Improving Chinese Canadians' mental health amid the rise of Anti-Asian racism: Identifying barriers and policy recommendations

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Introduction

On March 16, 2021, a white man took the lives of eight people in Atlanta, including six women of Asian descent.[1] The senseless massacre painfully clarifies the sharp rise of anti-Asian racism in North America. In Canada, the rise of the proportion of anti-Asian racism per capita was higher than in the U.S. For example, Vancouver reported a 717% spike in anti-Asian crimes over a one-year period from 2020.[2] The Asian communities are experiencing an escalating rate of being verbally insulted, spat on, and physically assaulted in Canada.[3]

Being a Chinese immigrant myself, I was verbally attacked for being a virus spreader and was told to "go back to China". I am deeply concerned about the Asians' mental health under

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[1] Nicholas Bogel-Burroughs and Marie Fazio Richard Fausset, "8 Dead in Atlanta Spa Shootings, with Fears of Anti-Asian Bias," The New York Times (The New York Times, March 26, 2021), https://www.nytimes.com/live/2021/03/17/us/shooting-atlanta-acworth.

[2] Nigel Mantou Lou et al., "Chinese Canadians' Experiences of the Dual Pandemics of Covid-19 and Racism: Implications for Identity, Negative Emotion, and Anti-Racism Incident Reporting.," *Canadian Psychology/Psychologie Canadienne*, December 23, 2021, https://doi.org/10.1037/cap0000305, 2.

[3] Natalie Obiko Pearson, "This Is the Anti-Asian Hate Crime Capital of North America," Bloomberg.com (Bloomberg, May 7, 2021), https://www.bloomberg.com/features/2021-vancouver-canada-asian-hate-crimes/.

tremendous distress. The communities' anxieties stem not only from the distress caused by the pandemic but also from living under the high risk of being assaulted and a sensation of not belonging here. Studies have found that individuals experiencing anti-Asian racism were diagnosed with anxiety, depression, lower life satisfaction, and suicidal thoughts.[4] Despite the higher level of mental health issues among Asians than the average population, Asians still utilize mental health services at a much lower percentage than all other races in Canada.[5]

My research focuses on improving Chinese Canadian's mental health amid the anti-Asian racism. To reach this goal, we need to investigate why are the majority of Chinese Canadians not utilizing mental health services in Canada, despite experiencing worsening psychological well-being? To answer this broader inquiry, the goal of my research is divided into researching the cultural, internalized racism, and structural barriers against timely and effective mental health treatments. I will then draw policy implications, policy recommendations, and institutional reforms based on my findings. I sincerely hope that the findings can pave way for better psychological well-being and equitable mental healthcare provision for Chinese communities.

Cultural barriers encountered by Chinese Canadians

Culture shapes one's response to mental illness, including how an individual interprets and cope with their symptoms based on their cultural backgrounds.[6] Cultural barriers have a

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[4] Justin A. Chen, Emily Zhang, and Cindy H. Liu, "Potential Impact of Covid-19–Related Racial Discrimination on the Health of Asian Americans," *American Journal of Public Health* 110, no. 11 (June 20, 2020): pp. 1624-1627, https://doi.org/10.2105/ajph.2020.305858, 1625.

[5] Linda Deng, "Psychotherapy with Asian-Canadian Clients: Cultural Barriers and Help-Seeking," *Ontario Institue for Studies in Education of the University of Toronto*, 2003, https://doi.org/http://davidearljohnson.com/blog/cultural_competency/Standards_of_Care/Psychotherapy%20with%20Asian.pdf, 3.

[6] Fei-Hsiu Hsiao et al., "Cultural Attribution of Mental Health Suffering in Chinese Societies: The Views of Chinese Patients with Mental Illness and Their Caregivers," *Journal of Clinical Nursing* 15, no. 8 (August 2006): 1003, https://doi.org/10.1111/j.1365-2702.2006.01331.x.

fundamental impact in preventing the mental health needs of Chinese Canadians—as the fastest growing minority demographic—from being equably attended to.[7] The body mind holism ideology, stigma against mental illness, collectivist values, and expectation on the function of counselling are the most prominent cultural barriers faced by Chinese Canadians.

The body mind holism is a common attitude of how Chinese perceive mental illness. Since the body and mind are viewed as one, Chinese are more likely to believe that mental illness is caused by somatic issues.[8] The manifestation of this ideology originates from traditional Chinese medicine, which is based on eastern philosophies of Buddhism and Taoism.[9] The organ system is interpreted differently from western anatomy. For example, when an individual is anxious and irritable, they have hot liver dysfunction. Alternatively, if one is depressed, they have a weak liver.[10] The traditional Chinese medicine's holistic approach is also reflected in its treatment method. Western medicine treats disease by killing bacteria and removing defective body parts. However, Chinese medicine interprets disease as a sign of inner disharmony. The treatment aims to strengthen the patient's entire organ system to restore balance, as "what affects one affects all".[11] [12] Although there are merits to this holistic approach in traditional Chinese medicine, it often causes Chinese communities to view mental health illness as a physical issue. They seek out general physicians for psychological concerns, as

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[7] Maria Chiu et al., "Ethnic Differences in Mental Illness Severity: A Population-Based Study of Chinese and South Asian Patients in Ontario, Canada," *The Journal of Clinical Psychiatry* 77, no. 09 (September 28, 2016): e1108–16, https://doi.org/10.4088/JCP.15m10086.
[8] Linda YR Deng (Ontario Institute for Studies in Education of the University of Toronto, 2003), 2.
[9] Cecilia Chan, Petula Sik Ying Ho, and Esther Chow, "A Body-Mind-Spirit Model in Health: An Eastern Approach," *Social Work in Health Care* 34, no. 3–4 (August 8, 2002): 261, https://doi.org/10.1300/J010v34n03_02.
[10] Chan, Ho, and Chow, "A Body-Mind-Spirit Model in Health," 265.
[11] Aung, Fay, and Hobbs, "Traditional Chinese Medicine as a Basis for Treating Psychiatric Disorders," 402.
[12] Ibid, 265.

opposed to approaching mental health professional.[13] The consequence is that critical early prevention of mental illness is delayed, which causes symptoms to deteriorate into a crisis stage.

The entrenched stigma of mental illness in Chinese culture is also a significant barrier to utilizing mental health treatments. The stigma stems from the belief that mental illness is caused by weak willpower. To transform one's spirit, one must go through pain.[14] Winners in life are people that can develop through suffering and agony by turning their traumatic experiences into a springboard for growth.[15] This mindset implies that people with mental illness are losers, who are too incompetent to cope and overcome their struggles. The fear of being labelled as weak and incapable deter many Chinese Canadians from seeking mental health support.[16]

This cultural stigma is further reinforced by systemic and institutional discrimination. Psychiatric patients are commonly described as abnormal, crazy, and unfit. They often get discriminated against from opportunities.[17] For instance, marriages are often handled in a traditional manner by family arrangements in China. From Chan's research, participants revealed that one's parents stopped giving her medication after hospital treatment, as they did not want her potential husband to find out. [18] The Chinese cultural stigma against mental illness is deeply entrenched and multifaceted, as people suffer from the loss of dignity, stable employment, marriage, and social network.[19] Thus, the unbearable pressure from cultural stigma causes the underutilization of mental health services and exacerbated conditions.

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[13] Jennifer Kwok, "Factors That Influence the Diagnoses of Asian Americans in Mental Health: An Exploration: Factors That Influence the Diagnoses of Asian Americans in Mental Health: An Exploration," *Perspectives in Psychiatric Care*, (April 2013): 289, https://doi.org/10.1111/ppc.12017.
[14] Kwok, "Factors That Influence the Diagnoses of Asian Americans in Mental Health," 289.
[15] Chan, Ying Ho, and Chow, "A Body-Mind-Spirit Model in Health," 272.
[16] Shelly Yu et al., "Mental Health in China: Stigma, Family Obligations, and the Potential of Peer Support," *Community Mental Health Journal* 54, no. 6 (August 2018): 759, https://doi.org/10.1007/s10597-017-0182-z.
[17] Shelly Yu et al., "Mental Health in China: Stigma, Family Obligations, and the Potential of Peer Support," *Community Mental Health Journal* 54, no. 6 (August 2018): 759, https://doi.org/10.1007/s10597-017-0182-z.
[18] Yu et al., "Mental Health in China," 759.
[19] Ibid, 759.

Another prominent cultural barrier faced by Chinese Canadians comes from the collectivist values. Chinese culture greatly values the importance of family existing as one unit. Every individual has a clearly designated role in the family hierarchy, which is decided based on age, gender, and social status.[20] The intimate ties in the family causes affiliate stigma. If one member reveals their mental illness, their loved ones are highly likely to face discrimination. Thus, saving face or preserving the family unit's public image for "community propriety" is extremely important for Chinese. [21] Many patients chose to hide their mental health status from everyone, including their family members to save face for their collective reputation. One patient in a psychiatric hospital—that struggled with depression for over 20 years—never told anyone about her condition, including her own son. She only informed her family that she was going on vacation. As a business owner, she feared that her clients and colleagues would see her as an incompetent entrepreneur. She is also terrified about how affiliate stigma would impact her son's future if people learned about her mental health status.[22] Therefore, shielding one's condition from family is a patients' way of taking care of their loved ones.[23] For patients that inform their family about their mental conditions, they feel guilty for not fulfilling their designated duties as a family member, such as paying filial piety to their parents or making a steady salary.[24] One female patient said that she wanted her spouse to find her child a better mother. [25]

The hierarchical collective values extend to the society at large, which requires one to fully accept their position in the stratified society, even if it is an inferior role. According to

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[20] "Cultural Factors Influencing the Mental Health of Asian Americans," *Cultural Factors Influencing the Mental Health of Asian Americans* (New York : Charles B Wang Community Health Center, 2002), 272.
[21] "Cultural Factors Influencing the Mental Health of Asian Americans," 272.
[22] Yu et al., "Mental Health in China," 759.
[23] Ibid, 760.
[24] Ibid, 760.
[25] Yu et al., "Mental Health in China," 760.

Confucianism, compromise is necessary to achieve collective harmony.[26] One is obligated to obey the four ethical relationships—the latter being subordinate to the former. This includes ruler to minister, father to son, elder brother to younger brother, and husband to wife.[27] The hierarchical collectivist value led to increased pressure for individual achievements in Chinese society to meet collectivist goals.[28] Every person is expected to contribute their fair share of productivity. The extreme stress to save face and take on fair share of responsibility makes it extremely difficult to recover from mental illness.

The final cultural barrier encountered by Chinese Canadians originates from how they expect counselling to help. Chinese Canadians often prefer sessions that provide clearly defined and immediate solutions to solve their problem.[29] This is in direct contrast to western psychotherapy, which prioritizes a less structured and authoritative approach.[30] The mutual disparity in expectations between the patient and counsellor leaves the treatment to be futile.

The cultural barriers of the body mine holism ideology, stigma against mental illness, collectivist mindset, and distinct expectations for counselling cause Chinese immigrants to struggle to seek appropriate support for their mental health needs.

Internalized racism's impact on Chinese immigrant's mental health

Taking the cultural barriers faced by Chinese Canadians into account, it is also paramount to evaluate how internalized racism affect Chinese immigrants' mental health and the under-

[26] Arnulf Kolstad and Nini Gjesvik, "Collectivism, Individualism, and Pragmatism in China: Implications for Perceptions of Mental Health," *Transcultural Psychiatry* 51, no. 2 (April 2014): 256, https://doi.org/10.1177/1363461514525220.
[27] Kolstad and Gjesvik, "Collectivism, Individualism, and Pragmatism in China," 265-266.
[28] Kolstad and Gjesvik, "Collectivism, Individualism, and Pragmatism in China," 266..
[29] Linda YR Deng (Ontario Institute for Studies in Education of the University of Toronto, 2003), 2.
[30] Linda YR Deng (Ontario Institute for Studies in Education of the University of Toronto, 2003), 2.

utilization of mental health treatments. Internalized racism has been narrowly characterized as self-blaming. However, it is more about "cultural imperialism, domination, and normalizing" the way society is supposed to run.[31] When members of minority groups internalize racism, they accept negative perceptions of their own intrinsic worth and capabilities.[32] People start to "believe the dominant group's version of reality, in turn ceasing to independently define themselves".[33] This manifest in endorsing western values, such as meritocracy. One needs to "pull [themselves up by bootstrap" to achieve the American dream. [34] Internalized racism is a self-defeating mindset, which helps Asian Canadians to fit into western society by invalidating their own experience to adopt the white standard. Individuals with a higher level of internalized racism experience higher rates of anxiety, depression, and suicidal ideations. It is correlated with escalated hopelessness, stress, and physical illness. [35]

Stereotypes play a critical role in perpetuating and reinforcing internationalized racism in Chinese communities. This entails both positive and negative characterization. Positive stereotypes can have equally detrimental impacts. For example, Chinese are stereotyped to be highly capable, less warm and dominant compared to their white counterparts. This causes Chinese to experience a higher prevalence of harassment and exploitation at the workplace. They are also seen to be unfit to take on leadership positions due to the stereotype of being viewed as submissive. Alternatively, the more dominant and outspoken Chinese people are less popular and

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[31] Suzette L. Speight, "Internalized Racism: One More Piece of the Puzzle," *The Counseling Psychologist* 35, no. 1 (January 2007): 129, https://doi.org/10.1177/0011000006295119.
[32] Danielle Godon-Decoteau, "Examining the Moderating Role of Internalized Racism on the Relation between Racism-Related Stress and Mental Health in Asian Americans" (dissertation, Proquest, 2018), 5.
[33] Speight, "Internalized Racism," 130.
[34] Decoteau, "Examining the Moderating Role of Internalized Racism", 5.
[35] Sapna B. Chopra, "Healing from Internalized Racism for Asian Americans.," *Professional Psychology: Research and Practice* 52, no. 5 (October 2021): 503, https://doi.org/10.1037/pro0000407.

experience greater discrimination for not conforming to the stereotype.[36] The perpetual foreigner stereotype, model minority myth and gender-based discrimination are the most prominent in exacerbating internalized racism in Chinese Canadian groups.

Perpetual foreigner stereotype

The perpetual foreign stereotype is a xenophobic sentiment that alienates Chinese Canadians from their own homeland by claiming that they are not real Canadians, despite the reality that many individuals have never been to China before.[37] This xenophobic attitude has gained greater support during Covid-19. It demonized Chinese people as the yellow peril, who pose public health, socio-economic, and military threats to westerners. The yellow peril ideology traces back to the 19th century's wave of Chinese immigration to Canada due to capitalist demand for cheap labour. [38] There were countless Chinese migrants that risked their lives to set up nitroglycerine charges inside rock tunnels, which paved way for building railways in the 1880s. A well-known quote from railway builders is that "I lost many friends. They say there is one dead Chinese man for every mile of that track".[39] The Chinese workers were deeply exploited and underpaid, who were forced to live in slums—located at segregated areas of major cities. Chinese migrants were perceived as "diseased, dirty, and immoral". [40] As a result, this xenophobic manifested in various legislations. In 1872, the BC province passed the *qualification and registration of voters' act*, which disenfranchised Chinese demographics.[41] The rationale of

[36] Wei-Chin Hwang, "Demystifying and Addressing Internalized Racism and Oppression among Asian Americans.," *American Psychologist* 76, no. 4 (May 2021): 596, https://doi.org/10.1037/amp0000798.
[37] Hwang, "Demystifying and Addressing Internalized Racism and Oppression among Asian Americans.," 600.
[38] Decoteau, "Examining the Moderating Role of Internalized Racism", 8.
[39] Diane Christine Oliver (Saint Mary's University, 2021), 3.
[40] Diane Christine Oliver (Saint Mary's University, 2021), 3.
[41] Ibid, 32.

this decision was outlined by Prime Minister John A. Macdonald, who stated that "When the Chinaman comes here, he intends to return to his own country; he does not bring his family with him; he is a stranger, a sojourner in a strange land, for his own purpose for a while; he has no common interest with us, … "A Chinaman gives us his labor and gets his money, but that money does not fructify in Canada; he does not invest it here but takes it with him and returns to China… he has no British instincts or British feelings or aspirations, and therefore ought not to have a vote".[42] By 1885, the Canadian immigration act required every Chinese to pay 50 dollars to enter the country. This head tax is equivalent to 1376.57 dollars today. However, this discriminatory requirement has not been imposed on any other ethnic groups in Canadian history. Over the years, 81 thousand Chinese migrants paid the tax and contributed millions to the federal government. [43] The most discriminatory legislation was passed in 1923—known as the Chinese exclusion act. It banned Chinese from entering Canada except for diplomats and merchants. This act lasted until 1947.[44] The decades of racist legislation in Canada reinforced the perpetual foreigner attitude and continue to be perpetuated by popular media today. Asians are often characterized as foreigners that are unable to fit into mainstream culture. In the movie called 16 candles, the nerdish character Dong is stereotyped as a passive and intelligent person that spoke thick Chinese accent, who would say "what was happen-ing hah-stuff".[45] Similarly, the 2005 movie named crash discussed race relations in LA. Every character is complex and well-defined except Asian Americans. However, the Chinese migrants are depicted to only care about money, who smuggle immigrants into the country.[46]

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[42] Ibid, 42.
[43] Ibid, 37.
[44] Ibid, 45.
[45] Stacey J Lee and Joan J Hong, "Model Minorities and Perpetual Foreigners: Stereotypes of Asian Americans," *E. C.*, 2020, 25.
[46] Lee and Hong, "Model Minorities and Perpetual Foreigners," 25.

The perpetual foreigner stereotype is detrimental to Chinese Canadians' mental health not only due to the exploitative treatment, but it also generates resentment within the Chinese ethnic group.[47] Individuals labelled as fresh off the boat speak with heavy accent, engage in activities associated with newcomers, dress in a certain style, and tend to socialize within the ethnic community.[48] On the other hand, whitewashed Chinese are called banana. This means that they are white on the inside but yellow on the outside. They refuse to speak Chinese, have western friends, and avoid performing ethnic customs. [49] The more accultured group often keep their distance from people fresh off the boat, as many regards themselves with higher status by engaging with western culture. [50] The entrenched division prevents solidarity building for both interethnic and interethnic communities.

Model minority myth

The model minority myth is also an extremely influential stereotype, which exacerbated the mental health struggles faced by Chinese Canadians. The term was first used by sociologist William Peterson in the 1960s, who wrote an article about Japanese Americans' success story in the New York Times. He argued that Asian people's strong family bonds, work ethics, and intelligence led the group to overcome racial inequality to achieve socio-economic success.[51] Since the article's release, Asians have continuously been characterized as an underprivileged minority that have made it, which proves that racism is no longer a barrier.[52]

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[47] Karen Pyke and Tran Dang, "'FOB' and 'Whitewashed': Identity and Internalized Racism Among Second Generation Asian Americans," n.d., 152.
[48] Pyke and Dang, "FOB' and Whitewashed," 156.
[49] Pyke and Dang, "FOB' and Whitewashed," 156.
[50] Ibid, 160.
[51] Lee and Hong, "Model Minorities and Perpetual Foreigners," 70.
[52] Decoteau, "Examining the Moderating Role of Internalized Racism", 11.

Although some Asians take pride in being the model minority, this mindset is dangerous because it renders countless Asian immigrants' lived experiences to be invisible.[53] Most Chinese Canadians experience wage disparities and encounter discrimination for advancement to leadership positions. Studies showed that only 0.3% of senior executive positions are held by Asians.[54] The model minority myth led individuals—that fail to live up to or struggle to maintain the image—to feel shame and self-loathing. It inhibits Chinese immigrants from seeking necessary mental health support. The stereotype also encourages unhealthy strategies to achieve perfection, such as academic excellence, extreme beauty standards, and family harmony.[55] Although Asian Canadians have higher grade point average than white students, they experience higher level of depression, social isolation, and interpersonal issues than their peers. An alarming statistic is that 1 out of every 5 Asian American adolescents have suicidal ideation.[56]

Gendered stereotype

Finally, the gendered stereotype is detrimental for many Chinese Canadian women, as individuals are objectified and devalued. The gendered racial microaggression for Chinese Canadian women is comprised of 3 elements. The first is the expectation of being submissive. This traces back to the history of mail order brides from Asia, who are seen as compliant, passive, and obedient. This is often present in Chinese Canadian women's daily interaction with western counterparts. One woman said was told by her teacher that she did not need to talk in class, as she is assumed to be timid and quiet. This stereotype of submissive also hinders Chinese Canadian's advancement in careers. Research indicates that Asian female attorneys are

[53] Lee and Hong, "Model Minorities and Perpetual Foreigners," 168.
[54] Decoteau, "Examining the Moderating Role of Internalized Racism", 13.
[55] Lee and Hong, "Model Minorities and Perpetual Foreigners," 75.
[56] Lee and Hong, "Model Minorities and Perpetual Foreigners," 75.

commonly mistaken as assistants or paralegals, which reveals the expectations of passivity and submissiveness.[57] The second element of gendered aggression is sexual fetishism or exoticization expressed towards Asian American woman. They are objectified as "economic and sexual commodities to appease white men's sexual fantasies".[58] The fetishization of Asian women strengthened the image of seeing them as sex crazed, manipulative, and incapable of resisting white men's temptation. This stereotype is detrimental, as it leaves many Asian women to encounter exploitative and unwelcomed sexual advances.[59] Finally, Asian women are stereotyped to have an universal body image. They are presumed to look like a Geisha with doe eyes, pale skin, and black hair. This portrayal is dehumanizing, as it reinforces Asian women as white men's children—being submissive and acquiescent.[60] Women who experience gendered stereotypes report feeling alienated, self-hatred, and depressed. One unit increase in gendered aggression led to a 3 times chance of endorsing suicidal ideation.[61] In 2009, Asian American women have the highest lifetime rate of suicidal thoughts compared to the population in the United States.[62]

The perpetual foreigner stereotype, model minority myth, and gendered aggression play a critical role in reinforcing internalized racism, which exacerbates the mental status of Chinese Canadians and make individuals more resistant to seeking support.

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[57] Pyke and Dang, "'FOB' and 'Whitewashed': Identity and Internalized Racism Among Second Generation Asian Americans," 573.
[58] Pyke and Dang, "'FOB' and 'Whitewashed': Identity and Internalized Racism Among Second Generation Asian Americans," 573.
[59] Ibid, 573.
[60] Ibid, 573.
[61] Brian TaeHyuk Keum, Michele J. Wong, and Rangeena Salim-Eissa, "Gendered Racial Microaggressions, Internalized Racism, and Suicidal Ideation among Emerging Adult Asian American Women," *International Journal of Social Psychiatry*, April 2022, 5, https://doi.org/10.1177/00207640221089536.
[62] Keum, Wong, and Salim-Eissa, "Gendered Racial Microaggressions, Internalized Racism, and Suicidal Ideation," 1.

Structural barriers to accessing mental health services in Canada

The cultural and internalized racism's impact is compounded by the structural barriers encountered by Chinese Canadians when seeking mental health services. This entails financial hardship, gaps in service provisions, inadequate provision of culturally competent care, geographical barriers, and social isolation.

Financial hardship

A key barrier to Chinese Canadians' utilization of mental health treatments is the exorbitant financial strains, which are caused by the socio-economic downward mobility and inequitable public funding for mental health services. Employment is a key social determinant of health. The exclusion from meaningful work erodes self-confidence and takes a significant toll on one's mental health.[63] Over the past decades, most Chinese immigrants left home with good educational and occupational status.[64] However, upon arrival, immigrants face socio-economic downward mobility due to deskilling and "host culture perceptions".[65]

The studies found that it takes more than 20 years for Chinese immigrants to achieve the same level of earning as the average population.[66] Most Chinese immigrants with university degrees work as clerks, truck drivers, cashiers, and salespeople.[67] After moving to Canada for 2-4 years, 54% of immigrants are still seeking meaningful occupations.[68] The deskilling process entails that foreign workers are discriminated against based on where they received their

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[63] Mei Lan Fang and Elliot M Goldner, "Transitioning into the Canadian Workplace: Challenges of Immigrants and Its Effect on Mental Health," *Canadian Journal of Humanities and Social Sciences* 2, no. 1 (2011): pp. 93-102.
[64] Zhipeng Gao, "Mental Health of Chinese in Canada," in *Mental Health in China and the Chinese Diaspora: Historical and Cultural Perspectives* (Cham: Springer, 2022), 212.
[65] Fang and Goldner, "Transitioning into the Canadian Workplace," 93.
[66] Gao, "Mental Health of Chinese in Canada," 212.
[67] Fang and Goldner, "Transitioning into the Canadian Workplace," 93.
[68] Gao, "Mental Health of Chinese in Canada," 212.

education. For instance, to reaccredit a doctorate degree, one needs to pass exams and receive 2-6 years of training. Succeeding through this process is heavily reliant on how accultured the immigrant is and the amount of socio-economic, and cultural capital attained. Many immigrants argue that foreign workers are systemically marginalized to prevent the minority from reaching executive positions in Canada. [69] Moreover, even if an immigrant has the same level of experiences as natives, statistics show that they are paid less for having the same qualifications.[70] The precarious employment immigrants encounter is correlated with higher rates of serious mental illness alongside material deprivation. This includes higher prevalence of psychiatric hospital admission, distress, and depression.[71]

Another aspect of the financial barrier stems from the inequitable healthcare system. Canada prides itself on the universal healthcare system. Although Canada is often praised for its egalitarian and genuine effort to provide treatments, the recent healthcare evaluation in the global north ranked Canada as third last due to its inequitable performance and healthcare results.[72] The lack of timely and effective mental health services is primarily constrained by the limited public funding and insurance coverage in Canada.[73] Although general practitioners' services are covered publicly, they tend to give biologically based services with prescription medications. It fails to provide comprehensive and effective psychotherapy, which analyzes the complex interaction of biological, psychological, and social factors—contributing to mental health

[69] Fang and Goldner, "Transitioning into the Canadian Workplace," 95.
[70] Fang and Goldner, "Transitioning into the Canadian Workplace," 95.
[71] Margarita Alegría et al., "Social Determinants of Mental Health: Where We Are and Where We Need to Go," *Current Psychiatry Reports* 20, no. 11 (November 2018): 94, https://doi.org/10.1007/s11920-018-0969-9.
[72] Tiyondah Fante-Coleman and Fatimah Jackson-Best, "Barriers and Facilitators to Accessing Mental Healthcare in Canada for Black Youth: A Scoping Review," *Adolescent Research Review* 5, no. 2 (June 2020): 116, https://doi.org/10.1007/s40894-020-00133-2.
[73] Mary Bartram, "Income-Based Inequities in Access to Mental Health Services in Canada," *Canadian Journal of Public Health* 110, no. 4 (August 2019): 396, https://doi.org/10.17269/s41997-019-00204-5.

issues.[74] The deeply inadequate public funding causes one third of Canadians seeking mental health services whether pay out of pocket or go without treatments.[75] The exorbitant financial burdens of mental health services leave many immigrant's needs to be unmet.

Gaps in service provisions

The gaps in mental health service provisions are demonstrated by Rosalinda's story. She is a 29-year-old high school teacher that moved to Canada from South America. Due to being unemployed and isolated, she stays indoors watching TV and reading magazines. She does not like to go to malls, as the stares at her dark skin make her feel uncomfortable. Rosaline's world was shattered when she received the news about her mother's death. She couldn't make it back home due to financial struggles, who spent countless nights crying and debating if immigration was the right decision. She did not eat or get out of bed for many days. Her husband tried to comfort her, but it did not seem to help. At last, when Rosalinda confessed her suicidal ideations, her husband dialled 911. She stayed in the hospital for weeks and had major depression. The fiction story of Rosalinda was inspired by the lived experiences of many immigrants.[76]

Immigrants have poor access to practitioners, which results in inadequate early prevention and follow up. Family doctors are the primary avenue to receive mental health services, as 80% of Canadians rely on them for mental health support. However, they are often too resource strapped to adequately provide effective mental health services.[77] This leads to premature termination of treatments, which carries extreme risks for the development of chronic

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[74] Bartram, "Income-Based Inequities in Access to Mental Health Services in Canada," 399.
[75] Coleman and Best, "Barriers and Facilitators to Accessing Mental Healthcare in Canada for Black Youth," *116*.
[76] Sylvia Reitmanova and Diana L. Gustafson, "Primary Mental Health Care Information and Services for St. John's Visible Minority Immigrants: Gaps and Opportunities," *Issues in Mental Health Nursing* 30, no. 10 (January 2009): 615, https://doi.org/10.1080/01612840903033733.
[77] Fante-Coleman and Jackson-Best, "Barriers and Facilitators to Accessing Mental Healthcare in Canada for Black Youth," 128.

mental problems.[78] For immigrants wishing to access professional psychotherapy, community-based psychologists are often overworked. The scarcity of treatment providers causes mental health treatment to end abruptly unless the patient requires emergency referrals.[79]

Moreover, mental healthcare across various sectors lacks coordination and a centralized navigation framework. From the prominent mental health websites in Canada, there are few providers that mention services tailored to immigrants' needs. All information and pamphlets are written in English.[80] Since Chinese immigrants are unfamiliar with the Canadian healthcare system, individuals are often unaware of the supports available and struggle to find appropriate services.[81]

The low utilization rate of mental health services is also caused by mistrust toward providers. One quote from a patient is that "It's uncertain of how people will treat me when I seek help. I never cared seeing a doctor because I was always worried that when I tell the doctor, I don't know what they would do. Will they see me as totally crazy and put me away when I tell what I'm thinking and what I was going to do? If I was going to kill myself, why would I pick up the phone and call you? That means I'm not really trying to kill myself. I am asking for help".[82] Despite experiencing worse psychological well-being, many immigrants do not seek mental health treatment because they believe that the services are untrustworthy and futile in addressing

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[78] Reitmanova and Gustafson, "Primary Mental Health Care Information and Services for St. John's Visible Minority Immigrants," 615-616.
[79] Joel Sadavoy, Rosemary Meier, and Amoy Yuk Mui Ong, "Barriers to Access to Mental Health Services for Ethnic Seniors: The Toronto Study," *The Canadian Journal of Psychiatry* 49, no. 3 (March 2004): 196, https://doi.org/10.1177/070674370404900307.
[80] Reitmanova and Gustafson, "Primary Mental Health Care Information and Services for St. John's Visible Minority Immigrants," 617.
[81] Sadavoy, Meier, and Ong, "Barriers to Access to Mental Health Services for Ethnic Seniors," 195.
[82] Tam Truong Donnelly et al., "If I Was Going to Kill Myself, I Wouldn't Be Calling You. I Am Asking for Help: Challenges Influencing Immigrant and Refugee Women's Mental Health," *Issues in Mental Health Nursing* 32, no. 5 (May 10, 2011): 282, https://doi.org/10.3109/01612840.2010.550383.

their vulnerabilities, such as racial discrimination issues, settlement difficulties, persistent isolation, and inadequate social support.[83]

Inadequate provision of culturally competent care

Another prominent barrier for Chinese immigrants is the inadequate provision of culturally competent care. Most of the current mental health treatments remain Eurocentric in nature.[84] One participant said that "the values are different. I cannot express what I think and my feelings totally. I really need someone from the community who speaks the same language, who can communicate with you and help you get rid of the fear in your heart".[85] Chinese immigrants' limited English skills and the inaccessible professional interpretation services caused many people to rely on their family members as translators. However, family members often fail to convey the meaning in an accurate and timely manner. [86] Many patients expressed concerns about confidentiality. For vulnerable groups—such as seniors and women—they do not wish to reveal private thoughts to their family due to potential abuse. Thus, one key area of inadequacy for linguistically competent mental healthcare is caused by the lack of professional interpreters, who are committed to confidentiality and being non-judgemental in translation. [87] Alongside the language barriers, Chinese immigrants also face cultural barriers to accessing effective mental health treatments. The exceeding workload of physicians causes inadequate cultural training to

[83] Reitmanova and Gustafson, "Primary Mental Health Care Information and Services for St. John's Visible Minority Immigrants," 617.
[84] Fante-Coleman and Jackson-Best, "Barriers and Facilitators to Accessing Mental Healthcare in Canada for Black Youth," 129.
[85] Donnelly et al., "If I Was Going to Kill Myself, I Wouldn't Be Calling You. I Am Asking for Help," 283.
[86] Donnelly et al., "If I Was Going to Kill Myself, I Wouldn't Be Calling You. I Am Asking for Help," 283.
[87] Sadavoy, Meier, and Ong, "Barriers to Access to Mental Health Services for Ethnic Seniors, 195"

be provided. This has a significant impact on the accuracy of diagnosis, choice of appropriate treatment, and influence help seeking behaviours.[88]

The root cause of the inadequacy in culturally competent mental healthcare provision stems from the institutional power structure and inequitable funding criteria. Altering the existing power structure and status quo around existing programming is difficult when leadership positions are mostly occupied by white individuals. Physicians encounter strong resistance when attempting to implement the culturally appropriate programs.[89] The lack of culturally competent care is also caused by inequitable funding policies. In essence, "what ideas get airtime depends on where the money is".[90] Evidence based therapy has gained credibility and preference over the years. It is often mandated as one of the eligibility criteria for funding. This expectation discourages clinicians from trying alternative mode of healthcare services.[91] One quote from a patient is: "the fear is that if you don't use evidence-based practice that you won't get funding for the program you are doing. However, evidence-based practices, the measure to prove that you are doing something in a way that's evidence based are very narrow and don't account for the systemic pieces. For example, Cognitive behavioral therapy is very easily measured but at the same time, you are not looking at the way too much let's say racism impacts anger, which impacts your physical health. There's no way to account for that. It's hard to measure how well more progressive types of interventions talking about holistic interventions like acupuncture,

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[88] Soma Ganesan, Hiram Mok, and Mario McKenna, "Perception of Mental Illness: Preliminary Exploratory Research At a Cross-Cultural Outpatient Psychiatric Clinic," *International Journal of Social Psychiatry* 57, no. 1 (January 2011): 85, https://doi.org/10.1177/0020764009104286.

[89] Fante-Coleman and Jackson-Best, "Barriers and Facilitators to Accessing Mental Healthcare in Canada for Black Youth," 130.

[90] Sara Shahsiah and June Yea, "Striving for Best Practices and Equitable Mental Healthcare Access for Radicalized Communities in Toronto," *Institute of Health Services and Policy Research and Institute of Neuroscience, Mental Health, and Addiction*, 2006, 22.

[91] Shahsiah and Yea, "Striving for Best Practices and Equitable Mental Healthcare Access for Radicalized Communities in Toronto," 22.

how that's not as easily measure and how we don't have tools for that." [92] Therefore, the lack of funding and inclusivity for culturally competent services has a fundamental role in the inadequate provision of services.

Another factor contributing to the inadequate culturally competent mental health services lies in the exclusion of family members, especially for cultures with collective values. There is a lack of engagement and training for the patient's family. The healthcare teams often fail to provide family members with adequate training, which is necessary for providing the complex care to patient.[93] One quote from a family member is that "families are willing to take her in, it's not a problem. But I'm not prepared. It took me forever to understand schizophrenia and the symptoms. It's always not about one thing. It will be one thing plus this, this, and this. Sometimes I just have to figure out things on myth own. But I think it would be easier if somebody explain it to me and support me through understand and be willing to work with me. When they are in the hospital, they have 24.7 care, but when they are outside, do they have the same care? With mental health, if we don't look into the support system around them, we are not going to get anywhere. We are going to get frustrated caregivers like me. Caregivers are most important here. Patients are on medication, You cannot do much with them. But you can do more with the people who are around to care for them." [94]

Geographical barriers

Geographical barriers to mental healthcare are also a prevalent structural barrier for senior Chinese Canadians. Access to services is constrained by distance, as most seniors live in

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[92] Ibid, 22.
[93] Sadavoy, Meier, and Ong, "Barriers to Access to Mental Health Services for Ethnic Seniors." 285.
[94] Donnelly et al., "If I Was Going to Kill Myself, I Wouldn't Be Calling You. I Am Asking for Help," 285.

suburbs, while culturally competent services are often situated downtown.[95] Owing to the restricted mobility, immigrated seniors rarely interact with people outside of their family circles. This heavy reliance on family members for mental health support and the lack of social interactions leaves many seniors feeling powerless, alienated, and depressed.[96]

Policy recommendation

Based on the research findings on cultural, internalized racism, and structural barriers, it is important to reflect on the policy recommendations for improving Chinese immigrants' well-being. To overcome the language and cultural barriers against mental health services, it is critical for healthcare providers to understand their limitations as a first step to provide effective mental health support to immigrants.[97] Health agencies are recommended to adopt a cultural consultation model, which involves trained cultural brokers that engage with clinicians. They carry informal consultation with patients to enhance clinicians' knowledge of the sociocultural, religious, and racial discriminatory aspects of mental health issues.[98] Moreover, during treatment, physicians need to carry an open mindset of learning. This is a reciprocal relationship between the provider and client, which helps to produce new knowledge. The physician must consistently reflect on their own attitudes, values, and approach to minimize cultural barriers of mental health treatment.[99] Taking in account of the collectivist cultural values, it is important to ensure the continuity in care after treatment. Many patients have expressed their need for greater

[95] Sadavoy, Meier, and Ong, "Barriers to Access to Mental Health Services for Ethnic Seniors," 195.
[96] Miriam Stewart et al., "Challenges and Barriers to Services for Immigrant Seniors in Canada: 'You Are among Others but You Feel Alone,'" *International Journal of Migration, Health and Social Care* 7, no. 1 (February 21, 2011): 28, https://doi.org/10.1108/17479891111176278.
[97] Donnelly et al., "If I Was Going to Kill Myself, I Wouldn't Be Calling You. I Am Asking for Help," 287.
[98] Reitmanova and Gustafson, "Primary Mental Health Care Information and Services for St. John's Visible Minority Immigrants," 621.
[99] Donnelly et al., "If I Was Going to Kill Myself, I Wouldn't Be Calling You. I Am Asking for Help," 287.

support after accessing services. They often felt tired and unmotivated to follow medical instructions. This highlights the importance of follow up from physicians and involving family centered care to mental health.[100] When family members are included in the training process and equipped with the ability to carry on complex care for their loved ones, it substantially improves one's well-being and recovery process.

In examining the internalized racism's barrier, healthcare providers and the society at large need to challenge the existing biases against immigrant populations. Immigrants are often stereotyped as problematic, passive, weak, and unable to be responsible for their own health conditions. These stigmatized labels strengthen the racist attitudes and make clients' cultural background invisible.[101] In reality, most immigrants are strong and resilient, who overcame many hardships. It is important for healthcare providers to challenge their assumptions and endeavour to learn the broader racially discriminative, socio-economic conditions that immigrants struggle with.[102]

To address the structural barriers, it is recommended that the provincial government investigate methods to provide counselling and medication treatments under the provincial healthcare plan. It is also critical to address the social determinants of mental health, which involves improving the precarious and deskilling work conditions immigrants encounter, investing in comprehensive settlement programs, developing immigrants' awareness or literacy of mental health illness, and addressing the xenophobic attitude reinforced by the stereotypes.[103]

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[100] Donnelly et al., "If I Was Going to Kill Myself, I Wouldn't Be Calling You. I Am Asking for Help," 287.
[101] Ibid, 287.
[102] Ibid, 287.
[103] Reitmanova and Gustafson, "Primary Mental Health Care Information and Services for St. John's Visible Minority Immigrants," 621.

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