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Filling the GAAAPPS: Generating Affirming Asian American Perinatal Psychological Services

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Abstract

Women in the perinatal period face a unique set of mental health challenges, as they must navigate both physical changes and transitions in their life. Perinatal mental health has been linked to child outcomes, such as social emotional development, cognitive development, and physical growth. In addition, women of racial and ethnic minority groups are confronted with barriers to accessing services and are therefore less likely to utilize mental health services. While international attention has recently focused on the experiences of women of color in the perinatal period, Asian American women have been largely overlooked. This systemic literature review explores the relevant work on perinatal mental health and factors associated with Asian American mental health, such as acculturative stress, battling stereotypes, and the impacts of discrimination. Each of these factors should be understood within the context of the historical treatment of Asian Americans. This paper centers the experiences of cisgender Asian American women. Further research on non-binary birthing folks should be included in future research. Special considerations for developing programs designed to support and uplift Asian American women during the perinatal period are also discussed in this paper. These include utilizing a collaborative approach, integrating traditional values, and conceptualizing challenges within the context of each socioecological level (e.g., individual, family, and systems level). To develop mental health services and programs with cultural humility, providers should center both individual and community perspectives, and approach conversations from a position of transparency and openness.

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Abstract

Women in the perinatal period face a unique set of mental health challenges, as they must navigate both physical changes and transitions in their life. Perinatal mental health has been linked to child outcomes, such as social emotional development, cognitive development, and physical growth. In addition, women of racial and ethnic minority groups are confronted with barriers to accessing services and are therefore less likely to utilize mental health services. While international attention has recently focused on the experiences of women of color in the perinatal period, Asian American women have been largely overlooked. This systemic literature review explores the relevant work on perinatal mental health and factors associated with Asian American mental health, such as acculturative stress, battling stereotypes, and the impacts of discrimination. Each of these factors should be understood within the context of the historical treatment of Asian Americans. This paper centers the experiences of cisgender Asian American women. Further research on non-binary birthing folks should be included in future research. Special considerations for developing programs designed to support and uplift Asian American women during the perinatal period are also discussed in this paper. These include utilizing a collaborative approach, integrating traditional values, and conceptualizing challenges within the context of each socioecological level (e.g., individual, family, and systems level). To develop mental health services and programs with cultural humility, providers should center both individual and community perspectives, and approach conversations from a position of transparency and openness.

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Introduction

The need for effective and appropriate perinatal mental health services has increased in recent years. According to data from Postpartum Support International, about 15 to 20% of women experience significant symptoms of depression or anxiety during the perinatal period (2021). Additionally, approximately 80% of new mothers experience "the baby blues," which consist of mood swings and weepiness during the first two to three weeks postpartum (*Baby Blues After Pregnancy,* n.d.). Understanding the difference between postpartum depression and the baby blues is a key factor in determining the kind of treatment and support a new mother may need. The call for specialized training of medical and behavioral healthcare providers has also increased in recent years, as awareness of the importance of perinatal and maternal mental health has become a nationwide topic.

Various researchers demonstrated the link between perinatal mental health and healthy child development, citing long-term impacts of untreated and unsupported perinatal mental health challenges (Howard & Khalifeh, 2020). Through this work, high rates of underutilization of services and racial inequities within the mental health system have been recognized. Specifically, multiple studies found that women of color are less likely to access mental health services. Women of color experience all the typical stressors and adjustments as new mothers, while also experiencing challenges unique to their racial and ethnic identity. This paper centers the mental health needs of Asian American women, as they belong to a racial and ethnic group that has been historically mistreated and dismissed in the United States. There is a dearth of research focusing on this population's experiences and perspectives on mental health services, particularly perinatal mental health services. In an effort to move towards decolonization of the mental health practices that impact this population, this paper provides an overview of current

literature on perinatal mental health, key factors associated with Asian American mental health, and considerations for supporting mental health in Asian women. The studies presented highlight the diversity of the Asian population and advocate for the development of affirming perinatal psychological services for Asian American women.

Perinatal Mental Health

It has been estimated that one in seven mothers experience depression or anxiety during the perinatal period, which is defined as any time from conception to twelve months postpartum (www.postpartum.net). Recent studies estimated that the prevalence of perinatal mood and anxiety disorders (PMADs) ranges from 10 to 20% of new mothers (Iyengar et al., 2021). Additionally, pregnant women and new mothers might also experience perinatal obsessive-compulsive disorder (OCD), bipolar disorder, psychosis, or posttraumatic stress disorder (PTSD) following traumatic births. Postpartum Support International noted that approximately 3-5% of new mothers experience perinatal OCD, while approximately 1 to 2 out of every 1,000 deliveries result in postpartum psychosis, and approximately 9% of new mothers experience PTSD following childbirth (2021). Masters et al. (2022) found that 2.6% of new mothers experience bipolar disorder and 20.1% of women experience bipolar-spectrum related mood episodes during pregnancy and postpartum. Despite recent efforts to increase screening processes and improve training of healthcare providers, many women's mental health is still being overlooked. Researchers in Alberta, Canada surveyed 1,207 participants regarding their views on perinatal mental health and barriers to services (Kingston et al., 2014). The majority of their respondents agreed that women should be screened in the perinatal period. The high acceptability of universal perinatal mental health screening is significant, as it demonstrates value in routine screening during pregnancy and postpartum.

Perinatal mental health has been linked to various outcomes across the lifespan. Stein et al. (2014) noted that perinatal mental health disorders are associated with increased risk of psychological and developmental disturbances in children. Such disturbances include, but are not limited to, disrupting emotional, cognitive, social, and physical development, seeing an increase in behavioral difficulties, the development of insecure attachments to caregivers, and stunted physical growth (Stein et al., 2014). Additionally, Yang and Williams (2021) noted that parental depression negatively impacted the development of their children's ability "to identify, modulate, and express emotions in socially appropriate ways based on situationally specific social cues and demands" (p.1262). Their study also examined the association between parental depression and parenting self-efficacy. Results indicated that parental depressive symptoms negatively impacted parenting self-efficacy, which was related to lower child social and emotional competence (Yang & Williams, 2021). According to research by Liu et al. (2022), discrimination and acculturative stress during the perinatal period is a risk factor for poor infant mental health. Their work stresses the importance of continued research in understanding the effects of exposure to sociocultural stressors and policy changes that promote resilience.

Additionally, adverse childhood experiences (ACEs) have been closely linked to perinatal mental health. Atzl et al. (2019) studied the relationship between total ACEs and perinatal depression and posttraumatic stress disorder (PTSD). They found that the total number of ACEs predicted elevated PTSD and depression symptoms during pregnancy. Higher levels of childhood maltreatment predicted elevated PTSD symptoms, while family dysfunction did not significantly predict either type of mental health problem during pregnancy. Family dysfunction was defined by the presence of "parental separation or divorce, witnessing domestic violence, and incarceration, substance abuse, or mental illness of a household member" (p. 307; Atzl et al.,

2019). Their results also demonstrated that early childhood onset (0-5 years) of maltreatment significantly predicted higher levels of PTSD symptoms during pregnancy. Middle childhood (6-12 years) and adolescent (13-18 years) onset of maltreatment did not predict mental health difficulties during pregnancy. As noted, mental health challenges during pregnancy and postpartum can lead to disruptions in child development, thus, perpetuating a cycle of mental health challenges which could be disrupted by early identification and intervention.

Current treatment for PMADs

Due to the increase in attention on perinatal mood and anxiety disorders, there has been a growing body of research exploring the efficacy of various perinatal mental health treatments and interventions. Evidence suggests cognitive behavioral therapy (CBT; both in person and internet-based modalities) and interpersonal therapy (IPT) can help improve symptoms of postpartum depression in some populations (Howard & Khalifeh, 2020; Jannati et al., 2020; Sockol, 2015). Other studies suggested behavioral activation, mindfulness-based interventions, and transdiagnostic interventions could also be used to treat perinatal depression and anxiety (Grunberg et al., 2022; Lavender et al., 2016; Kocovski & MacKenzie, 2016; Schiller et al., 2021; Zemestani & Fazeli Nikoo, 2019).

Research studies also demonstrated efficacy of some psychiatric medications for the treatment of Perinatal Mood and Anxiety Disorders (PMADs) with low levels of risk to the fetus or newborn (if mother is breastfeeding). Kimmel et al. (2018) noted that selective serotonin reuptake inhibitors (SSRIs) are considered first-line pharmacologic treatment agents for postpartum depression and anxiety symptoms. One study conducted examined whether there was a relationship between increased birth defects and exposure to SSRIs in utero in Nordic women. Results indicated that SSRIs did not increase baseline risk (Furu et al., 2015). However, risk was

elevated for women who stopped SSRIs prior to conception and for those who remained on SSRIs in the first trimester (Ross et al., 2013). The decision to utilize medication as part of treatment should be based on a risk/benefit analysis and is often made on a case-by-case basis. Researchers have also advocated for integrated perinatal healthcare to increase access to perinatal mental health in vulnerable populations (Lomonaco-Haycraft et al., 2018). Increasing access to specialized perinatal mental health services through integrated healthcare settings allows women who may not have typically accessed services opportunities to maintain relationships with behavioral health providers and psychiatrists/prescribing physicians in one convenient location.

While many studies focused on barriers to treatment and access to care, some studies focused on treatment and intervention with Asian women. Researchers in India found that peer-led psychosocial interventions were the most preferred delivery agents of a community-based psychosocial intervention at an urban setting in India and a rural setting in Pakistan (Singla et al., 2014). Participants preferred mothers who were local community members, educated, had similar experiences, and had good communication skills. This study demonstrates the importance of provider characteristics in program implementation and the vast diversity within *one* region of South Asia. Other researchers advocated for integrated healthcare and increased community partnership to increase utilization of mental health services by Asian women (Yang et al., 2020). Results from Gajaria and Ravindran (2018) support this claim, as their literature review found that community-based services, with psychosocial interventions integrated as part of general health programs were more effective and preferred in low- and middle-income countries, including Asia. In integrated healthcare models, women who screened positive for mental health concerns were referred to on-site mental health providers or were provided with in-home visits.

Gajaria and Ravindran advocated for the incorporation of maternal mental health care with regular baby care, as it could improve stigma and increase acceptability of maternal mental healthcare (2018). Shidhaye et al. (2020) suggested that evidence-based interventions for PPD be integrated within healthcare system and increased efforts to strengthen social support during the Covid-19 pandemic. Additionally, they emphasized the potential for use of digital platforms to deliver services to increase access. While these studies provide pertinent information for development of appropriate services for perinatal mental health, none have focused on effective treatment specifically for Asian American women.

Impacts of Covid-19 on Perinatal Mental Health

During the Covid-19 pandemic, women in the perinatal period faced a unique set of challenges. With restrictions to in-person services and limitation of family in delivery rooms during the height of the pandemic, many new mothers experienced increased isolation during a significant period in their lives. Multiple studies found elevations in reported levels of clinically significant anxiety, depression, posttraumatic stress disorder, in addition to increased feelings of loneliness (Basu et al., 2021; Iyengar et al., 2021). Another study conducted in Italy found that women during the perinatal period were likely to experience distress related to restrictions of movement, socialization, and engagement in normal routines. Women were also likely to experience concerns about their own health and risk of infection (Matvienko-Sikar et al., 2020).

Overall, racial and ethnic minority groups have disproportionate rates of pregnancy-related deaths. In April 2022, the CDC published an article highlighting the fact that Black women are three times more likely to die from pregnancy-related causes than white Women (*Working Together to Reduce Black Maternal Mortality | Health Equity Features | CDC*, n.d.). These disparities remained present during the Covid-19 pandemic as well. In the United States,

Black and Hispanic pregnant women had disproportionate rates of death associated with Covid-19 infection compared to other racial and ethnic groups (Magesh et al., 2021). In Massachusetts, 80% of a sample of 163 participants, who were either pregnant or up to three months postpartum and had a history of depressive symptoms, perceived increased symptoms of depression and anxiety during the height of the pandemic. (Masters et al., 2021). In addition, they found that participants of color were more likely to report that the pandemic affected their ability to access healthcare, compared to non-Hispanic, White participants. A study conducted in the United Kingdom found that ethnic minorities had higher rates of perinatal mental illness and increases in domestic violence during the Covid-19 pandemic (Watson et al., 2019).

Racial Inequities and Underutilization of Services

The CDC released data on 1,018 pregnancy-related deaths across thirty-six states in the United States from 2017-2019. Women who identified as Hispanic, non-Hispanic American Indian or Alaska Native, non-Hispanic Asian, non-Hispanic Black, non-Hispanic Native Hawaiian and Other Pacific Islander, and non-Hispanic other/multiple races accounted for 53.4% of the deaths. One important note is that these studies did not include participants from all fifty states and had varying numbers of women of each racial identity represented. As a result, their results may in fact be an under-representation of maternal mortality rates across the United States. Additionally, race or ethnicity was not accounted for in 1.6% of the reported deaths. Their data highlights high rates of maternal morbidity which can often be the result of lack of access to appropriate healthcare. Mental health conditions were the leading cause of death in Hispanic and non-Hispanic White persons (*Pregnancy-Related Deaths: Data From Maternal Mortality Review Committees in 36 US States, 2017–2019 | CDC*, n.d.). Additionally, the CDC Newsroom published a release stating that four in five pregnancy-related deaths in the U.S. are preventable

(2022). These statistics highlight the need for specialized training when working with perinatal populations both in physical and mental health.

Efforts to center marginalized and underserved populations have increased in the last twenty years. While there is notable gap in the literature regarding Asian American women's experiences with mental health, multiple studies highlighted Black and Latina women's experiences of perinatal mental health and barriers to accessing services across the globe. These studies documented underutilization of mental health services due to various cultural and socioeconomic factors, such as stigma, differences in help-seeking attitudes, medical mistrust, and access to services within the community (Hernandez et al., 2022; Sambrook Smith et al., 2019). Conteh et al. (2022) cited various contexts which reinforced and validated medical mistrust within African communities, American Indian/Indigenous groups, Native Alaskan women, and Asian immigrants. They discussed past incidents of dehumanization of enslaved African and American Indian/Native Alaskan Women, and Asian immigrants. In addition, they reported various present-day experiences that contribute to rise in medical distrust, including unjust incarceration, racial differences in drug testing amongst pregnant women, and rise of anti-Asian sentiments during Covid-19 (Conteh et al., 2022). Additionally, research has shown that women of color are also less likely to be screened for postpartum depression (Sidebottom et al., 2020).

Another study conducted in England that identified "Black African, Asian, and White Other women" having significantly lower access to community mental health services and higher percentages of involuntary admissions than White British women (Jankovic et al., 2020). A study conducted in California found non-Latina Black women to experience higher rates of perinatal mental health symptoms and significantly lower use of postpartum counseling services and

medication that non-Latina White women (Declerq et al., 2021). Additionally, Vedam et al. (2019) surveyed women about mistreatment in maternity care and found that women of color were more frequently mistreated, including loss of autonomy, being scolded, threatened, or refused, and receiving no response to requests for help. A review of studies from 1998 to 2018 comparing racial and ethnic differences in the administration of analgesia for acute pain found that Black patients were less likely to receive analgesia for acute pain than White patients (Lee et al., 2019). In their review article comparing gender bias in healthcare and gendered norms towards patients with chronic pain, Samulowitz et al. identified gendered norms about men and women's experiences of pain and gender bias in pain treatment (2018). These mistreatments contribute to hesitation to seek help. The studies discussed highlight racial inequities in accessing and utilizing mental health services across racial and ethnic minorities throughout the world. Additionally, each study advocated for policy change rooted in inclusivity and consideration for the historical context that influenced perspectives on healthcare services.

Treatment for Women of Color: Baker-Ericzén et al. examined the feasibility and acceptability of the Perinatal Mental Health Model (PMH) delivered via telemedicine to address depression in Mexican American mothers in California (2012). The PMH Model "was developed as a culturally competent expansion of the original collaborative care Partnership for Women's Health model, designed to facilitate primary care providers' ability to interact with and link patients to mental health services through the use of an outsourced, centralized mental health advisor (MHA) in community obstetric health care settings" (p. 226). Interventions were delivered over the phone and included psychoeducation about perinatal mental health and its impact on infant development, and the role of therapy in treating depression. Language was tailored to include traditional beliefs within Latina culture. Other aspects of intervention included

normalization of depression, provision of emotional support, coaching in behavioral activation, exercise, and cognitive restructuring, and learning skills to manage stress. CBT strategies and discussion about functional (versus dysfunctional) coping strategies were used to support mothers in their approach to self-care. CBT strategies and coping skills were discussed within the context of Latinx cultural beliefs. When completing surveys about overall satisfaction, 97% of the participants expressed overall satisfaction, while 100% rated service as high quality. The study had a small sample size of primarily Mexican American women; researchers cautioned against generalizations as their sample was not representative of the larger Latinx population (Baker-Ericzén et al., 2012).

Leis et al. (2011) collected data from focus groups with clients and home visitors in Baltimore, Maryland. They had a total of 38 participants, all of whom were pregnant or new mothers; 97% of the women identified as African American. Participants perceived mistreatment and felt like they could not relate to their providers culturally. Participants also expressed concern about confidentiality and had low confidence in the effectiveness of psychotherapy. Many felt opposed to medication, as they believed it was unnecessary. One of the major implications of their work was to advocate for better education and training for providers who hope to engage low-income African American perinatal women in mental health services (Leis et al., 2011).

To examine the effectiveness of a coordinated perinatal mental health care model with socially disadvantaged, racial/ethnic minority women, researchers followed treatment outcomes for 67 participants referred for mental health treatment at an urban teaching hospital (Stevens et al., 2018). Roughly two thirds of their sample identified as Black/African American or Hispanic/Latina. The coordinated perinatal health care model “was developed using

intersectionality theory to address the complex needs of a diverse population of women" referred for perinatal mental health treatment (p. 629). This perspective conceptualizes vulnerability through the lens of power versus oppression and seeks to understand how social environments support perinatal women's mental wellbeing or actively undermine it. Crenshaw (1991) defined structural intersectionality as "the ways in which the location of women of color at the intersection of race and gender makes our actual experience…qualitatively different from that of white women" (p. 8). In addition to providing evidence-based interventions, providers discussed the effects of trauma as a consequence of oppression that affects all aspects of the women's lives.

Stevens et al. (2018) found that African American and Hispanic/Latina patients had similar treatment outcomes to White patients, demonstrating the importance of providing treatment to all women during the perinatal period. However, their results suggested that African American women may have been more engaged in treatment (differences were not statistically significant). They also noted that African American women appeared to be more socioeconomically disadvantaged, facing steeper barriers to treatment. Further, most women who initiated treatment during pregnancy continued to receive postpartum follow-up care (Stevens et al., 2018). These findings reiterate the importance of early intervention, access to care during pregnancy, and training in trauma-informed care.

Perinatal Mental Health in Asia

The following section outlines various studies exploring PMADs in Asia. These studies are included to highlight the heterogeneity within the Asian group and to acknowledge factors that are unique to Asian women. While these studies focused on women in Asia, Asian American women are influenced by their heritage's traditions and values. Efforts to understand PMADs in Asian American women should be rooted in willingness to discuss cultural factors that influence

perspectives on mental health. Recent attention has been directed towards examining and understanding perinatal mental health in Asian women.

Chen et al. (2018) conducted a study comparing rates of postpartum depression (PPD) in Han and Kazak women six-weeks postpartum. Their results indicated higher incidence rates and greater likelihood to develop PPD in Kazak women. Additionally, Kazak women who experienced postpartum urinary incontinence had higher risk of PPD. One interesting finding was that mother-in-law caregiver involvement after birth was positively associated with PPD in Han women but not Kazak women. Most Kazak women were traditionally cared for by their parents postpartum and most Han women were traditionally cared for by their mothers-in-law. As a result, negative effects of mother-in-law caregiving could not be observed in the sample of Kazak women (Chen et al., 2018). Identification of distinct risk factors for Han and Kazak women demonstrates diversity within Asian women and highlights the need for future research that explores differences between subgroups of Asian women to further understand postpartum depression in these populations.

Yang et al. (2018) reviewed studies from English and Chinese databases to compare the results of randomized controlled trials (RCTs) of acupuncture and Chinese herbal medicine for PPD. While there was no significant difference between acupuncture and antidepressants, Chinese herbal medicine reduced postpartum depression symptoms more than placebo or antidepressant treatments. Additionally, Najafi and Xiao-Nong (2020) found evidence for the use of acupressure to provide pain relief during the first stage of labor after reviewing ten RCTs comparing acupressure with placebo or no intervention. These studies highlight significance in traditional, Eastern forms of medicine to support mothers throughout the perinatal period.

In a rural community of Northern Vietnam, a group of researchers investigated knowledge and perceptions of PMADs across primary health workers and pregnant/postpartum women enrolled in a maternal and infant health program that was not related to mental health (Abrams et al., 2016). Participants were given two different scenarios: one depicting a woman with possible PPD and another depicting a woman with symptoms of postpartum anxiety disorder. The majority of primary health workers and half of the mothers identified a scenario depicting a woman with possible PPD as being related to a mental health problem. In contrast, they regarded symptoms of a potential postpartum anxiety disorder as being related to a physical health problem. Additionally, participants were interviewed about common topics of perinatal mental health disorders. Six themes were identified: "1) family relationships impacting psychological wellbeing, 2) nutrition contributing to perinatal mental health, 3) traditional and western medicine playing a role, 4) lack of personal knowledge, 5) descriptions of mental health being focused on behavior, and 6) community care as primary mental health support" (p. 5-6; Abrams et al., 2016). These results highlight the importance of tailored screening processes for perinatal mental health in Asian women, as they might not identify symptoms of PMADs as a mental health concern. Further, they might not seek traditional psychotherapy modalities for support.

Another study on PPD in Vietnamese women identified limited communication and interaction with others and dissatisfaction with family life as strong predictors of developing PPD (Do et al., 2018). Schwank et al. (2020) contributed to the literature on Asian women by conducting semi-structured interviews with Shanghai women examining their experience of transitioning into motherhood. They found three main themes across their data: 1) urban Chinese women's challenges with transitioning into motherhood; 2) navigating family support and

involvement, and tension with tradition; and 3) balancing advancements in modern society and restructuring public discourse on perinatal mental health. Overall, the researchers found that urban Shanghai women described feeling lonely and isolated, which was compounded by the tension amongst generations. Additionally, friends and husbands were participant's primary support sources for perinatal mental health services (Schwank et al., 2020).

Asians in America

The term "Asian American" was first coined by Yuji Ichioka and Emma Gee during the first Asian American studies class at UCLA in 1968. The term was meant to unify Asian groups in America and to subvert the term "oriental," which was previously used to label Asian Americans (*Just a Moment. . .*, n.d.). While this term created a group for Asians in America, it does not account for the vast heterogeneity within the group. This is one of the largest barriers to producing research that is representative of the group. Most researchers struggle to gather sample sizes that are representative of the population, resulting in a lack of generalizable results (Gong & Xu, 2021). In addition, various factors occur at each socioecological level which may impact individual and systemic perspectives on mental health (Poleshuck et al., 2019). Therefore, it is important to understand the day-to-day challenges Asian Americans experience when creating programs that are both culturally sensitive and effective. Factors such as managing acculturative stress, battling stereotypes, and coping with discrimination have been linked to mental health outcomes. Intensity of impact might differ across generational status; for example, there may be differences between a first-generation Asian American and fourth-generation Asian American due to variation in the integration of traditional and Western values. First generation status is defined as foreign-born United States citizen, or the first generation born in the United States.

Acculturative Stress

Berry (2017) defined acculturation as "a dual process of cultural and psychological change that takes place as a result of contact between two or more cultural groups and their individual members" (p. 15). For many Asian Americans, this process generates tension between tradition and independence. Collectivistic values of interconnectedness and responsibility to duty permeate are closely linked to Asian culture, specifically East Asian cultures (Hofstede, 1980). Schwank et al. (2020) noted that Chinese women are defined by their "relationship with family, friends, relatives, community and the nation at large" (p. 196). In contrast, individualistic values of independence and advocating for individual needs are embedded within the mainstream American society (Triandis, 2018). As a result, Asian Americans navigate potential tension between personal goals and obligation to their community and family. One interesting finding from Fung and Wong (2007) was that highly acculturated Asian American students were more tolerant of stigma associated with mental health services and more likely to access mental health services. Their work cites intergenerational differences to remain cognizant of when working with Asian American individuals and communities.

Additionally, one study utilized the Asian American Parental Racial-Ethnic Socialization Scale to examine how parenting influences the socialization process (Atkin and Yoo, 2021; Juang et al., 2016). Results suggested that more active integration socialization (messages of the importance of diversity, open-mindedness, awareness of hardships due to Asian background, and less avoidance of outgroups) was linked to positive mental health and adjustment outcomes. This study signaled benefits in having both clarity and pride in racial and ethnic identities and social connectedness. Further, these findings offer evidence for discussions centering inclusiveness and the importance of diversity, rather than guarded separation of heritage and culture.

Battling Stereotypes

The Model Minority: The model minority stereotype was initially coined as a positive categorization for Asian Americans and began spreading in the 1960s (Roediger, 2000; Okihiro & Hd, 2014; Osajima, 2000; Zia, 2001). On the surface, the stereotype casts Asians as successful, resilient, and law-abiding citizens. However, it dismisses the historical mistreatment of Asian immigrants in the 1800s and perpetuates tension between Asians and other racial and ethnic groups (Council of National Psychological Associations for the Advancement of Ethnic Minority Interests, 2003). Further, Asians who fail to engage in model minority behaviors are often viewed as "foreigners who do not belong in White spaces" (p. 574; Yoo et al., 2021). The movement to label Asians as the model minority further minimizes in-group differences that are essential for constructing intentional and culturally sensitive programs.

Cheng et al. (2016) conducted a study examining the effects of the model minority stereotype on perceived mental health functioning of Asian Americans. Undergraduate students were asked to read vignettes based on White or Asian American characters suffering from adjustment disorder and newspaper articles describing successes of White or Asian American characters. Participants completed questionnaires assessing attitudes towards Asian Americans, colorblindness, attitudes towards out-group members and perceptions of mental health functioning. Results indicated that participants who were primed with the positive/model minority stereotype perceived the target in the vignettes as having higher mental health functioning, regardless of race/ethnicity (Cheng et al., 2016). This study supports similar findings that the model minority stereotype contributes to the minimization of mental health needs amongst Asian Americans (Chao et al., 2010; Kwok, 2013; Poon et al., 2016; Shih et al., 2019; Yadavalli et al., 2022; Yip et al., 2021).

Gendered stereotypes: Asian women often endure both gendered stereotypes of women within their own culture and stereotypes of Asian women perpetuated throughout Western culture. Ahn et al. (2022) interviewed twelve Asian American women about their experiences of gendered racial messages perpetuated by family, peers, and mass media. Gendered racial discrimination, body image and physical appearance, marital attitudes, role responsibilities and expectations, and oppressive messages from mass media emerged as common themes in their analysis. The results indicated negative impact on Asian American women's views on their body/physical appearance, self-esteem, and mental health.

Keum et al. (2018) developed the Gendered Microaggressions Scale for Asian American Women to assess Asian American women's experiences of gendered racial microaggressions. This scale is an important development for multiple reasons. First, there is a lack of psychometrically valid measures developed specifically for Asian American women. Second, this scale provides important information regarding expectations of submissiveness, fetishism, media invalidation, and assumption of universal appearance that are unique to this population. Gendered stereotypes maintain a perspective of Asian women as something "other" and have been associated with depressive symptoms (King & Iwamoto, 2022). In addition, Azhar et al. (2021) collected tweets from October 2016 through December 2017 on the social media platform, Twitter, and identified themes of oversexualization of Asian American and Pacific Islander (AAPI) women, racialized violence and sexual harassment, and unique experiences of sexual harassment and violence to queer AAPI individuals. These themes have also been perpetuated in American film; only in recent years have films been produced with greater representation of the heterogeneity of Asian people (Dong et al., 2022).

To identify helpful strategies to cope with racial, cultural, and gendered stereotypes, Lee et al. (2022) interviewed Asian American women and invited them to narrate their stories and construct their own voice using narrative inquiry. Narrative-analytic methods identified themes of empowerment through reclamation of stereotypes, resilience in navigating binaries, and strategic management of gender roles. One participant discussed Korean traditions where men tend to view women as childlike, and women conceal their sexuality so as to not offend the men in their family. She noticed when women in her family would lower their voices around men to "get around male positioning" (p. 73). Participants drew self-confidence and pride in their racial and ethnic identities by finding ways to maintain traditional values in modern ways. For example, challenging people with kindness and respect, which maintained the traditional value of being nurturing as a woman, choosing to be in the kitchen rather than being pushed into it, and finding power and strength in taking care of the family. Another participant discussed pride in her ability to navigate different contexts by being flexible and fluid, which she attributed to her cultural values. With their sample, these strategies proved to be helpful in navigating gender roles in both cultural and racial contexts (Lee et al., 2022).

Impacts of Discrimination

In addition to battling stereotypes, Asian Americans navigate both implicit and explicit racial and ethnic discrimination which can also negatively impact mental health. Cho et al. (2021) administered various surveys and questionnaires assessing psychological distress and quality of life to a diverse group of Asian American participants. Their work confirmed the close link between perceived racial discrimination and mental distress in their sample. In addition, they found that adverse mental health consequences of perceived racial discrimination were stronger for older adults and individuals with low education levels. Further work by Nadimpalli and

Kandula (2016) found that higher reports of discrimination were significantly associated with higher depressive symptoms, anger, and anxiety in their sample. However, they found that the effects of discrimination were mediated by strong traditional cultural beliefs and actively managing experiences of discrimination. Greenwood et al. (2017) found that immigrant women of color experienced more exclusion in day-to-day activities (i.e., finding foods fitting cultural traditions, hair salons that cater to different hair texture, representation of race in popular media, feeling race will not work against them in legal or medical settings, etc.) than White-passing immigrant women and noted that this type of exclusion is as detrimental to mental health as overt forms of discrimination.

Another group of researchers studied the impacts of racial and ethnic socialization, which is the process by which racial and ethnic minority children are taught to navigate a racialized society (Park et al., 2021). They identified significant distress-moderating effects on depressive symptoms from preparation for bias and promotion of mistrust. Results indicated that Korean American youth who were prepared for bias experienced less distress from racial discrimination. According to research conducted by Atkin and Tran (2020), Asian American undergraduate students experienced less psychological distress when they were unaware of racial stereotypes and less committed to their racial identity. Researchers hypothesized that the lack of commitment to ethnic identity limited awareness of stereotypes of Asians as unsociable and protected them from distress in the face of racial discrimination. This is an important consideration when working with individuals of varying generational statuses, as first-generation Asian Americans may have varying perspectives and awareness of Asian stereotypes from fourth-generation Asian Americans. These factors will have differential impacts and effects on each generation's mental health. Overall, racial discrimination has been shown to have negative impacts on mental health

across racial and ethnic minority groups (Contrada et al., 2001; Hwang & Goto, 2008; Lee, 2003; Noh & Kaspar, 2003; Srinivasa et al., 2022). These studies highlight the importance of understanding the diversity of within-group experiences and perceptions. Asian Americans are a diverse group with intergenerational difference that greatly impact their understanding of mental health, both individually and collectively.

Attitudes Towards Mental Health

Stigma and Shame: Many Asian Americans retain a sense of duty and obligation to their families and communities. Additionally, one prominent theme in Asian tradition is to not show weakness, which includes emotional vulnerability. As a result, many Asian societies hold stigma towards mental health struggles, labeling people struggling with mental health as weak, hopeless, damaged, and not to be associated with (Kuek et al., 2020; Mizuno et al., 2015; Wang, 2011; Wang, 2018; Zeng et al., 2012). These themes permeate Asian American outlooks on mental health as well. Results from research by Ting and Hwang (2009) suggested that prevention and intervention programs should focus on reducing societal stigma and increasing individual tolerance to stigma because stigma tolerance significantly predicted help-seeking attitudes in a sample of Asian American students.

Masuda and Boone (2011) conducted a study with Asian American and European American college students which demonstrated that Asian American students had lower levels of stigma tolerance and interpersonal openness, greater mental health stigma, and greater self-concealment. Self-concealment was defined as a tendency “to keep distressing and potentially embarrassing personal information hidden from others” (p. 267; Masuda & Boone, 2011). However, one study found that, despite having greater stigma levels than White Americans overall, younger Asian Americans appeared to have less stigma towards mental health,

suggesting that acculturation might encourage more openness towards discussions about mental health in younger generations (Fogel & Ford, 2005).

Another research study interviewed Chinese participants about their understanding of mental health and social ramifications for publicly acknowledging psychological suffering (Wynaden et al., 2005). Common themes emerged including shame preventing people from accessing mental health services, as they did not want to be labeled as weak or tarnish their family's name or status. This resulted in hiding mental illness from their communities rather than seeking external support. When seeking help, some participants preferred to consult with a general practioner from their country of origin, as they believed they would be more likely to understand. In contrast, other participants chose non-Asian general practioners because they wanted to maintain confidentiality and limit risk that their community would find out (Wynaden et al., 2005). These studies demonstrate similar findings to other work identifying stigma and shame as prominent barriers to accessing mental health services amongst Asian Americans (Cheng et al., 2013; Cheng et al., 2018; Loya et al., 2010; Wong et al., 2017).

One important note from Millner et al. (2021) was that considerations for stigma should be understood and conceptualized within the context of historical systemic oppression Asian American communities faced in the United States (e.g., the Page Act of 1875). In the 1850s and 1860s, Chinese immigrants were viewed as law-abiding, industrious, and enterprising members of the community (Zhu, 2010). By the 1870s, views on Chinese immigrants shifted; American citizens described Chinese as "uncivilized, unclean, and filthy…every female is a prostitute…" (p. 9; Zhu, 2010). Additionally, American laborers grew frustrated as they had difficulty securing work due to Chinese immigrants' willingness to work for lower wages. Congressmen advocated for policies that would limit immigration of Asian women and impose fines for transporting or

hiring Asian immigrants for “immoral purposes”, resulting in the Page Act of 1875 (Boomer, 2022).

Later, the Chinese Exclusion Act of 1882 prohibited all immigration of Chinese laborers into the United States (Kil, 2012). Chinese immigrants were often detained for weeks to years before being granted or denied entry. Additionally, the exclusion laws established standards for what it meant to be American, accelerating separation and discrimination of Chinese Americans. The Chinese Exclusion Act was not repealed until 1943 (Wu, 2022). Both of these historical acts created a hostile environment for immigrants already living in the United States, as they experienced an increase in discrimination and hostility. Additionally, both acts created perspectives of Chinese people as an “evil” group who threatened safety and morality of the American people (Kil, 2012).

Help-Seeking Attitudes: Generally, positive help-seeking attitudes have been associated with greater utilization of mental health services (Nam et al., 2013). Additionally, delays in help-seeking may contribute to severity of mental health challenges and increase likelihood of choosing informal or alternative providers to mental health professionals (Sue et al., 2012). Help-seeking attitudes in Asian Americans have recently been explored through various studies involving college-aged students in the United States. One study conducted by Kim and Zane (2016) found that Asian American college students were less likely to seek help compared to White American students. They noted that Asian American cultures place greater emphasis on acceptance rather than direct attempts to change the source of stressors. Additionally, they found that emotional suppression is a common method for coping with stress (Kim & Zane, 2016).

Another study conducted by Kam et al. (2019) asked college students about their likelihood to engage with psychological services and experiences with someone diagnosed with a

mental health disorder. Compared to their White American peers, Asian American and Black American college students were less likely to seek professional psychological services and demonstrated lower perceived need to seek services when experiencing psychological distress. In addition, the two ethnic groups of students showed less interpersonal openness for disclosing personal matters and less confidence in psychological professionals to help than White students.

Recently, some studies examined the influence of Asian values and culture on help-seeking attitudes. Shahid et al. (2021) explored how Asian American values might influence attitudes towards seeking help for mental health. Utilizing surveys measuring help-seeking attitudes and Asian American values, the researchers found a significant association between mental help-seeking and emotional self-control. Their findings indicated that Asian Americans who experience greater control over thoughts and feelings have less favorable mental health help-seeking attitudes (Shahid et al., 2021). These studies highlight the tension that exists between cultural expectations and willingness to engage in mental health services.

Perspectives on recovery: When considering ways to increase access to mental health services for Asian Americans, centering Asian American perspectives on recovery and how recovery is defined, rather than imposing an agenda based on White Western perspectives of healing. A meta-analysis of studies exploring recovery in Asia identified "returning to the baseline state before onset of condition, regaining control in life, and reintegration within society as signs of a fully functioning individual capable of fulfilling respective socially and culturally relevant roles" (p. 4; Kuek et al., 2020). Additionally, health is often viewed in terms of the significance for collective well-being and functioning (Chen & Swartzman, 2001). This is a unique perspective that should be considered when developing treatment approaches and measuring progress in Asian groups. Further considerations for culturally competent recovery-

oriented services for diverse populations include: 1) increasing the number of appropriately trained service providers; 2) addressing culture in treatment; 3) integrating primary health; 4) mental health and substance use simultaneously; 5) use of traditional healers; 6) integrating spirituality when applicable; and 7) supporting growth and development of new skills (Ida, 2007).

Weaving culture and collectivistic values into treatment: According to recent research on the wellbeing of family caregivers to individuals with serious mental illnesses and utilization of mental health services was positively correlated with enhanced self-efficacy as a caregiver. The researchers noted that the wellbeing of family caregivers was crucial to successful recovery of the affected family member (Han et al., 2022). This study highlights the importance of including the family system in treatment for Asian Americans and providing services geared towards wellbeing of the entire family, rather than the individual.

In Asian cultures, health and wellbeing is rooted in a holistic perspective. For example, Chinese medicine is rooted in philosophies that emphasize balance and movement of internal forces (Chen & Swartzman, 2001). In the Chinese holistic model, "physical and psychological functions are an integral part of the same system of the body" (p. 393). Chen and Swartzman also noted that depression is conceptualized and interpreted as a physical dysfunction and disturbance of *Qi* (vital energy). As a result, treatment for depression often focuses on the restoration of balance through Chinese medical practices, adjusting lifestyles and attitudes toward the world (Chen & Swartzman, 2001). This is just one example of a cultural approach to health and wellbeing; each Asian culture has their own unique conceptualization of physical and psychological health. It will be important to remain cognizant of these differences when designing mental health programs for Asian Americans.

Huey and Tilley conducted a meta-analysis of the literature on effects of mental health interventions with Asian Americans (2018). Their results indicated significant benefits for the groups receiving mental health treatment as compared to groups who did not receive treatment. Interestingly, they found that cultural tailoring of CBT yielded the largest effects, while the treatments with no cultural tailoring had the smallest effect size. Some of the adaptions to traditional CBT included use of culturally appropriate relaxation techniques framed as a form of Buddhist-type mindfulness, focusing on somatic aspects of depression, utilizing visualization instructions that encoded Asian values, and increasing focus on problem solving (Huey & Tilley, 2018). Additionally, various researchers started developing and publishing measures that have shifted the focus of acculturation research towards values (Kim & Hong, 2004; Kim et al., 2009; Wolfe et al., 2001). Their work provides vital information to consider in the process of integrating an understanding of cultural differences into the development of effective treatment for specific racial and ethnic groups.

Effects of Covid-19 on Asian American Mental Health

Multiple studies documented an increase in mental health concerns in children, adolescents, adults, and families across the United States (Hyun et al., 2022; Sugawara et al., 2022; Williams et al., 2021). During this time, Asian Americans and Asian immigrants experienced an increase in levels of mental health disorders (Wu et al., 2020). Furthermore, the Federal Bureau of Investigation (FBI) issued a statement warning law enforcement about a likely surge in hate crimes against Asian Americans due to associations between Covid-19, China, and Asian Americans (Campbell, 2020). Research conducted by Lee and Waters (2021) found elevated rates of anxiety, depression, and sleep difficulties in a sample of four hundred adult participants across the United States.

Another study documented an additional psychological burden Asian American parents faced during the pandemic, citing an association between discrimination fears and higher psychological distress (Huang & Tsai, 2022). One study found that the effects of ethnic-racial discrimination were stronger when participants had higher levels of ethnic identity (Huynh et al., 2022). Their findings support the idea that less connection to ethnic identity might be protective in the face of discrimination, as attacks on racial identity may not hold as much meaning. These studies are important to report due to the magnitude of the effects of the Covid-19 pandemic on Asian American mental health. The first two years of the pandemic likely impacted many Asian Americans, and these factors are important to consider as we move towards creating inclusive and affirming mental health services.

Asian American Women and Motherhood

Perinatal Mental Health in Asian American Women

While recent attention has turned towards physical and mental health in women of color, conversations about Asian American women's mental health is largely overlooked in the literature. However, some attention has been directed towards understanding PMADs in Asian and Asian American women in the last twenty years (Huang et al., 2007; Ta et al., 2008; Yang & Williams, 2021; Zhang et al., 2022). Researchers examined results from the 2004 to 2007 Pregnancy Risk Assessment Monitoring System (PRAMS) to study racial and ethnic disparities in diagnosing PPD in New York City; they found that Asian/Pacific Islander (API) women were more likely to receive a diagnosis after speaking to their providers about depressed mood but were *less likely* to have had these conversations (Liu & Tronick, 2012). Another study utilizing PRAMS data from 2012 to 2018 in Oregon found that Black, API, American Indian, and mixed-race mothers had increased odds of developing PPD than White mothers (Docherty et al., 2022).

Multiple studies have also documented racial and ethnic disparities using PRAMS data across the United States, including Massachusetts, Georgia, and Arkansas (Ko et al., 2017; Liu & Tronick, 2013).

Roomruangwong and Epperson (2011) conducted a meta-analysis examining perinatal depression in women in Asian countries and in the United states. Similar risk factors for postpartum depression were identified for women in both countries. However, conflict with in-laws, dissatisfaction with baby's gender, and premarital pregnancy were indicated as unique risk factors contributing to perinatal mental health in Asian countries. These factors are important to consider when developing programs for Asian American birthing women, as they may be impacted by beliefs and values from their heritage.

Vo (2021) utilized a meta-ethnographic approach to synthesize relevant findings on Southeast Asian immigrant women's experiences during the first four to six weeks postpartum. They identified four themes, including availability and quality of social support; 2) maternity care provider's cultural knowledge and response; 3) lack of structural and social support; and 3) cultural alienation after childbirth. These findings implicated the importance of discussing postpartum cultural beliefs, assessing social and economic needs, and making culturally congruent recommendations (Vo, 2021). Results from work by Kalibatseva and Leong (2011) noted important implications for clinical practice, including that Asians tend to report more somatic symptoms of depression, rather than affective symptoms. As a result, the use of Western standardized diagnostic systems could contribute to the risk of missing symptoms commonly reported in non-Western cultures (Halbreich & Karkun, 2006; Roomruangwong and Epperson, 2011).

Impact of Cultural Practices: Recent research centered the discussion on the intersection of culture and perinatal mental health in Asian American women. Ta Park et al. (2019) conducted a study with Chinese American women to explore perspectives of PPD and help-seeking behavior. One interesting finding was that many participants did not believe PPD existed within Chinese culture. In addition, they found that a majority of participants engaged in a traditional postpartum practice after having their first child, called "zuo yuezi" or "doing the month." In this practice, new mothers are discouraged from bathing/washing their hair, going outside, doing household chores, and maternal grandmothers move in to support in caregiving (Cheung, 1997; Leung et al., 2005). This is just one example of a traditional practice associated with pregnancy and birth. Other cultures have their own unique practices and rituals, many of which are still rooted in collectivistic values and holistic approaches to health and wellbeing (Dennis, 2007; Posmontier & Horowitz, 2004).

There is mixed evidence on the impacts of "doing the month" on perinatal mental health. Chien et al., (2006) noted an association with fewer physical and depressive symptoms amongst postpartum women in Taiwan. Additionally, Liu et al. (2014) pushed for the integration of "doing the month" practices into maternal healthcare. In contrast, Leung et al. (2005) interviewed Hong Kong Chinese women and found that the isolation and confinement associated with "doing the month" increased stress and feelings of incompetence. Another study by Seidler et al. (2020) explored the postpartum experiences of Chinese and Japanese immigrant women in Austria. Upon interviewing participants about their experiences with their heritage culture's postpartum practices, they found that adherence to practices could lead to both acculturative and enculturative stress. Enculturative stress was defined as "stress caused by interpersonal conflict between people from the same cultural heritage" (p. 3; Seidler et al., 2020). Interestingly, they

found that trust and respect were mitigating factors in acculturative stress. Despite contrasting evidence for the benefits of adhering to cultural traditions, these studies mark implications for understanding and recognizing cultural traditions as providers work to dialogue with new mothers about how *they* want to integrate culture into their own perinatal mental health journey.

Filling the Gaps

Decolonizing Mental Health Practices

Recently, the movement to decolonize psychology and incorporate cultural humility has become a central aspect of competent mental health practice. Norsworthy (2017) defined the process of decolonization as "decentering the universalizing supernarrative of Western psychology by deuniversalizing and pluralizing epistemologies, knowledges, and their applications, especially knowledge and ways of knowing that have been silenced, marginalized, and distorted by colonialism and imperialism" (p. 1042). Cultural humility is defined as a "process of openness, self-awareness, being egoless, and incorporating self-reflection and critique after willingly interacting with diverse individuals" (p. 211; Foronda et al., 2016).

In their paper discussing the impact of colonization on mental health in Asian American communities, Millner et al. (2020) proposed reconstruction of mental health practices to prioritize collectivistic values, reintegrate religion and spirituality, and elevate recovery, resilience, and resistance. They encouraged highlighting family narratives as a central part of therapy by normalizing a person's tendency to prioritize the needs of their collective family rather than pathologizing this type of family connection. In addition, Millner et al. (2020) offered suggestions for providers, including: 1) deepening knowledge of colonial histories and the resultant traumas; 2) recognizing and correcting shortcomings embedded within mental health systems to successfully serve Asian American communities; 3) allow individuals and families to

reclaim their cultural experiences and narratives; and 4) approach therapy with transparency and trauma-informed perspectives that include historical trauma.

To address the gap in services for Asian American women, recent work focused on developing programs and interventions with culturally and developmentally informed mental health approaches. One group of researchers developed the Asian Women's Action for Resilience and Empowerment (AWARE), which implements interventions at each socioecological level (individual, family, community, and systems level) to provide culturally sensitive treatment for use with college-aged women (Hahm et al., 2019). Asian American therapists provided eight weeks of face-to-face group therapy. The use of a group-based approach addressed community level risk factors of isolation, experiencing discrimination, and managing microaggressions.

Cognitive restructuring of maladaptive, perfectionistic assumptions and problem-solving for coping mechanisms was used to counter perfectionism, low self-esteem, and unhealthy coping mechanisms at an individual level. Providers normalized and validated negative experiences in family relationships and utilized problem solving approaches to support participants in setting appropriate boundaries. These interventions addressed risk factors of family intrusiveness and balancing competing identities (e.g., striving to be both a good daughter *and* a successful individual). These strategies supported agency and control in reducing conflict within families (Hahm et al., 2019).

At the systems level, use of female Asian American therapists, provision of culturally grounded approach and focus on the therapeutic alliance were utilized to address norms regarding self-sufficiency and low help-seeking (Hahm et al., 2019). The core tenets of the AWARE interventions provide a framework for approaching Asian American women's mental

health and serve as a foundation to build mental health programs with cultural humility. While these interventions were designed for women who are not parents themselves, the risk factors identified through the AWARE program are salient to Asian American mothers as well.

The work by Hahm et al. (2019) and Millner et al. (2020) provide guidelines for culturally sensitive mental health services that can be applied to programs for Asian American women. Integrating these considerations with the current evidence-based interventions for PMADs serves as a foundation to build programs uniquely designed to facilitate wellbeing. Lastly, Posmontier et al. (2022) suggested advocacy for funding and policy development, core evidence-based services to be offered across all programs, establishment of regional plans for geographically accessible programs, and increasing the number of trained perinatal mental health providers to increase access to specialty treatment for PMADs.

Clinical Implications

The following section outlines considerations for providers hoping to design mental health programs to support Asian American women during the perinatal period. For the purpose of this paper, that includes any woman of Asian descent in the perinatal period residing in the United States. As discussed, the Asian American group is incredibly diverse, and all considerations for clinical practice should be developed and implemented within the context of the community services will be delivered. Further, clinical programs should continue to address the intersectionality of Asian American women's experiences throughout mental health treatment.

One major implication from the literature was the importance of increasing the number of trained providers and hiring providers that are representative of the population (Ilagan & Heatherington, 2021). Studies documented Asian women's preferences for a provider who were

part of their community and who had similar experiences, as they had more innate trust in community members rather than outgroup providers (Singla et al., 2014). Additionally, Hahm et al. (2019) noted that gender and racial match between therapists and clients was found to be important for Asian American women. Increasing representation within the field could motivate more Asian American women to join and participate in mental health programs. Another study found that preferences for provider's race/ethnicity was dependent on the client's level of commitment to Asian identity (Swift et al., 2013). Leis et al. found that African American women tended to have negative perceptions of their mental health providers, believing them to be untrustworthy, inconsiderate of their feelings about medication, or condescending (2011). While this study did not include Asian American women, it highlights the importance of recognizing and directly addressing the client's perceptions of their mental health provider, as this could increase utilization of services, particularly when working with communities with stigma towards the mental health system.

The literature also encourages providers to address culture directly in treatment because it is often left out of discussions regarding recovery and healing. This includes acknowledging historical mistreatment and resultant trauma within the Asian American community, prioritizing collectivistic values, utilizing traditional healers (if individual and/or family desires), reintegrating religion and spirituality (when applicable), and allowing individuals and families to reclaim their cultural experiences and narratives (Millner et al., 2020). Similar to the approach utilized by Stevens et al. (2022), addressing intersectionality should be a key undercurrent in treatment for diverse groups of people. By expanding knowledge and understanding of the colonial histories, providers will be able to approach therapy with transparency and a trauma-informed approach that is sensitive to historical treatment of Asian Americans. While these

events may or may not hold immediate significance to clients, it remains important to recognize the historical impact and treatment within systems.

As discussed, traditional values within Asian culture differ from the individualistic values of Western society. Asian Americans face a unique challenge where their values might be held in tension with one another (Millner et al., 2020; Schwank et al., 2020). Providers could dialogue with clients about how they want to prioritize collectivistic values into their daily lives and incorporate traditional cultural practices into perinatal mental health and parenting journey. Similar to other articles, this paper advocates for providers to consider adopting more holistic views of support, which may include affiliation with religious groups or use of spiritual practices in the recovery process (Kuek et al., 2020). Perspectives on recovery in Western society have largely focused on health and wellbeing of the individual client. In efforts to decolonize clinical practice, providers should center treatment around values that are salient to the client. For Asian American women, that might include more collectivistic values, such as prioritizing the wellbeing of the family might also aid in recovery. The decision to integrate the cultural and traditional values into treatment should always begin with a collaborative conversation empowering the client to choose how they want to proceed.

The AWARE program (Hahm et al., 2019) provided suggestions for a mental health program created for college-aged Asian American women. While they may have differences to the Asian American birthing population, they also represent a part of the Asian American new mother's identity that was incredibly salient prior to giving birth. Because the risk factors addressed through the AWARE program were rooted in a culturally sensitive approach, Asian American birthing folks might benefit from a version of this program tailored to their unique needs. For example, the cognitive restructuring techniques and problem-solving skills for coping

with perfectionism might shift from views about the mother herself towards attitudes about caregiving and fulfilling the duties of a mother.

At the family level, normalizing and validating experiences within family relationships might focus on grandparent and in-law intrusiveness with parenting approaches. A group-based approach aligns with previous research findings that consistent social support is a key protective factor in perinatal mental health (Basu et al., 2021; Feinberg et al., 2022). Additionally, the group-based approach continues to address community level risk factors of isolation and connecting to other women who might have had similar experiences of discrimination or microaggressions. Using female Asian American therapists and utilizing a culturally grounded approach that focuses on the therapeutic relationship would help clients "overcome the culture of silence both in the home and in the broader community" (p. 1201; Hahm et al., 2019).

Lastly, integrating mental health into medical healthcare programs would allow women to access to all their healthcare needs in a convenient location. Multiple studies documented greater likelihood to report physical, rather than affective, symptoms and increased likelihood to seek treatment from physicians rather than psychological professionals in Asian American samples (Chen & Swartzman, 2001; Kalibatseva & Leong, 2011). Integrated healthcare settings also have the opportunity to educate women about the effect hormones have on their mood and Asian American new mothers might be more open to these kinds of conversations rather than direct discussion about mental health. Integrated healthcare programs can also quickly and conveniently connect women to appropriate services in their community (Gajaria & Ravindran, 2018). Research by Yang et al. (2018) found that Chinese herbal medicine was proven to be effective in treating PPD in Chinese participants. Their work signals potential benefits of including alternative and traditional forms of healing into treatment for PMADs.

Implications for Future Research

The articles discussed in this paper highlight the importance of centering Asian values and narratives as part of the process towards decolonizing the field. However, there are currently no studies highlighting the experiences of Asian American women who received perinatal mental health services in the United States. Extending research to include qualitative studies interviewing Asian American women about their perspectives of perinatal mental health and their experiences receiving mental health services could provide valuable information about what is actually helpful. Researchers could explore therapist traits, clinical practices, and systems-based policies that are more conducive to Asian American women. Qualitative research interviewing Asian American mothers about their experiences of gendered stereotypes and the effect on their mental health would center the unique challenges Asian American mothers face. Additionally, developing a deeper understanding of how these women navigate and cope with gendered stereotypes would give providers a more nuanced understanding of how to support Asian American women. This information would uplift voices of the women these programs are hoping to serve, allowing them to reclaim power in their narratives.

In addition, utilizing more collaborative and community-based research methods would provide researchers opportunity to connect with underserved communities, while approaching research and clinical practice with transparency and humility. Okazaki et al. (2014) argued for community-based participatory research approaches, which treats community participants as partners in the research process. With this approach, the community and academic partners exchange information and expertise to learn *from* each other. Creating relationships in this manner could provide researchers and the field of academia opportunities to right many of the wrongs done to underserved and marginalized communities. One major limitation to research

cited across studies reviewed for this paper is the lack of participation in research for within this population. Conteh et al. (2022) advocated for a bidirectional community collaborative, which integrates community voices into decisions made with partnering organizations. Mental health programs considering the sense of stigma that the Asian American community still holds towards mental health and recognizing traditional values of collectivistic community are more likely to be accessed within Asian American communities.

One study in Auckland, New Zealand interviewed subgroups of Asian women in the perinatal period, their family members, community group representatives, and healthcare providers to explore Asian women's health and wellbeing, their experiences of help-seeking during this period, the barriers to accessing services, perceptions and acceptability of mental health services, and ways to improve access and mental health outcomes for Asian women in the perinatal period (Ho et al., 2021). Thematic analysis of participant interviews identified nine major barriers to services, including social stigma attached to mental health, harmful effects of discrimination, language difficulties, lack of access to appropriate interpreters, poor understanding of perinatal mental health problems and Western treatment approaches, lack of awareness of the New Zealand health system and services, limited financial capacity, domestic responsibilities, and lack of transport. Future research could replicate this study in local communities to identify major barriers and provide suggestions that prioritize community needs, rather than attempting to implement generalized suggestions. Researchers could interview community members to learn about community-level beliefs about mental health treatment and obtain their perspective on the barriers to accessing mental health services. Providers could then develop programs utilizing the community's suggestions and assess the efficacy of specialized

programs by monitoring progress towards recovery. Additionally, providers could conceptualize recovery within the context of the community's beliefs around health and healing.

Conclusion

The need for effective and appropriate perinatal mental health services has increased in recent years. In addition, the mental health needs of Asian Americans have often been overlooked and dismissed in the literature. The purpose of this systemic literature review is to review the importance of early intervention through perinatal mental health and explore salient factors in understanding Asian American mental health. Because of the lack of services designed to serve Asian American women, this review highlights the need to develop programs with respect for the historical trauma Asians faced in the United States and center collectivistic values. Transparency and openness to collaboration was also a core tenet of cultural humility in mental health practice.

Multiple studies documented hesitancy to participate in mental health services. Asian Americans face unique challenges, such as discrimination, stereotypes, and acculturative stress, which contribute to mental health functioning. While these factors have significant impact, they are not diagnostic of mental health. Remaining cognizant of the how personal experiences influence perspectives on mental health is vital in serving this population. Due to the vast heterogeneity of the group, community feedback is critical in developing programs to support the needs of their community. Various factors contribute to hesitancy, including stigma, help-seeking attitudes, and perspectives on recovery. This paper demonstrates the need for more nuanced and person-centered forms of treatment; efforts to decolonize the field must begin with transparency and a collaborative approach that prioritizes both personal and cultural values.

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