associations were generally consistent with previous findings (e.g., Abe-Kim., 2007; Nguyen et al., 2018). However, we did not find gender to be associated with help-seeking intentions, which was a factor that consistently showed association in previous research (females reporting higher help-seeking intentions compared to males, Baek et al., 2020; Nguyen et al., 2018). One possible factor that contributed

to this difference in finding may be the narrow, young age group used in this study. Previous studies (Baek et al., 2020; Nguyen et al., 2018) involved participants with an average age of over 39 years. Park et al. (2013) found that older Korean American females had larger social networks than male counterparts, and it may be the case that the difference in social support seeking increases between males and females as they get older, partly because women maintain higher rates of social contact. Krause & Keith (1989) also found that difference in social support seeking may differ across specific types of stressors, with males being particularly less likely to seek social support for financial strain compared to females. Many of the stressors noted by the participants from this study were academic- or work-related stress, as well as uncertainty about the future, which are arguably some of the most commonly experienced stressors among emerging adults. As such, the degree of willingness to seek help from friends may be comparable across male and female participants in this study because they are all in a particular developmental stage going through similar experiences and stressors.

Both positive and negative mental health indicators showed association with help-seeking intentions toward partner/friends and family members. The negative association between depressive symptoms and help-seeking intentions, along with the positive association between flourishing and help-seeking intentions, suggest that Korean emerging adults tend to seek help less when they are struggling with greater depression. Many factors can play a role in this concerning phenomenon, including social stigma and the anticipated utility and risk in sharing their problems (Vogel et al., 2007). Particularly for Asian Americans, concerns about the negative relational impact of seeking help (e.g., burdening others with personal problems; Taylor et al., 2004) may be a factor that contributes to this relationship, as individuals' concern about burdening others will be stronger if they consider their struggles to be more serious.

We further investigated the moderating effects of the significant demographic factors on the relationship between mental health indicators and help-seeking intentions. English proficiency buffered against the negative association between depression and help-seeking intentions toward partner/friends, such that those who were proficient in English remained willing to seek help from their partner or friends irrespective of their mental health state, whereas those who were less proficient showed lower intention to seek help when in worse mental health state. Previous research found a positive relationship between English proficiency and likelihood to seek formal help among Asian Americans (Chu et al., 2011; Sentell et al., 2007), and our finding underscores the importance of English proficiency in facilitating informal help-seeking as well.

Research and Practice Implications

The question of whether and how Asian American emerging adults seek help from their informal sources of support is an important one to ask given the well-documented tendency of this population to underutilize formal help sources (Sue et al., 2012). Our sample also showed very low levels of intention to seek help from formal sources, and no demographic or mental health factors were associated with formal help-seeking intention. While we continue to work towards making mental health services more accessible and culturally competent for Asian Americans, greater attention to prevention research on informal help sources or coping strategies is warranted, considering the strikingly low probability of formal service use among Asian emerging adults. Our findings point to the utility of breaking down the different sources of support into formal, informal-family, and informal-friends when studying the help-seeking pathways among Asian American emerging adults.

Various demographic factors, including age, cultural identity, and English proficiency,

were associated with help-seeking intentions toward family and friends. In particular, we found Koreans who are younger, identify with Korean culture, and are less proficient in English to show the lowest levels of help-seeking intentions toward partner and friends. These characteristics are well represented in college settings, as many Asian international students come to the United States for the first time for educational opportunities. Previous research has found mental health literacy and social support provided by peers to be important facilitators for Asian college students to seek help (Dong et al., 2020; Kim et al., 2020). Campus-based programs on mental health literacy and peer referrals, as well as active recruiting and training of racial/ethnically or culturally matching peer support leaders, may be critical ways to support those who may not be willing or do not know how to seek help from peers and mental health services. Importantly, mental health literacy trainings can equip Asian emerging adults with the appropriate language and understanding of mental health-related issues, which will help prevent them from socially withdrawing themselves due to language barriers.

Limitations and Future Directions

Our findings should be interpreted in light of the following limitations. Findings from this study may not be generalizable to the larger Korean American population, as our sampling method was unlikely to have provided us with a representative sample of Korean emerging adults living in the U.S. Furthermore, our study was mostly exploratory and cross-sectional, with the intention to inform future studies of informal help-seeking pathways among Asian Americans. As with all cross-sectional studies, it was not possible to draw causal connections among the variables of interest, nor did we adjust for confounding. We also recognize that, while we purposefully chose to sample a single Asian subgroup to assess subgroup-specific differences and associations, future

research with a multi-group (e.g., multiple Asian subgroups or multiple racial/ethnic groups) design will allow for meaningful comparisons on informal help-seeking patterns and associated factors. We assume that intention to seek help is an appropriate approximation of actual help-seeking behavior, but researchers can measure both intention and behavior cross-sectionally or longitudinally to confirm this assumption (Sheeran & Webb, 2016).

Notwithstanding these limitations, our study represents an early effort to highlight the importance of considering informal sources of help among Korean Americans. Underutilization of professional mental health services continues to be a major mental health disparity affecting Asian Americans, and our findings indicate that Korean American emerging adults are highly unlikely, at this time, to seek help from formal sources. Along with the efforts to reduce mental health stigma and increase accessibility, additional efforts should also focus on better understanding the informal help-seeking pathways and how to facilitate this process. This may be in the form of developing education programs to raise awareness about mental health issues and equipping emerging adults with peer support resources. In addition to the demographic and mental health factors, investigating whether culturally specific factors that have previously been associated with formal help-seeking (e.g., emotional self-control, face loss concerns; Gee et al., 2020; Kim et al., 2016) are associated with informal help-seeking will also provide meaningful insights into further reducing the mental health disparity among Asian Americans.

Assessment of the informal help-seeking process is an important component in addressing this health problem. Notwithstanding the fact that many Asian Americans rely on themselves to deal with their mental health problems, friends and family can serve as important sources of social support for people in distress. In addition, informal help sources can encourage those in distress to seek professional help, if friends and family members judge that their support alone is insufficient

in resolving the problem (Dong et al., 2020). It is common for people in need of mental health care to first ask for opinions or advice informally from their close others, and our study has also demonstrated that friends and family members are the preferred support options over professional services. As such, gaining a better understanding of this process and capitalizing on potential modifiable factors, such as peer support trainings, is one culturally appropriate way to assist Asian Americans in managing their mental health by utilizing their social support network.

Table 1.1
Sample Characteristics by Depression, N = 201

	Total (N = 201)	Minimal - Mild Depression (n = 166)	Moderate – Severe Depression (n = 35)	p-value from t or χ^2 test
Age, *M* (*SD*)	24.2 (3.2)	24.3 (3.2)	23.9 (3.3)	.515
Gender, *n* (%)				.312
Male	96 (47.8%)	82 (85.4%)	14 (14.6%)	
Female	105 (52.2%)	84 (80.0%)	21 (20.0%)	
Country of Birth, *n* (%)				.065[†]
South Korea	146 (72.6%)	125 (85.6%)	21 (14.4%)	
U.S.	55 (27.4%)	41 (74.5%)	14 (25.5%)	
Years Lived in the U.S., *M* (*SD*)	12.7 (7.4)	12.0 (7.4)	15.9 (6.4)	.004[**]
U.S. Citizenship, *n* (%)				.209
Yes	137 (68.2%)	110 (80.3%)	27 (19.7%)	
No	64 (31.8%)	56 (87.5%)	8 (12.5%)	
English Proficiency, *M* (*SD*) (1-5 scale)	4.4 (.8)	4.4 (.8)	4.5 (.8)	.632
Region, *n* (%)				.379[a]
Northeast	30 (14.9%)	28 (93.3%)	2 (6.7%)	
South	105 (52.2%)	85 (81.0%)	20 (19.0%)	
Midwest	32 (15.9%)	27 (84.4%)	5 (15.6%)	
West	30 (14.9%)	23 (76.7%)	7 (23.3%)	
Missing	4 (2.0%)	3 (75.0%)	1 (25.0%)	
Education, *n* (%)				.213[a]
High School Diploma or Equivalent (GED)	54 (26.9%)	44 (81.5%)	10 (18.5%)	
Some College (no degree) or Associate's	20 (10.0%)	13 (65.0%)	7 (35.0%)	
Bachelor's	88 (43.8%)	74 (84.1%)	14 (15.9%)	
Master's	31 (15.4%)	27 (87.1%)	4 (12.9%)	
Doctoral Degree	8 (4.0%)	8 (100.0%)	0 (0.0%)	
Primary Occupation, *n* (%)				.373[a]
Student (Full- or Part-time)	108 (53.7%)	93 (86.1%)	15 (13.9%)	
Working	65 (32.3%)	52 (80.0%)	13 (20.0%)	
Both	21 (10.4%)	16 (76.2%)	5 (23.8%)	
Neither	7 (3.5%)	5 (71.4%)	2 (28.6%)	
Flourishing, *M* (*SD*) (0-56 scale)	45.5 (6.7)	46.4 (6.4)	41.3 (6.6)	<.001[***]

[†] = $p < .10$, [**] = $p < .01$, [***] = $p < .001$
[a] p-values from Fisher's Exact Test; one or more cells had small expected numbers

Table 1.2.1

Orthogonal Rotation Factor Structure Loadings

	Principal Components Orthogonal		
Method	Varimax		
	Factor 1: Formal	Factor 2: Family	Factor 3: Partners
Items	Sources	Members	& Friends
Partner	-.063	.146	**.733**
Friends	.100	.104	**.807**
Mother	.069	**.846**	.081
Father	.187	**.870**	.046
Other relatives or family members	.005	**.713**	.217
Mental health professionals	**.698**	-.020	.010
Phone help line	**.804**	.132	-.166
Family/primary care doctor	**.853**	.065	.012
Teacher	**.677**	.169	.308
Eigenvalue	2.374	2.065	1.367
% Variance	26.4%	22.9%	15.2%
Cumulative % variance			64.5%

Table 1.2.2

Factor Correlations and Factor Alpha Coefficients for Help-Seeking Intentions

Factor	M^a	SD	1	2	3
1. Formal Sources (n = 4)	2.5	1.2	(.75)		
2. Family Members (n = 3)	4.1	1.6	.222	(.76)	
3. Partner & Friends (n = 2)	5.3	1.2	.082	.284	(.28[b])

Note: Reliability estimates appear in the parentheses on the diagonal.

[a] Range: 1.0 (*Extremely Unlikely*) to 7.0 (*Extremely Likely*).

[b] Bivariate correlation coefficient is presented for partner & friends because alpha reliability with 2 items violates the assumption of tau-equivalence and will underestimate reliability.

Table 1.3
Bivariate Analyses on Help-seeking Intention Domains

	Help-Seeking Intentions: Formal Sources, M (SD)	p-value	Help-Seeking Intentions: Family Members, M (SD)	p-value	Help-Seeking Intentions: Partner & Friends, M (SD)	p-value
Categorical						
Gender		.961		.164		.802
Female	2.5 (1.3)		4.0 (1.6)		5.4 (1.1)	
Male	2.5 (1.2)		4.3 (1.6)		5.3 (1.4)	
Country of Birth		.776		.665		.710
Korea	2.5 (1.3)		4.2 (1.6)		5.3 (1.3)	
U.S.	2.5 (1.2)		4.1 (1.6)		5.4 (.9)	
Cultural Identity		.643		.666		<.001***
American or bi-cultural	2.5 (1.3)		4.2 (1.6)		5.6 (1.1)	
Korean	2.4 (1.1)		4.1 (1.5)		5.0 (1.4)	
Education		.960		.390		.026*
High school diploma or equivalent (GED)	2.6 (1.2)		4.2 (1.6)		5.0 (1.3)	
Some college (no degree) or Associate's	2.4 (1.1)		4.0 (1.5)		5.1 (1.4)	
Bachelor's	2.4 (1.3)		4.2 (1.7)		5.6 (1.2)	
Master's	2.6 (1.0)		3.7 (1.5)		5.4 (1.0)	
Doctoral degree	2.4 (2.2)		4.9 (2.0)		5.4 (1.2)	
Continuous						
Age (years)	$r = -.040$	.572	$r = .050$	.478	$r = .193$	.006**
Years lived in the U.S.	$r = -.058$	.419	$r = .013$	.858	$r = .184$	.009**
English proficiency	$r = -.010$	.889	$r = -.023$	.752	$r = .154$	.030*
Flourishing	$r = .052$	.464	$r = .252$	<.001***	$r = .276$	<.001***
Depression	$r = -.049$	.488	$r = -.215$	.002**	$r = -.124$	.081†

† = $p < .10$, * = $p < .05$, ** = $p < .01$, *** = $p < .001$

Table 1.4

Simple Moderation Analyses on Help-Seeking Intention (Partner & Friends)

Independent Variables:	b	SE	t	p-value	95% CI
				Test of Interaction Term	
Age*Cultural Identity					
Constant	7.69	1.89	4.07	<.001	(3.96, 11.42)
Age	-.06	.08	-.74	.462	(-.21, .10)
Cultural Identity	-3.26	1.30	-2.51	.013	(-5.82, -.70)
Age*Cultural Identity	.11	.05	1.99	.048	(.00, .21)
Age*English Proficiency					
Constant	-7.78	4.11	-1.89	.060	(-15.89, .34)
Age	.45	.16	2.82	.005	(.14, .76)
English Proficiency	2.34	.90	2.59	.010	(.56, 4.12)
Age*English Proficiency	-.08	.04	-2.15	.033	(-.15, -.01)
Depression*English Proficiency					
Constant	5.67	.76	7.46	<.001	(4.17, 7.16)
Depression	-.26	.11	-2.42	.017	(-.47, -.05)
English Proficiency	-.03	.17	-.16	.872	(-.36, .31)
Depression*English Proficiency	.05	.02	2.15	.033	(.00, .10)
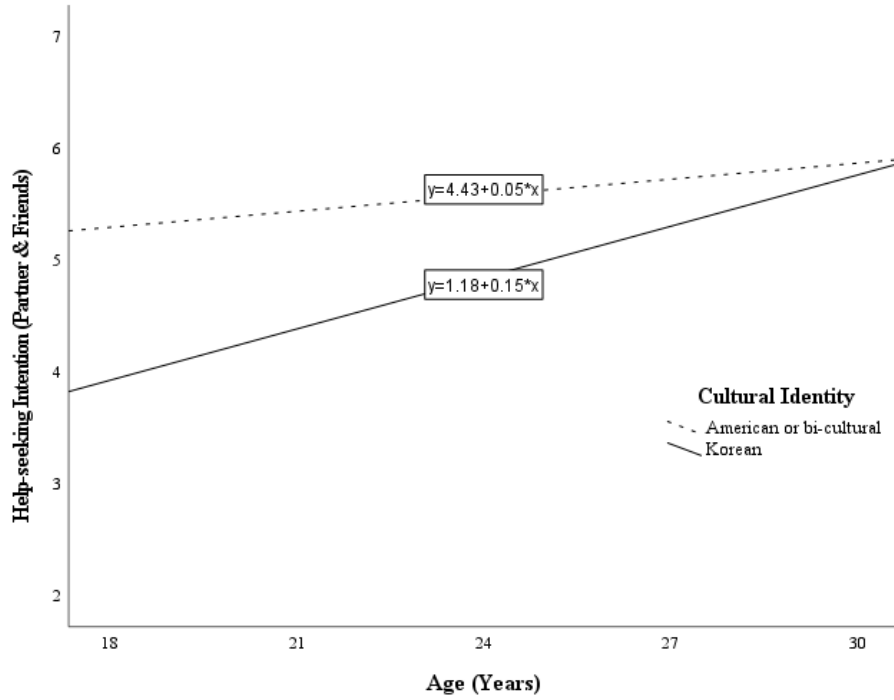
Figure 1.1. Moderating effect of cultural identity on age and help-seeking intention towards partner and friends
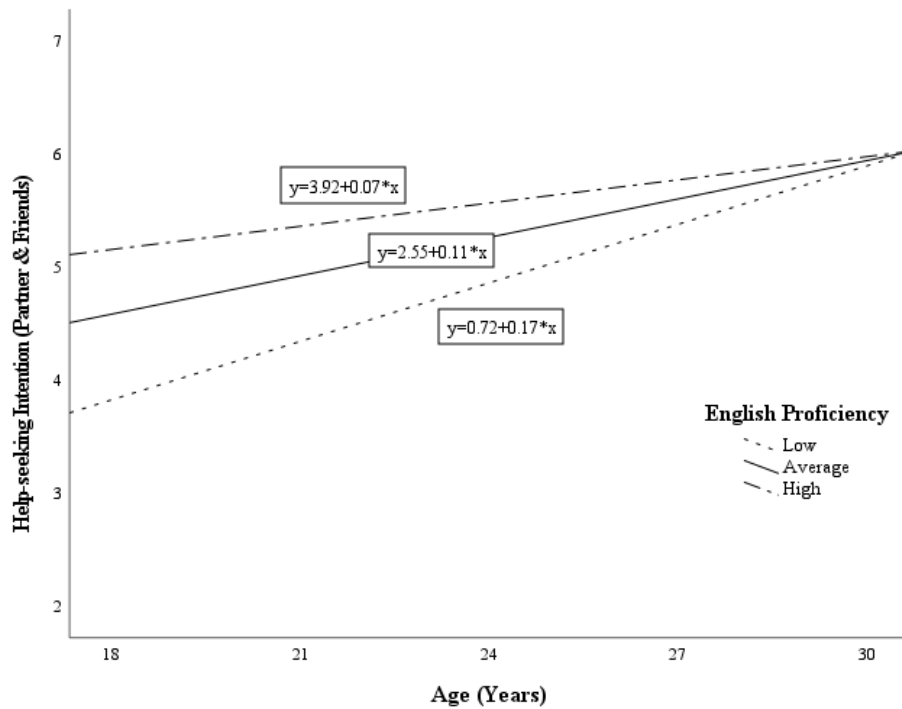
Figure 1.2. Moderating effect of English proficiency on age and help-seeking intention towards partner and friends
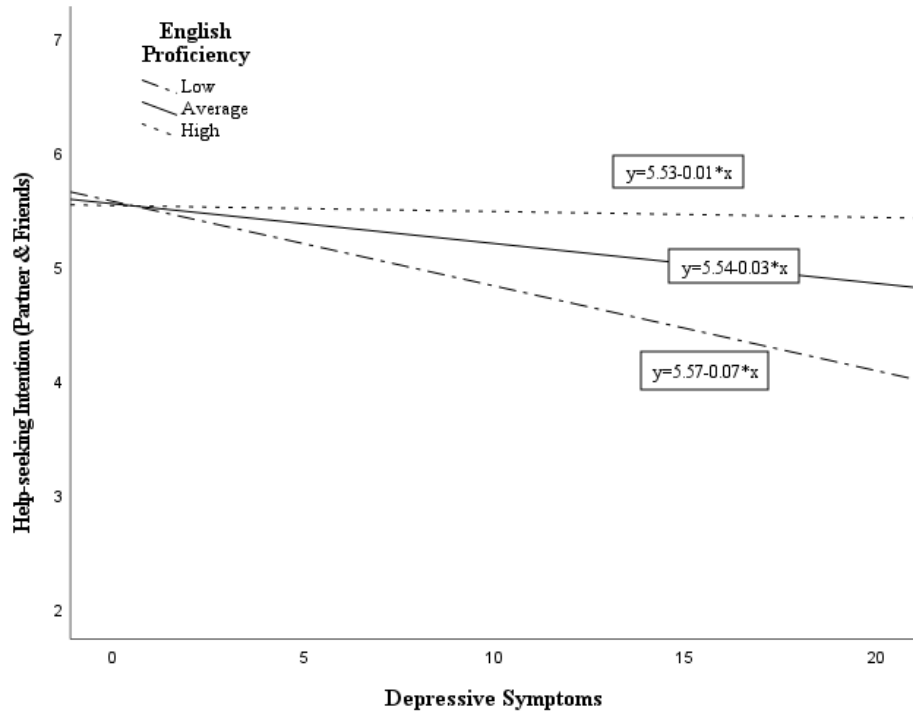
Figure 1.3. Moderating effect of English proficiency on depressive symptoms and help-seeking intention towards partner and friends

Chapter 4: Manuscript 2 – Examining family communication patterns and mental health help-seeking among Korean American emerging adults: Indirect effect through perceived parental support

Examining family communication patterns and mental health help-seeking among Korean

American emerging adults: Indirect effect through perceived parental support

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Abstract

Research on Asian Americans consistently demonstrates low utilization rates of formal mental health services. However, their help-seeking behaviors toward informal help sources, such as family and friends, are understudied. Particularly, little attention has been given towards the family context that may influence help-seeking among this population. This exploratory study was guided by a family communication theory (Koerner & Fitzpatrick, 2002) to assess the influence of family communication patterns on help-seeking intention towards parents among Korean American emerging adults. Participants ($N = 201$) completed a one-time, online survey that included items on family communication patterns, perceived parental support, and help-seeking intention. Results from the adjusted linear regression analyses revealed that conversation orientation (i.e., family creating a climate that encourages unrestrained interactions) was positively associated with help-seeking intention towards parents, while conformity orientation (i.e., family stressing a climate of homogeneity of attitudes and values, typically hierarchical) was negatively associated. Mediation analyses with bootstrapping showed that, depending on the dimensions of family communication patterns, different types of perceived parental support mediated the relationship between family communication patterns and help-seeking intention. The association between conformity orientation and perceived emotional support also depended on the participants' cultural identity, showing different mediation effects between those identifying as American or bi-cultural and those identifying as Korean. Study findings show evidence of how family communication patterns can have an impact on Korean American emerging adults' likelihood of seeking parental support for personal or emotional problems.

Introduction

There is a growing need for mental health research on Asian Americans. Although Asian Americans are often labeled as the *model minority* (Lee, 1994), studies demonstrate that mental health problems are a significant challenge among this population (Chu & Sue, 2011; Lee et al., 2009; Office of Minority Health [OMH], n.d.). Moreover, research consistently shows that Asian Americans are less likely to utilize mental health services compared to other racial/ethnic groups (Substance Abuse and Mental Health Services Administration [SAMHSA], 2015; Sue et al., 2012), raising concerns about whether their mental health needs are properly being met. As such, extant literature on Asian Americans' help-seeking behavior for mental health problems has primarily focused on understanding the factors associated with seeking formal help (e.g., mental health professionals, counselors).

Another important factor that receives relatively less attention is how Asian Americans utilize their informal sources of support, such as family and friends. Social support network can be critical, not only as a direct source of support during times of distress but also as an indirect source of support in treatment referral and initiation (Chang et al., 2014). Also, as professional help tends to be the last resort and is underutilized (Cheung et al., 2011), it is critical to gain a better understanding of the facilitating or hindering factors associated with the process of seeking help from informal sources among this population.

The informal help-seeking process is social in nature. To effectively receive help, individuals need to decide who to talk to and how to communicate about their mental health concerns, relying on the perceived nature of the social relationships (Kim et al., 2008; Rickwood et al., 2005). Moreover, family is a critical context to understand help-seeking behavior in Asian Americans. The traditional values of Asian families are rooted in Confucianism, emphasizing

family relationship primacy (Schwartz et al., 2010). Derr (2015) also notes that changes in social connectedness after migration is a unique experience for immigrants, and the family unit is central to this evolving social network. These considerations warrant more studies examining the informal help-seeking behaviors within the family context in Asian Americans.

The current study explores how family communication patterns may influence help-seeking intention towards parents in Korean American emerging adults. Korean Americans are a major Asian subpopulation in the U.S., with an estimate of just under 1.9 million people (U.S. Census Bureau, 2020). They also report higher rates of mental health challenges compared to other Asian American subpopulations (Kim et al., 2015; Kung et al., 2018). We focus on parents as a help source, drawing from perspectives emphasizing the impact of parental values and communication patterns (Koerner & Fitzpatrick, 2002). Of note, the subsequent use of the term *Korean American* refers to both foreign-born Koreans (U.S. citizens or not) and U.S.-born Korean Americans (U.S. citizens) who are residing in the U.S., and the term *Koreans* specifically refers to South Koreans.

Theoretical Influences: Family Communication Theory

This study is guided by propositions from the theory of family relationship schemas and communication (Koerner & Fitzpatrick, 2002). Koerner and Fitzpatrick (2002) describe that there are family relationship schemas that develop overtime and within the family context. Schemas include patterns of thoughts consisting of declarative and procedural knowledge and interpersonal scripts about family relationships. These family relationship schemas affect the interpersonal communicative behaviors through controlled and automatic information processing. For example,

if a person grew up in a very outspoken family, this person is likely to develop the belief that family members ought to be outspoken and frank with each other.

Based on this foundational knowledge and previous research on family communication, Koerner and Fitzpatrick (2002) conceptualize two specific dimensions that characterize the communication patterns in families: *conversation* and *conformity* orientations. Conversation orientation is defined as "the degree to which families create a climate in which all family members are encouraged to participate in unrestrained interaction about a wide array of topics" (Koerner & Fitzpatrick, 2002, p. 85). Families high in conversation orientation can be characterized as freely and frequently interacting with each other with little or no limitations on time spent and topics discussed. In contrast, families low in conversation orientation interact with each other less frequently, with the array of topics discussed being limited. Conformity orientation is defined as "the degree to which family communication stresses a climate of homogeneity of attitudes, values, and beliefs" (Koerner & Fitzpatrick, 2002, p. 85). Families high in conformity orientation interact with each other with a focus on harmony and interdependence, whereas families low in conformity orientation have interactions that emphasize equality and acceptance of differences in attitudes and beliefs.

In the context of help-seeking, previous studies showed that individuals from families high in conversation orientation showed greater degrees of self-disclosure, sociability, and social support seeking, while those from high conformity-oriented families were more likely to be self-monitoring, shy, and avoiding of conflicts (Huang, 1999; Koerner & Fitzpatrick, 1997). More recently, a study on undergraduate students showed that conversation orientation was positively associated with motivation to seek support, which in turn predicted more direct support seeking (High & Scharp, 2015). Interestingly, High and Scharp (2015) also found individuals from high

conformity-oriented families showing higher motivation to seek social support. As motivation to seek support was operationalized to be from both family and friends, the authors discussed the possibility that the positive association is driven by participants' motivation to seek support from friends because they may not receive the support from family members. Overall, empirical evidence suggests that the positive association between conversation orientation and help-seeking is more established, while the association between conformity orientation and help-seeking needs further investigation.

Family Communication Patterns and Help-seeking in Korean Americans

To our knowledge, Korean emerging adults' perceptions of their family communication patterns, using Koerner and Fitzpatrick's (2002) theory, have not been previously assessed. The traditional values of Korean parenting are largely influenced by Confucianism, emphasizing filial piety, family obligation, and conformity. Such values are manifested in parenting behaviors that emphasize parental control, respect for elders, and family hierarchy (Min & Foner, 1998; Sung, 2010). Some families try to move away from the traditional ways to accommodate for their children's adaptation to the Western culture, including making efforts to have more open communications with their children (Choi & Kim, 2010; Kim et al., 2014). Yet, these parents still consider filial piety as an important cultural value they wish to preserve. Based on these accounts, traditional Korean families may be high in conformity orientation and low in conversation orientation.

Previous research on informal help-seeking among Korean Americans showed that, while family is the much preferred choice of support over professional services, Korean emerging adults tend not seek help from parents for various reasons (Cheung et al., 2011). Korean international

students were found to be reluctant to discuss their stressful life events with their parents because they were concerned that parents would worry too much if they shared their difficulties (Kim et al., 2012). For Korean American students, the difference in acculturation-level between parents and children was a major source of parent-child conflict, which hindered them from seeking support from parents (Ahn et al., 2008). Such factors may generally discourage Korean emerging adults to seek help from parents. The examination of family communication patterns will help researchers explore the influence of family context on the help-seeking intentions within this Asian subpopulation.

Perceived Parental Support and Acculturation in Informal Help-seeking Pathway

Perceived parental support also needs consideration in the context of help-seeking of Korean emerging adults. In Bhang's (2019) study, some Korean participants reported they did not actively seek support from their parents because they were assured by the knowledge that their parents would always be there for them (e.g., implicit support). In contrast, Chang (2015) found that Asian American participants often refrained from seeking help from parents because they did not expect emotional reassurance from them. These findings convey how individuals' experiences in specific relationships, and the associated perception of support provision, influence their intentions to seek help. As such, one aspect that will be explored in this study is whether perceived parental support mediate the relationship between family communication patterns and help-seeking intentions.

Another aspect to consider regarding perceived parental support is the role of parent-child acculturation gap. Kim (2005) found that U.S.-born Korean adolescents interpreted high levels of parental control to be indicative of low parental acceptance, while Korea-born adolescents

perceived it as parental warmth and care. This suggests that the effects of certain parenting styles partially depend on the adult-children's understanding and acceptance of the more traditional ways of Korean parenting. As some features of conformity orientation (e.g., parental control, hierarchical structure) overlap with traditional Korean parenting style, the influence of the family communication patterns, particularly conformity orientation, may depend on Korean emerging adults' own level of understanding and adherence to traditional cultural values. Exploring the moderating role of cultural identity on the association between family communication patterns and perceived parental support will be another focus of this study (Figure 2.1).

Current Study

The current study assessed how family communication patterns relate to help-seeking intention towards parents in Korean American emerging adults. The specific objectives were to: (1) identify individual-level characteristics associated with the family communication patterns; (2) establish whether family communication patterns are associated with intention to seek parental support among Korean American emerging adults; (3) investigate the mediating effect of perceived parental support on the association between family communication patterns and intention to seek parental support; and (4) assess whether cultural identity moderates the association between family communication patterns and perceived parental support in the mediational pathway. As illustrated in Figure 2.1, we hypothesized that family communication patterns (conversation and conformity orientation) affect help-seeking intention towards parents through perceived parental support, and the association between family communication patterns (particularly conformity orientation) and perceived parental support varies by cultural identity (Korean vs. American/bi-cultural).

Methods

Procedure

This cross-sectional study was conducted as part of the first author's dissertation research. Convenience and respondent-driven sampling methods were used to recruit Korean or Korean American participants aged 18-29 who were currently living in the U.S. Korean student organizations at universities, youth groups in Korean ethnic churches, and additional Korean community groups were contacted via email, community websites, or other social networking services. Study recruitment information, which included links to the full consent form, online survey, pre-recorded introductory video, and a flyer, was shared with the group representatives or posted in social media pages upon permission. Eligible participants were invited to complete a one-time, online survey that lasted 15-25 minutes. Participants received a $10 online gift card as study compensation. Follow up emails were sent to the study participants, notifying them of the compensation payment and encouraging them to share the study recruitment information with their friends who may also be eligible. All study procedures, including a waiver of written consent, were approved by the university institutional review board (IRB).

Participants

Study participants were 201 self-identified Korean or Korean American emerging adults. About half of the sample identified as females (52.2%). The majority of the participants were born in South Korea (72.6%), but many also reported being U.S. citizens or permanent residents (68.2%). Most common occupation reported was full- or part-time students (53.7%), and 32.3%

reported that they were currently working. Table 2.1 presents a more detailed overview of the sample characteristics.

Measures

Demographics

Participants were asked to provide their age, gender, country of birth, years lived in the U.S., citizenship status, region of residence, cultural identity, English proficiency, education, and primary occupation. (See Table 2.1)

Depression

Depressive symptoms were measured using the Patient Health Questionnaire-9 (PHQ-9), which is a validated screening instrument for assessing depression severity (Kroenke et al., 2001). This measure lists nine core symptoms of depression (e.g., "Little interest or pleasure in doing things") and asks participants to indicate how often they experienced the symptoms in the past two weeks on a scale of 0 (*not at all*) to 3 (*nearly every day*). A composite score was computed by taking the sum across the items, resulting in a score ranging from 0 to 27 with higher scores indicating higher depressive symptoms. The scale has been used in university students (Lipson & Eisenberg, 2018) and Korean patients with good reliability (Cronbach's α = .85, Choi et al., 2007). The reliability in the present study was α = .85.

Family Communication Patterns

The Revised Family Communication Pattern scale (Koerner & Fitzpatrick, 2002) was used to assess participants' perceptions of family communication patterns. The scale consists of 26

items measuring *conversation orientation* (15 items) and *conformity orientation* (11 items). Sample items from each dimension are "My parents often ask my opinion when the family is talking about something (*conversation*)" and "When I am at home, I am expected to obey my parents' rules (*conformity*)." For each item, participants responded on a Likert type scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). A single score was computed by taking the average across the items, resulting in a score ranging from 0 to 5 with higher scores indicating higher orientation towards each dimension. The scale has shown good reliability in university students (Cronbach's α = .93 and .86 for conversation and conformity, respectively; High & Scharp, 2015), and the reliabilities in the present study were similar (α = .94 and .89 for conversation and conformity orientation, respectively).

Perceived Parental Support

Perceived parental support was measured using a single item for each of the following types of support: (a) emotional support (encouraging words, expressions of affection), (b) informational support (advice, helping you make decisions), and (c) implicit support (spending time or doing activities with you without directly talking about a problem). The types of support were adapted from Ishii et al.'s (2017) study, in which the support types were used to examine motivation to seek social support among Japanese and European American university students. The prompt was modified to assess participants' perception of support received from mother and father separately (i.e., "To what extent do you feel supported by your mother / father in terms of:"), for which participants responded on a Likert type scale ranging from 1 (*not at all*) to 7 (*a great deal*). The scores for each type of parental support were calculated by taking the average across

the scores from the mothers and the fathers, and each type of support was kept separate in all analyses.

Help-seeking Intention towards Parents

Participants' intentions to seek help was measured using two items from the General Help-Seeking Questionnaire (Wilson et al., 2005). This matrix format instrument measures future help-seeking intentions by listing a number of potential help sources and asking participants to rate how likely it is that they would seek help from each source for a particular problem. As the original authors encourage these components to be modified to fit the needs of different samples and study requirements, the following probing question was first asked as an open-ended response: "*Think over the past three months. What stressors have you encountered? Please list the top three stressors you have experienced during this time period*." Then, the modified questionnaire prompt was presented in the following format: "*Please think about the things that cause you stress, such as those you listed above. Below is a list of people who you might seek help from or talk to if you were experiencing an emotional or mental health problem. Please indicate how likely it is that you would seek help from each of these people for a personal or emotional problem*." After the prompt, the following help sources were listed: *partner, friends, mother, father, other relatives or family members, mental health professionals, phone help line, family/primary care doctor, teacher, I would not seek help from anyone,* and *other*. For each help source, participants rated their likelihood to seek help on a scale of 1 (*extremely unlikely*) to 7 (*extremely likely*). While the questionnaire included multiple help sources, only two items (i.e., mother and father) were utilized for the purposes of this study. Participants' intention to seek help from parents was computed by

taking the average across the items *mother* and *father*. The correlation between the two items was $r = .66$.

Data Analysis

We first conducted descriptive analyses to examine sample characteristics, overall and by conservation orientation and conformity orientation. Bivariate analyses, including independent t-tests, analysis of variance (ANOVA), and correlations, were conducted to assess how the demographic characteristics were associated with conversation orientation and with conformity orientation. For the second study objective, we first ran a bivariate correlation matrix to assess the simple associations among the study variables, and then we ran adjusted linear regression models to assess whether conversation and conformity orientations were associated with help-seeking intention towards parents after controlling for control variables. For the third and fourth study objectives, mediation and moderated mediation analyses were conducted using PROCESS macro (Hayes, 2018). For all mediation analyses, the sampling distribution of indirect effects was bootstrapped 5,000 times, and control variables (age, gender, years lived in the U.S., and depression) were included. When testing the moderated mediation models for objective 4, age, gender, and depression were included as covariates. Years lived in the U.S. was excluded from the covariates for this analysis, as it was conceptually similar and statistically highly associated with cultural identity (Cohen's $d = 6.15$ based on independent samples t-test). We used IBM SPSS Statistics (Version 28) predictive analytics software for all statistical analyses.

Human Subjects

While the risks associated with completing the survey were minimal, additional help resources (i.e., phone help line) were included in the consent form and at the end of the survey to support those who may experience emotional discomfort or arousal related to the survey questions. To address potential participant burden, break prompts were included in between survey sections to inform the participants on their progress and allow them to take a break if needed. The only personally identifiable information collected for the study was participants' contact information, where the participants had the option to provide their email or phone number to receive their study compensation. To ensure confidentiality, contact information was collected through a separate survey that was linked to the end of the study survey. Only the principal investigator had access to the identifiable data, and the information was used only to send the study compensations and was deleted afterwards.

Results

Sample Characteristics

Table 2.1 displays the characteristics of the study sample. The mean age of the participants was 24.2 years (SD = 3.2, range = 18–29 years). The overall level of acculturation was high; the average years lived in the U.S. was 12.7 years (SD = 7.4), the mean score on English proficiency was 4.4 out of 5 (SD = 0.8), and more participants identified as American or bi-cultural (62.7%) than they did as Korean (37.3%). The majority of the sample had at least a bachelor's degree or higher (63.2%). In terms of the mental health indicators, 17.4% (n = 35) of the sample scored 10 or higher on the depression score, which is considered moderate to severe levels of depressive symptoms (Kroenke et al., 2001). Based on the validity test in the original study, Kroenke et al.

(2001) found that 88% of patients diagnosed with major depression had scores of 10 or higher on this scale.

Family Communication Patterns among Korean American Emerging Adult Sample

The average scores for conversation and conformity orientations were 3.3 (SD = 0.7) and 2.8 (SD = 0.7), respectively. Table 2.1 presents the results for the bivariate analyses between demographic characteristics and family communication patterns. Conversation orientation scores showed differences across gender, country of birth, U.S. citizenship, education, depression, and years lived in the U.S. Specifically, those who were male (d = .70), born in Korea (d = .69), non-U.S. citizen (d = .70), had a Bachelor's degree (vs. some college experience or an Associate's degree), had lower depressive symptoms (d = .69), and lived shorter years in the U.S. (r = -.25) perceived their parents to be more conversation-oriented. For conformity orientation, U.S. citizenship, cultural identity, education, depression, age, and years lived in the U.S. showed significant differences. Those who were U.S. citizens (d = .65), identified with American culture or were bi-cultural (d = .66), did not have a doctoral degree (vs. all other categories), had higher depressive symptoms (d = .65), were younger (r = -.19), and lived longer years in the U.S. (r = .18) perceived their parents to be more conformity-oriented.

Family Communication Patterns and Help-Seeking Intention toward Parents

The results for the bivariate correlations among the study variables are presented in Table 2.2. Simple bivariate correlation tests showed that conversation orientation was positively associated (r = .72) with intention to seek help from parents, whereas conformity orientation was negatively associated (r = -.18). Table 2.3 shows the results from the multiple linear regression

analysis. Only conversation orientation remained as a positive predictor of help-seeking intention toward parents ($b = 1.77$, $t_{(193)} = 13.74$, $p < .001$) after controlling for age, gender, years lived in the U.S., and depression. These variables collectively explained 53.2% of the variance in help-seeking intention towards parents. The negative association between conformity orientation and help-seeking intention toward parents was marginal ($b = -.31$, $t_{(193)} = -1.66$, $p = .098$) after controlling for the same demographic variables; depression ($b = -.07$, $t_{(193)} = -2.70$, $p = .008$) was significant in this regression model, such that higher depressive symptoms predicted lower help-seeking intention toward parents. These variables collectively explained 8.7% of the variance in help-seeking intention towards parents.

Perceived Parental Support as a Mediator

To test whether perceived parental support mediated the relationship between family communication patterns and help-seeking intention toward parents, mediation analyses with covariates were conducted using PROCESS macro (Hayes, 2018). Three mediators (i.e., perceived emotional, informational, and implicit support) were tested individually with each of the two independent variables (i.e., conversation and conformity orientations), resulting in a total of six mediation models with help-seeking intention toward parents as the outcome variable. For all models, age, gender, years lived in the U.S., and depression were included as covariates.

Conversation Orientation

With conversation orientation as the independent variable, only perceived informational support (Figure 2.2b) served as a significant mediator ($b = .38$, 95% CI$_{Bootstrap}$: (.16, .62)). Conversation orientation was positively associated with perceived informational support from

parents ($b = 1.39$, $t_{(193)} = 12.51$, $p < .001$), which in turn was positively associated with help-seeking intention ($b = .28$, $t_{(192)} = 3.40$, $p = .001$). The direct path between conversation orientation and help-seeking intention also remained significant ($b = 1.39$, $t_{(192)} = 8.21$, $p < .001$). In the overall model, the variables collectively explained 55.8% of the variance in help-seeking intention towards parents.

For perceived emotional and implicit support (Figures 2.2a and 2.2c), only the first half of the indirect paths from conversation orientation to perceived support showed significant positive associations ($b = 1.46$, $t_{(193)} = 14.83$, $p < .001$ and $b = 1.50$, $t_{(193)} = 13.20$, $p < .001$ for emotional and implicit support, respectively). As with informational support, the adjusted direct path from conversation orientation to help-seeking intention remained positively associated ($b = 1.52$, $t_{(192)} = 8.09$, $p < .001$ and $b = 1.59$, $t_{(192)} = 8.96$, $p < .001$ for emotional and implicit support, respectively). The two models with emotional and implicit support as mediators explained 54.0% and 53.7% of the variance in help-seeking intention, respectively.

Conformity Orientation

With conformity orientation as the independent variable, perceived emotional and implicit support served as significant mediators ($b = -.47$, 95% CI$_{Bootstrap}$: (-.75, -.21) and $b = -.42$, 95% CI$_{Bootstrap}$: (-.68, -.18), respectively). As shown in Figures 2.3a and 2.3c, conformity orientation was negatively associated with perceived support ($b = -.62$, $t_{(193)} = -4.34$, $p < .001$ and $b = -.65$, $t_{(193)} = -4.17$, $p < .001$ for emotional and implicit support, respectively), which in turn was positively associated with help-seeking intention ($b = .75$, $t_{(192)} = 9.68$, $p < .001$ and $b = .64$, $t_{(192)} = 8.69$, $p < .001$ for emotional and implicit support, respectively). The adjusted directed paths from conformity orientation to help-seeking intention were not significant after accounting for the

mediators ($b = .16$, $t_{(192)} = .96$, $p = .340$ and $b = .10$, $t_{(192)} = .62$, $p = .533$ for emotional and implicit support, respectively). The two models with emotional and implicit support as mediators explained 38.6% and 34.5% of the variance in help-seeking intention towards parents, respectively.

When having informational support as the mediator (Figure 2.3b), only the second half of the indirect path between perceived support and help-seeking intention showed a significant positive association ($b = .72$, $t_{(192)} = 10.13$, $p < .001$). The adjusted direct path between conformity orientation and help-seeking intention ($b = -.12$, $t_{(192)} = -.79$, $p = .428$) also did not show significant association. The overall model explained 40.5% of the variance in help-seeking intention.

Moderated Mediation with Cultural Identity as a Moderator

Based on our initial findings from the mediation analyses, we tested whether cultural identity moderated the association between family communication patterns and perceived parental support in these mediation models. Of the three models that showed significant mediations (conversation – informational, conformity – emotional, and conformity – implicit), there was a significant moderating effect of cultural identity on the path between conformity orientation and perceived emotional support ($b = .64$, $t_{(194)} = 2.23$, $p = .027$; Table 2.4). When stratified by cultural identity (Figure 2.4), the path between conformity orientation and perceived emotional support was only significant among those who identified as American or bi-cultural, such that conformity orientation was negatively associated with perceived emotional support ($b = -.90$, $t_{(194)} = -4.98$, $p < .001$), which in turn was positively associated with help-seeking intention ($b = .73$, $t_{(195)} = 9.41$, $p < .001$). Among those who identified with Korean culture, there was no significant association between conformity orientation and perceived emotional support ($b = -.26$, $t_{(194)} = -1.15$, $p = .254$), and only perceived emotional support was directly positively associated with help-seeking

intention ($b = .73$, $t_{(195)} = 9.41$, $p < .001$). The overall model explained 37.0% of the variance in help-seeking intention towards parents.

Discussion

Although scholars have extensively investigated the formal help-seeking pathways and the associated factors in Asian Americans, less is known about what influences Asian Americans' help-seeking behavior towards informal sources, such as family and friends. To bridge this gap in the literature, we examined Korean American emerging adults' help-seeking intention toward parents. Specifically, we explored the family context via family communication patterns and how it affected help-seeking intention through perceived parental support.

Our sample of Korean American emerging adults perceived their parents to be more conversation-oriented than conformity-oriented. While we found no previous studies to compare the scores on Asian American samples, the average scores reported on three different studies that had predominantly white samples indicated that our sample reported lower scores on conversation orientation and mostly comparable scores on conformity orientation (High & Scharp, 2015; Jones et al., 2017; Schrodt et al., 2007), with one exception where Schrodt et al. (2007) found a higher level of conformity orientation among their sample members. Previous literature demonstrated that Asian Americans utilize more indirect means of communication (e.g., inferring meaning and using silence) compared to European Americans, who used more open, direct communication (Gudykunst, 2001); this may help explain the lower scores on conversation orientation in our sample, but more multi-group studies including Asian Americans are needed to assess the differences in family communication patterns across different racial/ethnic groups.

Several demographic characteristics showed significant associations with family communication patterns. Notably, indices of acculturation were differently associated with conversation and conformity orientations. Characteristics of more recent immigrants (e.g., born in Korea, non-U.S. citizen, lived shorter years in U.S.) were associated with higher conversation orientation, whereas indicators of more settled immigrants (e.g., U.S. citizen, identified as American or bi-cultural, lived longer years in U.S.) were associated with higher conformity orientation. 1.5 or 2nd generation Korean Americans often become more proficient in English than their parents, and they commonly experience a language barrier with parents, which can be a significant source of challenge in communication (Kang et al., 2010; Zhou, 2004). Parents of 1.5 or 2nd generation Korean Americans often engage in labor-intensive small businesses as a way to settle in the U.S. (Min, 2013), and parents' busy work lives could also be a factor leading to less family time and communication between parents and children (Kang et al., 2010). Additionally, difference in parents' and children's adherence to traditional Asian cultural values could possibly explain the association between higher acculturation and higher perceived parental conformity orientation. As mentioned before, some characteristics of traditional Korean parenting overlap with features of conformity orientation (e.g., hierarchical interdependence); children who are more acculturated to mainstream American culture may perceive their own parents to be more conformity oriented, compared to children who are less acculturated and identify with Asian values themselves (Kang & Shih, 2018).

Family communication patterns also showed significant associations with perceived parental support and help-seeking intention. Specifically, communication orientation was positively associated with perceived parental support and help-seeking intention towards parents, whereas conformity orientation was negatively associated. These findings are consistent with

previous literature that found conversation orientation to be associated with greater degrees of self-disclosure, sociability, and social support seeking, while conformity orientation was associated with shyness and conflict avoidance (Huang, 1999; Koerner & Fitzpatrick, 1997). Our finding also extends on High and Scharp's (2015) interpretation and suggests that Korean emerging adults from families high in conformity orientation are less likely to seek support directly from parents, but these individuals may still be more motivated to seek support from other sources, particularly friends.

Research and Practice Implications

The findings from this study have a number of research and practice implications. While it was not the primary focus of this study, we found those who reported lower levels of depressive symptoms to perceive their parents to be more conversation oriented, whereas those who reported higher levels of depressive symptoms perceived their parents to be more conformity oriented. Park et al. (2010) found that parents' adherence to Asian cultural values was associated with authoritarian parenting, which in turn predicted increased family conflict in Asian Americans. Considering that Baumrind's (1971) conceptualization of the authoritarian parenting style (e.g., strict, highly directive parenting) is consistent with features of conformity orientation, Korean emerging adults who have high conformity-oriented parents may also experience increased family conflict, which can have a negative impact on their mental health. On the other hand, high conversation-oriented parents are more likely to be open and supportive of the communication between parents and children, which can foster positive family functioning and mental health (Koerner & Fitzpatrick, 1997, 2002; Kim et al., 2014). Future studies should consider family communication patterns when assessing family relationships and mental health in Asian

Americans, particularly in relation to intergenerational cultural conflicts and acculturation gap, which are a major source of family conflict in Asian Americans (Hwang & Wood, 2008; Lee & Liu, 2001).

Our mediation analyses demonstrated nuanced ways that each dimension of family communication patterns influenced help-seeking intention towards parents via perceived parental support. We found that perceived informational support, but not emotional or implicit support, mediated the association between communication orientation and help-seeking intention. Korean emerging adults with more conversation-oriented parents reported higher perceived informational support from parents, which in turn was associated with higher likelihood of seeking support from them for mental health problems. Because Asian cultural values emphasize relational harmony and emotional restraint, explicit solicitation and provision of emotional support is not a typical characteristic of parent-child interaction in Asian American families (Kim et al., 2008). Rather, a more indirect way of seeking support, such as seeking advice or guidance on a personal issue that is causing distress (e.g., informational support), may be a more common form of help-seeking behavior towards parents. One way to capitalize on this process is to provide trainings for parents and increase their mental health literacy in culturally adaptive ways (Wang et al., 2021), so that parents become more aware of the mental health challenges affecting their children and can provide appropriate guidance and information when their children seek parental support.

The mediation model, as well as the moderated mediation model, on conformity orientation demonstrated the critical role of cultural identity of Korean emerging adults. The negative association between conformity orientation and perceived emotional support from parents, which in turn decreased the likelihood of seeking parental support, was only significant among participants who identified as American or bi-cultural. Among those who identified as Korean, the

association between conformity orientation and perceived emotional support, though in the negative direction, was not significant. Consistent with Kim's (2005) study, these findings suggest that the effects of certain parenting styles, such as conformity-oriented communication, would partially depend on the adult-children's understanding and acceptance of the more traditional ways of Korean parenting. In the help-seeking context, families with traditional, first-generation Korean parents and well-acculturated, 1.5- or second-generation Korean children may be especially vulnerable to low levels of parental support seeking. Future studies should pay close attention to such family type, which also often experiences more family conflicts due to the parent-child acculturation gap (Park et al., 2010); providing informational sessions and more opportunities for discussion on parenting practices and ways to meet children's parenting needs could be beneficial for the parents, as well as reduce some barriers for help-seeking toward parents (Kim et al., 2014; Wang et al., 2021).

Limitations and Conclusion

The results of this study should be interpreted with consideration of several limitations. Our sampling method limits the generalizability of the findings to the broader Korean emerging adult community in the U.S. The assessment of the demographic characteristics indicated that the study sample was a fairly acculturated group with considerable duration in the U.S. even among Korea-born participants. Although we imposed a time order by conducting mediation analyses, the study was cross-sectional in design, so no causal inferences can be made using the findings. Future studies should confirm these temporal relationships using a longitudinal design. The study also relied on self-reported measures from the Korean emerging adult participants only. While this was appropriate for the purposes of this study to assess Korean emerging adults' subjective

interpretations rather than objective facts, we also recognize that obtaining parents' own perspectives on their communication patterns and provision of support can establish a more comprehensive understanding of informal help-seeking dynamics in Korean American emerging adults and families. Moreover, we used help-seeking intention as a proxy for help-seeking behavior, but we recognize that intention does not always lead to actual behavior (Sheeran & Webb, 2016), and future studies should consider a longitudinal study design that measures actual help-seeking behavior to capture a more accurate picture of the informal help-seeking pathways.

Despite these limitations, the present study contributes to the understanding of the influence of family context in Korean emerging adults' informal help-seeking intentions. To our understanding, this was the first study to examine how family communication patterns are associated with help-seeking intention towards parents in Korean emerging adults. Previous studies examining family communication patterns and help-seeking have involved predominantly white samples, and our findings provide preliminary evidence that family communication patterns may play a meaningful role in the context of help-seeking and mental health across different racial/ethnic groups. Specifically, communication orientation was a strong, direct facilitator of help-seeking towards parents, whereas conformity orientation served as a barrier to help-seeking intentions, especially for more acculturated individuals.

Moreover, our findings on perceived support as mediators reiterate the importance of examining the informal help-seeking process as a two-way process, and more research is needed in understanding what Asian Americans perceive as most helpful type of support or how they prefer to seek help (Kim et al., 2008). We highlight family as the central context for understanding help-seeking behaviors for Asian Americans, not only because of the Asian cultural values emphasizing familial interdependence but also because of the limited social support network

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associated with minority/immigrant status (Chang et al., 2013). The area of Asian American mental health and help-seeking warrants further study to address the mental health disparity and provide a more culturally appropriate, supportive environment for this population.

Table 2.1
Sample Characteristics and Bivariate Analyses on Family Communication Patterns

	Sample Characteristics (N = 201)	Conversation Orientation, M (SD)	p-value	Conformity Orientation, M (SD)	p-value
Categorical, *n* (%)					
Gender			.034*		.650
Female	105 (52.2%)	3.2 (.7)		2.8 (.7)	
Male	96 (47.8%)	3.4 (.7)		2.8 (.6)	
Country of Birth			.003**		.054†
Korea	146 (72.6%)	3.4 (.7)		2.7 (.7)	
U.S.	55 (27.4%)	3.1 (.7)		2.9 (.6)	
U.S. Citizenship			.015*		.002**
Yes	137 (68.2%)	3.2 (.8)		2.9 (.7)	
No	64 (31.8%)	3.5 (.5)		2.6 (.6)	
Cultural Identity			.168		.030*
American or Bi-cultural	126 (62.7%)	3.2 (.7)		2.9 (.7)	
Korean	75 (37.3%)	3.4 (.6)		2.6 (.7)	
Primary Occupation			.108		.622
Student (Full- or Part-time)	108 (53.7%)	3.4 (.7)		2.7 (.7)	
Working	65 (32.3%)	3.1 (.8)		2.8 (.7)	
Both	21 (10.4%)	3.2 (.6)		3.0 (.6)	
Neither	7 (3.5%)	3.3 (.6)		2.8 (.6)	
Education			.024*		.001**
High School Diploma or Equivalent (GED)	54 (26.9%)	3.4 (.6)		2.9 (.6)	
Some College (no degree) or Associate's	20 (10.0%)	2.9 (.8)		3.1 (.7)	
Bachelor's	88 (43.8%)	3.4 (.7)		2.7 (.7)	
Master's	31 (15.4%)	3.2 (.7)		2.9 (.7)	
Doctoral Degree	8 (4.0%)	3.6 (.7)		2.0 (.5)	
Depression (1 - 27 scale)			.004**		.016*
Minimal – Mild (1 – 9)	166 (82.6%)	3.4 (.7)		2.7 (.6)	
Moderate – Severe (10 – 27)	35 (17.4%)	3.0 (.6)		3.1 (.8)	
Continuous, *M* (*SD*)					
Age (years)	24.2 (3.2)	r = .124	.079†	r = -.194	.006**
Years in U.S.	12.7 (7.4)	r = -.247	<.001***	r = .184	.009**
English Proficiency (1 - 5 scale)	4.4 (.8)	r = -.137	.054†	r = .086	.230

† = $p < .10$, * = $p < .05$, ** = $p < .01$, *** = $p < .001$

Table 2.2
Correlation Matrix of the Study Variables

	1	2	3	4	5	6	7
1. Conversation Orientation	1	-.287***	.763***	.672***	.724***	.718***	-.260***
2. Conformity Orientation		1	-.363***	-.154*	-.354***	-.180*	.221**
3. Perceived Emotional Support			1	.656***	.747***	.604***	-.331***
4. Perceived Informational Support				1	.624***	.605***	-.225**
5. Perceived Implicit Support					1	.573***	-.312***
6. Help-Seeking Intention (Parents)						1	-.236***
7. Depression							1
M (*SD*)	3.30 (.71)	2.78 (.67)	5.23 (1.46)	5.10 (1.42)	5.27 (1.57)	4.36 (1.74)	5.59 (4.76)
Range	1 - 5	1 - 5	1 - 7	1 - 7	1 - 7	1 - 7	1 - 27

* = $p < .05$, ** = $p < .01$, *** = $p < .001$

Table 2.3
Adjusted Linear Regression Models with Help-seeking Intention (Parents) as the Outcome

Independent Variables	b	SE	t	p-value	95% CI
Conversation Orientation					
(Constant)	-1.61	.87	-1.85	.066	(-3.33, .11)
Age	-.01	.03	-.17	.868	(-.06, .05)
Gender	.09	.18	.51	.614	(-.26, .43)
Years lived in the U.S.	.02	.01	1.47	.144	(-.01, .04)
Depressive Symptoms	-.02	.02	-1.21	.229	(-.06, .04)
Conversation Orientation	1.77	.13	13.74	<.001	(1.52, 2.03)
Conformity Orientation					
(Constant)	4.81	1.25	3.83	<.001	(2.34, 7.28)
Age	.02	.04	.48	.635	(-.06, .10)
Gender	.33	.24	1.36	.177	(-.15, .81)
Years lived in the U.S.	-.01	.02	-.53	.596	(-.04, .03)
Depressive Symptoms	-.07	.03	-.19	.008	(-.12, -.02)
Conformity Orientation	-.31	.19	-1.66	.098	(-.68, .06)

Table 2.4

Moderating Effect of Cultural Identity on Conformity Orientation and Perceived Emotional Support in the Mediation Model

	b	SE	t	p-value	95% CI
Dependent Variable: *Perceived Emotional Support*					
Conformity Orientation	-1.54	.42	-3.65	<.001	(-2.37, -.71)
Cultural Identity	-1.78	.80	-2.21	.028	(-3.36, -.19)
Conformity Orientation by Cultural Identity	**.64**	**.29**	**2.23**	**.027**	**(.07, 1.21)**
Age	.02	.03	.66	.511	(-.04, .08)
Gender	.53	.18	2.92	.004	(.17, .89)
Depression	-.07	.02	-3.41	<.001	(-.11, -.03)

	Effect	$SE_{Bootstrap}$	95% $CI_{Bootstrap}$
Conditional Indirect Effect of Conformity Orientation on Help-seeking Intention via Perceived Emotional Support at Each Level of the Moderator (Cultural Identity), with Bootstrap			
American or Bi-cultural Identity	-.66	.18	(-1.02, -.31)
Korean Cultural Identity	-.19	.16	(-.52, .10)
Test of the Difference between Conditional Indirect Effects			
American or Bi-cultural Identity vs. Korean Cultural Identity	.47	.22	(.04, .92)
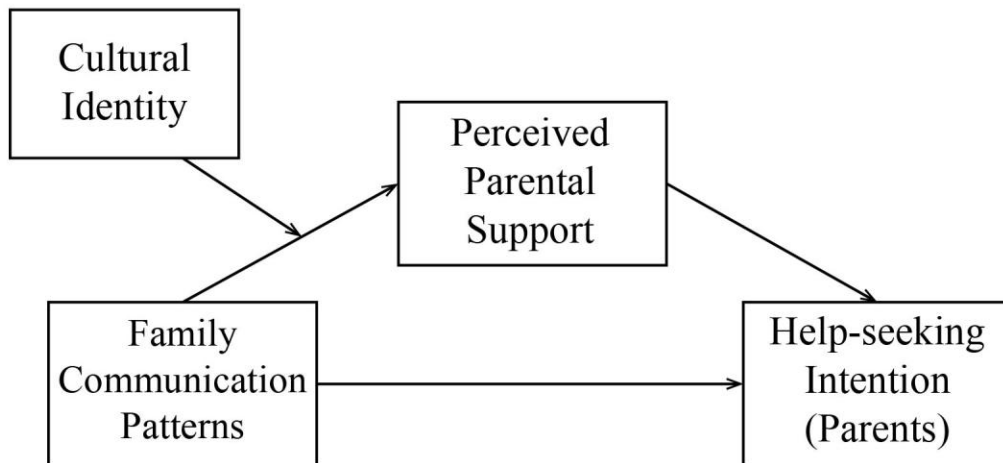
Figure 2.1. Conceptual model of cultural identity moderating the relation between family communication pattern and perceived parental support in the mediation pathway.
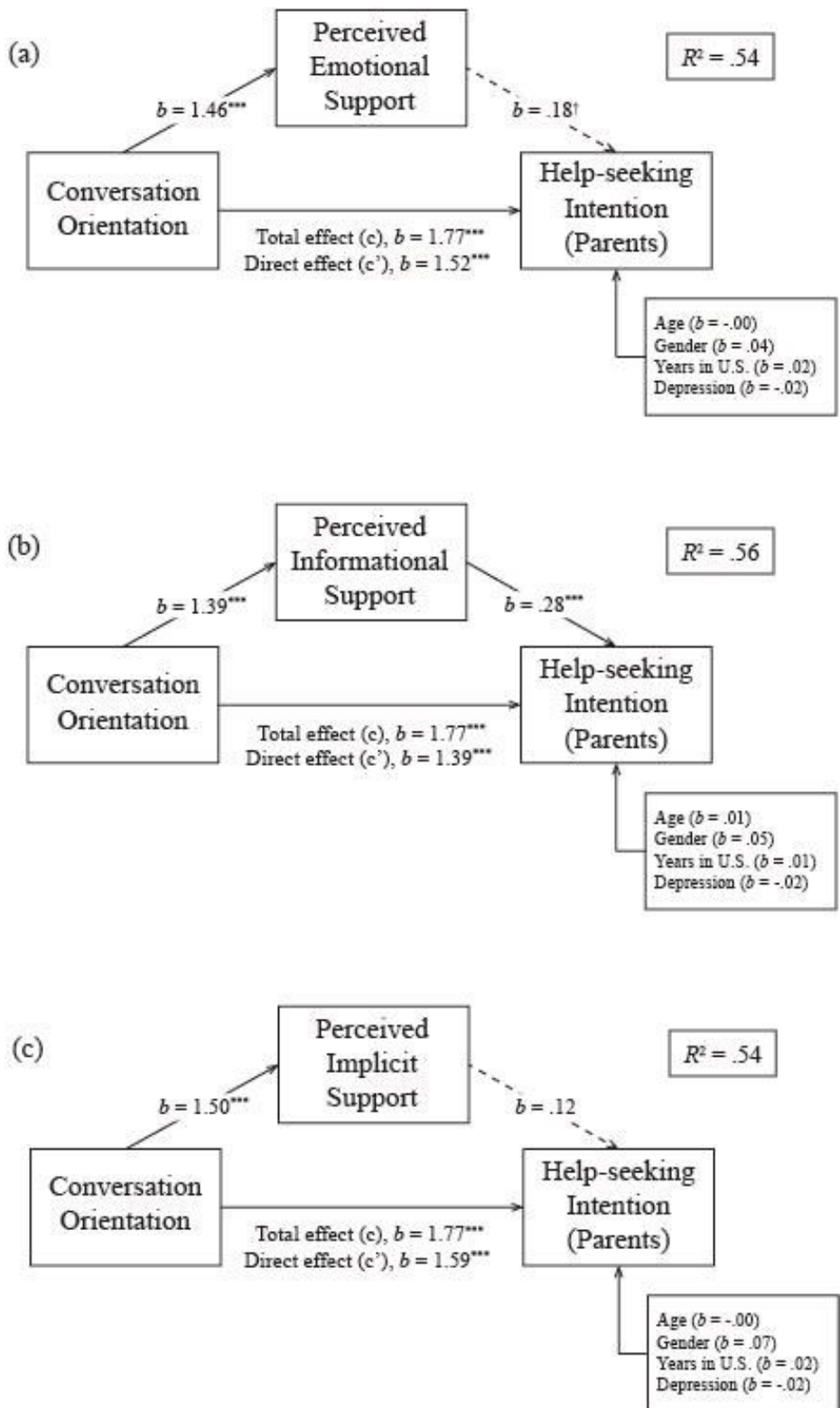
Figure 2.2. Tests of mediation models with conversation orientation as the independent variable. (a) Perceived emotional support as the mediator. (b) Perceived informational support as the mediator. (c) Perceived implicit support as the mediator. $^{\dagger} = p < .10,$ $^{***} = p < .001$
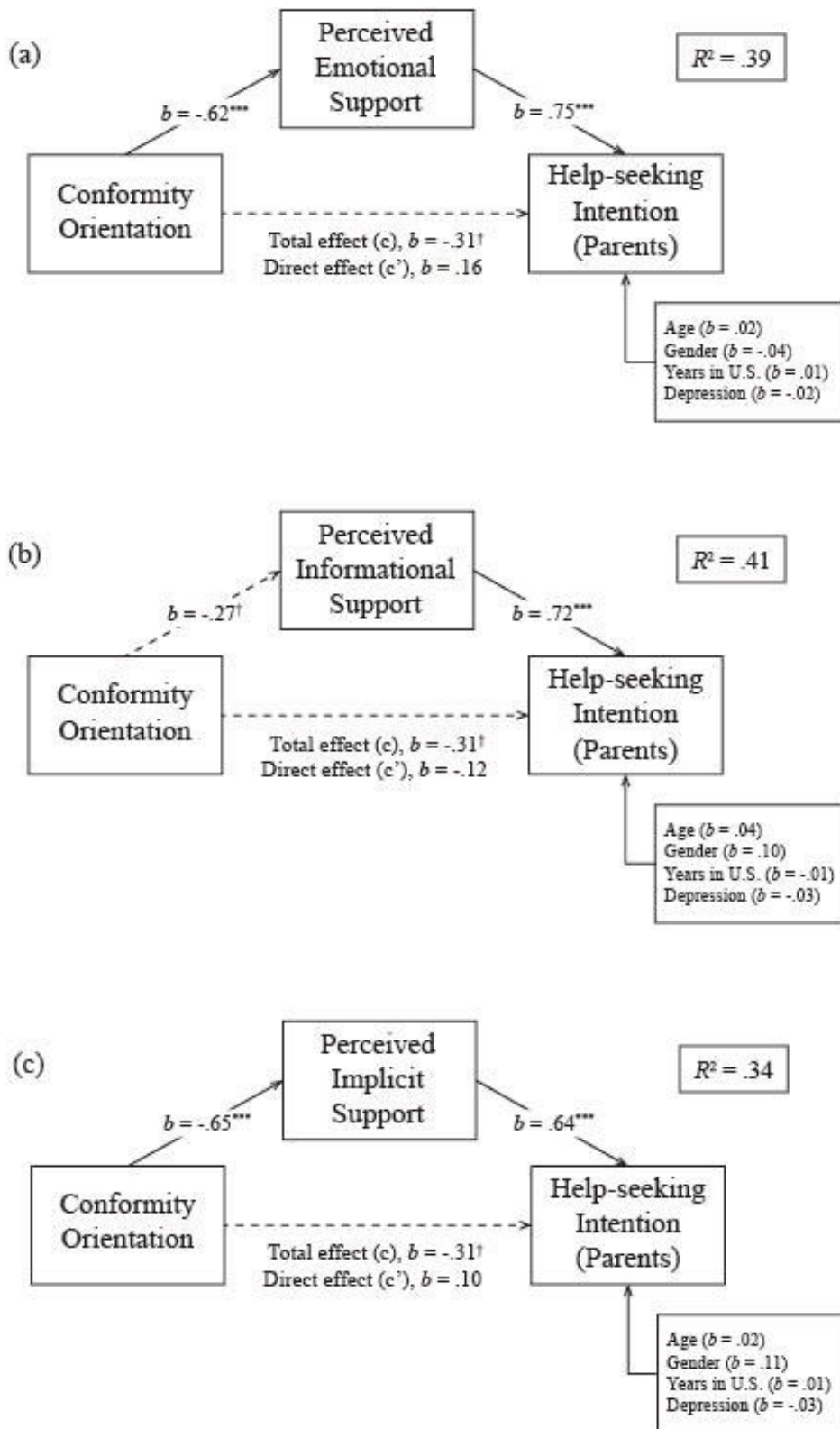
Figure 2.3. Tests of mediation models with conformity orientation as the independent variable. (a) Perceived emotional support as the mediator. (b) Perceived informational support as the mediator. (c) Perceived implicit support as the mediator. $^{\dagger} = p < .10,$ $^{***} = p < .001$
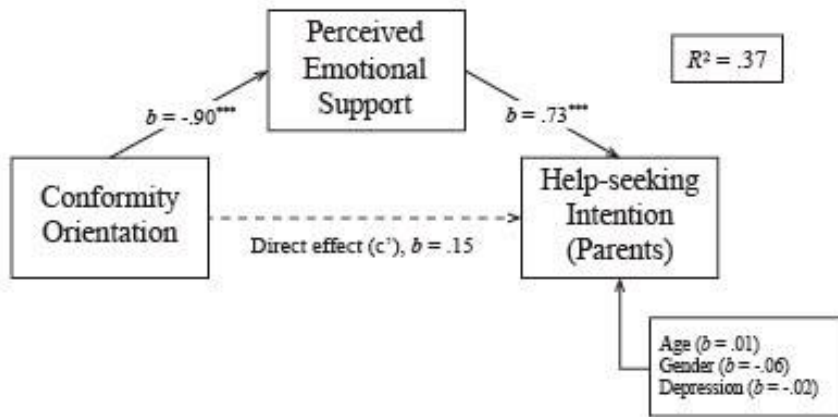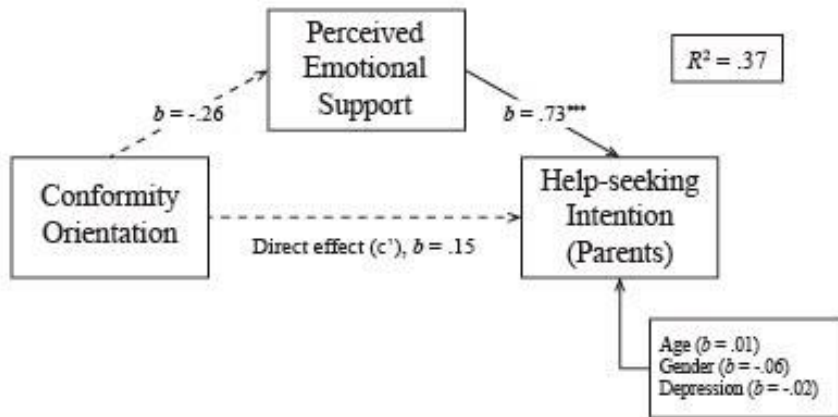
Figure 2.4. Conditional effects of conformity orientation on perceived emotional support at each level of cultural identity. (a) Mediation effect among participants identifying as American or bi-cultural. (b) Mediation effect among participants identifying as Korean. *** = $p < .001$

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Chapter 5: Manuscript 3 – Exploring the interplay of family communication patterns and cultural values on informal help-seeking among Korean American emerging adults

Exploring the interplay of family communication patterns and cultural values on informal help-

seeking among Korean American emerging adults

Jee Hun Yoo[1]*, (co-author), …, Barbara A. Curbow[1]

Abstract

Objectives: Mental health research on Asian Americans has mostly focused on understanding formal help-seeking, but relatively less is known about the correlates of informal help-seeking. In particular, the role of family context in shaping and influencing the cultural attitudes toward informal help-seeking needs further investigation. The current study aimed to explore the influence of family communication patterns on informal help-seeking intention among Korean American emerging adults. Relevant cultural factors, namely emotional self-control, relational concerns, and face loss concerns were examined as mediators in this process.

Methods: Convenience and respondent-driven sampling methods were used to collect data from 201 Korean American emerging adults ages 18-29 years (M_{age} = 24.2, SD = 3.2; 52.2% female) using an online survey. Mediation analyses with bootstrapping were conducted to assess the mediating effect of cultural factors on the association between family communication patterns and informal help-seeking intention.

Results: Conversation orientation was positively associated with informal help-seeking intention, while conformity orientation was negatively associated. Emotional self-control, relational concerns, and face loss concerns were negatively associated with informal help-seeking intention. Mediation analyses showed significant mediating effects of emotional self-control and face loss concerns. Korean American emerging adults from more conformity-oriented families reported higher levels of emotional self-control and face loss concerns, which in turn was associated with lower informal help-seeking intention.

Conclusion: The current study highlights the utility of examining the family context in understanding the informal help-seeking processes and the cultural correlates. Study findings have important research and practice implications for addressing the mental health needs of Korean American emerging adults.

Introduction

Korean American emerging adults are a major Asian American subpopulation who experience significant mental health burden. South Korea has ranked the highest in suicide rates among members of the Organization for Economic Cooperation and Development (OECD) since 2003 (OECD, n.d.), and suicide is the top leading cause of death for youth aged 9-24 (Statistics Korea, 2020). Findings in the U.S. also suggest that Korean Americans report higher rates of mental health symptoms compared to other Asian American subpopulations. A meta-analysis study reports that the prevalence of depression in Korean Americans (33.3%) is nearly twice as high as the rate in Chinese Americans (15.7%; Kim et al., 2015), and Korean American young adults aged 20-34 have the highest rate of suicide deaths among all Asian American subpopulations, with the rate being nearly twice the rate for Asian Americans in aggregate (Kung et al., 2018). Such findings illustrate the urgent need for efforts to address the mental health challenge among Korean American emerging adults.

Help-seeking in the mental health context, defined as "an adaptive coping process that is the attempt to obtain external assistance to deal with a mental health concern" (Rickwood & Thomas, 2012, p. 180), is an important coping behavior to consider. For example, utilizing social support, whether in the form of advice, empathy, or tangible assistance, can potentially shorten the duration of negative mental health episodes and help individuals move towards a more positive mental health trajectory (Taylor, 2011). While help-seeking can serve as a protective factor for mental health, research has shown that emerging adults are generally reluctant to seek professional help. Reasons for this reluctance include mental health stigma, low mental health literacy, and desire for autonomy and self-reliance (Cauce et al., 2002; Gulliver et al., 2010; Rickwood & Thomas, 2012; Wilson et al., 2007). Relying on oneself to cope with stressors can be beneficial in

providing a sense of autonomy and fostering resilience, but self-reliance can also perpetuate delays in help-seeking and lead to more severe symptoms (Labouliere et al., 2015). Knowing how to recognize the need for support and the ability to seek appropriate informal (e.g., friends and family) or formal (e.g., mental health professionals) support are essential in preventing more serious and damaging mental health states.

Extant literature on Asian American mental health has focused primarily on addressing the disparity in access to mental health services because Asian Americans have consistently demonstrated lower service utilization rates compared to other racial/ethnic groups (Abe-Kim et al., 2007; Substance Abuse and Mental Health Services Administration [SAMHSA], 2015; Sue et al., 2012). Although continued efforts are needed to make mental health services more accessible and culturally competent, one aspect that also needs further study is how Asian Americans seek help from family and friends (i.e., informal help-seeking). When experiencing mental distress, it is common for people to seek advice or support from close others before seeking professional services. Several studies have found that Asian Americans prefer support from family and friends over that from mental health professionals (Cheung et al., 2011; Leung et al., 2012). Moreover, some of the factors associated with the underutilization of mental health services, such as linguistic barriers and accessibility issues (Le Meyer et al., 2009; Wu et al., 2009), create barriers that make it particularly difficult to encourage Asian Americans to seek and receive mental health services.

In the informal help-seeking context, factors such as relationship dynamics and cultural norms become crucial in understanding people's support seeking intentions and behaviors. Available studies on informal help-seeking and social support suggest that cultural factors, such as tendency to restrain expressions of emotions (i.e., emotional self-control; Butler et al., 2007) and concerns about relational harmony and saving face (i.e., relational and face loss concerns; Taylor

et al., 2004), are associated with informal help-seeking among Asian Americans. Notably, one important aspect that has not been fully investigated is the role of the family context in shaping the beliefs and decisions around the informal help-seeking process. The current study aims to address this gap in the literature by assessing the influence of family communication patterns on the process of informal help-seeking among Korean American emerging adults, with cultural factors (emotional self-control, relational concerns, face loss concerns) examined as mediators.

Cultural Factors associated with Informal Help-seeking

While there is limited research on factors associated with informal help-seeing specific to Korean Americans, studies on Asian Americans provide some insights into the sociocultural factors associated with this process. In addition to the demographic factors of younger age and female gender being associated with increased help-seeking from family and friends (Nguyen et al., 2018), several cultural values were identified as relevant factors for the informal help-seeking process.

Emotional self-control, one of the core Asian values emphasizing the restraint of emotional expression (Kim et al., 2005), is thought to undermine Asian Americans' desire to seek help from others. Butler et al. (2007) found that women who held Asian values assessed emotional suppression more positively and reported suppressing emotions more frequently than women holding European American cultural values. Chen et al. (2015) discussed how the transaction of social support often involves direct, verbal forms of acknowledging one's stressor and describing the associated negative emotions, for which the person receives advice, emotional comfort, or instrumental support from others. If Asian Americans hold the cultural values of emotional self-control, they could be less inclined to solicit help because the process would imply some degree

of emotion expression.

Relational concern regarding the potential negative ramifications of seeking help is another cultural characteristic shared by Asian Americans. In a focus group involving Asian and Asian American students, some of the common explanations for Asians' lower use of social support as a coping method included the desire to maintain group harmony and a belief that telling others about one's problems would make the situation worse due to induced concern or burden (Taylor et al., 2004). Researchers point to the interdependent view of the self, one of the known features of Asian culture, as the underlying reason for Asians' tendency to consider relational concerns. Individuals from a more interdependent cultural background (e.g., Asians) are encouraged to maintain harmony within a group and value subordination of personal thoughts and feelings to accommodate group interests (Markus & Kitayama, 1991). In the context of help-seeking, Asian Americans could be more concerned about the relational implications of bringing personal problems to the attention of others than about proactively securing their own well-being (Kim et al., 2008).

Another cultural concept closely related to mental health stigma is loss of face, which can be described as losing a certain level of respectability and social integrity by deviating from a set of socially sanctioned norms (Ho, 1976; Zane & Yeh, 2002). Several studies found that face loss concern was a major factor that hindered Asians from seeking help from their friends and family. Participants anticipated embarrassment from sharing their problems with close others, mentioned wanting to maintain their sense of dignity, or worried that they would receive criticism from others (Chang, 2015; Chung, 2010; Shin, 2002; Taylor et al., 2004). All of these barriers stemmed from their concerns about maintaining a positive perception of themselves. Asian immigrants who expressed concerns for potential loss of face also preferred to engage in self-reliant coping

strategies over informal help-seeking (Chang, 2015; Shin, 2002).

Influence of the Family Context: Family Communication

Family context is important to consider in assessing whether Asian Americans endorse the aforementioned cultural values. Family context has a significant impact on children's' social and cultural development. Parents play a crucial role in shaping children's beliefs and internal working models through the processes of socialization, parent-child relationship qualities, and modeling (Eisenberg et al., 1998; Parke & Buriel, 1998). Researchers also note parents' role in transmitting their cultural heritage to their children, a process called racial/ethnic socialization (Hughes et al., 2006).

In the context of help-seeking, empirical evidence suggests that parental values and the associated communication patterns have some degree of influence on Asian youths' informal help-seeking process. For example, Chang (2015) found that Asian youths described not seeking help from their parents because they expected messages of forbearance and perseverance rather than emotional support. In Shin's (2002) study, one participant recalled her mother always saying, "even between parents and children, there are some things that are better not to discuss. Don't say everything on your mind. It's better to try to resolve it alone (p. 465);" this participant tried to take care of depression by herself because she was taught to resolve personal problems on her own (Shin, 2002). These findings convey an important message about the influence of parental values and interactions on Asian emerging adults' expectations about seeking and receiving support from parents and friends. Such parental values and messages can be partly, or substantially, internalized and reflected in children's help-seeking beliefs and actions. As such, the impact of parental values and communication patterns on the informal help-seeking process via endorsement of cultural

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values warrants further study.

Current Study

The present study is an investigation of the influence of family communication patterns on the informal help-seeking intention among Korean American emerging adults. In examining the role of family context, we also assess whether some of the salient cultural factors (i.e., emotional self-control, relational concerns, face loss concerns) mediate the relationship between family communication patterns and informal help-seeking (Figure 3.1). The specific objectives for this study were to: (1) identify individual-level characteristics associated with emotional self-control, relational concerns, and face loss concerns; (2) assess the associations among family communication patterns, cultural factors, and intention to seek informal support; and (3) explore the mediating effect of emotional self-control, relational concerns, and face loss concerns on the relationship between family communication patterns and informal help-seeking intention.

Methods

Procedure

This cross-sectional study was conducted as part of the first author's dissertation research. Convenience and respondent-driven sampling methods were utilized to recruit Korean or Korean American participants ages 18-29 who were currently living in the U.S. Korean student organizations at universities, youth groups in Korean ethnic churches, and additional Korean community groups were contacted via email, community websites, or other social networking services. Study recruitment information, which included links to the full consent form, online survey, pre-recorded introductory video, and a flyer, was shared with the group representatives or

posted in social media pages upon permission. Eligible participants were invited to complete a one-time, online survey that required 15-25 minutes to complete. Participants received a $10 online gift card as study compensation. Follow up emails were sent to the study participants, notifying them of the compensation payment and encouraging them to share the study recruitment information with their friends who were potentially eligible. All study procedures, including a waiver of written consent, were approved by the university institutional review board (IRB).

Participants

Study participants were 201 self-identified Korean or Korean American emerging adults. About half of the sample identified as females (52.2%). The majority of the participants were born in South Korea (72.6%), but many also reported being U.S. citizens or permanent residents (68.2%). The majority of them were full- or part-time students (53.7%), and 32.3% reported that they were currently working. Table 3.1 presents a more detailed overview of the sample characteristics.

Measures

Demographics

Participants were asked to provide their age, gender, country of birth, years lived in the U.S., citizenship status, region of residence, cultural identity, English proficiency, education, and primary occupation.

Depression

Depressive symptoms were measured using the Patient Health Questionnaire-9 (PHQ-9),

which is a validated screening instrument for assessing depression severity (Kroenke et al., 2001). This measure lists nine core symptoms of depression (e.g., "Little interest or pleasure in doing things") and asks participants to indicate how often they experienced the symptoms in the past two weeks on a scale of 0 (*not at all*) to 3 (*nearly every day*). A composite score was computed by taking the sum across the items, resulting in a score ranging from 0 to 27 with higher scores indicating higher depressive symptoms. The scale has been used in university students (Lipson & Eisenberg, 2018), as well as Korean patients with good reliability (Cronbach's α = .85, Choi et al., 2007). The reliability in the present study was α = .85.

Family Communication Patterns

The Revised Family Communication Pattern scale (Koerner & Fitzpatrick, 2002) was used to assess participants' perception of family communication patterns. The scale consists of 26 items measuring two underlying dimensions of family communication patterns, namely *conversation orientation* (15 items) and *conformity orientation* (11 items). Sample items from each dimension are "My parents often ask my opinion when the family is talking about something (conversation)" and "When I am at home, I am expected to obey my parents' rules (conformity)." For each item, participants responded on a Likert type scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). A single score was computed by taking the average across the items, resulting in a score ranging from 0 to 5 with higher scores indicating higher orientation towards each dimension. The scale has shown good reliability in university students (Cronbach's α = .93 and .86 for conversation and conformity, respectively; High & Scharp, 2015), and the corresponding reliabilities in the present study were α = .94 and .89.

Emotional Self-control

Attitude towards restraining emotions was measured using the Emotional Self-Control subscale of the Asian American Value Scale – Multidimensional (AAVS-M; Kim et al., 2005). The subscale consists of 8 items on a 7-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree). An example item includes "It is better to hold one's emotions inside than to burden others by expressing them." Both the full scale (AAVS-M) and the emotional self-control subscale have been used in studies examining correlates of help-seeking attitudes among Asian Americans (Kim & Lee, 2014; Kim et al., 2016), and the subscale showed good internal consistency (Cronbach's α = .81, Kim et al., 2016). The reliability in the present study was α = .72.

Relational Concerns

Ten items developed by Taylor et al. (2004) were used to measure the participants' level of concern on the relational implications for seeking help. Originally, the authors constructed 38 items on a 5-point Likert scale (1 = Not at all, 5 = Very much) that mapped onto the five themes that emerged from a focus group study on reasons why Asians may use less social support. The five themes were: preserving the harmony of the social group (Harmony, α = .88), belief that telling others would make the problem worse (Make Worse, α = .85), concern that sharing problems would result in criticism or poor evaluations by others (Criticism, α = .86), desire to save face and avoid embarrassment (Save Face, α = .89), and the cultural belief that each person has an obligation to discharge his or her own responsibilities and correct mistakes (Self-Reliance, α = .89).

For the present study, we conducted an exploratory factor analysis with Varimax orthogonal rotation method for the items on Harmony and Make Worse, which we judged to be most relevant to the relational concerns construct. The analysis suggested a two-factor model, with all eight items

on Harmony, as well as two of the items from Make Worse (i.e., "I'm concerned that if I tell close others about my problems, they would be hurt or worried for me," "I fear that telling close others how upset I am will also make them upset"), loading onto the first principal component, and the remaining six items on Make Worse loading onto the second. After reviewing the individual items on each component, we judged the first component to be best describing relational concerns. A sample item includes "I would not bring up my problems with close others because I do not want them to worry." We conducted a reliability analysis using the 10 items. The overall reliability was good (Cronbach's α = .90), with all item-total correlations exceeding r = .60.

Face Loss Concerns

Twelve items developed by Taylor et al. (2004) were used to measure the participants' level of concern about potential loss of face associated with seeking help. Similar to the work with the relational concerns construct, we conducted an exploratory factor analysis with Varimax orthogonal rotation method for the items on Save Face and Criticism, which we judged to be most relevant to the face loss concerns construct. The analysis suggested a one-factor model, with all six items on Save Face as well as seven items on Criticism loading onto a single principal component. When we conducted a reliability analysis using the 13 items, the overall reliability was good (Cronbach's α = .92), with all item-total correlations exceeding r = .53, except for one item that had a correlation of .44. We decided to take out this item (i.e., I don't want to look needy) when making the composite score for face loss concerns. A sample item from the final set includes "I think it is shameful to let close others to know about my own problems.," and the overall reliability remained the same at α = .92.

Informal Help-seeking Intention

Participants' intention to seek help from informal sources was measured using the General Help-Seeking Questionnaire (Wilson et al., 2005). This matrix format instrument measures future help-seeking intentions by listing a number of potential help sources and asking participants to rate how likely is it that they would seek help from each source for a particular problem. As the authors encourage these components to be modified to fit the need of different samples and study requirements, the following problem probe was used for the current study: "*Please think about the things that cause you stress, such as those you listed above. Below is a list of people who you might seek help from or talk to if you were experiencing emotional or mental health problem. Please indicate how likely is it that you would seek help from each of these people for a personal or emotional problem.*" After the prompt, the following help sources were listed: *partner, friends, mother, father, other relatives or family members, mental health professionals, phone help line, family/primary care doctor, teacher, I would not seek help from anyone,* and *other*. For each help source, participants rated their likelihood to seek help on a scale of 1 (*extremely unlikely*) to 7 (*extremely likely*). Participants' intention to seek help from informal sources was computed by taking the average across the following items: *partner, friends, mother, father,* and *other relatives or family members*. Wilson et al. (2005) reported internal reliability of $\alpha = .70$ based on combining all specific help source options for personal-emotional problems. The overall reliability in the present study using the informal sources only was $\alpha = .69$.

Data Analysis

We first conducted descriptive analyses to examine the sample characteristics. Bivariate analyses, including independent t-tests, analysis of variance (ANOVA), and correlations, were

conducted to assess how the demographic characteristics were associated with cultural factors (emotional self-control, relational concerns, face loss concerns). For the second objective, we first ran bivariate correlations to assess the simple associations among family communication patterns, cultural factors, and informal help-seeking intention. Then, we conducted adjusted linear regression analyses to examine whether family communication patterns were associated with informal help-seeking intention after controlling for individual-level covariates (age, gender, years lived in the U.S., depression). Finally, mediation analyses were conducted using PROCESS macro (Hayes, 2018) to assess the mediation effect of cultural factors between family communication patterns and informal help-seeking intention. For all mediation analyses, the sampling distribution of indirect effects was bootstrapped 5,000 times, and control variables were included (age, gender, years lived in the U.S., depression). We used IBM SPSS Statistics (Version 28) predictive analytics software for all statistical analyses.

Human Subjects

While the risks associated with completing the survey were minimal, an additional help resource (phone help line) was included in the consent form and at the end of the survey to support those who may experience emotional discomfort or arousal related to the survey questions. To address potential participant burden, break prompts were included in between survey sections to inform the participants on their progress and allow them to take a break if needed. The only personally identifiable information collected for the study were participants' contact information (i.e., email or phone number), which was necessary to receive their study compensation. To ensure confidentiality, contact information was collected through a separate survey that was linked to the end of the study survey. Only the principal investigator had access to the identifiable data, and the

information was used only to send the study compensations, after which it was deleted.

Results

Sample Characteristics

Table 3.1 displays the characteristics of the study sample. The mean age of the participants was 24.2 years (SD = 3.2, range = 18–29 years). The average years lived in the U.S. was 12.7 years (SD = 7.4), the mean score on English proficiency was 4.4 out of 5 (SD = 0.8), and more participants identified with American or both American and Korean culture (bi-cultural, 62.7%) than with Korean culture (37.3%). The majority of the sample had at least a bachelor's degree or higher (63.2%). In terms of the mental health indicators, 17.4% (n = 35) of the sample scored 10 or higher on the depression score, which is considered moderate to severe levels of depressive symptoms (Kroenke et al., 2001). Based on the validity test in the original study, Kroenke et al. (2001) found that 88% of patients diagnosed with major depression had scores of 10 or higher on this scale.

Characteristics of the Cultural Factors among Korean American Emerging Adults

The average scores for emotional self-control, relational concerns, and face loss concerns were 3.8 (SD = 0.9), 3.2 (SD = 0.8), and 2.6 (SD = 0.9), respectively (Table 3.2). Table 3.1 presents the results for the bivariate analyses between demographic characteristics and cultural factors. Scores on emotional self-control were different across gender, country of birth, age, years lived in the U.S., and English proficiency. Specifically, those who were male (d = .84), born in Korea (d = .84), older (r = .14), less English proficient (r = -.22), and lived fewer years in the U.S. (r = -.17), showed higher levels of endorsement for emotional self-control. For relational concerns and face

loss concerns, only depression showed significant association. Those who experienced higher depressive symptoms also showed higher levels of relational (d = .81) and face loss concerns (d = .84).

Family Communication Patterns, Cultural Factors, and Informal Help-Seeking Intention

The results for the bivariate correlations among the study variables are presented in Table 3.2. Simple bivariate correlation tests showed that conversation orientation was positively associated with intention to seek help from informal sources (r = .57), whereas conformity orientation was negatively associated (r = -.17). Conversation orientation showed negative associations with relational concerns (r = -.19) and face loss concerns (r = -.19), while conformity orientation showed positive associations with relational concerns (r = .34) and face loss concerns (r = .37). Emotional self-control did not show significant association with family communication patterns, although the directions of the correlations were the same as those of the other two cultural factors. Emotional self-control (r = -.23), relational concerns (r = -.19), and face loss concerns (r = -.31) were all negatively associated with informal help-seeking intention.

Results from the adjusted linear regression analyses are presented in Table 3.3. Only conversation orientation remained as a positive predictor of help-seeking intention toward informal sources (b = 1.01, $t_{(193)}$ = 10.08, p < .001) after controlling for age, gender, years lived in the U.S., and depression. Among the demographic variables, years lived in the U.S. (b = 0.05, $t_{(193)}$ = 4.70, p < .001) and depression (b = -0.03, $t_{(193)}$ = -2.02, p = .045) remained significant predictors, and the included variables collectively explained 40.6% of the variance in informal help-seeking intention. The negative association between conformity orientation and help-seeking intention toward informal sources was marginal (b = -0.23, $t_{(193)}$ = -1.76, p = .080) after controlling for the

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same demographic variables. Years lived in the U.S. ($b = 0.03$, $t_{(193)} = 2.59$, $p = .010$) and depression ($b = -0.06$, $t_{(193)} = -3.10$, $p = .002$) remained significant demographic predictors, and the included variables collectively explained 10.8% of the variance in informal help-seeking intention.

Cultural Factors as Mediators

To test whether cultural factors mediate the relationship between family communication patterns and informal help-seeking intention, mediation analyses with covariates were conducted using PROCESS macro (Hayes, 2018). Three mediators (emotional self-control, relational concerns, face loss concerns) were tested individually with each of the two independent variables (conversation and conformity orientations), resulting in a total of six mediation models with help-seeking intention toward informal sources as the outcome variable. For all models, age, gender, years lived in the U.S., and depression were included as covariates.

When having conversation orientation as the independent variable, none of the cultural factors showed significant mediating effects (Figure 3.2). Emotional self-control ($b = -0.25$, $t_{(192)} = -3.14$, $p = .002$) and face loss concerns ($b = -0.23$, $t_{(192)} = -2.83$, $p = .005$) showed significant direct effects on informal help-seeking intention after controlling for conversation orientation and demographic variables (Figures 3.2a and 3.2c), but relational concerns did not show a significant direct effect on the outcome variable (Figure 3.2b). The adjusted direct path from conversation orientation to informal help-seeking intention remained positively associated in all three mediation models ($b = 0.97 - 1.00$, $t_{(192)} = 9.79 - 9.89$, $p < .001$). The three models showed good levels of fit, with the models explaining 40.7-43.5% of the variance in informal help-seeking intention.

With conformity orientation as the independent variable, emotional self-control ($b = -0.071$, 95% $CI_{Bootstrap}$: (-.158, -.007)) and face loss concerns ($b = -0.121$, 95% $CI_{Bootstrap}$: (-.234, -.033)) served as significant mediators (Figure 3.3). Specifically, conformity orientation was positively associated with emotional self-control ($b = 0.21$, $t_{(193)} = 2.28$, $p = .024$) and face loss concerns ($b = 0.40$, $t_{(193)} = 4.71$, $p < .001$); in turn, emotional self-control ($b = -0.34$, $t_{(192)} = -3.44$, $p = .001$) and face loss concerns ($b = -0.30$, $t_{(192)} = -2.84$, $p = .005$) were negatively associated with help-seeking intention (Figures 3.3a and 3.3c). The adjusted direct path from conformity orientation to help-seeking intention was not significant after accounting for the mediators ($b = -0.16$, $t_{(192)} = -1.23$, $p = .222$ and $b = -0.10$, $t_{(192)} = -0.79$, $p = .433$ for emotional self-control and face loss concerns, respectively). The two models with emotional self-control and face loss concerns as mediators explained 15.9% and 14.4% of the variance in informal help-seeking intention, respectively.

When having relational concern as the mediator (Figure 3.3b), only the first half of the indirect path between conformity orientation and relational concerns showed a significant positive association ($b = 0.38$, $t_{(193)} = 4.38$, $p < .001$), and the second half of the indirect path between relational concerns and informal help-seeking intention, as well as the adjusted direct path between conformity orientation and informal help-seeking intention, did not show significant associations. The overall model explained 11.3% of the variance in informal help-seeking intention.

Discussion

The current study examined how family communication patterns relate to Korean American emerging adults' help-seeking intention towards informal help sources. Given the low mental health service utilization rates and the associated cultural factors among Asian Americans documented in previous research, the present study also explored whether some of the salient

cultural factors (i.e., emotional self-control, relational concerns, face loss concerns) serve as mediators between family communication patterns and informal help-seeking intention.

Our sample of Korean American emerging adults reported higher levels of emotional self-control compared to relational concerns and face loss concerns. While not directly comparable, the averages scores on emotional self-control, relational concerns, and face loss concerns found in this study were slightly higher than the scores found in previous studies using Asian American undergraduate students (Kim et al., 2016; Taylor et al., 2004). This may be preliminary evidence that the level of endorsement of these cultural values may differ across Asian subpopulations, but more cross-cultural and multi-group studies are needed to assess the differences in endorsement levels. Moreover, our findings showed that only emotional self-control was significantly associated with several indicators of acculturation, such that those who may be less acculturated (e.g., born in Korea, fewer years lived in the U.S., lower English proficiency) reported higher levels of emotional self-control. Our sample had a relatively narrow age range and education level, and descriptive data suggested that our sample was an acculturated group, including those who were born in Korea. As such, indicators of acculturation alone, as measured in this study, may not have fully explained the variabilities in relational concerns and face loss concerns. More studies are needed to better understand how individuals come to endorse these Asian cultural values.

Bivariate analyses showed significant associations between family communication patterns and cultural factors. Specifically, participants from families higher in conversation orientation reported having lower levels of relational and face loss concerns, whereas participants from more conformity-oriented families reported having higher levels of relational and face loss concerns. While there are no previous findings available to compare our findings, several explanations are possible for these associations. Individuals from families engaging in more

unrestrained interactions about various topics (i.e., conversation orientation; Koerner & Fitzpatrick, 2002) may have had more positive experiences of their opinions and feelings being valued, which could have led them to be less concerned about potential negative relational impact of sharing personal problems. In contrast, individuals from families that emphasize homogeneity in attitudes and values (i.e., conformity orientation; Koerner & Fitzpatrick, 2002) could have experienced more disconfirming or shaming incidences, as parents try to secure strict obedience to parental authority. Such experience could have led them to be more concerned about the negative impact of sharing their personal problems and potentially causing shame in the family. Additionally, some features of conformity orientation, such as parental control and hierarchical relationship, overlap with a traditional Korean parenting style that emphasizes filial piety (Min & Foner, 1998; Sung, 2010). It is plausible that Korean families high in conformity orientation are also those who hold more traditional values, which could lead to more frequent exposure to messages that entail cultural values such as relational harmony and saving face.

Family communication patterns were also significantly associated with informal help-seeking intention. Our finding on the positive association between conversation orientation and help-seeking intention is consistent with previous findings that found individuals from more conversation-oriented families to show greater degrees of self-disclosure, sociability, and social support seeking (Huang, 1999; Koerner & Fitzpatrick, 1997; High & Scharp, 2015). The negative association between conformity orientation and help-seeking intention found in our study is somewhat consistent with Huang's (1999) findings that conformity orientation was associated with self-monitoring and shyness, but our finding also contrasts with High and Scharp's (2015) finding that conversation orientation was positively associated with motivation to seek support. The authors discussed the possibility that the positive association is driven by participants' motivation

to seek support from friends because they may not receive the support from family members, but our measurement of informal help-seeking intention also included both family and friends. As the empirical evidence for the association between conformity orientation and help-seeking is less consistent, future research should investigate potential mediators or moderators (e.g., race/ethnicity, specified help source) that can further uncover the influence of conformity orientation on the help-seeking pathway.

Cultural factors showed significant negative associations with informal help-seeking intention. Our findings were consistent with previous studies that identified emotional self-control, relational concerns, and face loss concerns as cultural factors explaining lower use of social support among Asian Americans (Chen et al., 2015; Shin, 2002; Taylor et al., 2004). Our mediation analyses further showed that individuals from more conformity-oriented families were more likely to endorse emotional self-control and face loss concerns, which in turn predicted lower intention to seek help. As mentioned above, Koerner and Fitzpatrick's (2002) conceptualization of the conformity orientation is consistent with features of traditional Asian parenting (Min & Foner, 1998; Sung, 2010), so parents high in conformity orientation may also be the ones who engage in more racial/ethnic socialization with their children. This may help explain why the mediation paths via cultural factors were only significant when having conformity orientation as the independent variable and not with conversation orientation.

Research and Practice Implications

Our findings point to the utility of the family context when examining correlates of Asian American informal help-seeking. Previous studies point to the cultural components being deeply embedded in the help-seeking process, from having certain beliefs about mental health problems

to making decisions on help source and help-seeking methods (see Kim et al., 2008, for review). Family has a profound influence on children's knowledge and endorsement of cultural values, particularly in relation to parenting and socialization (Eisenberg et al., 1998; Hughes et al., 2006). The current study focused on the communication patterns between parents and children as one important component of the family context, and we found that they were both directly associated with help-seeking intention towards informal sources and indirectly associated via endorsement levels of different cultural values. Further study on different aspects of the family context, such as how families transmit their native cultural values or the general relationship quality with parents, may help identify more unique contributors to help-seeking attitudes.

The study findings also build upon the previous empirical data highlighting family communication patterns as correlates of help-seeking. Of note, the samples involved in previous studies were predominantly white (High & Scharp, 2015; Jones et al., 2017; Koerner & Fitzpatrick, 1997), and our study was the first to assess family communication patterns in a Korean American emerging adult sample. The consistent finding on the positive association between conversation orientation and help-seeking suggests that the beneficial effect of having a family that encourages unrestrained interactions may be universal across racial/ethnic groups. The association between conformity orientation and help-seeking was less consistent (High & Scharp, 2015). Considering that features of conformity orientation are pertinent to the traditional Asian parenting style, a future study may use a multi-group design to assess the differential effect of conformity orientation across racial/ethnic groups.

Our results also show a negative association between conformity orientation and informal help-seeking intention via emotional self-control and face loss concerns. Korean American emerging adults who grow up in a conformity-oriented family are more likely to receive messages

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that emphasize harmony and conflict avoidance, which in turn could lead to lower use of social support and higher dependence on self-reliance and other coping strategies (e.g., substance use; Shin, 2002). Previous studies on Asian Americans also show similar accounts, such that participants did not prefer to reach out to their parents because they expected messages of forbearance and perseverance from parents, who often minimized children's experience of stressors relative to what they personally have endured (e.g., poverty, war; Chang, 2015; Lee et al., 2009). Considering that intergenerational cultural gap is a major source of parent-child conflict in Asian Americans and that mental health literacy is generally low among Asian parents (Park et al., 2010; Wang et al., 2019), more efforts should be put into providing information/training sessions for first- and second-generation Asian parents about parenting practices and ways to meet children's mental health needs (Kim et al., 2014; Wang et al., 2021).

Limitations and Future Directions

There are several limitations of this study. We utilized convenience and respondent-driven sampling methods, which are unlikely to have provided us with a representative sample of Korean American emerging adults. In particular, descriptive data suggested that the study sample is likely to be well acculturated and settled, with the average years lived in the U.S. being more than 10 years even among Korea-born participants. We encourage interested researchers to utilize other sampling methods and consider a multi-group study, so that different Asian subpopulations or multiple racial/ethnic groups can be compared. The study was also cross-sectional in design, limiting conclusions regarding causality or temporal sequence of the variables. Future longitudinal studies may be useful in providing more insights into the nature of the relationship among the study variables. We measured family communication patterns based on self-report of the children

only. While the purposes of this study are suffced with Korean emerging adults' subjective interpretations, future studies should consider collecting parents' perspectives and demographic information (e.g., level of acculturation) to make more objective assessment of the family context. Lastly, we recognize that the selection and operationalization of the three cultural factors (emotional self-control, relational concerns, and face loss concerns) are not the only variables that can be examined as cultural correlates of informal help-seeking. In particular, more efforts are needed in developing and establishing scales for different cultural values using qualitative findings (Taylor et al., 2004).

Conclusion

The present study highlights the importance of considering the interplay of the family context and cultural values in order to understand the informal help-seeking process among Asian Americans. Our findings identify family communication patterns, emotional self-control, relational concerns, and face loss concerns as important correlates of informal help-seeking among Korean American emerging adults. Individuals from conversation-oriented families are generally willing to seek help from family and friends. In contrast, those from conformity-oriented families may be less likely to do so for managing mental distress, and beliefs about restraining expression of emotions and concerns about potential loss of face can help explain this association. As seeking social support from family and friends may be one of the "early actions" in the process of coping with mental distress, further studies are needed in examining the familial and cultural influences of informal help-seeking to understand culturally appropriate ways to support Asian Americans' mental health needs.

Table 3.1

Sample Characteristics and Bivariate Analyses on Cultural Factors

	Sample Characteristics (N = 201)	Emotional Self-Control, M (SD)	p-value	Relational Concerns, M (SD)	p-value	Face Loss Concerns, M (SD)	p-value
Categorical, n (%)							
Gender			.024*		.403		.718
Female	105 (52.2%)	3.7 (.8)		3.2 (.8)		2.6 (.9)	
Male	96 (47.8%)	3.9 (.9)		3.1 (.8)		2.6 (.9)	
Country of Birth			.004**		.091†		.299
Korea	146 (72.6%)	3.9 (.7)		3.1 (.8)		2.6 (.8)	
U.S.	55 (27.4%)	3.5 (.7)		3.4 (.9)		2.7 (1.0)	
U.S. Citizenship			.123		.315		.128
Yes	137 (68.2%)	3.7 (.9)		3.2 (.8)		2.7 (.9)	
No	64 (31.8%)	3.9 (.8)		3.1 (.9)		2.5 (.8)	
Cultural Identity			.116		.888		.138
American or Bi-cultural	126 (62.7%)	3.7 (.8)		3.2 (.8)		2.7 (.9)	
Korean	75 (37.3%)	3.9 (.9)		3.2 (.9)		2.5 (.8)	
Primary Occupation			.149		.094†		.701
Student (Full- or Part-time)	108 (53.7%)	3.7 (.8)		3.1 (.9)		2.6 (.9)	
Working	65 (32.3%)	3.8 (.9)		3.1 (.8)		2.7 (.9)	
Both	21 (10.4%)	4.2 (.9)		3.5 (.8)		2.8 (.8)	
Neither	7 (3.5%)	3.7 (.7)		3.7 (.6)		2.8 (.8)	
Education			.444		.127		.119
High School Diploma or Equivalent (GED)	54 (26.9%)	3.9 (.8)		3.3 (.8)		2.9 (.9)	
Some College (no degree) or Associate's	20 (10.0%)	3.7 (.8)		3.5 (.9)		2.5 (.9)	
Bachelor's	88 (43.8%)	3.7 (.9)		3.1 (.8)		2.5 (.9)	
Master's	31 (15.4%)	3.9 (.8)		3.1 (.7)		2.5 (.7)	
Doctoral Degree	8 (4.0%)	3.7 (.9)		2.9 (1.1)		2.1 (.8)	
Depression (1-27 scale)			.911		<.001***		<.001***
Minimal – Mild (1-9)	166 (82.6%)	3.8 (.9)		3.1 (.8)		2.5 (.8)	
Moderate – Severe (10 – 27)	35 (17.4%)	3.8 (.8)		3.7 (.8)		3.2 (.9)	

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Continuous, *M (SD)*							
Age (years)	24.2 (3.2)	*r* = .142	.045[*]	*r* = -.044	.537	*r* = -.128	.069[†]
Years in U.S.	12.7 (7.4)	*r* = -.173	.014[*]	*r* = .008	.910	*r* = .028	.691
English Proficiency (1-5 scale)	4.4 (.8)	*r* = -.222	.002[**]	*r* = -.064	.366	*r* = .044	.537

[†] = p < .10, [*] = *p* < .05, [**] = *p* < .01, [***] = *p* < .00

Table 3.2
Correlation Matrix of the Study Variables

	1	2	3	4	5	6	7
1. Conversation Orientation	1	-.287***	-.059	-.191**	-.194**	.572***	-.260***
2. Conformity Orientation		1	.103	.336***	.374***	-.169*	.221**
3. Emotional Self-Control			1	.274***	.309***	-.234***	-.001
4. Relational Concerns				1	.677***	-.187**	.298***
5. Face Loss Concerns					1	-.309***	.376***
6. Help-Seeking Intention (Informal Sources)						1	-.224***
7. Depression							1
M (*SD*)	3.3 (.7)	2.8 (.7)	3.8 (.9)	3.2 (.8)	2.6 (.9)	4.6 (1.2)	5.6 (4.8)
Range	1 - 5	1 - 5	1 - 7	1 - 5	1 - 5	1 - 7	1 - 27

* = $p < .05$, ** = $p < .01$, *** = $p < .001$

Table 3.3
Adjusted Linear Regression Models with Informal Help-seeking Intention as the Outcome

Independent Variables	*b*	*SE*	*t*	*p-value*	95% CI
Conversation Orientation					
(Constant)	-.10	.68	-.14	.888	(-1.43, 1.24)
Age	.04	.02	1.84	.067	(-.00, .08)
Gender	.01	.14	.10	.923	(-.26, .28)
Years lived in the U.S.	.05	.01	4.70	<.001	(.03, .06)
Depressive Symptoms	-.03	.02	-2.02	.045	(-.06, -.00)
Conversation Orientation	1.01	.10	10.08	<.001	(.81, 1.21)
Conformity Orientation					
(Constant)	3.72	.86	4.35	<.001	(2.03, 5.41)
Age	.05	.03	1.92	.056	(-.00, .10)
Gender	.15	.17	.91	.362	(-.18, .48)
Years lived in the U.S.	.03	.01	2.59	.010	(.01, .05)
Depressive Symptoms	-.06	.02	-3.10	.002	(-.09, -.02)
Conformity Orientation	-.23	.13	-1.76	.080	(-.48, .03)
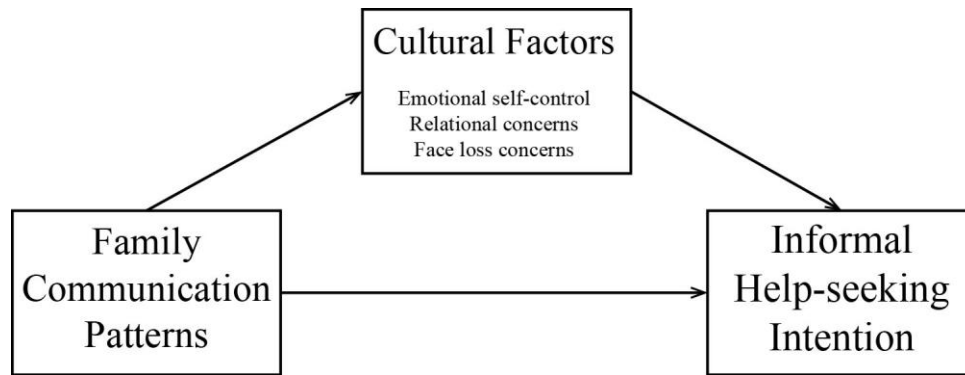
Figure 3.1. Conceptual model of cultural factors mediating the association between family communication patterns and informal help-seeking intention.
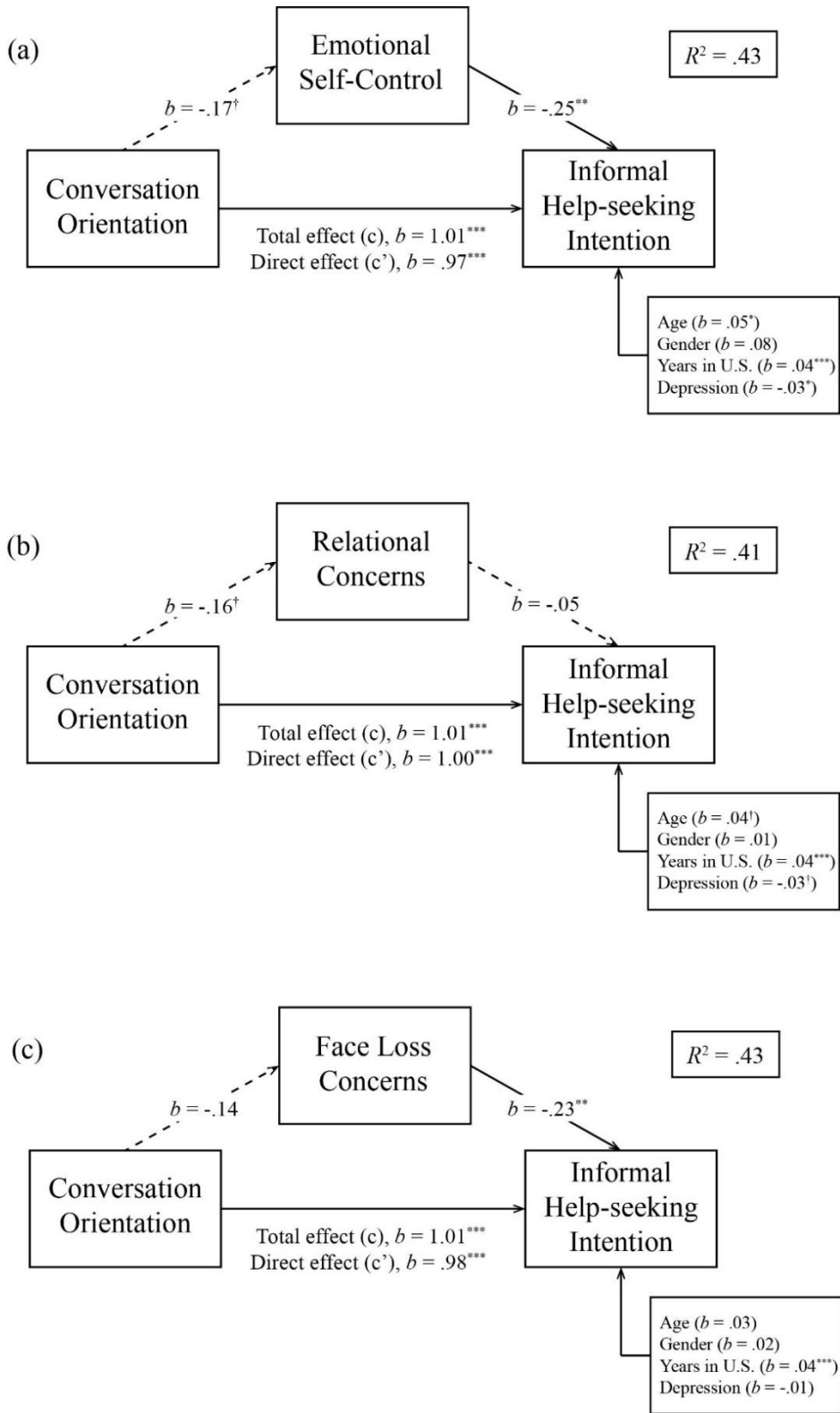
Figure 3.2. Tests of mediation models with conversation orientation as the independent variable. (a) Emotional self-control as the mediator. (b) Relational concerns as the mediator. (c) Face loss concerns as the mediator. $^† = p < .10$, $^* = p < .05$, $^{**} = p < .01$, $^{***} = p < .001$
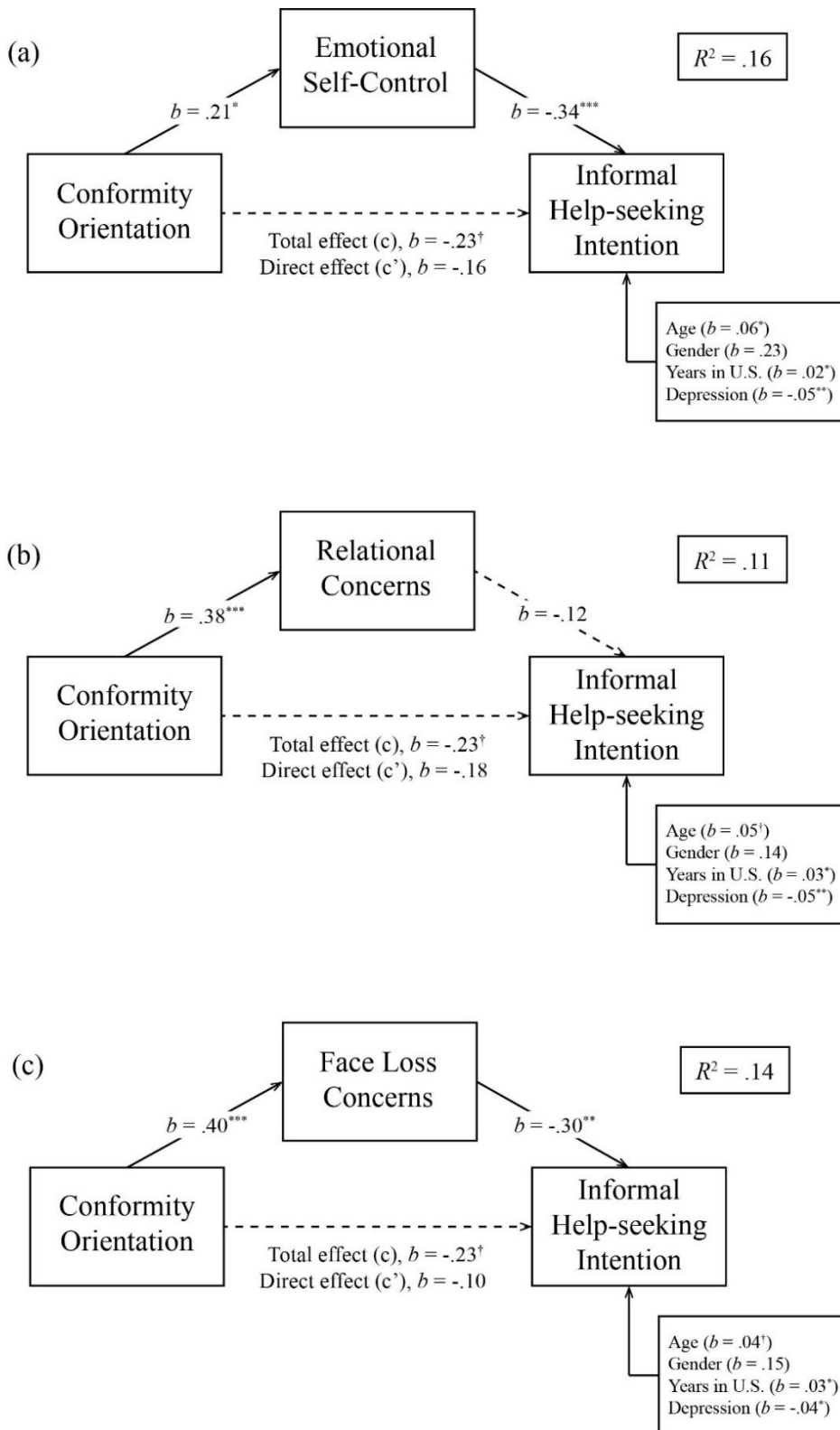
Figure 3.3. Tests of mediation models with conformity orientation as the independent variable. (a) Emotional self-control as the mediator. (b) Relational concerns as the mediator. (c) Face loss concerns as the mediator. $^{†} = p < .10$, $^{*} = p < .05$, $^{**} = p < .01$, $^{***} = p < .001$

Chapter 6: Integrated Summary and Discussion

Study Overview

Researchers studying mental health among Asian Americans have been primarily focused on disparities in access to the mental health care system, as studies have consistently shown that Asian Americans underutilize mental health services compared to other racial/ethnic groups (Abe-Kim et al., 2007; SAMHSA, 2015; Sue, 1977; Sue et al., 2012). Despite the data suggesting that Asian Americans experience numerous stressors and are vulnerable to mental health problems, they are reluctant to seek support from formal services due to individual (e.g., mental health stigma, emotional self-control) and systemic (e.g., lack of culturally competent providers, low health insurance coverage; Han & Pong, 2015; Okazaki et al, 2014; Yu et al., 2010) factors. Mental health needs among Asian American emerging adults are of particular concern because the experiences of cognitive and social changes during this developmental period can be a significant source of stress and insecurity (Arnett, 2000, 2014; Bonnie et al., 2014). Epidemiological data substantiate this concern, with indicators of mental health challenges (e.g., depression, suicide rates) being high among young adults ages 18-29 (Kessler et al., 2005; SAMHSA, 2020) and in Asian American communities (Lee et al., 2009).

While continued efforts are needed to make mental health services more culturally competent and accessible for Asian Americans, examining the informal help-seeking pathway (i.e., how they seek help from family and friends) can provide additional insights for addressing the mental health needs of this population. Asian Americans prefer family and friends as their primary sources of support for mental health problems (Cheung et al., 2011; Leung et al., 2012). As informal help-seeking is a social interaction process in one's social network, factors such as relationship dynamics and cultural norms are particularly important to consider. Existing studies

do identify relationship (e.g., intergenerational cultural conflict with parents) and cultural (e.g., tendency to restrain expressions of emotions, not wanting to burden others with personal problems) factors as correlates of Asian Americans' informal help-seeking (Ahn et al., 2008; Butler et al., 2007; Taylor et al., 2004).

In particular, one aspect that needs further investigation is how family context has an impact on the informal help-seeking process. Parents are pivotal in shaping children's beliefs and social expectations through socialization and modeling, including passing on their cultural heritage to their children (Eisenberg et al., 1998; Hughes et al., 2006). Through such interactions, children can learn and endorse varying levels of different cultural values, some of which can influence the decision-making process for help-seeking. A few qualitative studies are suggestive of the influence of parental values and the associated communication patterns on Asian youths' expectations and decisions around seeking support from family and friends (Chang, 2015; Shin, 2002). However, no study has explicitly operationalized and tested the associations between family context and socio-cultural correlates of informal help-seeking among Asian Americans.

To address this gap in the literature, this dissertation study was an exploration of how family communication patterns are associated with informal help-seeking intention among Korean American emerging adults. Korean Americans are a major subgroup of Asian Americans, and data suggest that depression and suicide are significant problems for this subgroup (Kim et al., 2015; Kung et al., 2018; Wong et al., 2014). Relevant social (perceived parental support) and cultural (emotional self-control, relational concerns, face loss concerns) correlates of help-seeking were examined as mediators. The primary objective of this dissertation study was to assess the influence of family communication patterns on the process of informal help-seeking for personal/emotional problems among Korean emerging adults (aged 18-29) living in the U.S., with three individual

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manuscripts addressing the following research questions:

RQ1: What are the patterns of help-seeking intentions across different help sources, and what are the demographic correlates, including mental health indicators, for each dimension of help-seeking intention?

RQ2: Are family communication patterns associated with help-seeking intention towards parents, and does perceived parental support mediate this relationship?

RQ3: Are family communication patterns associated with informal help-seeking intention, and do emotional self-control, relational concerns, and face loss concerns mediate this relationship?

Summary of Findings

Responses collected with an online survey (N=201) were analyzed to address the study objectives for the three manuscripts. In the first manuscript, I aimed to (1) assess how different sources of support cluster into meaningful domains and (2) identify demographic correlates of help-seeking intention towards each domain. Exploratory factor analysis showed that help-seeking intentions toward different help sources clustered into three factors, namely formal sources (mental health professionals, phone help line, family/primary care doctor, teacher), family members (mother, father, other relatives or family members), and partner and friends (partner, friends). Participants indicated that they were most likely to seek help from partner and friends for personal/emotional problems, followed by family members and formal sources. Participants who identified as American or bi-cultural, lived longer in the U.S., were more proficient in English, were older, had higher education levels, and experienced higher psychological well-being reported higher intentions to seek help from partner and friends. For family members, those who

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experienced higher psychological well-being and lower depressive symptoms reported higher help-seeking intention. None of the demographic factors showed associations with help-seeking intention towards formal sources.

Results from the first manuscript show that, consistent with the previous literature, Korean emerging adults prefer informal over formal sources of help, particularly from friends (Chang, 2015; Cheung et al., 2011; Chiang et al., 2021). In addition, those who are less acculturated, younger, and are less proficient in English are less likely to seek social support to cope with mental distress. Results also provide evidence that Korean emerging adults are even less likely to seek help when they are struggling more psychologically. These findings demonstrate the utility of investigating the informal help-seeking pathway to address mental health needs in Korean American emerging adults, and the identified demographic correlates should be considered to better support those who are particularly vulnerable to bottling up personal/emotional problems.

In the second manuscript, I aimed to (1) establish whether family communication patterns are associated with help-seeking intention towards parents and (2) test the mediating effect of perceived parental support in this relationship. Preliminary descriptive analyses showed that individuals with characteristics of higher acculturation (e.g., U.S.-born, U.S.-citizen, lived longer years in the U.S., identify as American or bi-cultural) viewed their parents to be less conversation-oriented and more conformity-oriented. Multiple linear regression analyses showed that conversation orientation was positively associated with help-seeking intention towards parents after controlling for age, gender, years lived in the U.S., and depression. Conformity orientation was marginally negatively associated with help-seeking intention after controlling for the same demographic variables. Mediation analyses revealed that Korean emerging adults who had higher conversation-oriented parents perceived receiving more informational support from parents, which

in turn was associated with higher intention to seek help from parents. Korean emerging adults with higher conformity-oriented parents perceived receiving less emotional and implicit support from parents, which was associated with lower intention to seek help. Of note, the negative association between conformity orientation and perceived emotional support was only salient among participants who identified as American or bi-cultural.

Findings from the second manuscript show evidence of how family communication patterns can have an impact on Korean emerging adults' likelihood of seeking help directly from parents for personal/emotional problems. Results suggest that Koreans whose parents are open to having unrestrained interactions with their children are more likely to seek help from their parents, and they also perceive more parental support emotionally, informationally, and implicitly. Receiving informational support from parents may help explain why Korean emerging adults with high conversation-oriented parents are more inclined to seek help from parents. Results also suggest that having parents who emphasize conformity to parental values and beliefs can lead Korean children, particularly those who are well-acculturated to the western culture, to perceive that they are not supported by their parents emotionally and implicitly, which in turn can hinder them from seeking parental support when experiencing personal/emotional problems.

The objectives of the third manuscript were to (1) assess the association between family communication patterns and general informal help-seeking intentions and (2) test the mediating effects of emotional self-control, relational concerns, and face loss concerns on this relationship. Similar to the second manuscript, multiple linear regression analyses showed that conversation orientation was positively associated with help-seeking intention towards family and friends after controlling for age, gender, years lived in the U.S., and depression. Conformity orientation showed marginally negative association after controlling for the same demographic variables. Mediation

analyses demonstrated that Korean emerging adults whose parents are more conformity-oriented were more likely to suppress expressions of emotions and be concerned about potential loss of face, and such attitudes were associated with lower intention to seek help from family and friends. Having high conversation-oriented parents was directly related to higher intention to seek informal help, but none of the cultural values showed significant mediating effects.

Results from the third manuscript show some evidence on how family communication patterns can directly and indirectly influence Korean emerging adults' willingness to seek informal support. Results suggest that Korean emerging adults whose parents freely and frequently interact with their children are more likely to seek help from family and friends when experiencing personal/emotional problems, although having such parents may not be directly related to endorsing cultural values of emotional self-control, relational concerns, and face loss concerns. In contrast, the study results provide evidence that having parents who stress homogeneity of attitudes and values is connected to Korean emerging adults' higher endorsement of emotional self-control and concerns about loss of face, and such attitudes can discourage them from seeking informal support in times of distress.

Overall, findings from the three manuscripts demonstrate that informal help-seeking is an important coping behavior to study among Asian Americans, and family communication patterns have meaningful implications for this process. Similar to other Asian Americans, Korean American emerging adults preferred to seek informal help for emotional/personal problems, but different cultural values (i.e., suppressing emotional expression, being concerned about burdening others or losing face) could hinder them from proactively seeking support. One of the consistent findings across the manuscripts was the nuanced way that family communication patterns showed associations with informal help-seeking intentions. The degree to which parents emphasize open

communication about a variety of topics was directly and strongly related to Korean American

emerging adults' intention to seek support from family and friends. The direct positive association

between conversation orientation and help-seeking intention is consistent with previous work on

family communication, suggesting that individuals from high conversation-oriented families are

more likely to discuss sensitive topics or personal matters because they tend to view interaction as

rewarding and helpful (High & Scharp, 2015; Koerner & Fitzpatrick, 1997). Moreover, the fact

that we found consistent findings in a Korean sample suggest that having high conversation-

oriented parents could have facilitating effects in the context of help-seeking, regardless of

people's cultural background.

On the other hand, the degree to which parents emphasize conformity to parental values

and beliefs had a weaker direct effect on informal help-seeking intentions, but it showed potential

indirect effects through several sociocultural factors measured in this study. In particular,

conformity orientation was closely related to different cultural factors. It showed stronger

associations with the cultural factors (emotional self-control, relational concerns, face loss

concerns) than conversation orientation did, suggesting that parents' emphasis on homogeneity of

values can have an impact on Korean American emerging adults' endorsement of Asian cultural

values. Also, the negative association between conformity orientation and perceived emotional

support from parents was only salient in those identifying as American or bi-cultural. Although

not directly assessed, the plausible interconnections across conformity orientation, traditional

Korean parenting styles, and Asian values (e.g., influence of Confucianism) may partially explain

why more salient associations emerged between conformity orientation and different cultural

factors (Kang & Shih, 2018; Sung, 2010). Thus, unlike the influence of conversation orientation,

which may be universal across different racial/ethnic groups, the influence of conformity

orientation may be different depending on the cultural context, with populations such as Asians or other collectivistic cultural groups potentially showing more salient associations.

Strengths & Limitations

Limitations

Several limitations should be considered when interpreting the results of this dissertation study. Convenience and respondent-driven sampling methods used in this study were unlikely to provide a representative sample of Korean emerging adults living in the U.S., limiting the generalizability of our findings. In particular, the majority of our sample came from the south region of the U.S., and demographic data showed that the majority of the participants were U.S. citizens and have lived in the U.S. for more than 10 years, suggesting that our study sample was a well acculturated group. While no specific national-level data were available to accurately assess how our study sample characteristics compared to the average Korean emerging adults in the U.S., future work can use more targeted sampling methods to recruit those from the west and northeast regions, as well as those who have more recently immigrated or traveled abroad to the U.S.

Mediation analyses were conducted to examine the relationships among the study variables, but we recognize that the cross-sectional nature of the collected data limits our interpretation to associations only (i.e., no temporal direction of the associations can be determined). However, the findings are still meaningful in that we found associations among family contextual factors, cultural values, and informal help-seeking intentions, identifying potential areas for further investigation. When feasible, future work should consider a longitudinal study design to assess the long-term impact of family communication patterns on children's help-seeking behavior.

As data collection was accomplished via an online, self-guided survey, the study was prone

to self-report bias and threats to data integrity. Particularly, it should be noted that we identified a set of invalid responses during data collection phase. The incident resulted in a careful review of individual responses and discarding 86 responses that were judged to be fraudulent. In terms of the operationalization of some of the study variables, we recognize that the measurement of family communication patterns was based on self-report of the Korean emerging adults only. While this measurement was sufficient for our study purposes, additional triangulation methods (e.g., assessing the parents' perspectives, observing parent-child interactions) could enhance the interpretation of the study findings. We also measured help-seeking intention as a proxy for help-seeking behavior, but future studies can consider a longitudinal study design measuring actual help-seeking behavior to establish more definitive associations.

Strengths

Several strengths of this dissertation study should also be recognized. By targeting multiple culturally relevant recruitment sites and utilizing respondent-driven sampling method, we were able to secure a considerable sample size for the study. Pre-planning and implementing quota sampling method towards the end of the data collection phase also helped ensure a balanced sample in terms of gender and age. It is common for studies to have overrepresentation of females, and we also understandably reached saturation for female participants more quickly compared to male participants. Having a good representation of male participants enabled us to explore the gender differences across the study variables. It should also be noted that the rate of survey completion was very high; all items had no more than two cases of missing data.

In this dissertation, I addressed an important gap in our understanding of contextual factors that influence the informal help-seeking pathway in Korean emerging adults. This was the first

study to examine family communication patterns in Korean Americans, and the associations between family communication patterns and informal help-seeking intentions have not been previously assessed in an Asian population. Prior studies examining family communication patterns and help-seeking have involved predominantly white samples. Our findings suggest that cultural traditions influence family communication patterns, and these patterns, in turn, play a meaningful role in help-seeking and mental health across different racial/ethnic groups. Results of this study highlight the utility of examining the family context to promote understanding of the attitudes, beliefs, and decisions around seeking help among Korean emerging adults. Moreover, this work offers many more potential areas to investigate to find novel and culturally appropriate ways to support the mental health needs of Asian populations, which is discussed below.

Implications for Future Research and Practice

Research Implications

The findings from this dissertation study have several implications for public health research. We purposefully focused on a single Asian subgroup based on the documented mental health needs of this population. While we found meaningful associations involving variables that have not been assessed in an Asian population, more studies involving multiple Asian groups, and even multi-racial/ethnic groups, are needed to replicate our study findings and test for potential group variations. Asian Americans are an extremely diverse group, with each subgroup having its own unique set of culture, history, and pathways to the U.S. (Pew Research Center, 2019). As such, it will be important to include demographic measures that can capture such diversity when conducting multi-group studies involving Asian Americans.

The study results showed some evidence for the interrelationship among family

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communication patterns, cultural values (emotional self-control, relational concerns, and face loss concerns), and informal help-seeking intentions. For example, as hypothesized based on theoretical propositions, cultural values such as emotional self-control and face loss concerns served as significant mediators for conformity orientation and informal help-seeking intention. However, we did not find any mediating effects with conversation orientation, and the lack of bivariate association between communication patterns and emotional self-control also needs consideration. The conceptual models for this study were based on the rationale that family context, mainly the role of parents, is critical in shaping children's beliefs and internal working models (Eisenberg et al., 1998; Parke & Buriel, 1998). However, some of the null findings in our study suggest that additional factors affecting values maintenance and change need to be examined. With those who have immigrated and lived in the U.S. for a considerable amount of time, qualitative studies examining how the process of acculturation/enculturation affects endorsement of different Asian cultural values may help inform how different Asian values are lost or maintained to affect health behaviors such as help-seeking (Kim et al., 2001).

It should also be noted that family communication patterns are only one aspect of the family context. We found more mediational associations with conformity orientation. Some features of conformity orientation are consistent with traditional Korean parenting style, as well as other parenting constructs such as authoritarian parenting (Baumrind, 1971). Similarly, features of conversation orientation may be associated with other factors such as parent-child relationship quality or parental involvement (Kang et al., 2010). Future studies should consider assessing the influence of other family contextual factors, such as racial/ethnic socialization practices or acculturation levels of the parents (Ho et al., 2007; Hughes et al., 2006). In particular, reluctance to talk about or express feelings is consistently identified as a salient Asian cultural value (Kim et

al., 2005; Weng & Spaulding-Givens, 2017). Examining the impact of such cultural value on the mental health and coping behaviors of Asian Americans, as well as examining the associated parenting behaviors (e.g., emotion socialization; Yeo et al., 2021), is warranted.

Help-seeking is one of many ways to cope with mental distress. While the beneficial effects of having social support are well-established, considerations on whether cultural differences affect the preference for and experiences of mental health coping behaviors. Kim et al. (2008) discuss that there may be cultural differences in how people seek and receive social support, and people of Asian cultural backgrounds may utilize social support in implicit ways that are different from the Western model focusing on the explicit seeking and receiving of support. In addition to examining the nature and benefits of social support transactions, more studies on assessing the coping behaviors and their effects on mental health of Asian Americans are needed (Yeh et al., 2006).

Practice Implications

Study findings provide insight into how family communication patterns can have direct and indirect influence on Korean emerging adults' seeking help from parents. Specifically, results suggest that having parents who communicate with their children openly and regularly can directly facilitate children to seek help from parents in times of psychological distress, and children may come for informational support when they do seek help. Explicit solicitation and provision of emotional support may not be a typical characteristic of parent-child interaction in Asian American families (Kim et al., 2008). Rather, a more indirect approach, such as seeking advice or guidance on a personal issue that is causing distress (e.g., informational support), may be a more common form of help-seeking. Additionally, communication patterns that emphasize adherence to parental

values and beliefs was associated with the perception of receiving less emotional support from parents, which in turn was associated with lower intention to seek help from parents. This was salient among Korean emerging adults identifying as American or bi-cultural, suggesting that the effects of certain parenting styles (i.e., conformity orientation) would partially depend on the children's understanding and acceptance of the more traditional ways of Korean parenting (Kim, 2005; Pyke, 2000).

Future interventions should consider helping Asian parents become more aware of the mental health challenges affecting their children's generation and equipping them with appropriate resources and guidance (i.e., increasing mental health literacy; Wang et al., 2021). Parents can be informed on youth's mental health issues and available resources during new student orientations. Also, university administration teams often visit international countries to host networking events for current and prospective students, and such events can be a viable setting to gauge interest for parental training sessions (e.g., Youth Mental Health First Aid), which can be delivered virtually. Providing opportunities for discussion on parenting practices could also be beneficial, especially for parents who may be experiencing acculturation gap with their 1.5- or second-generation children (Kim et al., 2014). Different avenues, including local/county cultural centers (e.g., Asian American Health Initiative in Montgomery County, Maryland; Asian American Health Initiative [AAHI], n.d.), should be utilized to host such events and training opportunities for Asian parents.

Another line of intervention opportunity lies in training emerging adults to be peer navigators. Koreans who are younger, identify more with Korean culture, and are less proficient in English showed the lowest levels of informal help-seeking intentions. These characteristics are well represented in higher education settings, as many Asian international students come to the states for educational opportunities. Prior research has found mental health literacy and social

support from peers to be important facilitators of help-seeking behaviors in Asian college students (Dong et al., 2020; Kim et al., 2020). Promoting and incentivizing campus-based training programs for peer navigators may be critical ways to support Asian students who may be hesitant about or unaware of mental health support options. These trainings can be in the forms of semester-long classes or extracurricular volunteer activity with certification; the trainings would have a focus on teaching students about how to detect signs and symptoms of mental health problems, communication skills on initiating discussions about mental health, and available on- and off-campus help resources.

Additionally, mental health literacy programs will equip Asian emerging adults with the appropriate language and understanding of mental health-related issues, which can help prevent them from socially withdrawing themselves due to language barriers. Many universities have offices of international students or Asian student organizations, and building partnerships with them will be critical for not only building resource hubs but also recruiting motivated students to be leaders in promoting mental health awareness and training other students.

Conclusion

The question of whether and how Asian American emerging adults seek help from their informal sources of support is an important one to ask, given the well-documented tendency of this population to underutilize formal help sources (Sue et al., 2012). While continued efforts are needed in making mental health services more accessible and culturally responsive, some of the structural factors associated with disparities in mental health service utilization, including shortage of Asian American or bilingual mental health care providers, suggest that it will take some time to prepare the mental health care system to address the service gap (Okazaki et al., 2014). Thus, a

shift in paradigms is needed to consider other ways to address the mental health needs of Asian Americans. Before people consider seeking formal services for more severe mental health symptoms, different coping strategies, including seeking support from their social network, are utilized to manage various stressors experienced in everyday lives. In this dissertation study, I found that family communication patterns have meaningful associations with some of the sociocultural correlates of informal help-seeking in Korean American emerging adults, highlighting the utility of examining the family context in better understanding the informal help-seeking pathways. Future research should build on this work and expand beyond the Korean subgroup to identify similar and different ways that family context can be utilized to support the mental health of Asian Americans.

Appendix A: Survey Instrument

Dear Participant,

Thank you for your interest in this study.

This research is being conducted by Jee Hun Yoo at the University of Maryland - College Park as part of his dissertation research. The purpose of this research study is to assess how Korean young adults seek help from their social network, such as family members and friends, when they are experiencing personal or emotional problems. In addition, with the recent rise in anti-Asian hate incidences, this survey also contains some questions on experiences related to the COVID-19 pandemic and anti-Asian hate incidences.

The eligibility criteria for this study are:
(1) You must identify yourself as Korean or Korean American
(2) You must identify as male
(NOTE: We are now recruiting males only because the spots for females have all been filled.)
(3) You must be aged 18-29, inclusive, and
(4) You must be currently living or staying in the U.S. (being temporarily outside of the states or academic breaks or vacation is permitted)

If you are eligible and agree to participate, you will be asked to respond to a series of questions on demographics (e.g., age, sex, years living in the U.S., etc.), mental health, family communication patterns, perceived parental support, various attitudinal statements on emotions and relationships, help-seeking intentions toward different sources of support, and experiences on COVID-19 pandemic and anti-Asian hate incidences. The risks associated with completing this survey are minimal, but if you experience any uncomfortable feelings, please know that you are free to choose not to respond to any of the questions or stop participating at any point.

The entire survey is estimated to take about 20-30 minutes. Upon completing the survey, you will receive a $10 Amazon gift card for your time. Please be sure to provide your contact information (email or U.S.-based phone number) at the end of the survey, so that you may receive your compensation. Your contact information will be used only for this purpose.

The responses are completely anonymous, and your participation in this study will be kept confidential by the Principal Investigator. Your participation in this study is entirely voluntary, so you may choose not to take part at all or stop participating at any time. You will not be penalized or lose any benefits to which you otherwise qualify. If you have any questions, concerns, or complaints, or if you need to report an injury related to the research, please contact the principal investigator (Jee Hun Yoo: jyoo22@umd.edu) or the University of Maryland Institutional Review Board (UMD IRB: irb@umd.edu; 301-405-0678).

If you agree to participate, please complete this survey. There are no direct benefits to participating in this study. However, by providing us with your responses, the principal investigator will gain a better understanding of the help-seeking process among Korean young adults and be able to start developing educational materials that can help Korean young adults, parents, and communities in forming a more supportive environment.

By checking "Yes, I agree to participate," you are indicating that you are between the ages of 18 and 29; identify as Korean or Korean American; are currently living or staying in the U.S. (being temporarily outside of the U.S. for vacation or academic break is permitted); have read this consent form; had your questions answered to your satisfaction; and voluntarily agree to participate in this research study. This project has been approved by the UMD IRB office #1743102. **For your records, please click the link and save the full consent information**: https://bit.ly/3sq3m0D.

○ Yes, I agree to participate (1)

○ No, I do not agree to participate (2)

Skip To: End of Block If Dear Participant,   Thank you for your interest in this study.   This research is being conducte... = No, I do not agree to participate

Q2 What is your last name?

_____

Q3 Please create a personal code by taking the first letters of your first and last name and a two-digit number of your choice.

(For example, if my name is Jee Hun Yoo, and I plan to use 22 as my two-digit number, I would enter in "JY22" as my response)

_____

Q4 What was your sex at birth?
    Female (1)
    Male (2)
    Intersex (4)

Q5 What is your gender identity?
    Female (1)
    Male (2)
    Non-binary (3)
    My gender is not reflected here, it is: (4)

    _____

Q6 What is your age (in years)?

    _____

Q7 What is your country of origin/birth?
    South Korea (1)
    U.S.A (2)
    Other (Please specify): (3) _____

Q8 How many years have you lived or stayed in the U.S.?

(For example, if you have lived or stayed in the U.S. for 7 months, round it up to "1")

    _____

Q9 In which state do you currently live or stay in the U.S.?

▼ Alabama (AL) (1) ... Wyoming (WY) (51)

Q10 What is your marital status?
    Single (1)
    In a relationship (2)
    Married (3)
    Divorced, separated, or widowed (4)
    Other (Please specify): (5) _____

Q11 As you were growing up, who did you live with most of the time?
    Two parents (mother and father) (3)
    One parent (mother) (1)
    One parent (father) (2)
    Other (Please specify): (4) _____

Q12 What is your parents' country of origin/birth?
   Both were, or at least one (father or mother) was born in South Korea (1)
   Both were NOT born in South Korea (please specify): (2)
   _____
   I'm not sure / I don't know (3)

Q13 Where do your parents currently live?
   Both live in South Korea (1)
   Both or at least one of them live in the U.S. (2)
   Other (Please specify): (3) _____

Q14 Which culture do you identify with the most?
   Korean culture (2)
   American culture (1)
   Both Korean and American culture relatively equally (3)
   None of these cultures (4)

Q15 How well do you speak and understand these languages?

	Not well at all (1)	Slightly well (2)	Moderately well (3)	Very well (4)	Extremely well (5)
Korean (1)	○	○	○	○	○
English (2)	○	○	○	○	○

Q16 How well do your parents speak and understand these languages?

	Not well at all (1)	Slightly well (2)	Moderately well (3)	Very well (4)	Extremely well (5)
Korean (1)	○	○	○	○	○
English (2)	○	○	○	○	○

Q17 What is your primary occupation?
    Student (Full-time or part-time) (1)
    Working (e.g., job, business, employed, etc.) (2)
    Both (Currently a student and working) (5)
    Neither (Currently not a student and unemployed; please specify): (6)

    _____

Q18 Are you an international student?
    Yes (1)
    No (2)

Q19 What degree program are you currently enrolled in?
    Associate's degree (1)
    Bachelor's degree (2)
    Master's degree (3)
    PhD or other doctoral-level programs (e.g., JD, MD, etc.) (6)
    Other (Please specify): (7) _____

Q20 Are you a U.S. citizen or a permanent resident (i.e., green card holder)?
    Yes (1)
    No (2)

Q21 What is the highest degree you have received?
    Less than high school (1)
    High school diploma or equivalent (GED) (2)
    Some college, but no degree (3)
    Associate's degree (4)
    Bachelor's degree (5)
    Master's degree (6)
    Doctoral degree or equivalent (e.g. PhD, JD, MD, PharmD, etc.) (7)
    Other (Please specify): (8) _____

Q22 How did you hear about our study? (Select all that apply)
    Email or announcement from an organization (e.g. School, student group, church group, etc.) (1)
    Post in social media (e.g. Facebook post, etc.) (2)
    Referral from a friend (e.g. KakaoTalk, private message, etc.) (3)
    Other (Please specify): (4) _____

End of Block: Demographics

Start of Block: Mental Health

Q23 Below are 8 statements with which you may agree or disagree. Using the scale below, indicate your agreement with each item by indicating that response for each statement.

	Strongly Disagree (1)	Disagree (2)	Slightly Disagree (3)	Mixed or Neither Agree nor Disagree (4)	Slightly Agree (5)	Agree (6)	Strongly Agree (7)
I lead a purposeful and meaningful life. (1)	○	○	○	○	○	○	○
My social relationships are supportive and rewarding. (2)	○	○	○	○	○	○	○
I am engaged and interested in my daily activities. (3)	○	○	○	○	○	○	○
I actively contribute to the happiness and well-being of others. (4)	○	○	○	○	○	○	○
I am competent and capable in the activities that are important to me. (5)	○	○	○	○	○	○	○
I am a good person and live a good life. (6)	○	○	○	○	○	○	○
I am optimistic about my future. (7)	○	○	○	○	○	○	○
People respect me. (8)	○	○	○	○	○	○	○

Q24 Over the past 2 weeks, how often have you been bothered by any of the following problems?

	Not at all (1)	Several days (2)	More than half the days (3)	Nearly every day (4)
Little interest or pleasure in doing things (1)	○	○	○	○
Feeling down, depressed or hopeless (2)	○	○	○	○
Trouble falling or staying asleep, or sleeping too much (3)	○	○	○	○
Feeling tired or having little energy (4)	○	○	○	○
Poor appetite or overeating (5)	○	○	○	○
Feeling bad about yourself - or that you are a failure or have let yourself or your family down (6)	○	○	○	○
Trouble concentrating on things, such as reading or watching television (7)	○	○	○	○
Moving or speaking so slowly that other people could notice, or the opposite - being so fidgety or restless that you have been moving around a lot more than usual (8)	○	○	○	○
Thoughts that you would be better off dead or of hurting yourself in some way (9)	○	○	○	○

Q25 In the last month, how often did you feel or think in these ways?

	Never (1)	Almost Never (2)	Sometimes (3)	Fairly Often (4)	Very Often (5)
Felt unable to control the important things in your life (1)	○	○	○	○	○
Felt confident in your ability to handle your personal problems (2)	○	○	○	○	○
Felt that things were going your way (3)	○	○	○	○	○
Felt difficulties were piling up so high that you could not overcome them (4)	○	○	○	○	○

Page Break

Q26 You are about 1/4 done with the survey! Next we will ask you some questions about your experience interacting with your parents.

Click on the "Next" button to continue.

Q27 We would like to learn more about <u>how you communicate with your mother</u>. Please use this scale to indicate your agreement with the following statements:

	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)
My mother and I often talk about topics like politics and religion where some person disagree with the other. (1)	○	○	○	○	○
My mother often says something like "Every member of the family should have some say in family decisions." (2)	○	○	○	○	○
When anything really important is involved, my mother expects me to obey without question. (3)	○	○	○	○	○
My mother often asks my opinion when the family is talking about something. (4)	○	○	○	○	○
In our home, my mother usually has the last word. (5)	○	○	○	○	○
My mother feels that it is important for her to be the boss. (6)	○	○	○	○	○
My mother encourages me to challenge her ideas and beliefs. (7)	○	○	○	○	○
My mother sometimes becomes irritated with my views if they are different from hers. (8)	○	○	○	○	○
My mother often says something like "You should always look at both sides of an issue." (9)	○	○	○	○	○
I usually tell my mother what I am thinking about things. (10)	○	○	○	○	○
If my mother doesn't approve of it, she doesn't want to know about it. (11)	○	○	○	○	○
I can tell my mother almost anything. (12)	○	○	○	○	○

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My mother and I often talk about our feelings and emotions. (13)	○	○	○	○	○
When I am at home, I am expected to obey my mother's rules. (14)	○	○	○	○	○
My mother and I often have long, relaxed conversations about nothing in particular. (15)	○	○	○	○	○
I really enjoy talking with my mother, even when we disagree. (16)	○	○	○	○	○
My mother encourages me to express my feelings. (17)	○	○	○	○	○
My mother often says things like "You'll know better when you grow up." (18)	○	○	○	○	○
My mother often says things like "My ideas are right and you should not question them." (19)	○	○	○	○	○
My mother tends to be very open about her emotions. (20)	○	○	○	○	○
My mother and I often talk about things we have done during the day. (21)	○	○	○	○	○
My mother often says things like "A child should not argue with adults." (22)	○	○	○	○	○
My mother and I often talk about our plans and hopes for the future. (23)	○	○	○	○	○
My mother often says things like "There are some things that just shouldn't be talked about." (24)	○	○	○	○	○
My mother often says things like "You should give in on arguments rather than risk making people mad." (25)	○	○	○	○	○

My mother likes to hear my opinion, even when I don't agree with her. (26)

○ ○ ○ ○ ○

Q28 To what extent do you feel supported by your mother in terms of:

	1 Not at all (1)	2 (2)	3 (3)	4 (4)	5 (5)	6 (6)	7 A great deal (7)
Emotional Support (e.g. encouraging words, expressions of affection, etc.) (1)	○	○	○	○	○	○	○
Informational Support (e.g., advice, helping you make decisions, etc.) (2)	○	○	○	○	○	○	○
Implicit Support (e.g., spending time or doing activity with you without directly talking about a problem) (3)	○	○	○	○	○	○	○

Q29 We would like to learn more about **how you communicate with your father**. Please use this scale to indicate your agreement with the following statements:

	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)
My father and I often talk about topics like politics and religion where some person disagree with the other. (1)	○	○	○	○	○
My father often says something like "Every member of the family should have some say in family decisions." (2)	○	○	○	○	○
When anything really important is involved, my father expects me to obey without question. (3)	○	○	○	○	○
My father often asks my opinion when the family is talking about something. (4)	○	○	○	○	○
In our home, my father usually has the last word. (5)	○	○	○	○	○
My father feels that it is important for him to be the boss. (6)	○	○	○	○	○
My father encourages me to challenge his ideas and beliefs. (7)	○	○	○	○	○
My father sometimes becomes irritated with my views if they are different from his. (8)	○	○	○	○	○
My father often says something like "You should always look at both sides of an issue." (9)	○	○	○	○	○
I usually tell my father what I am thinking about things. (10)	○	○	○	○	○
If my father doesn't approve of it, he doesn't want to know about it. (11)	○	○	○	○	○
I can tell my father almost anything. (12)	○	○	○	○	○

My father and I often talk about our feelings and emotions. (13)	○	○	○	○	○
When I am at home, I am expected to obey my father's rules. (14)	○	○	○	○	○
My father and I often have long, relaxed conversations about nothing in particular. (15)	○	○	○	○	○
I really enjoy talking with my father, even when we disagree. (16)	○	○	○	○	○
My father encourages me to express my feelings. (17)	○	○	○	○	○
My father often says things like "You'll know better when you grow up." (18)	○	○	○	○	○
My father often says things like "My ideas are right and you should not question them." (19)	○	○	○	○	○
My father tends to be very open about his emotions. (20)	○	○	○	○	○
My father and I often talk about things we have done during the day. (21)	○	○	○	○	○
My father often says things like "A child should not argue with adults." (22)	○	○	○	○	○
My father and I often talk about our plans and hopes for the future. (23)	○	○	○	○	○
My father often says things like "There are some things that just shouldn't be talked about." (24)	○	○	○	○	○
My father often says things like "You should give in on arguments rather than risk making people mad." (25)	○	○	○	○	○
My father likes to hear my opinion, even when I don't agree with him. (26)	○	○	○	○	○

Q30 To what extent do you feel supported by your father in terms of:

	1 Not at all (1)	2 (2)	3 (3)	4 (4)	5 (5)	6 (6)	7 A great deal (7)
Emotional Support (e.g. encouraging words, expressions of affection, etc.) (1)	○	○	○	○	○	○	○
Informational Support (e.g., advice, helping you make decisions, etc.) (2)	○	○	○	○	○	○	○
Implicit Support (e.g., spending time or doing activity with you without directly talking about a problem) (3)	○	○	○	○	○	○	○

End of Block: Family Context - Father

Start of Block: Block 8

Q31 You are about 1/2 done with the survey! Next we will ask you some questions about your beliefs and attitudes toward emotions and seeking social support.

Click on the "Next" button to continue.

End of Block: Block 8

Start of Block: Cultural Factors on Help-seeking

Q32 People can express or show their emotions to a varying degree. Below are 8 statements about **emotion expressions**. Using the scale below, indicate your level of agreement with each item.

	Strongly Disagree (1)	Moderately Disagree (2)	Mildly Disagree (3)	Neither Agree nor Disagree (4)	Mildly Agree (5)	Moderately Agree (6)	Strongly Agree (7)
It is better to show emotions than to suffer quietly. (1)	○	○	○	○	○	○	○
One should be expressive with one's feelings. (2)	○	○	○	○	○	○	○
Openly expressing one's emotions is a sign of strength. (3)	○	○	○	○	○	○	○
It is better to hold one's emotions inside than to burden others by expressing them. (4)	○	○	○	○	○	○	○
It is more important to behave appropriately than to act on what one is feeling. (5)	○	○	○	○	○	○	○
One should not express strong emotions. (6)	○	○	○	○	○	○	○
One's emotional needs are less important than fulfilling one's responsibilities. (7)	○	○	○	○	○	○	○
One should not act based on emotions. (8)	○	○	○	○	○	○	○

Q33 Some people seek social support from their family and friends when they are trying to cope with a stressor, whereas others choose not to seek social support. Please rate **how important**

each of the following concerns would be for you in deciding whether or not to seek social support from others for dealing with a stressor.

	1 Not at all (1)	2 (2)	3 (3)	4 (4)	5 Very much (5)
I would not bring up my problems with close others because I do not want them to worry. (1)	○	○	○	○	○
I want to look like I have no problems and everything is together in my life. (2)	○	○	○	○	○
I'm concerned that if I tell close others about my problems, they would be hurt or worried for me. (3)	○	○	○	○	○
If something were bothering me, I would not want to disrupt my social group by sharing it. (4)	○	○	○	○	○
I'd rather cope with my problems on my own because having problems is not considered good in my family. (5)	○	○	○	○	○
I can save face (*chae-myun*) by solving my problems myself. (6)	○	○	○	○	○
I want to deal with my problems on my own because I don't want to disrupt the atmosphere of my social group. (7)	○	○	○	○	○
I would rather not tell close others my problems because that only makes my problems more difficult. (8)	○	○	○	○	○
I don't want close others to feel my stress. (11)	○	○	○	○	○
If I shared my problems with close others, it would be a big deal. (9)	○	○	○	○	○
I think it is shameful to let close others know about my own problems. (12)	○	○	○	○	○
I fear that close others will think less of me if I tell them how stressed out I feel. (13)	○	○	○	○	○
If I discuss my problems with close others, it makes a bigger problem than if I keep them to myself. (10)	○	○	○	○	○

I would rather deal with my problems by myself than risk looking incompetent. (14)

○   ○   ○   ○   ○

I would rather not tell close others my problems because they would blow them out of proportion. (15)

○   ○   ○   ○   ○

To preserve the happiness of my peer group, I try to keep my problems to myself. (16)

○   ○   ○   ○   ○

I don't want to look needy. (17)

○   ○   ○   ○   ○

I would rather not tell close others my problems because they would end up blaming me for the problem. (18)

○   ○   ○   ○   ○

Close others would be ashamed if I made my problems known to others. (19)

○   ○   ○   ○   ○

I would rather cope with my problems on my own than to ask for help, because I want to look good in others' eyes. (20)

○   ○   ○   ○   ○

It's best to keep social relations harmonious by not imposing one's stressors on one's friends and family. (21)

○   ○   ○   ○   ○

I don't want to ask for support for my problems because people might judge me negatively because of my problems. (22)

○   ○   ○   ○   ○

It is better to keep one's concerns to one's self, rather than lose face (*chae-myun*) in front of close others. (23)

○   ○   ○   ○   ○

I would be embarrassed to share my problems with close others. (24)

○   ○   ○   ○   ○

I wouldn't want to make close others feel stressed about my problems. (25)

○   ○   ○   ○   ○

I fear that telling close others how upset I am will also make them upset. (28)

○   ○   ○   ○   ○

I would rather keep my problems to myself than risk criticism from close others. (26)

○   ○   ○   ○   ○

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| Sharing a problem with close others would probably make it worse. (27) | ○ | ○ | ○ | ○ | ○ |
| I would feel bad about talking about my problems when I am with close others because it would change the mood of the group. (29) | ○ | ○ | ○ | ○ | ○ |

Q34 You are about 3/4 done with the survey! Last we will ask you some questions about your stressors and help-seeking.

Click on the "Next" button to continue.

Q35 Think over the past three months. What stressors have you encountered?

Please list the top three stressors you have experienced during this time period:

_____

_____

_____

_____

_____

Q36 Please think about the things that cause you stress, such as those you listed above. Below is a list of people who you might seek help from or talk to if you were experiencing **emotional or**

mental health problem (e.g. feeling stressed, burdened, lonely, etc.). Please indicate **how likely is it that you would seek help from each of these people** for a personal or emotional problem:

	1 Extremely Unlikely (1)	2 (2)	3 (3)	4 (4)	5 (5)	6 (6)	7 Extremely Likely (7)
Partner (e.g. significant other or husband/wife) (1)	○	○	○	○	○	C	○
Friends (2)	○	○	○	○	○	C	○
Mother (3)	○	○	○	○	○	C	○
Father (4)	○	○	○	○	○	C	○
Other relatives or family members (e.g. siblings) (5)	○	○	○	○	○	C	○
Mental health professionals (e.g., school counselor, psychologist, psychiatrist) (6)	○	○	○	○	○	C	○
Phone help line (e.g., Lifeline) (7)	○	○	○	○	○	C	○
Family/Primary Care doctor (8)	○	○	○	○	○	C	○
Teacher (e.g. advisor, class teacher) (9)	○	○	○	○	○	C	○
I would not seek help from anyone (11)	○	○	○	○	○	C	○
Other (Please specify): (10)	○	○	○	○	○	C	○

Q37 Please indicate **how helpful on average do you think each of the following options are** for people your age who are struggling with emotional or mental health problem:

	1 Extremely Unhelpful (1)	2 (2)	3 (3)	4 (4)	5 (5)	6 (6)	7 Extremely Helpful (7)
Counseling or therapy (4)	○	○	○	○	○	○	○
Medication (5)	○	○	○	○	○	○	○
Talking to parents (6)	○	○	○	○	○	○	○
Talking to close friend(s) (7)	○	○	○	○	○	○	○
Substance use (e.g., drinking or smoking) (10)	○	○	○	○	○	○	○
Activities or exercise (walking, biking, etc.) (12)	○	○	○	○	○	○	○
Entertainment (movie, music, etc.) (13)	○	○	○	○	○	○	○
Other (please specify): (14)	○	○	○	○	○	○	○

Q38 What are the kinds of things you do to relieve stress?

Please describe up to three things you commonly do to cope with stress:

_____

_____

_____

_____

Q39 The following questions are asked to better understand the **experiences related to the COVID-19 pandemic**. Please know that this is a safe place to share your honest opinions, thoughts, and experiences about the following questions.

Q40 What have been your greatest sources of stress or challenges that you needed more help with during the COVID-19 pandemic?

_____

_____

_____

_____

_____

Q41 In the past month, have you personally experienced any exclusionary (e.g., shunned, ignored), intimidating, offensive, and/or hostile (harassing) behavior for being an Asian?

No (1)

Yes, but it did not interfere with my ability to continue with my daily living (2)

Yes, and it interfered with my ability to continue with my daily living (3)

Q42 Please briefly describe what the incidence was:

_____

_____

_____

_____

_____

End of Block: Help-seeking Intentions

Q43 If you have any questions/comments about this survey or the study, please submit them here.

_____

_____

_____

_____

_____

Q44 If you would like to talk about your feelings, or if you experience any discomfort/distress from completing the survey, please feel free to use the following resources:

Crisis Text Line: text 741741
For immediate danger: call 911
National Suicide Prevention Lifeline: call 1-800-273-8255
For services in Korean: call Asian LifeNet Hotline (1-877-990-8585) or Korean American Family Service Center hotline (1-718-460-3800)

Q45 Please provide us with a brief set of demographic information to help us understand the characteristics of the people we have reached.

This information will only be used in understanding who we have reached.

Q46 What is your age (in years)?

_____

Q47 What was your sex at birth?
Female (1)
Male (2)
Intersex (3)

Q48 What is your country of origin/birth?
    South Korea (1)
    U.S.A. (2)
    Other (Please specify): (3) _____

Q49 How many years have you lived or stayed in the U.S.?

(For example, if you have lived or stayed in the U.S. for 7 months, round it up to "1")

    _____

Q50 Which culture do you identify with the most?
    Korean culture (2)
    American culture (1)
    Both American and Korean culture relatively equally (3)
    None of these cultures (4)

End of Block: Opting out of Participation - Demographics

Appendix B: IRB Documents

IRB Application

INITIAL APPLICATION PART 2

1. Abstract:

Emerging adulthood, defined here as ages 18 to 29, can be a challenging time for many youths, as they adjust to numerous life transitions. Help-seeking, and receiving appropriate support, are ways to cope with challenges and reduce mental health burden. However, emerging adults are often reluctant to seek help for their personal or emotional problems, and the issue of low utilization of different sources of support have been particularly concerning for Asian Americans. While some evidence suggests informal support is potentially more important due to cultural norms and values, studies on the informal help-seeking process are relatively limited. Moreover, one important aspect that is understudied is the role of the family context in influencing the beliefs and intentions toward informal help-seeking. In this cross-sectional dissertation study using an online survey, I will explore how family communication patterns and relevant sociocultural factors are associated with informal help-seeking intentions among Korean emerging adults living in the U.S. Participants will be asked to complete an online survey that includes questions on family communication patterns, mental health, attitudes toward cultural values, and help-seeking intentions. Several protocols will be in place, including having ethnic help resources available and keeping identifiable information in a password-protected drive, to ensure the safety and confidentiality of the participants.

2. Subject Selection:

a. **Recruitment**: Recruitment advertisements will be distributed in English and Korean to Korean student organizations in higher education institutions, youth groups in Korean ethnic churches, and via social media (SNS), including Facebook, Twitter, and KakaoTalk. Representatives of the identified Korean student organizations and youth groups in Korean ethnic churches will be contacted via email to ask if they can help distribute recruitment advertisements, or if the PI can post recruitment advertisements on their social media (e.g., Facebook). In addition, staff at InterHigh, a nationally growing missionary group that provides youth services to local churches, will assist in recruitment via their listserv. Advertisement materials will include a pdf version of a flyer and a link to an introductory video, where the PI will introduce himself, describe the study, and explain the eligibility criteria and confidentiality. Lastly, the PI will utilize respondent-driven sampling method via a mobile messaging app widely used among Koreans (KakaoTalk), where he will initially contact individuals in his social network as seeds for recruiting their peers who are eligible. (Note: The scripts for all recruitment strategies are included as attachments)

We will aim to recruit a sample that is balanced in gender (male, female) and age (18-24, 25-29). As we monitor the responses, if we detect that we have reached data saturation or are starting to over-recruit participants in a particular demographic group (e.g., recruiting more than 100 female participants out of our recruitment goal of 200 participants), we will close off the recruitment for that group by modifying the eligibility criteria.

b. **Eligibility Criteria**: The eligibility criteria for the study will be people who (1) identify themselves as Korean or Korean American, (2) are aged 18-29, inclusive, (3) are currently living or staying in the U.S., with the exception of those who are temporarily outside of U.S. for academic breaks or vacation, and (4) agree to and are able to complete the online survey.

c. **Rationale**: Evidence suggests that Korean emerging adults are heavily vulnerable to mental health challenges and are in considerable need. The target age range of 18 to 29 accounts for about 19% of the total Korean population in the U.S. The term "living or staying in the U.S." is used to capture both the U.S.-born Korean Americans and foreign-born Koreans who are residing in the U.S. for various reasons, including education, occupation, and family. The exception clause of out-of-U.S. status in criterion #(3) is to account for international students who may be temporarily outside of U.S. and visiting home for summer break, which is the time period that is anticipated to be the active recruitment phase.

d. **Enrollment Numbers**: The estimated enrollment number for this research study will be between 180 and 220 Korean emerging adults living in the U.S., with a maximum of 250. We are also aiming to obtain a balanced sample across gender (male, female) and age (18-24, 25-29), which means that we will aim to recruit around 100 males and females, as well as around 100 younger (18-24) and older (25-29) participants.

e. **Rationale for Enrollment Numbers**: Based on the sample size calculation, a sample size of 180-220 individuals will allow us to detect medium to large effect sizes on the associations we are trying to test among the study variables. We are also planning to look at differences in scores (e.g., family communication patterns, cultural values, and help-seeking intentions) across different demographic factors (e.g., gender and age), and our team judged that we would need to aim to have at least 50 per each cell in order to make meaningful comparisons (2 binary demographic variables --> 2x2 = 4 cells, and having 50 participants per cell = 50x4 = 200).

3. Procedures:

Participants will complete one online survey (available in Korean and English versions), which is estimated to take about 20-30 minutes. Participants will be recruited through emails, announcements from listserv, posts in social media, and mobile messaging app. Along with the recruitment letters and advertisements, participants will have access to the pre-recorded introductory video (in Korean and English), full informed consent form, and the link to the online survey. After they have a chance to read the study information and review the informed consent form (or they can optionally watch the introductory video, in which the PI will also go over the essential components of the informed consent form), participants will be able to click on the link to the Qualtrics survey. The consent information will be provided on the cover page of the online survey. Participants will be provided with the option to participate by clicking "Yes, I agree to participate" or opt out by clicking "No, I do not agree to participate."

The online survey is broken down into four large sections: (1) demographics and mental health, (2) family communication patterns and perceived parental support, (3) cultural factors, and (4) help-seeking intentions and COVID-19 experience. For mental health indicators, positive mental health (Flourishing Scale), depression (Patient Health Questionnaire), and perceived stress

(Perceived Stress Scale) are measured. For COVID-19 experience, sources of stress during COVID and actual experiences of anti-Asian hate incidence are measured. For cultural factors, emotional self-control (Emotional Self-control Scale), relational concerns (Harmony & Make Worse Scales), and face loss Concerns (Criticism & Save Face Scales) are measured.

At the end of the survey, participants will be asked to provide an email address or a U.S.-based phone number to receive a $10 Amazon gift card in compensation for their time.

4. Risks:

The risks associated with completing this survey are minimal. However, some of the questions (i.e., experiences with COVID-19 and anti-Asian hate incidences) may evoke emotional discomfort or arousal related to personal experiences, and participant burden is possible. The PI will include a description text at the beginning of COVID-related questions to reassure them (i.e., "Please know that this is a safe place to share your honest opinions, thoughts, and experiences about the following questions."), and they will be provided with resources (i.e., phone help line) in the consent form as well as at the end of the survey. Also, individuals may stop participating at any point if they feel uncomfortable to continue. To address potential participant burden, the PI will include a break prompt at the end of each section to inform the participants on their progress and to allow them to take a break if needed (i.e., "You are about 1/4 done with the survey! Click on the 'Next' button to continue."). In addition, the order in which the sections are presented are arranged to reduce participant burden; questions on mental health and family communication patterns are put in the middle section, as these questions may be slightly more burdensome compared to other questions asked in the survey. Questions on COVID-19 experiences are asked at the end because they are supplemental questions that are for potential future use (outside of dissertation work).

5. Benefits:

There are no direct benefits to participating in this study; however, results from this study will have important implications for educational programs that can help Korean emerging adults, parents, and communities in forming a more supportive, help-seeking-inducing environment to address mental health challenges.

6. Confidentiality:

The only personally identifiable information collected for the study will be the participants' email addresses or phone numbers provided to receive their $10 Amazon gift cards. Although not directly identifiable information, participants' last names are also asked in the survey in order to verify their Korean identity. This is the most efficient way to verify participants' Korean identity without compromising the anonymity of the survey responses.

To ensure confidentiality, the information on contact information will be collected through a separate survey. Participants will be able to click on a link to a separate survey at the end, where they will be asked to submit their contact information. This procedure will ensure that the information on last names and contacts will not be collected in the same survey. In order to make sure that we correctly compensate the participants, we will ask them to create a personal code by combining the first letters of their first and last names and a two-digit number of their choice (e.g.,

JY22), and they will be asked to provide the personal code to both the main survey and the compensation survey. Information on the personal code and contact information will be stored in a password-protected solid-state drive (SSD). Only the principal investigator will have access to the identifiable data (Jee Hun Yoo), and the information will only be used for sending the study compensation. All data analyses will be done with a de-identified dataset, which will be stored on the UMD Box secure cloud system as well as a password-protected SSD. Only the study team will have access to the de-identified datasets. All identifiable data will be destroyed immediately after the project is fully completed. De-identified data will be retained for a period of 5 years in a password-protected SSD.

7. Consent Process:

Participants will receive a link to the full informed consent form as well as the introductory video, in which the PI will go over all components of the informed consent process. When they click on the link to the Qualtrics survey, they will also be presented with all components of the consent information on the cover page. The components of the consent information included in the video and the cover page of the survey will be: purpose of the study, eligibility criteria, survey information, potential risks, confidentiality, right to withdraw, and compensation. Participants will be provided with the option to participate by clicking "Yes, I agree to participate" or opt out by clicking "No, I do not agree to participate." Participants will complete the consent process in English or Korean, according to their preference. The full consent form, introductory video, and the survey will all be available in English and Korean versions, which will allow the participants to review the consent information according to their language preference/proficiency.

We ask for a waiver of written consent because:

1) The research involves no more than minimal risks to the participants. Although the PI anticipates the potential minimal risks, the instructions and structure of the survey is well prepared in anticipation of facing any potential minimal risks. This survey is confidential, and participants will be informed that they can refuse to answer any questions or withdraw from the survey anytime without penalty. Contact information will be collected in a separate survey, and information on last names will be immediately separated from the dataset and kept in a secure drive.

2) The waiver or alteration of written consent will not adversely affect the rights and welfare of the participants. They will receive all aspects of informed consent by having access to the full informed consent form, introductory video, as well as the consent information at the beginning of the survey. They will have the contact information of the PI and will not be denied any relevant information because of the waiver of written consent.

3) The research could not practically be carried out without the waiver of written consent. This research with an online survey will utilize convenience and respondent-driven sampling methods to recruit a relatively hard-to-reach minority population, and the PI will not have access to the names or contact information of the participants prior to the start of the survey. We believe it is in the participants' best interest not to provide any additional personally identifiable information through the written consent forms.

4) Whenever appropriate, the subjects will be provided with additional pertinent information after participation. The written statement of work, as well as the consent information presented at the beginning of the survey, will provide participants with the contact information of the PI, and they can contact the PI per email or phone with any questions before, during, or after participation.

8. Conflict of Interest:

There is no conflict of interest to report.

9. HIPAA Compliance:

N/A – we request a waiver of the HIPAA authorization requirement because, based on the IRB HIPAA determination flow chart, this research is not subject to HIPAA.

10. Research Outside of the United States:

N/A

11. Research Involving Prisoners:

N/A

12.   SUPPORTING DOCUMENTS

Your Initial Application must include a completed Initial Application Part 1 (On-Line Document), the information required in items 1-11 above, and all relevant supporting documents including: consent forms, letters sent to recruit participants, questionnaires completed by participants, and any other material that will be presented, viewed or read to human subject participants.

The consent forms in your approved IRBNet PACKAGE must be used. When creating or editing your consent form, please provide the most recent IRBNet package number at the bottom, right corner of the consent form. This ensures you are using the most "up-to-date" version of the form.

To find your IRBNet package number, go to the MY PROJECTS tab and click on the title of your project. In the PROJECT OVERVIEW page, your IRBNet package number will be listed at the top, next to your project title.

IRB Approval Letter

1204 Marie Mount Hall
College Park, MD 20742-5125
TEL 301.405.4212
FAX 301.314.1475
irb@umd.edu
www.umresearch.umd.edu/IRB

UNIVERSITY OF **MARYLAND**

INSTITUTIONAL REVIEW BOARD

DATE: June 15, 2021

TO: Jee Hun Yoo
FROM: University of Maryland College Park (UMCP) IRB

PROJECT TITLE: [1743102-1] Understanding the Informal Help-seeking Process of Korean
                   Emerging Adults Living in the U.S.: Influence of the Family Context
REFERENCE #:
SUBMISSION TYPE: New Project

ACTION: APPROVED
APPROVAL DATE: June 15, 2021
EXPIRATION DATE: June 14, 2022
REVIEW TYPE: Expedited Review

REVIEW CATEGORY: Expedited review category # 7. Waiver of Written Consent, 45CFR46.117(c)
                   (1).

Thank you for your submission of New Project materials for this project. The University of Maryland College Park (UMCP) IRB has APPROVED your submission. This approval is based on an appropriate risk/benefit ratio and a project design wherein the risks have been minimized. All research must be conducted in accordance with this approved submission.

Prior to submission to the IRB Office, this project received scientific review from the departmental IRB Liaison.

This submission has received Expedited Review based on the applicable federal regulations.

This project has been determined to be a MINIMAL RISK project. Based on the risks, this project requires continuing review by this committee on an annual basis. Please use the appropriate forms for this procedure. Your documentation for continuing review must be received with sufficient time for review and continued approval before the expiration date of June 14, 2022.

Please remember that informed consent is a process beginning with a description of the project and insurance of participant understanding followed by a signed consent form. Informed consent must continue throughout the project via a dialogue between the researcher and research participant. Unless a consent waiver or alteration has been approved, Federal regulations require that each participant receives a copy of the consent document.

Please note that any revision to previously approved materials must be approved by this committee prior to initiation. Please use the appropriate revision forms for this procedure.

All UNANTICIPATED PROBLEMS involving risks to subjects or others (UPIRSOs) and SERIOUS and UNEXPECTED adverse events must be reported promptly to this office. Please use the appropriate reporting forms for this procedure. All FDA and sponsor reporting requirements should also be followed.

All NON-COMPLIANCE issues or COMPLAINTS regarding this project must be reported promptly to this office.

Please note that all research records must be retained for a minimum of seven years after the completion of the project.

If you have any questions, please contact the IRB Office at 301-405-4212 or irb@umd.edu. Please include your project title and reference number in all correspondence with this committee.

This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within University of Maryland College Park (UMCP) IRB's records.

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