Asian Americans' Intention to Seek Help: The Moderating Influence of Ethnic Identity on the Theory of Planned Behavior

Melissa-Ann Lagunas, B.A., Emi Ichimura, B.A., and Joel Jin, PhD. • Department of Clinical Psychology
lagunasm@spu.edu • ichimurae@spu.edu • jinj@spu.edu

SEATTLE PACIFIC UNIVERSITY

Research Questions and Hypotheses

RQ₁: Do the three TPB-based variables—mental health help-seeking attitudes, subjective norms, and perceived behavioral control—predict intention to seek help among Asian Americans?
H₁: Positive mental health help-seeking, favorable subjective norms, and greater perceived behavioral control predict Asian Americans' intention to seek mental health help, with attitudes serving as the strongest predictor.

RQ₂: Does one's associated subethnic heritage moderate the relationships between each variable in the TPB and intention to seek help?
H₂: The strength and direction of the relationship between each TPB variable and intention to seek help will depend on participants' associated subethnic heritage.

Background

Mental Health Help Seeking Behaviors Among Asian Americans
- Previous research indicates that Asian Americans report low utilization of professional mental health services, despite reporting elevated needs. A study consisting of 1,166 help-seeking college students revealed that European Americans attended significantly more counseling sessions than Asian Americans. Findings also indicated that Asian Americans endorse significantly greater levels of distress regarding subjective discomfort, interpersonal relations, and social roles.

The Theory of Planned Behavior (TPB)
- The TPB understands intention to engage in certain behaviors. It is based on the following variables: attitudes, subjective norms, and perceived behavioral control.
- Attitudes refer to a person's perception of the behavior at interest. Previous research demonstrates that enculturation—the process of learning the dynamics of the surrounding culture—is related to Asian Americans' professional mental health seeking attitudes and cultural values.
- Subjective norms are a person's perception of how they believe others view that same behavior. A previous study analyzed help-seeking intentions among 941 Hong Kong residents and found that subjective norms are a significant predictor of intention to seek help.
- Perceived behavior control refers to a person's perception of the difficulty of that behavior. In a longitudinal study that utilized the TPB to examine mental health help seeking for depression among 279 American college students, with Asian Americans making up 19% of that population, positive attitudes and perceived behavioral control were found to be the highest predictors of intention to seek mental health resources.
- Additionally, previous research utilizes cultural-contextual levels to address cultural identity variables and to test the TPB on both U.S. and Chinese samples. Findings of this research demonstrated a difference in attitudes about counseling among both samples.
- Despite ongoing research regarding the TPB on general U.S. and other countries' populations, and Asian Americans' underutilization of psychological services, there is a gap in literature regarding the use of the TPB on Asian American populations.
- The purpose of the present study is to use the TPB to critically analyze Asian Americans' intention to seek professional mental health resources. This study also examines the moderating influence of ethnic identity on each variable of the TPB.
- Our research contributes to the need for existing psychological theories to be tested on racial and ethnic groups, to address the lack of diverse samples on previously established hypotheses.

Method

Participants
- We utilized a non-experimental online survey hosted on Qualtrics to collect data from a total of 246 Asian Americans (M age 26.95 years, SD = 9.11) in the U.S.
- Data collection occurred during spring 2021, and participants were recruited through Prolific.
- Gender: 49.2% cisgender female (n = 121), 43.5% cisgender male (n = 107), 4.9% not reporting (n = 12), 2.4% gender nonconforming/gender queer (n = 6).

Measures
- We used the Mental Health Seeking Attitudes Scale (MHSAS) to evaluate each variable of the TPB towards seeking mental health help. This scale shows good internal consistency ($α$ = 0.92).

Table 1. MHSAS

	# of Items	Scoring	Sample Items
Attitudes	9	See Table 2	See Table 2
Subjective Norms	2	7-pt Likert scale ranging from "I should" to "I should not"	"If I had a mental health problem, most people who are important to me would think that ___ seek help from a professional."
Perceived Behavioral Control	4	7-pt Likert scale with different options like "impossible" to "possible"	"If I had a mental health problem, for me to seek help from a professional would be ___."
Intention	3	7-pt Likert scale ranging from "extremely unlikely" to "extremely likely"	"If I had a mental health concern, I would try to seek help from a mental health professional."

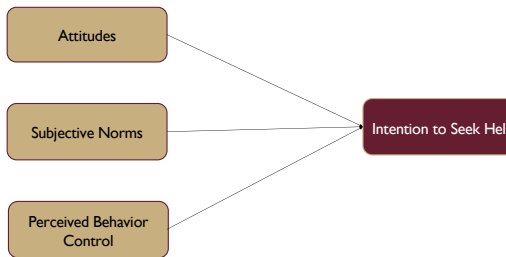## Figure 1. Hierarchical Linear Regression Model Diagram

Table 3. Hierarchical Linear Regression Results

Regression results using intent as the criterion

Predictor	b	b 95% CI [LL, UL]	beta	beta 95% CI [LL, UL]	sr²	sr² 95% CI [LL, UL]	r	Fit	Difference
(Intercept)	1.00*	[0.15, 1.86]							
mhsatt	0.69**	[0.54, 0.84]	0.50	[0.39, 0.61]	.25	[.16, .34]	.50**		
								R^2 = .252**	
								95% CI[.16,.34]	
(Intercept)	-0.10	[-0.96, 0.76]							
mhsatt	0.50**	[0.35, 0.65]	0.36	[0.25, 0.48]	.11	[.05, .18]	.50**		
subnorm	0.43**	[0.30, 0.57]	0.36	[0.25, 0.47]	.11	[.05, .18]	.50**		
								R^2 = .365**	$ΔR^2$ = .112**
								95% CI[.27,.44]	95% CI[.05, .18]
(Intercept)	-0.67	[-1.53, 0.19]							
mhsatt	0.35**	[0.19, 0.51]	0.26	[0.14, 0.37]	.05	[.01, .09]	.50**		
subnorm	0.31**	[0.17, 0.45]	0.26	[0.14, 0.37]	.05	[.01, .09]	.50**		
pbcon	0.37**	[0.21, 0.53]	0.29	[0.16, 0.41]	.05	[.01, .10]	.55**		
								R^2 = .416**	$ΔR^2$ = .052**
								95% CI[.32,.49]	95% CI[.01, .10]

Note. A significant *b*-weight indicates the beta-weight and semi-partial correlation are also significant. *b* represents unstandardized regression weights. *beta* indicates the standardized regression weights. *sr²* represents the semi-partial correlation squared. *r* represents the zero-order correlation. *LL* and *UL* indicate the lower and upper limits of a confidence interval, respectively.
* indicates $p < .05$. ** indicates $p < .01$.

Figure 3. Asian Americans' Associated Subethnic Heritage on Intention to Seek Help and Attitudes

MANOVA, $F(3, 468)$ = 3.07, p = <0.006
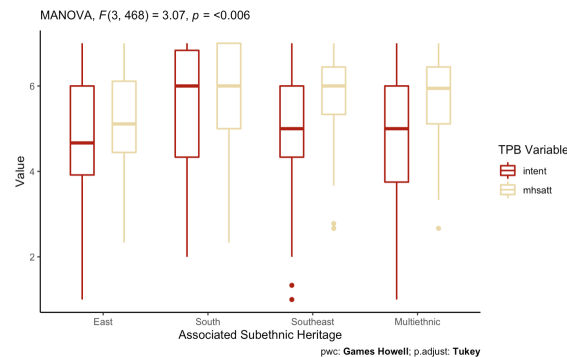

pwc: **Games Howell**; p.adjust: **Tukey**

Table 2. MHSAS - Attitudes

Mental Health Seeking Attitudes Scale ($α$ = 0.92)

Please mark the number that best represents your opinion. For example, if you feel that your seeking help would be extremely useless, you would mark the number "3." If you are undecided, you would mark the number "0." If you feel that your seeking help would be slightly useful, you would mark the "1" that is closer to "useful."

3 2 1 0 1 2 3

Useless	Useful
Important	Unimportant
Unhealthy	Healthy
Ineffective	Effective
Good	Bad
Healing	Hurting
Disempowering	Empowering
Satisfying	Unsatisfying
Desirable	Undesirable

Figure 2. Participants' Associated Subethnic Heritage (N = 246)
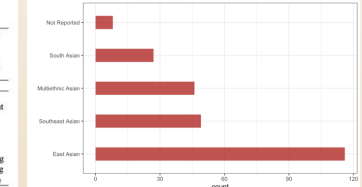
Results

H₁: Supported
- Hierarchical linear regression indicated that attitudes, subjective norms, and perceived behavioral control are significant predictors of intention to seek mental health resources, accounting for 41.6% of the variance in intention to seek help. This finding demonstrated a large effect size, Cohen's f^2 = 0.71. Mental health help seeking attitudes was the largest predictor of intention to seek help (Table 3).

H₂: Partially Supported
- A one-way MANOVA determined the effect of Asian Americans' associated subethnic heritage on intention to seek mental health resources and each variable of the TPB. Results indicated a statistically significant difference between one's associated subethnic heritage on the combined dependent variables, intention to seek help and mental health seeking attitudes (Figure 3).
- Follow-up univariate ANOVAs, using Bonferroni adjusted alpha level of 0.025, showed no statistically significant difference in intention to seek help ($F[3, 234]$ = 2.98, p = 0.032) and mental health seeking attitudes ($F[3, 234]$ = 5.02, p = 0.002) between associated subethnic heritages.
- Pairwise comparisons between ethnic groups showed a statistically significant difference on intention to seek help and mental health seeking attitudes where East Asians reported lower mental health seeking attitudes than Southeast and multiethnic Asians.
- No statistically significant differences were found between ethnic region on intention to seek help and subjective norms ($F[3, 468]$ = 1.60, $p < 0.146$) or perceived behavior control ($F[3, 468]$ = 1.57, $p < 0.154$).

Discussion

Implications
- The participants' personal attitudes and perceptions of mental health help significantly predict intention to seek mental health help, above and beyond their sense of control and others' views of mental health help.
- Perceived behavioral control was not a significant predictor on intention to seek help, which parallels previous findings. This could be explained by collectivistic tendencies among Asian populations, where individuals' efforts are trivialized in favor of the whole group.
- East Asian participants have the least favorable attitudes towards seeking mental health help. Comparatively, both Southeast Asian and Multiethnic participants shared more positive mental health help seeking attitudes.
- While Southeast Asian participants had more positive mental health help seeking attitudes, they showed low intent relative to South Asian participants. Parallel to our findings, previous research examined higher use of substance-related help seeking behaviors in South Asian countries, such as Sri Lanka and India, than in Southeast countries like Vietnam and Thailand, possibly due to the inaccessibility, unavailability, and unaffordability of resources in Southeast Asian countries. They also discussed sociocultural factors such as shame and stigma as potential barriers to seeking mental health help.
- The limitations of this study are threefold. The MHSAS scale has been used in selective populations and has not been culturally adapted for this study, making it difficult to draw firm conclusions. Additionally, when the participants were divided into their respective subethnic heritage, the groups showed unequal sample sizes. Lastly, the multiethnic code included mixed participants from each subethnic heritage, which could deviate our results from an accurate depiction of the differences between each ethnic subgroup.

Future Directions
- Among East Asian groups, findings suggest that stigmatizing attitudes are associated with psychological distress and may impair the ability and/or desire to seek mental health resources. Future studies should assess perceived stigma as a potential mediator between TPB variables and intention to seek help.
- Our findings can inform culturally adapted interventions by differentiating the influence and relevancy of each cognitive feature precipitating hindered help-seeking behaviors; for instance, treatment models may emphasize improving Asian American attitudes rather than perceived behavioral control. Research should investigate ways to promote positive mental health help seeking attitudes among highly distressed Asian American individuals that would effectively instill hope in the therapeutic process.