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Asian-Americans in COVID-19: A Literature Review of Mental Health Status and Service Use

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Abstract: Objectives: Reports of racial discrimination against Asian Americans has surged during the Covid-19 pandemic. The goal of this paper is to provide an overview of Asian Americans' mental health status during Covid-19 and an assessment of the barriers and disparities within Asian Americans' mental health service delivery. Methods: Four databases and the publisher The Lancet were chosen to search journal articles regarding Asian Americans' mental health status and service use. The increasing racial discrimination was examined as a critical parameter to assess Asian Americans' mental health status. The accessibility of mental health services and the responsiveness of Asian Americans' appropriate needs were studied by gender, subgroups and other moderating factors. Results: A total of 49 studies met the review criteria. Asian Americans encountered increasing coronavirus-related discrimination and presented a deteriorated mental health state during Covid-19. A high rate of informal/non-professional mental health service use and an overall low rate of professional service use were found in Asian Americans. Inaccurate self-reporting and diagnosis, language barriers, financial difficulty, and the lack of health insurance and education are contributing factors of the unmet needs of Asian Americans when seeking mental health services. Conclusions: Possible reasons that explain Asian Americans' mental health issues reside in socio-economic factors such as cultural differences, limited English proficiency, and low prevalence rates of health insurance and education. Evidence-based policies against racism, inter-ethnic connections, and cultural identity understanding are needed on national and community levels to address Asian hate crimes and discrimination. Virtual mental health services, culture-specific forms of intervention and treatment responses and appropriate education about Asian American mental health issues can help improve Asian Americans' mental health conditions.

1. Introduction

The Covid-19 pandemic continues to sweep the USA, in particular, Asian Americans are disturbed by two pandemics: the Covid-19 and the "racial pandemic" as they have been blamed for causing the

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pandemic, on the other hand they have also been the target of hate crimes. This dual burden has placed extra strain on the Asian-American community. Asian Americans' mental health status and service delivery issues have since been exacerbated.

1.1. Long-standing harm and discrimination

Historically, systematic and structural anti-Asian discrimination is well-documented in the United States, dating back to the passage of the 1882 Chinese Exclusion Act — the only American law in history prohibiting all immigration of laborers of a single ethnicity [1]. Asian Americans are perceived by some as "perpetual foreigners" regardless of how long they or their families have lived in the USA [2]. There is also evidence that structural racism and ethnic disparities linger long in much of the US's research and policy analysis [3]. Amid the Covid-19 pandemic, the anti-Asian sentiment has culminated in a surge of racist attacks against Asian Americans. In particular, New York City had an 867% increase in Asian hate crime victims in 2020 compared to 2019 [4]. Although hate crimes overall declined 6% in 2020 at the national level, hate crimes against Asian Americans spiked 145% [5]. Indeed, as a known social determinant of health, racism significantly impacts mental health problems and disparities [6]. A large body of research has also shown that Asian Americans have encountered elevated racial discrimination and experienced higher levels of mental disorders than Caucasians during Covid-19 [7-9].

1.2. Controversial evidence of mental health status

Although the number of Asian hate crime victims keeps skyrocketing, many American people are convinced of the myth that Asian Americans are a successful group and do not experience problems [10]. Indeed, various methodologies and psychopathology conceptualizations have been used to study Asian Americans' mental health status before the pandemic, while conclusions were sometimes conflicting. Some epidemiological surveys show that Asian Americans are less likely to suffer from generalized mental disorders [11]. Others query the possibility to draw definitive conclusions, particularly with mental disorders such as anxiety and depression because of the insufficient assessment and quantification of cultural conflicts and experiences with microaggression in symptom reporting [12]. It is also noteworthy that the analysis of anti-Asian discrimination experiences and the consequent mental health impacts has attracted less empirical attention [8]. Nonetheless, researchers have found strong associations between discrimination experiences and increased anxiety, depression, chronic disease, as well as sleep disruption [13-15]. Furthermore, there is evidence that experiences of Covid-19-related discrimination impact significantly all Americans [9]. Thus, it is possible to make further advances in assessing the appropriateness of mental health service and Asian Americans' mental health status in times of the Covid-19 pandemic by taking into account these factors. In the first part of this paper, we conducted a general overview and sought to understand the disproportionate mental health impact of racial discrimination during Covid-19 on Asian Americans' mental health status. This literature review also partially responds to the call for more research, practice, and policy responses to Asian hate stigma and discrimination [16].

1.3. Accessibility and unmet needs of mental health services

In the wake of the Covid-19 pandemic, research on racial discrimination against Asian Americans and their mental health conditions has proliferated, whereas findings are varied and dispersed. Therefore, in the second part of this paper, we synthesized disparities and barriers within Asian Americans' mental health service delivery through assessing the accessibility of Asian Americans' mental health services and the responsiveness of Asian Americans' needs for mental health services. The COVID-19 pandemic has tested health system resilience to cope with catastrophic events and

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brought up new long-term sustainability questions [17, 18]. Since the health service delivery plays a vital role in the health system resilience, by choosing the two parameters above to examine the mental health service delivery for the Asian-American community, important lessons can be drawn for how to ensure more Asian Americans access to mental health services of high quality and better serve their appropriate needs. Pooling the findings of Asian Americans' mental health status and service analysis offers a valuable opportunity to apply the empirical results into real-life practices and uncover blind spots in enhancing health-system resilience during the "post-shock" period.

2. Methodology

2.1. Search strategy

We did a manual review by searching the electronic databases through PubMed, Google Scholar, NCBI (The National Center for Biotechnology Information), and APA (American Psychiatric Association). We also selected and assessed articles published in the journal The Lancet. Search terms "Covid-19", "Asian Americans", "social discrimination", "depression", "anxiety", "mental health status", "mental health service utilization" and "mental health service delivery" have been used during the selection. Our literature review included qualitative and quantitative assessments, case studies, cross-sectional studies, review articles and the WHO's (World Health Organization) Advisories. Based on these inclusion criteria, we included 49 articles. The searches were done independently by three reviewers (Ada, Clara, Spark).

2.2. Methods

We collected and integrated articles with conducting a general overview concerning the implications of social discrimination in Covid-19 for Asian Americans' mental health status. Then we conducted qualitative research to assess the disparities and barriers in Asian Americans' mental health service. We focused primarily on the accessibility of the service and the responsiveness of Asian Americans' appropriate needs of mental health services. In connecting the dots between these two researches, we also examined the gap in the relationship between Asian Americans' mental health status and mental health service delivery. Overall, to present our findings, we chose the form of a literature review.

3. Results

3.1. Assessment of Asian Americans' mental health status

In this section, we examined Asian Americans' mental health status during Covid-19 and its correlation with the increasing Asian hate crime.

The mental health status of Asian Americans is worse than that before COVID-19. Research assessed 410 participants aged over 18 and self-identified as Asian Americans and shows that 41% reported increased anxiety symptoms and 53% reported increased depressive symptoms [8]. A study conducted by Pan also supports that individuals who reported any coronavirus discrimination experiences were more likely to report psychological distress, which is 19.9% for Caucasians, 14.6–25.2% for foreign-born Asians, and 10.6% for US-born Asians. Furthermore, the mental health gap between Asian Americans and white is greater than the gap between Asian immigrants and whites [19]. A study carried out by Wu compared the mental health disorders across Caucasians, Asian Americans (US-born), and Asian immigrants (foreign-born) and concluded that Caucasians had depression and anxiety score of 1.98, Asian Americans had a score of 2.96, and Asian immigrants had a score of 2.16 [9]. Therefore, the research implied that the Covid-19 racial discrimination was positively related to depression in Chinese immigrants and Chinese Americans.

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Since the onset of Covid-19 and the spike in Asian hate crime, a large body of studies demonstrate a clear association between coronavirus discrimination and the mental health state of Asian Americans. There is evidence that 39% of Asian people said people were more inclined to express anti-Asian racism now than prior to the pandemic [20]. Furthermore, the research conducted by Lee and Waters reported that 29% of participants' experiences of increased depressive symptoms were statistically significantly predicted by more discrimination experiences [8]. Similarly, according to a research conducted by Pan, among an analytical sample of 6707, Asians were substantially more likely to experience coronavirus-related discrimination than Caucasians [19]. The predicted probability of non-Hispanic whites experiencing discrimination is 2.54 times lower than for foreign-born Asians and 2.40 times lower than for US-born Asians. According to a research carried out by Lee and Waters, participants have experienced several discriminations, including hate crimes, microaggressions, overt racism, as well as vicarious discrimination, and the ideas of yellow peril and perpetual foreigner also aggregated the racism against Asian Americans [8].

3.2. Assessment of Asian Americans' mental health service

In this section, we evaluated Asian Americans' mental health service delivered before and during the Covid-19 pandemic in two main areas—the accessibility of Asian Americans' mental health services and the responsiveness of Asian Americans' needs for mental health services.

3.2.1. Accessibility of mental health service

Much of the research regarding Asian Americans' mental health service pointed to the same problem — the underutilization of mental health services. Asian Americans are the least likely ethnic minority to seek help and use services among ethnic minority groups [21]. Specifically, a suggestion provided by researcher Woo indicates that Asian Americans have a lower rate of mental health service utilization for bipolar disorder, schizophrenia, anxiety, depression, and intellectual disabilities (total N=22294) [22]. Moreover, among Asian Americans who access services, the condition tends to be very severe, which implies a delay in using mental health services until the severity of a mental health problem becomes high.

On the one hand, part of the service utilization problem is represented by different mental health service use between Asian American men and women. Overall, A study found that, from 2010 to 2012, Asian American men and women with depression had a reduced likelihood of seeking mental health care compared to white respondents [23]. Concerning the number of office visit, between 2006 and 2014, Asian American men had a significant increase by 7.2 percentage points, while Asian American women presented a decline by 0.3 percentage points. But overall, the mental health service use among the Asian-American population is on the rise [24]. Similarly, a 5-year mixed-methods study (N=701) examined the differential proportion of Asian American women's mental health utilization. The study suggested that more than 60% of the high-risk group did not use any mental health care and that 80% of participants did not access minimally adequate care [23].

On the other hand, Asian subgroups present different rates of mental health service utilization. In a study conducted by Jang that accessed 2609 Asian American participants, 39.8% of Filipinos and 27.1% of Asian Indians used mental health service, which is higher than Vietnamese (20.7%), Chinese (18.5%) and Korean (18,3%) [25]. Overall, only 23% of the sample tend to use mental health service. It is also worth noting that 48.5% of 2609 respondents used non-English versions of the survey questionnaire.

In particular, seeking mental health care from alternative and non-professional services is very common for the Asian-American community. A study suggests that Asian respondents had a lower likelihood of having a usual primary care provider than white respondents [26]. Another research is

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consistent with prior research by showing that Asian Americans tend to seek assistance from general medical service providers or non-professional sources rather than mental health professionals to meet their medical needs [12]. The research conducted by Jang also confirmed that 18% of the 2609 Asian American participants sought help from general doctors, while only 4.5% from mental health specialists [25]. Another study examined Vietnamese Americans' care preferences for depression (N = 1666) and found that 46% of the participants would do nothing about the situation and that only 23.9% prefer to see a psychiatrist or mental health counsellor [27].

3.2.2. Unmet needs of mental health services

The first unmet need is caused by a measurement error in self-reporting. To minimize physical contact while maximizing the treatment effect during Covid-19, self-report from patients becomes critical to understand a patient's situation [28]. However, different ethnic and cultural groups have different definitions of "distress", "normal" and "abnormal [21]. Such different expressions when reporting the same symptom will affect clinicians' diagnosis results and affect psychopathology's cross-cultural applicability [12]. The so-called self-report bias can cause measurement errors between self-reported value and true value [29]. For instance, microaggressions imply brief or subtle negative behaviors or remarks towards marginalized group members and predict increased anxiety, depressive symptoms, which are more commonly experienced by Asian Americans during Covid-19 than other minority groups [8]. However, they may be unlikely to be identified by Asian Americans as a causative factor in their mental health issues.

The second unmet need comes from a system error in the diagnosis of Asian Americans. A western-based assessment called the Diagnostic and Statistical Manual of Mental Disorders (DSM) excluded some mental disorders with low prevalence rate, including Neurasthenia, which was expressed and experienced differently by Asian American subgroups [12]. Consequently, although 7% of Chinese American reported that they had experienced neurasthenia, the standard diagnostic system in the United States may not be able to detect this mental disorder, leaving those Chinese Americans with unmet needs for mental health care [30]. Until 2017, the conversion of the Chinese Classification of Mental Illness and the DSM-IV remains controversial [31].

The third unmet need is the lack of bilingual services within formal service systems. A study indicates that interpreter services were unprofessional, patients have reported that immature or even missing bilingual services is a crucial cause of miscommunication with medical professionals [32]. On the other hand, medical professionals consider that bilingual services can mitigate workplace stress and accelerate high-quality healthcare delivery [33]. Additionally, due to the lack of Asian languages proficiency among mental health professionals, 12% of Asian Americans with mental distress have reported they had unmet needs after going to any mental health service, and the same situation for 28.3% of Asian Americans with serious mental illness [25].

The fourth unmet need comes from financial difficulty and the lack of medical insurance, which are two common barriers for low-income races and ethnic minorities to access medical services use [34, 35]. However, considered that these parameters do not consist of significant predictors [36]. Meanwhile, the research carried out by Park indicates that although insurance coverage among Asian youth saw a considerable increase after the implementation of the Affordable Care Act (ACA), limited progress in health care utilization was made, and different subgroups had different performances [37]. Interestingly, Asian Vietnamese and Asian Korean have higher prevalence rates of education and health insurance and serious mental illnesses than Filipinos and Asian Indians, while they were less likely to use mental health service compared to Filipinos and Asian Indians [25].

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4. Discussion

By revisiting the knowledge generated in the past ten years, we discerned the disparities and barriers in Asian Americans' mental health status assessment and service delivery. This work is notable in its focus on bridging the gap between Asian Americans' mental health status and service use and its timely response to Asian Americans' mental health issues in the context of Covid-19. In particular, this work also studies the impact of cultural differences and racial discrimination on Asian Americans, which are often understudied, especially during Covid-19.

In this section, essential recommendations were proposed to meet Asian Americans' appropriate needs in mental health and enhance Asian Americans' mental health system. Before then, it is necessary to identify possible reasons for Asian Americans' problems of mental health status and service use and understand the inter-connectedness between them.

4.1. Possible reasons

Firstly, researchers often ignore culturally bound social factors, whereas they are major deterrents to Asian Americans' mental health status assessment and service utilization. In East Asian culture, face has particularly strong esteem implications and can affect one's social behavior [38]. Indeed, incurring discrimination is seen by Asian Americans as a cultural stigma, and therefore a "loss of face", which has a solid psychological power to prevent Asian Americans from seeking help. For example, to maintain a positive family image, Asian American parents often deny Asian women's mental health concerns because of social stigma and the perceived familial humiliation involved [23]. This phenomenon might also explain why Asian American women usually have lower use rates of mental health service compared to Asian American men.

Furthermore, cultural stigma also influences the overall underutilization of mental health service among Asian Americans. The Asian American community lacks the awareness and acknowledgement of mental health issues as they worry about burdening others and thus refuse to talk about their mental problems [23]. We understand that racial discrimination beneath the impact of Covid-19 has significantly impacted Asian Americans' mental health. However, this Eastern cultural perception leads to an improper understanding of mental health among Asian Americans and inhibits them from engaging in proactive, spontaneous help-seeking, risking an exacerbation of their mental health status.

For Asian Americans who have overcome cultural stigma and try to access mental health services, Western cultural differences are another difficulty. The "globalization" of the Western definition and conceptualization of mental disorders and culture-bound syndromes can cause fundamental errors in cross-cultural psychopathology [12, 39]. Due to a long history of cultural incompatibility and a lack of attention for minority patients in mental health care, appropriate needs in terms of self-reporting, diagnosis and treatment cannot be fulfilled. This is another factor which reduces the likelihood of Asian Americans seeking help for their mental health, apart from the harm already caused by discrimination during Covid-19.

Secondly, language barriers have become a stumbling block in improving Asian Americans' mental health conditions. On top of the problems regarding the impediment of communication as well as the underutilization of services caused by language barriers, Survey and screening methodology for psychological profiling tend to have linguistic biases and inaccuracies. In particular, Asian Americans with limited English proficiency (LEP) speak more than 100 languages/dialects [25]. Nonetheless, much of the research and statistics regarding LEP in Asian Americans are based only on respondents who have moderate English proficiency [40]. Therefore, adding multilingual options is the most accurate means of reaching Asian American respondents in terms of unmet needs,

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especially the elderly; however, given the diversity of languages in Asia, raising capital for human and financial capital for multilingual services may be proven difficult.

Thirdly, the low prevalence of health insurance and education among Asian Americans are related to the underutilization of mental health service and negative mental health status. It is clear that increasing insurance coverage on its own will not address the issues. The two parameters mentioned in this paragraph cannot be analyzed separately in that English language proficiency appears to be particularly important as a predictor of mental health service utilization. While increasing insurance coverage, there should also be a focus on education coverage to improve the English language proficiency of Asian Americans and the awareness of mental health disorders. These are essential factors that encourage Asian Americans to seek help from mental health professionals.

4.2. Proposed Solutions

Our study is one of the first studies to discuss the negative impacts of discrimination on the psychological well-being of Asian Americans and the flaws of mental health services towards Asian Americans during COVID-19. By integrating the above findings, it is clear that increased engagement from different levels and sectors of health and social services will be crucial to address the issues.

President Joe Biden signed an executive order on advancing racial equity and supporting underserved communities on his first day in office. However, advancing equity requires a systematic approach to embedding fairness in decision-making processes [41]. Therefore, the government should strive for transparent processes while implementing evidence-based policies against racism [42]. An equity agenda could uncover interactions among barriers in various agencies and social sectors to prevent further discrimination against minority groups in the US. Another proven approach is bringing positive representations of Asian Americans in the media to prevent further discrimination [43]. Stakeholders such as the government, public and media could help reduce the stereotypes of Asian Americans and avoiding language that draws a link between coronavirus and ethnic groups (e.g., 'Chinese virus') [44]. In addition, anti-bullying policies that are aware of the needs of Asian American's might help discourage individuals from committing ethnic-related coronavirus discrimination [45].

Other than tackling issues on a national level, communities and institutions must also be prepared to alleviate the mental health sequalae of victims experiencing ethno-racial coronavirus stigmatization. Actors within communities should ensure Asian Americans have essential resources and are supported in developing the capability to cope with such conditions [19]. A previous study conducted by Woo demonstrated that to deal with the adverse mental health effects of racism, the promotion of different cultural identities is influential [46]. Therefore, inter-ethnic connections, cultural identity understanding and transparency in anti-racism actions are critical factors. These factors are needed to explicitly and accurately address coronavirus discrimination towards Asian Americans, and hence improve mental health status.

Virtual mental health services may also address some of the issues that Asian Americans encounter in accessing services. Virtual mental health services, namely, telehealth, play a role in mitigating psychological distress and promoting treatment effects. For example, videoconference, e-mail, telephone, or smartphone apps are tools for the delivery of mental health services [47]. They have proven as effective communication methods for tele-mental health services during the outbreak of COVID-19 in China [48]. In a study conducted by Liu, mental health professionals used WeChat-based resources as online psychological counselling services to provide support [48]. This study also reflects people's high acceptance of telehealth and high interest in seeking help through online media. However, more research is needed on the effectiveness of tele-mental health services relative to in-person services.

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The Chinese people's high acceptance of telehealth is due to their socioeconomic status. Interestingly, Chinese people, including the senior generation, often use phones in daily life. For example, in restaurants, customers need to scan QR codes to order food and pay. The senior generation are able to use the network to solve their needs. During the outbreak of COVID-19 in China, telehealth played a major role in maintaining access to services. Online mental health education was established for the public through communication programs that are widely used, such as WeChat, Weibo, and TikTok. Mental health professionals also established online psychological counselling services, and some of them are WeChat-based resources [48]. The senior generation of Asian Americans may not use electrical devices as well as Chinese senior population due to their daily communication demand, not to mention the existing language barrier. A bedside intervention interpreter could apply to adjust this situation. This intervention is to place a dual-handset telephone at the bedside in every room in the in-patient department so that patients may have rapid access to professional interpreter services [31]. If digital psychological support services are developed at a large scale, it may be more economically viable for providers to have dedicated staff with language skills. This would have the potential to improve the utilization rate of mental health services and the patient experience.

Forms of culture-specific intervention and treatment plans are worth noting in optimizing the use of services and treatment outcomes. Previous reports show evidence that dosage levels of psychotropic medication are closely related to patients' racial or ethnic identities. In regards to Asian Americans, they require doses which are lower than average to achieve optimal therapeutic effects [21]. Therefore, in regard to the treatment of Asian Americans' mental disorders, clinicians should observe Asian Americans' drug reactions and side effects, and increase dosage level gradually to reach optimal effect [21, 49]. Except the improvement inside the system of mental health service, appropriate education about mental health service use is necessary for Asian Americans to seek help. Concerning the psychological resistance of Asian Americans on mental health issues, bicultural adjustment strategies, and culturally oriented self-help groups could be offered to Asian American communities so that they can encourage Asian Americans to seek help actively [21].

4.3. Areas of future research

This work must be considered in light of four areas of future research. First, greater efforts are needed in the collection and publication of disaggregated data in terms of subgroups and regions. Despite the conclusions of Asian Americans' mental health status drawn during Covid-19, current publicly available datasets do not enable analysis of the impact of heterogeneity in country of origin and geographical differences among Asian Americans on respondents' experiences of discrimination. Second, identifying and quantifying the underlying moderating factors (e.g., microaggressions) may be an important factor in better understanding Asian Americans' unmet mental health needs in future research. Third, future advances are needed in reducing methodological and conceptual limitations in psychopathology. The inclusion of more culturally bound syndromes of other ethnic groups is of great necessity. Fourth, racial and ethnic disparities are often presented in the analysis conducted by policy research organizations in the US [3]. With a surging amount of research on Asian Americans' mental health conducted during Covid-19, it is unclear whether systematic errors and structural biases towards Asian Americans within the research have been avoided or accounted for.

5. Conclusion

Due to historical and cultural misunderstanding of Asian Americans in both past and present, the COVID-19 pandemic has exemplified how ethno-racial status continues to impact disease stigma and psychological distress. Greater attention to how mental health service delivery should be adapted to

the needs of Asian Americans is warranted. Despite its challenges, the COVID-19 pandemic has fostered a rare opportunity to profoundly strengthen research and public vigilance about improving the mental health status of Asian Americans. We also identified barriers to access and unmet needs for mental health services. After recognizing the barriers and disparities faced by Asian Americans, further exploration of potential reasons, possible solutions, and future research areas were proposed to help address the problems. With the involvement of multiple stakeholders, and the continuous monitoring of ethno-racial stigmatization over time, Asian Americans would see a significant improvement in their mental health conditions, improving their resilience, and the resilience of the health system in times of crisis.

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