Published in final edited form as:

Asian Am J Psychol. 2014 December ; 5(4): 316–324. doi:10.1037/a0036479.

Preventing Filipino Mental Health Disparities: Perspectives from Adolescents, Caregivers, Providers, and Advocates

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Abstract

Filipino Americans are the second largest immigrant population and second largest Asian ethnic group in the U.S. Disparities in youth behavioral health problems and the receipt of mental health services among Filipino youth have been documented previously. However, few studies have elicited perspectives from community stakeholders regarding how to prevent mental health disparities among Filipino youth. The purpose of the current study is to identify intervention strategies for implementing mental health prevention programs among Filipino youth. We conducted semi-structured interviews (n=33) with adolescents, caregivers, advocates, and providers and focus groups (n=18) with adolescents and caregivers. Interviews were audio taped and transcribed verbatim. Transcripts were analyzed using a methodology of “coding consensus, co-occurrence, and comparison” and was rooted in grounded theory. Four recommendations were identified when developing mental health prevention strategies among Filipino populations: address the intergenerational gap between Filipino parents and children, provide evidence-based parenting programs, collaborate with churches in order to overcome stigma associated with mental health, and address mental health needs of parents. Findings highlight the implementation of evidence-based preventive parenting programs in faith settings as a community-identified and culturally appropriate strategy to prevent Filipino youth behavioral health disparities.

Keywords

Filipino; mental health; health status disparities; prevention

Filipinos are the second largest U.S. immigrant population with the highest number living in Los Angeles (U.S. Census, 2010). Despite their size, Filipinos have been described as a hidden minority in the U.S. Previous scholars have described Filipino Americans as different from East Asian Americans in terms of having unique cultural values and colonial

history (Nadal K.L. & Monzones J., 2010). As a result of almost 400 years of Spanish colonization, Filipinos are the only Asian ethnic group that is predominantly Catholic (Agbayani-Siewert & Revilla, 1995). Unlike other Asian American groups, Filipinos were also colonized by the United States for almost half a century. Scholars have argued that this history of colonialism has had longstanding effects, including the development of colonial mentality. Colonial mentality has been defined as “a form of internalized oppression, in which the colonizer’s values and beliefs are accepted by the colonized as a belief and truth of his own” (Nadal K.L. & Monzones J., 2010)

Contrary to the “Model Minority Myth”, compared to whites and other Asian subgroups, Filipino youth have a disproportionately heavy burden of behavioral health problems, including depressive symptoms, suicidal ideation, substance use, adolescent pregnancy, and HIV/AIDS cases (Javier J.R., Huffman L.C., & Mendoza F.S., 2007; Javier J.R., Lahiff M., Ferrer R.R., & Huffman L.C., 2010). In Los Angeles County, Filipino youth in grades 9–12 have higher public school drop-out rates compared to Asians and non-Hispanic Whites (Ogilvie, 2008). Filipino youth also have significant mental health risk factors, including parents with high levels of unmet mental health needs such as severe maternal depressive symptoms similar to those of US-born black mothers (Huang Z.J., Wong F.Y., Ronzio C.R., & Yu S.M., 2007) and exposure to harsh discipline (Runyan D.K. et al., 2010; Sanchez F. & Gaw A., 2007). Among Asians, Filipina mothers have the highest rate of severe depressive symptoms (9.6%), similar to those of US-born black mothers (10.3%). Despite these behavioral health challenges, Filipino youth have low rates of mental health care and preventive care utilization (Javier J.R. et al., 2007; Yu S.M., Huang Z.J., & Singh G.K., 2004; Yu S.M., Zhihuan J.H., & Singh G.K., 2010). Filipino adults also seek mental health services at a much lower rate when compared with other Asian American groups (Gong F., Gage S.J.L., & Tacata L.A., 2003; Ying Y.W. & Hu L., 1994).

Given the disparity between mental health needs and service utilization among Filipino Americans, research aimed at describing factors that influence help-seeking has grown (David E.J.R., 2010). Cultural values that may affect mental health care utilization include *bahala na*, or fatalism and collectivism. These values may lead to a lack of incentive to help one’s self and placement of the needs of the family above one’s own personal desires, respectively (Nadal K.L. & Monzones J., 2010). Cultural mistrust, a construct conceptualized to describe the distrust among minority groups of White Americans and mainstream American institutions, including the legal system, political system, educational system, and health care system, and other entities governed or staffed by White Americans may also affect help-seeking among Filipinos (David E.J.R., 2010; Terrell F. & Terrell S., 1981). Finally, help-seeking among Filipino youth may be affected by negative messages from their families about seeking counseling. In a study conducted with young adult children of Filipino immigrant parents, one participant stated that her mother told her that “there is no such thing as counseling” and that counseling does not reflect positively on the family” (Maramba D.C., 2013).

Community-Based Approaches to Change

The Centers for Disease Control and Prevention define community engagement as “the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the well-being of those people.” This approach can bring about behavioral changes that will improve the health of the community and its members by serving as a catalyst for developing partnerships and new programs and practices (Fawcett S.B., Paine-Andrews A., Francisco V.T., & Vliet M., 1993).

One example where community engagement was used to address mental health disparities among Filipino youth is described here. The present study was a part of a larger qualitative investigation of the unmet needs for mental health services among Filipino youth in Los Angeles (Javier J.R. et al., 2011). The overarching objective of the larger study, entitled “Filipino Youth Initiative” was to identify specific unmet mental health needs and recommendations for prevention of Filipino youth behavioral problems. Adolescents, caregivers, and organization and community leaders were encouraged to articulate what they saw as the most pressing mental health needs for Filipino youth and how best to create or use existing resources to prevent these problems. Recognizing that religion is an integral part of Filipino culture, the study included faith-based leaders in this needs and resource assessment (Nadal K, 2008). The present study focused on the recommendations for prevention of Filipino mental health disparities by Filipino community stakeholders (i.e., adolescents, caregivers, advocates, and providers). Specifically, stakeholders were asked the following question: How can we prevent behavioral health problems among Filipino youth?

In contrast to previous qualitative studies that describe the perspectives of Filipino adolescents and caregivers (Chung P.J. et al., 2005), this study also included the perspectives of advocates and providers as these may affect efforts to prevent mental health problems among Filipino youth. The perspective of community members on needs and solutions is critical to increasing the reach of efficacious behavioral health preventive interventions.

Method

Participants and Setting

This study was conducted from August 2009 to December 2010. Study participants were recruited in two phases. Phase 1 participants served as key informants for in-depth semi-structured interviews and included: 1) community leaders (i.e. school, church, city government) and health/mental health/social service providers in Los Angeles County who are familiar with the Filipino youth population, 2) Filipino youth aged 14–21 years old residing in Los Angeles County, and 3) caregivers such as parents or grandparents of Filipino youth aged 14–21 years old residing in Los Angeles County. We conducted semi-structured interviews (n=33) with: (1) Filipino adolescents, ages 14–21 years old (n=16) and (2) community stakeholders, such as caregivers, providers, and community leaders (n=17). Phase 2 consisted of three focus groups (n=18) with: (1) Filipino male adolescents, (2) Filipino female adolescents, and (2) caregivers. One adolescent participated in both the

interview and focus group. Parents for the focus group had a child of any age. Thus, parents who have children who were currently adults also participated. The rationale for including parents of children of all ages, including adolescent and adult children was so that parents could reflect on what information would have been helpful to them when they were raising their young children. Youth, parents, and grandparents not of Filipino descent were excluded from this study. Although inability to communicate in English was not an exclusion criterion, all participants were fluent in English. Because the English language is one of the national languages in the Philippines, Filipino immigrants are less linguistically isolated than other Asian immigrants (Apisakkul M., Lee J., Huynh D., & Sunoo G., 2006).

All adolescents and caregivers were of Filipino origin and none were multiracial. Among providers and community leaders and advocates, 80% were of Filipino descent, including one who was multiracial and the remainder (20%) was Non-Hispanic White or Chinese (3). The adolescent sample included 12 females and 12 males. The caregiver sample included 3 males (27%) and 8 females (73%) and the provider sample included 6 males (47%) and 8 females (53%). Among adolescents, 11 were ages 14–17 (46%) and 13 were ages 18–21 (54%). Among caregivers, one was between the ages 22–39 (9%), eight were ages 40–64 (73%), and two were ages 65–79 (18%). Among providers, 60% were ages 22–39, 27% were ages 40–64, and 13% were ages 65–79. The majority (54%) of the adolescents were born in the United States (13) with the remainder being born in the Philippines (10) and Canada (1). The majority (91%) of caregivers was parents and was born in the Philippines (10). Two-thirds of the service providers were involved in providing specialty mental health (i.e. psychiatrist, social worker), primary care (i.e. pediatrician, nurse practitioner), and other social services (i.e. after- school youth programs, community health workers and managers) to Filipino youth. The remaining one-third was comprised of representatives from churches (i.e., health ministry leader, pastor; 13%), schools (principal, school-based clinic coordinator; 13%), and the local city government (7%). Occupations of caregivers included: a clinical lab scientist, two retirees, administrator, self-employed in finance, stay at home parent, engineer, two nurses, and a small business owner. The majority of youth (71%) reported they were living in a single parent household (17) whereas the rest reported their parent's marital status as married (5) or divorced (2).

Recruitment was conducted using a purposive sampling strategy designed to obtain “representative” viewpoints of stakeholders and region in a nonrandomized fashion. For the interviews, we purposefully recruited adolescents who used mental health services (i.e. counselor, mental health provider, or church leader) in the past and adolescents who never used mental health services in the past (i.e., 8 adolescents per group). The majority of participants currently resided, previously resided, or currently worked within Historic Filipinotown, located in central Los Angeles. Historic Filipinotown was targeted because it has one of the highest concentrations of recent Filipino immigrants in Southern California and still remains the cultural heart of Filipinos throughout Los Angeles.

Procedure

Prospective study participants for both interviews and focus groups were identified through various techniques, including: 1) making announcements at regularly scheduled organization

events with parents, adolescents, and providers 2) identifying designated parent representatives and parent groups, 3) mailing letters describing the study and asking parents, community leaders, or providers to call the PI if they would like to participate in the study, and 4) employing snow-ball sampling techniques. Snowball-sampling techniques were used with initial respondents and identified leaders to elicit additional participants. To assure that acquaintances do not have their names provided to researchers without their permission, interviewees who provided names were asked to talk to their friends about this project. Interviewees were also asked to give their friends the PI's contact information if they wished to enroll in the study. A flyer was given to the interviewee to pass on to other potential respondents. The flyer was then used to contact the research team if the referred person was interested in participating in the study. After the potential respondent contacted the research team, the project was fully explained to him or her. If permission to participate was granted, consent took place. Verbal informed consent was obtained from each participant. The Administrative Panel on Human Subjects at Children's Hospital Los Angeles provided institutional review board approval for this study. Interview participants received a \$40 gift card and focus group participants received a \$25 gift card for their participation.

Prior to each interview and focus group, participants were asked to complete a brief demographic survey. For the purpose of this discussion, only qualitative data will be presented to explore the participants' responses in depth. Participants were then asked a series of open-ended questions regarding unmet mental health needs and recommendations for mental health prevention among Filipino youth. Questions specific to prevention included: "How do you suggest we address the mental health needs of Filipino youth and prevent mental illness in these youth? What venues (i.e., clinics vs. church vs. school vs. nontraditional settings)?

After a majority of the individual interviews were completed, adolescent and parent participants were recruited to participate in focus groups to elicit feedback regarding the most common themes that arose from the interview phase. Focus group members were asked to specifically address the following questions related to mental health prevention: 1) Do you agree with the findings presented?; 2) Which findings do you feel to be most relevant to your experience as a Filipino adolescent or Filipino parent/grandparent?; 3) Which findings do you feel to be least relevant?; 4) One of the most common topics discussed was family and relationships with parents. Can you describe a typical Filipino parent?; 5) If there was one thing you could change about your parent, what would it be?; 6) What would you recommend to other Filipino parents who want to improve their relationship with their child?; 7) If we were to offer parenting classes or workshops to Filipino parents, what information would you include in those classes? What venues would you offer them?; and 8) What are possible barriers to attending parenting classes? While the predetermined probes listed above were used to guide the discussion, the moderator was trained to elicit all relevant opinions related to mental health prevention efforts among Filipino youth, and allowed the group members to present their own model of these issues. Prior to conducting interviews and focus groups, each ethnographic fieldworker was given training on how to conduct an interview, including procedures for establishing reciprocity and exchange of information, different types of questions, the use of probes to elicit additional detail on a topic, and techniques for dealing with errors in informant's memory.

Each interview and focus group lasted approximately 1.5 hours and was audio taped and transcribed verbatim. ATLAS.ti (2004) qualitative analysis software Version 6 was used to analyze data through coding and examining relationships between and within text segments. Individual interview and focus group transcripts were analyzed using a methodology of “Coding Consensus, Co-occurrence, and Comparison” outlined by Wilms et al. (1992) and rooted in grounded theory, in which theory is derived from data and then illustrated by characteristic examples of data (Glaser and Strauss, 1967). Eight transcripts were independently coded by four investigators (JJ, KK, JS, and WB) at a general level in order to condense the data into analyzable units. The first author, JJ is Filipino American and two research staff members, JS and WB are also of Filipino heritage. KK is an investigator who is non-Hispanic White with over a decade of experience using this technique. Segments of transcripts ranging from a phrase to several paragraphs were assigned codes based on a priori (i.e., based on questions in the interview guide) or emergent themes. Themes were generated independently from the narrative summaries by the first author, two research assistants and senior researcher on the project. In some instances, the same text segment was assigned more than one code. The remaining transcripts were independently coded by two investigators (JS and WB). Disagreements in assignment or description of codes were resolved through discussion between investigators and enhanced definition of codes. The final list of codes, constructed through a consensus of team members, consisted of a numbered list of themes, issues, accounts of behaviors, and opinions that related to prevention of mental health disparities among Filipino youth. Based on these codes, the process of axial coding was used by the investigators to generate a series of categories, arranged in a treelike structure connecting transcript segments grouped into separate categories or “nodes,” with the assistance of the computer program Atlas.ti (2004). These nodes and trees were used to create a taxonomy of themes that included both a priori and emergent categories and new, previously unrecognized categories. Through the process of constantly comparing these categories with one another, the different categories were further condensed into broad themes that were organized to illustrate linkages across categories (e.g., recommendations for prevention of behavioral health problems among Filipino youth) and within specific categories (e.g., location, content, and facilitators of attendance as subcategories of mental health prevention programs).

Results

Study participants identified four major areas to focus on when developing programs aimed at the prevention of behavioral health problems among Filipino youth. There were no meaningful differences by stakeholder group. Each of these major areas is presented below.

Addressing the intergenerational gap by strengthening parent-child relationships

The study participants spoke repeatedly about the need to improve parent-child relationships and encourage open communication. A parent said, “Everything starts from the parents, everything starts at home. Your first teacher is your parent.” When posed with the question, “What advice would you give to parents so that they can become closer to their kids?”, an adolescent who reported use of mental health services in the past stated:

Asking how the day went kind of helps a lot...with a soft approach not like “How’s your day?” (unfriendly tone) because honestly I don’t know any kids that are not scared of their parents. My parents say “it’s okay if you don’t want to talk about it” and then they would give me some space and then I would actually go to them and start talking. Their approach is really, really smooth and soft.

Providers also recognized the need to promote communication between parents and adolescents. A mental health provider described her Filipino adolescent clients as being scared to turn to their parents with their problems due to fear of their parent’s reaction and said:

I keep hearing kids saying they don’t even want to go home. “It’s so stressful at home, I’m not heard, I get yelled at, I get spanked like I’m a child, and my parents don’t understand that I have a personality, that I have needs.” So over and over again, kids just don’t feel like home is very supportive and nurturing and they feel out of place, they don’t know how to communicate with their parents or how to assert their needs.

Expression of feelings and communication between parent and adolescents were linked for the providers in our study. One mental health provider said the following about the Filipino families she works with:

The parenting style that we’re seeing is that they’re not encouraged to talk about feelings. It’s really just getting good grades and then they get rewarded through money or through getting their favorite shoes or something. But when it comes to a child crying, a parent asks, this is just really my experience, because I’ve done family preservation, “why are you crying?” in an angry tone. Nobody’s going to tell you why you’re crying if you sound angry. So you get something like that and it’s not encouraged in our community at all to open up feelings. In fact, there are family secrets that go on for a long time and more often it’s strange how some parents they don’t ever tell their children that they were adopted, that they’re not really their real children, they never tell the children that.

Participants also recognized the importance of parents spending quality time with their children, monitoring their child’s whereabouts, and limit setting when raising children. For example, one parent noted, “Parents need to spend time with their kids and have family time to bond.” One provider also commented on the importance of quality time with children:

The fact of the matter is that all kids really need is attention especially in early childhood to create these attachments because the major problems occur when kids feel abandoned. They feel abandoned because their parents came over to the U.S. to make these sacrifices but they’ve lost that bond early on with their kid, and they try to reestablish them and they say, “Well I do this for them”...like working the 50 million jobs I mean, you know you got to do what you got to do but then nothing pays more in dividends than just reading a book to your kid and spending real time with them”.

Another provider described how lack of time spent with adolescents can have negative consequences: “Teens join gangs to create a family bond that may have been missing at

home. Lack of supervision allows kids more freedom to experiment and try different things.” A community outreach worker described the importance of providing consequences for a child’s misbehavior:

The child is entitled to have tantrums. It may be unreasonable at times, but let him be unreasonable because he’s a child—but he can have consequences. No cookie, no going out to the movies this week.

Providing parenting programs as a means of preventing adolescent mental health problems

The theme of parenting programs for Filipino youth has four major subthemes. First, a wide range of parenting approaches were identified (i.e., permissive, avoidant, use of verbal abuse, and physical discipline) and ways parenting classes could address them were described. Second, outreaching to the parents of school age children was recommended. Third, offering parenting programs to Filipinos specifically versus multi-cultural programs was suggested. Finally, participants recognized that stigma may be a barrier to attending parenting programs.

Parenting styles among Filipinos—Participants, in particular providers, spoke of varying parenting approaches observed among their Filipino families. A mental health provider noted that parenting styles that were effective in the Philippines might not be as effective in the U.S.:

Traditional parenting styles that were effective in the Philippines in that context may not be as effective in this new location, this new kind of cultural context here...In my clinically referred sample, I see a lot of parents that have very permissive parenting styles, not because they think everything’s okay but they have a lot of difficulties in setting effective limits with their children. Once problems begin to arise I think they often times feel very, kind of, helpless or disempowered as to how to effectively handle or manage their child’s behavior issues. I think the parents often times will use shaming techniques, “you shouldn’t do that, that’s bad” or “God will punish you for your sins.”

Another mental health provider provided examples of verbal abuse, “It’s a lot of putdowns. Your grades are not good, you’re stupid, name calling, if the parents are divorced and it’s like you’re just like your father who’s stupid too.” She further elaborated on the effects of verbal abuse on Filipino youth:

It definitely brings down their self-worth and self-esteem and they become more ashamed of who they are as a person and they stop trying. If they’re doing homework, well they just don’t want to do it, and I think it instills fear if they show that they did something wrong. And you can tell too, when a child is being verbally abused, like if you tell them oh do this over because this is wrong...they just refuse to try.

She further elaborates that Filipino parents often do not realize the effects of verbal abuse on youth:

Some parents, when it comes to the point when we tell them you have to come in because we do have to address some issues, again it goes back to them thinking, oh but I meant well, my intention was good. And we tell them your intention is good, but is there an alternative way that you can express it because it really is not helping the child. We explain to them that this is the effect when you call a child stupid or when you call anybody stupid. And we go through that with them and they do begin to understand. Some parents when they say they mean well and then we explain to them, this is the effects of it, (they say), “Oh I didn’t realize that.”

Another mental health provider who has provided mandated parenting classes to Filipino parents referred from child protective services commented that physical discipline is also used:

Violence in the home is very common and child abuse... Well that’s the whole purpose of the parenting class too. When we do get Filipino families, the first thing we talk about is the laws here in America, because we do know that if you were born in the Philippines, a form of discipline in the Philippines is to hit and stuff like that. The sad thing is the parents don’t realize that it’s abuse- they think that it’ll better the child.

When asked how parenting programs could support Filipino families, a primary care provider commented, “Parents should understand a little bit about growth and development. Simple stuff about what to expect...and parenting skills...A lot of times, parents just go in blind...Most parents’ parenting skills are definitely from what they emulate.” Another mental health provider commented, “I’d love to see education on very basic attachment theory”. She further provided an example of a Filipino client with uncontrolled diabetes that was referred to her:

After years and years of being avoidant, I actually had one Filipino woman say “I feel manipulated” by her 20 year old daughter because she spent so many years placating the daughter and just pacifying her or not dealing with actually mothering and parenting that after so many years of that she became resentful, like my daughter’s manipulating me, like my daughter’s controlling me, and then there came this frigid, angry, bitter mother that didn’t want to hold her daughter, didn’t want to cuddle with her daughter... just very withholding emotionally. And that’s kind of what will happen over time. You become resentful just like any relationship where you’re not addressing emotional needs, your emotional needs, could be the child’s, someone else’s emotional needs, people start feeling resentful about that. You’re not giving your child any boundaries so yeah, they’re going to step all over you, they’re going to go crazy, and then you’re going to punish them by not giving them your love.

Outreach to parents of school age children—Participants emphasized the importance of outreaching to parents before their children reach adolescence. One provider noted:

Mental wellness is a part of everything, so let’s just talk about it now. It doesn’t matter what the context is, it’s part of, of sending your kids to school. They need to

be mentally well... And when you first send your kids to elementary school you already have a sense of, you know, you're worried, you're letting them go, and that's a good space. That's good, it's right for planting thoughts into their heads. As long as it's culturally safe, culturally competent, and framed in a way that's sensitive to the community.

Use evidence-based preventive parenting programs and offering Filipino-specific groups—When a mental health provider was asked to provide feedback regarding offering parenting workshops for Filipino parents, he shared the following:

Our agency has done some parenting classes and in general the success of them depends on how well trained the leader is, are they trained in an evidence-based manualized program, because just going in there and making stuff up is not likely to be effective, so you need somebody who's trained in a specific model and implements that effectively...I think if you had a group focusing specifically on Filipino families, I think that might be more likely to be successful because there would be greater identification with each other and probably a greater willingness to share common experiences as well as the obvious language advantage.

A community advocate agreed that outreach should target Filipinos parents specifically and noted: "I think Filipino families come out only if they are together." Finally, another provider stated, "I think you can do something very 'Filipino' and specifically reach out to Filipino parents. I think the shame factor would come up. If it was a mixed (parenting group), they may say oh sorry, but Filipinos are this way, a particular way."

Barriers to attending to parenting programs

Participants noted that it is may be difficult to get parents to attend a parenting program. A faith-based organization leader described stigma associated with parenting programs: "Some Filipinos might say, 'why, what do you think, that we are not capable of parenting our kids?'"

An adolescent noted that if his parents were offered a parenting program, they would not attend unless it was a requirement for school. In addition, this participant thought his parents may be suspicious even if something free like an incentive was being offered for attending: "Some parents would... just ignore it. They wouldn't want to go. Even if you offer them something, they would say, 'What if they're lying to us?' Like they're not going to give (i.e., a free incentive) what they are saying... If it was a requirement for us to enter school, they would unwillingly go." Another parent provided a suggestion to emphasize the benefits to the family in order to encourage participation:

I think another possibility as far as getting people to try is to try to appeal to the sense of family... Because I think that Filipino parents love their kids so much it's ridiculous. And just like that sense of family is so strong, and I think that's possibly something you can touch on to try and get people to go to that. This (program) is helping their family. This is your kids, you love your kids...Let's work on making things better for you and your kids.

Importance of religion and collaboration with churches

The theme of religion was divided into two subthemes. First, participants noted that religious beliefs, such as *bahala na* could serve as a barrier to addressing mental health problems. Second, participants also felt that religion and partnering with faith-based organizations could serve as a facilitator to addressing mental health.

Fatalism as a barrier—Participants spoke of *bahala na* as a barrier to accessing assistance with mental health problems. For example, one of the providers in our sample said:

I see folks who minimize their experience. They say “I don’t need to come and discuss all my problems, I just give it to God.” And so we sort of have to look at, maybe God and whatever idea you have of God has brought you here... and help them broaden or change that perspective. Sometimes I hear people feel very guilty that they are even depressed or anxious because they feel like “If I were good enough, if I were a good enough Catholic or Christian, then I wouldn’t be feeling this way. This is a sign of my poor faith.”

Another mental health provider of Filipino-American descent described her own experience of trying to convince her family members to talk about their problems:

A lot of my family says “oh that’s the American side of you.” And, well good! You know? So what if I want to address this? It has to be forced ... “Don’t talk about it, don’t talk about it.” And I said, “would you rather things get worse?” And then they say, “They’ll be fine. *Bahala na*.” I try to bring stories from work but they never work. It never seems to convince them, how important it is to talk about things like that. It’s the *bahala na*. It’ll work out. It’ll be fine. My uncle’s alcoholism will be fine...until he gets cirrhosis. And, my uncle’s diabetes will be fine until he was hospitalized and went into a diabetic coma...I think part of it is hopelessness. There’s a hopelessness that it will never change, so what’s the point? Enjoy life now.

A church leader described Filipino parents coming to him asking for assistance with their problems with their children:

I’m sure in their mind it is: ‘if I am praying, my problem will go away...pray for my kids, because it’s the problem he or she is in.’ But, I don’t believe much in that kind of prayer. That the prayer will solve somebody’s problem. I believe more in professional handling.

Religion as a facilitator—A community advocate participant stressed the importance of religion by stating, “Spirituality has so much to do with your total well-being, your health, especially your emotional and mental health.” A parent noted that partnering with churches could be effective in the Filipino community:

We need to be proactive as opposed to reactive...a lot of people are going to say, “Oh, I don’t have any problems. Not my kid. It’s your kid.” But you know, overall, if this especially is directed to Filipino parents or Filipino kids, your best bet still is

going to go through the church. It's through the priest who's going to say, "Hey, we're throwing a workshop on how to build better relationships not only with your kids, but with each other...How to understand the cultural differences between growing up in the Philippines and growing up here, because there are differences."

A community leader also recommended churches for parent outreach:

I speak in churches sometimes. You have an audience that's willing to listen and even if they're not outwardly participating, you know you have a captive audience and you know most of them are going to come every week. And what that translates into is, if they come every week, you have a way to reach them every week, you have a set announcement stage for what you want to do.

Another parent noted that Filipinos may respond to authority figures, such as faith leaders:

I think that a lot of it has to come from a position of authority... like the priest, the doctor... We talk about them in the Filipino culture, there's so much respect given to someone higher up... If the priest say, "I think you should go to this" or "I want you to go to it", they're more likely to go.

A church leader with past experience offering parenting classes in churches recommended offering parenting program in parallel with youth-based programs in church: "If we give an invitation to the parents of Filipino children attending catechism, they usually don't stay but if they know that there will be some meeting for Filipino parents, they may stay."

Importance of addressing under-recognized mental health needs of Filipino parents

Participants also noted that prevention of mental health problems among Filipino youth needs to address unmet mental health needs of Filipino parents. One mental health provider commented:

To be a good parent and to raise a healthy kid you need to be emotionally healthy. I really wish any kind of parenting class would incorporate the parents' emotional well-being, and talk about the connection between a parent's emotion, mental health and their child's emotion and mental health. But it doesn't need to be super dense, it just needs to help people realize all your stuff you don't deal with is going to fall on to your kids. All your emotional stuff, all your issues with your parents, all your issues with your job, with yourself, if you don't acknowledge it and look at it and spend time on it, it's going to get transferred or transmitted into your children.

A school-based mental health provider agreed and noted:

We need support for dealing with parents' health issues and mental health issues because there are some students that are overall okay, but, I have a lot of them who (say) "I'm really worried about my mom. She drinks so much." They're physically okay and mentally okay, but they recognize what's going on in their families and they need support for their families. I had one Filipina, she's joining one of my youth activities too because you know she needs something to work through. Her mom is a gambler and an alcoholic.

An adolescent noted that Filipino parents worry about job related issues: “Some parents are depressed because they lost a job. It’s hard to find a job now.” A faith leader also recognized that parents are facing economic challenges and stated: “The times are difficult and economic problems are cropping up, I would suspect that many Filipinos are undergoing a lot of mental health problems but our culture does not sometimes permit us to be more open.”

A mental health provider stressed the importance of addressing parental depression:

A lot of times we see a child being referred for evaluation for ADHD (Attention Deficit Hyperactivity Disorder) or other school problems and then we realize that this parent is really depressed and needs their own intervention too. When I’m bringing the issue up, I try to frame it as a response to stress, in that this is an incredibly difficult situation that you’ve been dealing with for a long time now and it’s natural to expect that this is going to have an effect on you, and the longer it has that effect, the more likely it is that it’ll be hard for you to continue your day to day routine as effectively. And that can actually lead to changes in how you think and even in your brain that can then make it harder to get yourself out of that place of feeling overwhelmed and helpless, but it is possible to get out of there with appropriate help. Then we’ll also often emphasize the importance of self-care for being an effective parent, so if, again if they’re still kind of stuck in this sort of all-sacrifice mode....as long as you’re feeling this overwhelmed and this depressed it’s going to make you less effective as a parent. If you’re really concerned about the well-being of your children, you need to be on top of your game, so to speak...It’s like a runner who’s reaching the end of the race and getting more and more tired, sometimes you just don’t have enough to keep going on your own despite your best efforts. It’s not a moral judgment, it’s not a criticism, and it’s just that this is the effect of all this taking its toll on you.

Discussion

The findings from this study fill an important gap by expanding understanding of the barriers that need to be overcome when implementing mental health preventive interventions among Filipinos. To our knowledge, this is the first study to explore the multiple perspectives of Filipino adolescents, caregivers, providers, and advocates in order to identify recommendations for behavioral health promotion among Filipino youth. In this study, participants indicated that they preferred mental health prevention efforts in the Filipino community to include ways to strengthen parent-child relationships, foster open communication, positive discipline, and discuss limit setting and consequences. Providers suggested that such content could be delivered by providing parenting support to families, such as evidence-based parenting programs. These programs could prevent intergenerational conflict between Filipino adolescent youth and their immigrant parents described in previous studies (Javier et al., 2010 and Chung et al., 2005) by promoting effective parenting practices that can improve parent-child communication within Filipino families. This in turn can lead to promotion of self-esteem and a strong ethnic identity as Filipino youth go

through the various stages of ethnic identity development as described by Nadal (Nadal K.L., 2008).

In addition, participants suggested that parenting programs should target parents before their children reach adolescence and offer them as prevention programs as opposed to for parents who are having problems. This may help overcome the shame associated with seeking counseling or mental health services. Prior to conducting these interviews, each ethnographic fieldworker will be given training during the workshop on how to conduct an interview, including procedures for establishing reciprocity and exchange of information, different types of questions, the use of probes to elicit additional detail on a topic, and techniques for dealing with errors in informant's memory. Colonial mentality may partially explain why Filipinos are hesitant to admit they are having problems raising their children in the U.S since they may want to save face in mainstream U.S. society and not be identified as a high-risk population "in need". Further, participants suggested that prevention programs should also address parental well-being and parental stress. This is especially critical given the significant mental health disparities and underutilization of mental health services described among Filipino adults. For instance, alcoholism was described as affecting Filipino parents in this study. This is consistent with previous literature describing Filipinos turning to alcohol as a coping mechanism instead of seeking help for their mental health problems (Nadal K.L., 2008).

Another important finding was that low participation in behavioral health services, such as parenting programs among Filipinos may not solely be due to lack of access but also due to the relevance of the setting in which they are offered. Offering mental health programs in faith settings and specifically targeting Filipino parents may help overcome cultural mistrust that has been described in the Filipino community (David E.J.R., 2010). These findings are consistent with the findings from other studies of Filipino families (Chung P.J. et al., 2005; David E.J.R., 2010; Javier J.R., Chamberlain L.J., et al., 2010) and non-Filipino families (Blank M.B., Mahmood M., Fox J.C., & Guterbock T., 2002; Brotman LM et al., 2011; Katz K.S. et al., 2011; Kim E., Cain K.C., & Webster-Stratton C., 2008; Lawson E. & Young A., 2002).

This study applies the CDC's model of community engagement by eliciting the varied perspectives of consumers and stakeholders in order to bridge research evidence to practice (Glasgow R.E., Green L.W., Taylor M.V., & Stange K.C., 2012). Several projects currently ongoing in the U.S. have used community engagement to address disparities among Filipino youth and adults and other minority populations in the area of mental health (Chung et al., 2007; Javier et al., 2010; Kataoka et al., 2006; Ursua et al., 2013). This study's results not only helped answer "what" (i.e. evidence-based parenting interventions) needs to be implemented to prevent mental health disparities among Filipino youth, but also provided insight regarding "how" to optimally implement the evidence-based intervention (i.e. in faith settings) in this population. For the Filipino community, culturally appropriate interventions for youth need to involve the integration of faith and family. Without this integration, implementation may be difficult.

These findings and recommendations for next steps were presented to participants and other stakeholders addressing Filipino mental health in Los Angeles in May 2011. They were well-received with one school-based leader noting: “I see a desire among my Filipino students to build an emotional connection with their parents”. Further, as a result of this needs and resource assessment activity, important collaborations were developed to actively address identified priorities. Specifically, an academic-faith community collaboration formed in which grant funding was secured to pilot-test the Incredible Years School-Age Basic Parent program (an evidence-based parenting intervention) among Filipino parents as a faith-based prevention program. Based on the data collected in this study, there are a number of evidence-based programs that might be effective in improving parenting skills for this community. The Incredible Years was selected because it was most consistent with participant views of the role of parents in promoting the mental health and well-being of their children.

Limitations

The presented results should be interpreted with caution because of the following limitations. First, the generalizability of these findings is limited by the snowball sampling technique and nonrandom selection of study participants representing the three groups of stakeholders in the Los Angeles area. Also, given our sample predominantly consists of single parent households, and immigrant families residing in Historic Filipinotown, a middle-class working neighborhood, our findings may not be generalizable to the general Filipino U.S. population. Future studies using a random and more representative sample may obtain more accurate findings regarding the recommendations for mental health prevention. Another study limitation was the lack of a formal measure of cultural mistrust. Further study is needed to explore cultural mistrust as a barrier to accessing mental health prevention programs among Filipino families. Finally, the findings were limited to mental health issues known to be positively impacted by parent training. Other mental health issues may need to also involve mental health professionals and other types of practitioners.

Conclusions

The findings of this study have several implications for not only Filipino immigrant families but also for mental health providers, educators training clinicians, and psychology researchers. By understanding some of the salient influences of Filipino culture on behavioral health seeking, mental health providers and educators can be better positioned to anticipate and teach trainees about potential problem areas when working with Filipino families. Also, given the growing emphasis to use evidence-based interventions, it is important for psychology researchers to continue to engage Filipinos in research so that evidence-based practice evidence and outcomes measures can be generated for this understudied minority population.

Finally, this study identified important strategies for mental health prevention that converge with those identified in the literature on Filipino American youth and ethnic minority and immigrant youth in general. The qualitative informant-based nature of the data provides insight into the cultural dimensions of how these strategies can best be implemented. These

finding are critical because evidence-based parenting interventions remain one of the most effective strategies for preventing adolescent behavioral problems (Institute of Medicine, 2009). Research eliciting community perspectives that identify promising strategies to reach and retain underserved populations in evidence-based interventions is critical to increasing the population impact of these efficacious programs. Such strategies can shape future research and service efforts aimed at eradicating mental health disparities seen between Filipino and non-Filipino youth.

Acknowledgments

This research was supported by the Children's Hospital Los Angeles Department of Pediatrics Academic Career Development Award, Southern California Clinical and Translational Science Institute (NIH/NCRR/NCATS) Grant # KL2TR000131, and NIH Eunice Kennedy Shriver National Institute of Child Health and Human Development Grant #1K23HD071942-01A1. The authors wish to acknowledge Michele D. Kipke, Ph.D. for her mentorship and supervision, Dennis Arguelles for providing community feedback, and all study participants for their contributions.

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