

# **Improving Chinese Canadians' mental health amid Anti-Asian racism: Identifying barriers and policy implications**

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## **Introduction**

My research focuses on improving Chinese Canadian's mental health amid the anti-Asian racism. I investigated the cultural, internalized racism, and structural barriers encountered by Chinese Canadians. This paved way for the policy recommendations. I sincerely hope that the findings can pave way for better psychological well-being and equitable mental healthcare provision for Chinese communities.

## **Methodology**

This research consulted both primary and secondary sources. The primary sources include official statistics, government policy records, and budgets. The secondary sources includes examining document analysis of government, civil society organizations, psychological research on cultural barriers, and interviews with mental health patients.

## **Cultural barriers**

### **Body mind holism**

- Body and mind are viewed as one, Chinese are more likely to believe that mental illness is caused by somatic issues.
- Ideology originated from Buddhism and Taoism. Ex. when an individual is anxious and irritable, they have hot liver dysfunction.

### **Collectivist values**

- Chinese culture greatly values the importance of family existing as one unit. This causes extreme pressure to save face for the family by hiding one's illness—to avoid inflicting affiliate stigma.
- In the hierarchal collectivist society, there is a strong emphasis on contributing a fair share of productivity for the greater good. This inflicts shame on individuals struggling with mental health

### **Stigma against mental illness**

The Chinese culture believes that mental illness is caused by weak willpower. This mindset implies that people with mental illness are losers, who are too incompetent to cope and overcome their struggles. This cultural stigma is further reinforced by systemic and institutional discrimination, in terms of job opportunities, marriages, and social relations.

## **Internalized racism' barrier**

### **What is internalized racism?**

- This is about self blaming, cultural imperialism and domination.
- People start to "believe the dominant group's version of reality, in turn ceasing to independently define themselves".[1]
- The internalization of racism has a detrimental impact on the mental health of Chinese communities

### **How is it perpetuated?**

#### **Perpetual foreigner stereotype**

- This is a xenophobic attitude that demonize Chinese people as the yellow peril, who poses public health, socio-economic and military threats to the west. This attitude was reflected in discriminative legislations
- 1872: Qualification and registration of voters' act disenfranchised Chinese in BC
  - 1885: Chinese head tax
  - 1923: Chinese exclusion act

#### **Model minority myth**

- Asians characterized as the minority race that has made it success, which proves that racism is no longer a barrier
- This mindset is dangerous, as it renders lived experience to be invisible, such as wage disparity, barriers to advancement. It also encourages unhealthy strategies to achieve perfection, such as academic excellence, extreme beauty standards, and family harmony

#### **Gendered stereotype**

1. Expectation of submissiveness. This traces back to the history of mail order brides from Asia, who are seen as compliant, passive, and obedient.
2. Sexual fetishism: Asian women stereotyped as sex crazed, manipulative, and incapable of resisting white men's temptation—> higher rates of unwanted sexual advances
3. Assumption of universal body image: 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

## **Structural barriers**

### **Financial hardship**

#### **1. Downward socioeconomic mobility for Chinese immigrants**

It takes more than 20 years for Chinese immigrants to achieve the same level of earning as the average population. After moving to Canada for 2-4 years, 54% of immigrants are still seeking meaningful occupations. The precarious employment immigrants encounter is correlated with higher rates of serious mental illness alongside material deprivation.

#### **2. Inequitable mental health services' funding**

The lack of timely and effective mental health services is primarily constrained by the limited public funding and insurance coverage in Canada. Although general practitioners' services are covered publicly, it fails to provide comprehensive and effective psychotherapy, which analyzes the complex interaction of biological, psychological, and social factors—contributing to mental health issues. The deeply inadequate public funding causes one third of Canadians seeking mental health services whether pay out of pocket or go without treatments.

### **Inadequate provision of culturally competent services**

#### **1. Language and cultural barriers**

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

#### **2. Inequitable institutional power structure and funding criteria**

Altering the existing power structure and status quo around existing programming is difficult when leadership positions are mostly occupied by white individuals. 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".[1] 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

### **Gaps in service provisions**

#### **1. Immigrants' poor access to practitioners**

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,

#### **2. Lacks coordination and 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.

#### **3. Mistrust towards mental healthcare providers**

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

### **Geographical barriers**

Access to services is constrained by distance, as most seniors live in suburbs, while culturally competent services are often situated downtown. 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.

## **Policy recommendation**

### **Addressing cultural barriers**

- 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.

### **Policy advice for structural barriers**

- 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

### **Racial discrimination barriers**

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. 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.

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