

## Cultural Mistrust and Mental Health Help-Seeking Attitudes Among Filipino Americans

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As low as the rate of mental health help-seeking is among Asian Americans, Filipino Americans seek mental health services at a much lower rate even compared with other Asian Americans. Despite the field's progress in identifying and understanding factors that may influence mental health help-seeking attitudes among Asian Americans, despite research on other minority groups suggesting that cultural mistrust may influence attitudes toward seeking professional psychological help, and despite the abundance of literature documenting the historical and contemporary experiences of oppression by Filipino Americans, the possibility that cultural mistrust may play a significant role in Filipino Americans' mental health help-seeking attitudes have yet to be empirically investigated. Thus, using a sample of 118 Filipino Americans, the current study demonstrates that higher levels of cultural mistrust is related to lower likelihood of seeking professional psychological help. Furthermore, cultural mistrust predicted variance in mental health help-seeking attitudes that are not accounted for by income, generational status, loss of face, and adherence to Asian cultural values. Implications for future research are discussed.

*Keywords:* cultural mistrust, help-seeking, mental health, Filipino Americans, ethnic minorities, ethnic disparities

Research has consistently shown that Asian Americans' rate of mental health service utilization is only about one-third of what might be expected given the size of their population (for a review, see Abe-Kim et al., 2007; Tewari, 2009; and Yang & Worpai-Borja, 2007). This finding is true across a variety of settings, such as inpatient services (e.g., Virnig et al., 2004), outpatient services (e.g., Bui & Takeuchi, 1992; Virnig et al., 2004; Yeh et al., 2002; Zhang, Snowden, & Sue, 1998), emergency room and case management services (e.g., Hu, Snowden, Jerrell, & Nguyen, 1991), child welfare and juvenile justice services (e.g., McCabe, Yeh, & Hough, 1999), and in the

general community (e.g., Zhang et al., 1998). Given that various presidential commissions have concluded that such underutilization of services were not attributable to racial differences in rates of psychopathology (President's New Freedom Commission, 2003; U.S. Department of Health & Human Services, 2001), a large discrepancy therefore exists between levels of distress and service use among Asian Americans. More importantly, such a disparity indicates that many Asian Americans have unmet mental health needs.

Because of the disparity between mental health needs and service utilization among Asian Americans, research aimed at identifying factors that may influence help-seeking among this group have tremendously grown. Currently, we know that higher income (APA Task Force on Socioeconomic Status, 2006), having health insurance (Abe-Kim, Takeuchi, & Huang, 2002), and being more familiar with and assimilated into the American culture (e.g., Abe-Kim et al., 2007; Liao, Rounds, & Klein, 2005; Shea & Yeh, 2008) are predictive of higher levels of mental health help-seeking. We also know that not being proficient in the English language (e.g., Abe-Kim, Gong, & Takeuchi, 2004; U.S. Department of Mental Health & Human Ser-

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vices, 2001), loss of face and shame (e.g., Abe-Kim et al., 2004; Zane & Yeh, 2002), and adhering to Asian cultural values such as avoidance of shame, emotional restraint, not disgracing the family name, and maintaining the family hierarchy (e.g., Kim, 2007; Kim & Omizo, 2003; Liao et al., 2005; Uba, 1994; Wynaden et al., 2005) are predictive of lower likelihood of utilizing services. Indeed, our understanding of the factors that may influence the mental health help-seeking attitudes and behaviors of Asian Americans that may inform our efforts to address their underutilization of mental health services has definitely improved.

### **Filipino Americans and Mental Health Help-Seeking**

However, the case of Filipino Americans—the second largest Asian ethnic group in the United States (Barnes & Bennett, 2002)—continues to raise questions regarding the factors that may play a role in their mental health help-seeking attitudes and behaviors. One of the more consistent findings in Asian American psychology research is that as low as the rate of mental health help-seeking is among Asian Americans, Filipino Americans seek mental health services at a much lower rate even compared with other Asian American groups (Gong, Gage, & Tacata, 2003; Tanaka-Konayagi, 2001; Ying & Hu, 1994). Using data from the Filipino American Community Epidemiological Study (FACES), Gong et al. (2003) found that 75% of their sample have never used any type of mental health service, with an additional 17% receiving help from their friends, relatives, priests, ministers, herbalists, spiritualists, or fortune-tellers only. This low rate of help-seeking from professional mental health services among Filipino Americans cannot be attributed to lower rates of distress and psychopathology, as research also shows that members of this group experience psychological distress and mental health concerns just as much, if not more frequently, than other Asian Americans and other racial groups. For example, Filipino American adolescents have one of the highest rates of suicide ideations and attempts in the United States (President's Advisory Commission on Asian Americans & Pacific Islanders, 2001), with Filipina American adolescents having the highest rate of suicide ideations among all racial and ethnic groups

(Wolf, 1997). Filipina American adolescents also have a higher depression rate than other Asian American female adolescents (Kim & Chun, 1993). Various studies have also shown that Filipino American adults have higher depression rates than White Americans (Kuo, 1984) and the general U.S. population (e.g., David & Okazaki, 2006a; Tompar-Tiu & Sustento-Seneriches, 1995). Finally, recent findings revealed that 98–99% of Filipino Americans reported experiencing daily and lifetime racism (Alvarez, Juang, & Liang, 2006), suggesting that many Filipino Americans may experience psychological distress.

Given that many Filipino Americans may be in need of mental health services, the fact that many of them do not seek and receive the services they might need is troubling. Also, their extremely low rate of mental health service utilization is perplexing given that Filipino Americans: have the lowest poverty rate among Asian Americans (e.g., Tewari, 2009); have a median household income that is higher than the White American population and that ranks as the second highest among Asian Americans (U.S. Census Bureau, 2007); have the second highest English proficiency rate among all Asian Americans (U.S. Census Bureau, 2007); and are the only Asian American ethnic group with a history of being colonized by the United States and are therefore highly familiar with American culture (e.g., David & Okazaki, 2006b). Furthermore, recent research suggests that many Filipino Americans may desire to replace Filipino cultural values with American cultural values because of colonial mentality, a form of internalized oppression characterized by a preference for anything American and rejection of anything Filipino (e.g., David & Okazaki, 2006b). Given that Filipino Americans continue to underutilize mental health services despite having easy access to it (e.g., better socioeconomic status), being familiar with the American culture and language, and adopting American cultural values suggest that there might be other factors to consider regarding Filipino American mental health help-seeking.

### **Cultural Mistrust and Filipino Americans' Experiences of Oppression**

One factor that may play a significant role in Filipino American mental health help-seeking is

cultural mistrust. Cultural mistrust is a construct that was initially conceptualized to describe the distrust among African Americans of White Americans and mainstream American institutions including the legal system, political system, government agencies, educational system, health care system, employment settings, and other entities that are governed or staffed by White Americans (Terrell & Terrell, 1981). This mistrust of White Americans and the entities they control is theorized to be because of the centuries of oppression that African Americans have experienced and are still experiencing (e.g., Carter, 2007; Whaley, 2001a). Cultural mistrust among African Americans has been found to predict more negative attitudes toward White clinicians (e.g., Whaley, 2001b), higher preference for Black clinicians (Townes, Chavez-Korell, & Cunningham, 2009), more negative attitudes toward seeking professional psychological help (e.g., Duncan, 2003), and premature termination from therapy (Terrell & Terrell, 1984).

Similarly, the historical and contemporary experiences of Filipinos and Filipino Americans in relation to White Americans and mainstream American institutions are also filled with oppressive and unjust events. As earlier mentioned, almost all modern day Filipino Americans report experiencing racist events on a daily basis (Alvarez et al., 2006). Moreover, the oppressive experiences of Filipinos with mainstream America goes back to the early 1900s, when large numbers of Filipinos began migrating and working in the western states of California, Hawaii, Washington, and Alaska. Although Filipinos were considered U.S. Nationals, they were not U.S. citizens and American laws did not protect Filipinos and their rights. Consequently, they became the subject of brutal discrimination and maltreatments (Bulosan, 2002; Cordova, 1983). The oppression of Filipinos by American practices and institutions can even be traced back to the Philippines during U.S. colonial rule, when a nationwide public school system was established with American educators. As part of America's effort to "educate. . .uplift. . .civilize and Christianize" the Filipinos (Rusling, 1987, p. 23), the Americanized educational system taught Filipinos the English language, American culture and values, and replaced Filipino world-

view with American political ideals (Pido, 1997).

The oppression of Filipinos in the Philippines continued throughout the decades since American occupation. Although the Philippines was *given* its independence in 1946, American influence continues to persist in contemporary Philippines as evidenced by the maintenance of U.S. military bases in the Philippines until 1992, the presence of American soldiers in the Philippines to "train" Filipino soldiers, and the use of English as the primary language in Philippine education, law, government, business, and science. Thus, Filipinos in the Philippines continue to experience ethnic and cultural subjugation to this day. Given the large annual influx of Filipinos into the United States (immigration rate of 60,000 per year; Migration Policy Institute, 2006), many Filipinos in America have extensive experiences of ethnic and cultural oppression stemming from the Philippines and they continue to experience such an oppression in the United States.

### **Purpose of the Study**

Because of the historical and contemporary experiences of ethnic and cultural oppression Filipinos have experienced with the United States and its institutions, it is possible that many Filipino Americans may have developed a sense of cultural mistrust. Because cultural mistrust has been demonstrated to predict more negative attitudes toward seeking professional psychological help among another historically and contemporarily oppressed group (i.e., African Americans), it is possible that cultural mistrust may also play a role in Filipino American mental health help-seeking attitudes. However, the potential link between cultural mistrust and mental health help-seeking among Filipino Americans has yet to be empirically investigated. Thus, the purpose of the current study is to examine the potential influence of cultural mistrust on Filipino American mental health help-seeking, with the hypothesis that cultural mistrust predicts variance in help-seeking attitudes above and beyond the contributions of previously studied variables such as socioeconomic status, generational status, loss of face, and adherence to Asian cultural values.

## Method

### Participants

The sample was 118 Filipino Americans (47.50% female; 78% were first generation) with an average age of 30.20 ( $SD = 10.65$ ). Approximately half of the sample (50.90%) reported having at least a college degree and the sample's average personal income was \$38,800.52 ( $SD = \$5,592.07$ ). Independent samples  $t$  tests revealed that second or later generation participants had lower levels of loss of face concerns and lower adherence to Asian cultural values than first generation participants. Second and later generation participants also had more positive attitudes toward seeking professional psychological help than first generation participants. These results suggest that lower levels of enculturation, higher levels of assimilation, and familiarity with the American culture may be related to fewer barriers to seeking professional mental health services. Finally, higher income was negatively correlated with cultural mistrust, suggesting that higher socioeconomic status may present fewer barriers to seeking professional psychological help.

### Measures

**Cultural Mistrust Inventory (CMI).** The CMI (Terrell & Terrell, 1981) is a 48-item scale measuring the extent to which African Americans distrust White Americans and mainstream American institutions, agencies, or other entities. Respondents rate their level of agreement to each item using a 9-point scale, with higher CMI scores suggesting higher levels of cultural mistrust. There is evidence supporting the scale's reliability and validity (e.g., Terrell & Terrell, 1981; Whaley, 2001a, 2001b). For the purposes of the current study, the CMI was modified for use with a Filipino American sample by replacing the term "Blacks" with "Filipinos." Thus, the CMI version used includes items such as "White teachers are more likely to slant the subject matter to make Filipinos look inferior," "White store owners, salesmen, and other white businessmen tend to cheat Filipinos whenever they can," and "White politicians will take advantage of Filipinos every

chance they get." The current sample produced an alpha of .93.

**Loss of Face Questionnaire (LOFQ).** The LOFQ (Zane, 1993) is a 21-item measure of the threat of or loss of one's social integrity that has been identified as an important factor in social relations and help-seeking issues among Asian Americans. The LOFQ includes items such as "I maintain a low profile because I do not want to make mistakes in front of other people" and "I will not complain publicly even when I have been treated unfairly." Each item is rated on 7-point scale. There is evidence supporting the reliability and validity of the LOFQ for use among Asian Americans and Filipino Americans (e.g., Gong et al., 2003; Zane & Yeh, 2002). For the current sample, an alpha of .95 was obtained.

**Asian Values Scale (AVS).** The AVS (Kim, Atkinson, & Yang, 1999) is a 36-item measure of the extent to which individuals adhere to traditional Asian cultural values. Respondents rate their level of agreement to each item using a 7-point scale. The AVS produces scores for six subscales: Conformity to Norms (e.g., "One should not deviate from familial and social norms."), Family Recognition of Achievement (e.g., "Educational failure does not bring shame to the family."), Emotional Self-Control (e.g., "The ability to control one's emotions is a sign of strength."), Collectivism (e.g., "One should think about one's group before one's self."), Humility (e.g., "One should not be boastful."), and Filial Piety (e.g., "Children should not place their parents in retirement homes."). Kim and colleagues (1999) provided support for the reliability and validity of the AVS. For the current sample, alphas of .73 (Conformity to Norms), .77 (Family Recognition of Achievement), .63 (Emotional Self-Control), .93 (Collectivism), .77 (Humility), and .83 (Filial Piety) were obtained.

**Inventory of Attitudes toward Seeking Mental Health Services (IASMHS).** The IASMHS (Mackenzie, Knox, Gekoski, & Macaulay, 2004) is a 24-item measure of mental health help-seeking attitudes. It is an adaptation of the popularly used Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPHS; Fischer & Turner, 1970). The IASMHS produces scores for three subscales: psychological openness (e.g., "Psychological problems, like many things, tend to work out by

themselves”), help-seeking propensity (e.g., “If I believed I were having a mental breakdown, my first inclination would be to get professional attention”), and indifference to stigma (e.g., “Having been mentally ill carries with it a burden of shame”). Mackenzie and colleagues (2004) reported evidence supporting the reliability and validity of the IASMHS. The current sample produced the following alphas: .88 (psychological openness), .84 (help-seeking propensity), and .76 (indifference to stigma).

## Procedures

Because Asian and Pacific Islanders have the highest rate of Internet access from their homes (Newburger, 2001), online data collection was deemed as a practical method to reach many Filipino Americans. To encourage participation, participants became eligible to win gift cards (1st Prize = \$100; 2nd Prize = \$75; 3rd Prize = \$50) upon completing the questionnaires. The study was advertised as a survey “examining the relationships between ethnic and cultural heritage, psychological well-being, social experiences, and attitudes toward mental health services.” Study information was sent to Filipino college and community organizations and “snowballing” was encouraged. Interested individuals had to confirm that they are at least 18 years old and had to self-identify as having Filipino heritage. Upon logging-in to the survey, they were screened again by the study, which was designed so that persons who did not meet the criteria were not allowed to continue. Those who were eligible were taken to the consent page, where they had to click on the “I Agree” button before completing the study. The questionnaires were presented in a randomized manner as determined by a computer program. All study procedures were approved by an institutional review board.

## Results

### Correlational Analyses

A series of bivariate correlations were conducted to explore the relationships between the IASMHS subscales and the other variables. In addition to the initial findings that higher income and later generational status may be related to fewer barriers for mental health help-

seeking, higher loss of face concerns (LOFQ scores) correlated negatively with psychological openness, propensity to seek help, and indifference to stigma (Table 1). Adherence to the Asian values of conformity to norms, family recognition of achievement, emotional self-control, collectivism, humility, and filial piety were also negatively correlated with psychological openness, propensity to seek help, and indifference to stigma. Finally, cultural mistrust also negatively correlated with the three measures of attitudes toward mental health help-seeking.

### Hierarchical Multiple Regression Analyses

Given that factors previously known to influence mental health help-seeking attitudes among Filipino Americans (e.g., adherence to Asian cultural values, loss of face, etc.) and cultural mistrust all significantly correlated with psychological openness, propensity to seek help, and indifference to stigma, it is not clear if cultural mistrust is correlated with mental health help-seeking attitudes above and beyond the other variables. To address this question, a hierarchical multiple regression was conducted for each of the three mental health help-seeking attitude scores. For each of the regressions, personal income and generational status were entered on the first step, loss of face score was entered on the second step, the total AVS score was entered on the third step (as recommended by Kim et al., 1999), and the cultural mistrust score was entered on the last step. The results of the final step of the regression are presented in Table 2. The results show that loss of face and adherence to Asian cultural values are related to mental health help-seeking attitudes, consistent with previous findings. The significant  $R^2$  statistic for cultural mistrust on the last step, however, suggests that this construct captures variance (approximately 5%–6%) in mental health help-seeking attitudes that are not accounted for by income, generational status, loss of face, and adherence to Asian values.

## Discussion

The presented results are consistent with previous findings regarding Asian and Filipino American help-seeking (e.g., Abe-Kim et al., 2007; Gong et al., 2003; Tewari, 2009; Yang &

Table 1  
Means, SDs, and Intercorrelations Between Measured Variables

Variables	M (SD)	1	2	3	4	5	6	7	8	9	10	11
1. Loss of face	81.83 (26.57)	—										
2. AVS conformity to norms	2.50 (0.61)	.664**	—									
3. AVS family recognition of achievement	2.76 (0.73)	.297*	.282*	—								
4. AVS emotional control	2.80 (0.37)	.539**	.785**	.106	—							
5. AVS collectivism	3.00 (0.86)	.579**	.865**	.218*	.723**	—						
6. AVS humility	2.89 (0.68)	.738**	.785**	.496**	.630**	.785**	—					
7. AVS filial piety	2.45 (0.39)	.498**	.543**	.115	.627**	.508**	.555**	—				
8. Cultural mistrust	191.72 (53.95)	.340**	.197*	.288*	.166	.314**	.460**	.273*	—			
9. Psychological openness	25.01 (7.52)	-.451**	-.287*	-.171*	-.176*	-.225*	-.312*	-.221*	-.497**	—		
10. Propensity to seek help	28.30 (5.42)	-.448**	-.416**	-.197*	-.277*	-.220*	-.320**	-.172*	-.369**	.562**	—	
11. Indifference to stigma	28.38 (5.42)	-.396**	-.414**	-.276*	-.262*	-.207*	-.381**	-.117	-.451**	.559**	.807**	—

Note. N = 118. AVS = Asian Values Scale.

\*  $p < .05$ . \*\*  $p < .001$ .

Worpat-Borja, 2007). More specifically, lower levels of loss of face concerns and lower adherence to Asian cultural values are related to more positive attitudes toward seeking professional psychological help. More importantly and unique to the current study, however, is the finding that cultural mistrust is an important psychological construct to consider when conceptualizing and investigating mental health help-seeking attitudes among Filipino Americans. Although research on Asian and Filipino American help-seeking has progressed significantly, the presented findings suggest that paying attention to cultural mistrust is necessary along with other variables in order to more completely understand Filipino Americans' underutilization of mental health services.

Future investigations may explore how cultural mistrust may influence actual mental health help-seeking behaviors, preference for certain race or ethnicity of clinicians, early termination of therapy, satisfaction with services received, and effectiveness of received treatment among Filipino Americans. These variables and cultural mistrust's relationships with them have been investigated on African American samples before, and it is worthwhile to investigate if such effects of cultural mistrust are also present among Filipino Americans. Findings of such research may have important implications in our efforts to reduce the disparity between levels of distress and mental health service utilization among Filipino Americans.

Future projects may also look at how colonial mentality (David & Okazaki, 2006b), another construct that is a consequence of historical and contemporary oppression, is related to mental health help-seeking. Recent work on colonial mentality among Filipino Americans (e.g., David, 2008) has contributed significantly to our understanding of how oppressive historical and contemporary sociopolitical conditions may influence mental health. However, it is also necessary to further extend the implications of colonial mentality beyond psychopathology development and into its potential influences on help-seeking attitudes and behaviors for such psychopathology. Given that colonial mentality suggest separation from heritage cultural values and adherence of Western norms, and given that help-seeking research suggest that adherence to Asian cultural values are negatively related to

Table 2

*Hierarchical Regressions of Status, Loss of Face, Values Enculturation, and Cultural Mistrust on Mental Health Help-Seeking Attitudes*

Dependent variables	Predictor variables	$\beta$	$R^2$	Adjusted $R^2$	$R^2$ change	$F$ change	$p$
Psychological openness	Step 1						
	Generational status and income	.203	.077	.051	.077	2.950	.059
	Step 2						
	Loss of face	-.305	.298	.268	.222	22.106	.001
Propensity to seek help	Step 3						
	Asian Values Scale	-.408	.406	.333	.107	2.351	.050
	Step 4						
	Cultural mistrust	-.364	.456	.380	.050	5.919	.018
Indifference to stigma	Step 1						
	Generational status and income	.150	.039	.012	.039	1.438	.244
	Step 2						
	Loss of face	-.123	.239	.206	.200	18.391	.001
	Step 3						
	Asian Values Scale	-.466	.407	.335	.169	3.698	.005
	Step 4						
	Cultural mistrust	-.370	.459	.383	.052	6.144	.016
	Step 1						
	Generational status and income	.202	.078	.051	.078	2.962	.058
	Step 2						
	Loss of face	-.010	.263	.231	.186	17.616	.001
	Step 3						
	Asian Values Scale	-.548	.492	.429	.229	5.860	.001
	Step 4						
	Cultural mistrust	-.391	.550	.486	.058	8.259	.005

Note.  $N = 118$ .

help-seeking, one may suspect that Filipino Americans will be more open and accepting of traditional Western approaches to mental health services than other Asian Americans. On the contrary, as presented earlier, research has found that Filipino Americans are even less likely than other Asian Americans to seek treatment. Given that the presented results suggest that cultural mistrust is related to more negative attitudes toward seeking professional psychological services, and colonial mentality and cultural mistrust seem to be theoretically the two opposite extremes of how Filipino Americans may respond to oppression, the possible interactions between the two constructs in predicting mental health help-seeking look to be a promising research question for future empirical investigations.

Finally, the potential implications of cultural mistrust on the development of severe psychopathology such as schizophrenia among Filipino Americans may also be the focus of future research. More specifically, it is generally well-

accepted that racism and racism-related stress may be related to paranoia and schizophrenia (e.g., Combs, Penn, & Fenigstein, 2002). Moreover, Whaley (2001a) have argued that although racism related stress can lead to psychopathology, a healthy form of paranoia (i.e., cultural mistrust) among African Americans may be misunderstood as pathological paranoia, which may contribute to the overdiagnoses of paranoid schizophrenia among this racial group. Similarly, Filipino Americans' extensive experiences of oppression, which may lead to higher levels of cultural mistrust, may also contribute to the development of psychopathology or overdiagnoses of paranoia and schizophrenia. Indeed, some researchers have reported that Filipino Americans have higher rates of schizophrenia than other Asian American ethnic groups (Sanchez & Gaw, 2007; Young & Kinzie, 1974). A recent large-scale study of mental health service use among all racial and ethnic groups in California (Barreto & Segal, 2005) have even reported that schizophrenia was more

frequently diagnosed among Filipino American clients (23.8%) than African American clients (20.0%). Thus, future research should investigate whether cultural mistrust may also be playing a role in Filipino Americans' experiences with schizophrenia, especially the paranoid type.

## Limitations

The presented results should be interpreted with caution because of several limitations. First, the snowball sampling technique and the self-selected nature of the sample limit the generalizability of the results. Future studies using a random and more representative sample may obtain more accurate findings regarding the relationship between cultural mistrust and mental health help-seeking. Second, although recent inquiries have found that Web-based results are usually generalizable, are not affected by nonmotivated or ill-intentioned participants, are consistent with findings from studies using traditional methods, and are not adversely affected by uncontrolled administration settings (Gosling, Vazire, Srivastava, & John, 2004), future studies that are not conducted over the Internet may test the replicability of the presented results. Another limitation is that all variables were assessed by self-report. Utilizing a combination of various assessment methods (e.g., interviews, informants) may yield more accurate estimates of the measured variables and their interrelationships. Lastly, the cross-sectional design raises questions about the directions of causality between constructs. Future studies with more sophisticated methods (e.g., longitudinal designs) are needed to determine causality.

## Conclusions

Despite the limitations, the presented study contributes significantly to our understanding of how cultural mistrust, a construct that is a consequence of both historical and contemporary oppression, may influence the attitudes of Filipino Americans toward seeking professional psychological help. Keeping an eye on cultural mistrust as possibly influencing Filipino American mental health help-seeking attitudes and

behaviors may contribute toward addressing the underutilization of mental health services by this ethnic group. It is hoped that such findings will spark future research and service efforts that take into account sociopolitical contexts and its effects in their planning, implementation, and interpretation phases.

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