The Intersection of Ethnicity and Health Systems: Shaping Mental Health Literacy and Help-Seeking of Ethnic Minorities in Hong Kong

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ABSTRACT

Ethnic minorities (EMs) bear a greater burden of mental health problems and face challenges in accessing mental health care. Inadequate mental health literacy emerges as a primary contributor to help-seeking barriers and the underutilization of mental health services among ethnic minorities. However, the relationship between ethnicity and health system factors that influence the mental health literacy remain underexplored. This article extends the existing mental health help-seeking model for ethnic minorities, aiming to understand the formulation of their mental health literacy and pathways into mental health services. Specifically, we explore how these processes are influenced by ethnicity and health system factors. Using a qualitative approach, we conducted a study involving 28 South Asian elders and family caregivers in Hong Kong. The findings highlight limitations in ethnic minorities' mental health literacy, which significantly hinder their help-seeking behaviors. Cultural beliefs, contextual factors tied to their ethnicity, and barriers within the health systems collectively shape ethnic minorities' understanding and beliefs regarding mental health issues. This study underscores the challenges faced by ethnic minorities in accessing appropriate mental healthcare within the system, despite their overall willingness to engage with formal mental healthcare services. The findings contribute to the understanding of reducing mental health disparities among ethnic minorities in multicultural societies and metropolitan cities.

Keywords: Health Systems, Mental Health Literacy, Help-Seeking, Ethnic Minorities, South Asian, Hong Kong

Introduction

Ethnic minorities (EMs) experience a higher burden of mental health problems compared to the majority population (Anand and Cochrane, 2005; Weich et al., 2004; Ekanayake et al., 2012). This disparity can be attributed to various factors, including acculturation difficulties, discrimination, language barriers, lack of social support networks, and employment hardships (Myers et al., 2005; Ekanayake et al., 2012). Despite the significant need for mental healthcare among ethnic minorities, many individuals from these communities tend to avoid seeking conventional treatment (Guo et al., 2015). Consequently, untreated mental health conditions persist among ethnic minorities, impacting their well-being and their families (Saara Amri & Fred Bemak, 2013). Moreover, racial minorities are more likely to underutilize mental health treatment, even when experiencing more severe psychological distress (Sun et al., 2016). As a result, substantial disparities in mental health service utilization and help-seeking behaviors continue to exist among ethnic minority groups (Aram Dobalian & Patrick Rivers, 2008; Jimenez et al., 2013). These disparities perpetuate healthcare inequities, contribute to poorer mental health outcomes, and impede progress toward social justice and inclusivity in mental healthcare (Barker & Adelman, 1994).

While the disparities in utilization of mental health services and help-seeking among ethnic minorities have long been acknowledged as a significant concern, the underlying factors contributing to these disparities remain to be thoroughly examined. Variations in the utilization of mental healthcare have been observed among different ethnic minority groups (Aram Dobalian & Patrick Rivers, 2008; Cummings & Druss, 2011). Additionally, variations in mental health help-seeking and service use can be observed even within the same ethnic minority group residing in different regions or counties (Sung W. Choi et al., 2019). In recent years, mental health literacy (MHL) has emerged as a crucial factor associated with help-seeking behaviors (Iswanto & Ayubi, 2023; Jafari et al., 2021; Olyani et al., 2021).

Mental health literacy refers to knowledge and beliefs about mental disorders that facilitate their recognition, management, or prevention (Jorm et al., 1997). It has been increasingly recognized as a significant factor in mental health help-seeking and service utilization (Kutcher et al., 2016; Jung et al., 2017; Benuto et al., 2019). Improving mental health literacy can enhance the recognition of mental disorders, understanding of treatments, and support for individuals with common mental disorders (Jorm, 2000). Existing studies have primarily focused on samples from Western or majority groups, leaving a dearth of information about the relationship between mental health literacy and mental health service use among ethnic minorities (Abo-Rass & Abu-Kaf, 2023). Studies have shown that minority group members generally possess lower mental health literacy compared to individuals from the majority group (Benuto et al., 2019; Cheng et al., 2018). This lower mental health literacy among minorities acts as a barrier to mental health service utilization (Jorm, 2012). Examining mental health literacy among minority groups is essential to address inequalities in mental healthcare (Cheng et al., 2018; Ganasen et al., 2008). However, few studies have explored the reasons for cultural differences in mental health literacy among ethnic minorities (Laura, 2015).

Ethnicity factors like cultural factors and contextual factors have been identified to play important roles in shaping ethnic minorities' understanding of mental health and help-seeking behaviors (Cauce et al., 2015). Cultural factors, such as collective and religious beliefs, play a significant role in shaping ethnic minorities' understanding of mental health (Ryder & Kirmayer, 2016; Jorm, 2000; Angermeyer and Dietrich, 2006; Laura et al., 2015). Contextual factors, including socioeconomic status, employment, and education, are also integral components of the ethnic minority experience (Kim et al., 2017). However, cultural beliefs and contextual factors alone do not fully explain the mental health literacy of ethnic minorities, as they fail to adequately account for variations and disparities observed across different regions and ethnic minority communities.

The health systems also play a crucial role in reducing health disparities among ethnic minorities (Scheppers et al., 2006). However, the influence of the health system on the mental health literacy and help-seeking of ethnic minorities remains unclear. Some studies have mentioned discrimination and barriers, such as language, within the mental healthcare system for ethnic minorities (Laurence et al., 2023). But they often fail to analyze the entire mental health help-seeking process, from problem recognition and help-seeking decision-making to healthcare service selection, access, and receipt. The interaction between ethnicity factors and the health systems throughout the entire mental health help-seeking process is crucial but has not been comprehensively explored. This lack of comprehensive understanding poses challenges in formulating targeted policies aimed at improving mental health literacy, enhancing help-seeking behavior, and increasing the utilization of mental health services among ethnic minorities. Therefore, there is still a lack of a systematic model and related tests to explain how the interaction and accumulation of ethnic

characteristics and health systems affect the ethnic minorities on the entire process of mental health help-seeking.

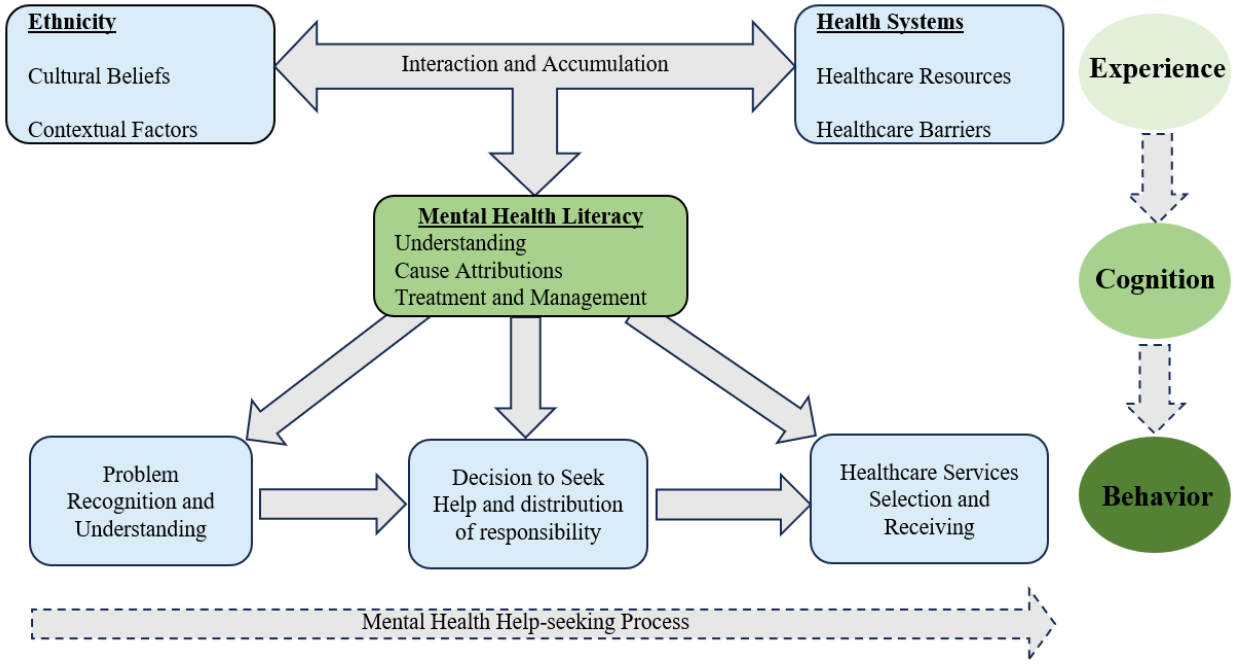

Figure 1. A model for mental health literacy and help seeking of ethnic minorities.

In the examination of the mental health literacy and help-seeking behaviors of ethnic minorities, we conducted a model based on the work of Cauce et al (2015) and expanded upon it by incorporating the health system factors and MHL elements. As previously outlined, this model delineates the formulation of mental health literacy and the identifiable stages along the help-seeking pathway. This model is illustrated in Figure 1. As this figure shows, the dynamic interaction and mutual influence between ethnicity and the health system are fundamental elements that shape mental health literacy among ethnic minorities. Ethnic factors, such as cultural beliefs and contextual factors, serve as the bedrock for the understanding of mental health and healthcare within ethnic minority populations. As ethnic minorities engage with the health system to receiving information and seek help, their experiences and the help-seeking process contribute to their comprehension of mental healthcare and influence their choices regarding mental health problems. Consequently, mental health literacy is formulated through this reciprocal influence dynamic and subsequently impacts the help-seeking process, encompassing problem recognition, decision to seek help, and selection of healthcare services. By following the logical progression from experience accumulation to cognition formation and then to behavioral decision-making, mental health literacy and help-seeking behaviors among ethnic minorities are formulated in the process and within the dynamics. If persistent barriers within the health systems and inadequate support for ethnic minority communities persist, it can reinforce misunderstandings about mental health and help-seeking among ethnic minorities. Conversely, the health systems that offers culturally sensitive support and resources can alleviate inadequate understanding of mental health and improve mental health literacy and help-seeking behaviors among ethnic minorities.

Exploring the mental health literacy and help-seeking behaviors of racially minoritized groups is essential to address knowledge gaps and design appropriate mental health programs for all stakeholders.

Based on the theoretical model, this study focuses on the case of South Asians in Hong Kong, the largest ethnic minority community in Hong Kong, to examine their knowledge, causal beliefs, and help-seeking behaviors regarding mental health and mental healthcare. It also investigates existing barriers within the community and the health systems related to mental health knowledge and help-seeking. This paper contributes to literature in two significant ways. Firstly, it provides a theoretical and systematic analysis of the intersection between ethnic characteristics and the health systems regarding mental health literacy and help-seeking. Secondly, it empirically explored the knowledge, causal beliefs, and help-seeking behaviors of South Asian migrants in Hong Kong about mental health and investigated existing barriers related to mental health knowledge and help-seeking.

Materials and methods

Research design

We conducted a qualitative study spanning from December 2023 to March 2024. Specifically, we employed a descriptive-qualitative approach due to the limited amount of research on mental health literacy within the target group. This methodology seeks to gain a comprehensive understanding of individuals' perspectives on specific subjects by directly obtaining information from them and analyzing the meanings they ascribe to it (Sandelowski, 2000). Consequently, this approach facilitated a more thorough investigation into mental health literacy among Hong Kong's ethnic minority groups.

Setting and participants

To recruit participants for our study, we implemented a purposive sampling strategy within three ethnic minority (EM) groups in Hong Kong: Indians, Nepalis, and Pakistanis. These groups were chosen due to their representation as the primary EM groups in Hong Kong (HKCSD, 2021). Our study specifically focuses on older individuals, driven by two key factors. Firstly, older adults are considered a high-risk group for mental health issues, thus demanding increased attention as a vulnerable population. Secondly, the elderly population tends to preserve cultural and traditional characteristics of ethnic minorities, amplifying the significance of utilizing ethnic minority elderly individuals as subjects for ethnic minority research. Inclusion criteria for older participants were as follows: being 65 years of age or older, possessing intact cognitive abilities, and being able to communicate effectively in their local language. To facilitate communication, some interviews involved the participation of caregivers of the elderly individuals.

The research team employed various methods to recruit participants, making telephone contacts through three distinct channels:1. Prospective participants who had previously taken part in other research projects conducted by our team and had expressed their willingness to participate in further studies. 2. Information about potential participants was obtained through collaboration with a Hong Kong non-governmental organization (NGO).3. Additional potential participants were identified through the social connections of the research team. A total of 25 older adults were invited to participate in the study. However, some individuals were unavailable for the scheduled interviews (n = 3), while others indicated their consent by signing the consent forms (n = 22). We conducted face-to-face interviews with the respondents, and if two respondents were couples, we interviewed them together during a single visit. The majority of the

interviews took place in the respondents' residences (n = 15), while others were conducted in public parks or gathering places such as mosques (n = 4).

Data collection

We employed in-depth interviews as our data collection method, as they enabled us to understand the meanings attached to mental health from the specific contexts of ethnic minorities and allowed exploration of responses and specific situations, promoting depth and richness to surface relevant concepts. To guide the interviews, the research team developed a semi-structured interview guide (see Appendix 1) that drew upon concepts proposed by Low and Anstey (2009), Aldwick et al. (2015), and Laurence et al. (2022) in the field of dementia literacy. This approach allowed us to gather data on participants' knowledge and beliefs regarding mental health, risk factors, causes, health-seeking behaviors, access to professional services, preferred services, and their evaluation of the health system and health policies in Hong Kong. Additionally, follow-up questions were utilized to further elaborate on the insights and stories shared by the participants.

To ensure consistency and minimize potential biases, two researchers conducted all the interviews. These researchers did not have prior relationships with the participants. Before conducting the interviews, we collected demographic information from the participants, such as age, sex, and education level. Additionally, we gathered information on their activities of daily living ability (ADL and IADL) as well as their mental health and well-being. The interviews took place in the respondents' residences for most cases, with the assistance of translators when necessary. The interview process was flexible, allowing for additional questions beyond the prepared semi-structured guide to fully explore participants' knowledge and beliefs about mental health problems. The in-depth interviews lasted between 50 to 120 minutes. To ensure accuracy and thoroughness, all discussions were audio-recorded with participants' permission. Moreover, significant verbal and nonverbal data were carefully noted during the interviews to capture important nuances. We determined the adequacy of the sample size through theoretical saturation, meaning that interviews were concluded when participants consistently returned to similar topics, and the preliminary analysis of the interviews revealed no new findings.

Ethical considerations

Ethical approval for the interviews was obtained from the Human Subjects Ethics Committee of Hong Kong University of Science and Technology (Ref. No.: HREP-2023-0146). Prior to their participation, all invited individuals were provided with comprehensive study information, including the purpose of the research, the procedures involved, and any potential risks or benefits. Informed consent was obtained through the signing of written consent forms, ensuring that participants fully understood their involvement and voluntarily agreed to participate. To maintain the confidentiality and privacy of the participants, strict measures were implemented. Access to study-related documents, including consent forms and interview recordings, was restricted to the research team members only. This ensured that participant information remained secure and anonymous throughout the research process. By adhering to these confidentiality protocols, we upheld the ethical standards and protected the rights of the individuals who took part in the study.

Results

A total of 23 elders and 5 caregivers participated in the study (Table 1). Particularly, 18 in-depth interviews had been conducted, 8 Pakistanis, 8 Indians and 7 Nepalese elders participated in. Participants were aged between 63 and 90 years old and had a mean age of 74.2. The ratio of men to women is roughly equal (11 female and 12 male) and their education levels range from no formal education to master's degree. Most of the participants have lived in Hong Kong for more than 10 years (52.2%).

Table 1. Participants' demographic profile (N = 23)

Characteristic	**All Elders** (N = 23)
Minority group	Frequency (%)
Indian	8 (34.8)
Nepal	7 (30.4)
Pakistani	8(34.8)
Sex	
Female	11 (47.8)
Male	12 (52.2)
Education	
No formal education	8 (34.8)
Primary level	5 (21.7)
Secondary level	8 (34.8)
College level	3 (13.0)

The findings of the study indicated that EMs' knowledge and beliefs about mental health are influenced by factors such as their socioeconomic status, family relationships, and cultural practices. However, it was also observed that these perceptions are continuously shaped by their exposure to various sources of information and the inadequacies in the current health systems in Hong Kong. This finding is crucial as it highlights the journey of EMs from limited understanding and misconceptions of mental health towards the utilization of appropriate health information for themselves and others. Furthermore, it sheds light on the challenges they face when seeking healthcare and services from the health systems and society at large, as numerous barriers hinder their access to these resources.

Six themes were culled to describe the ethnic minorities' evolving beliefs and understanding of mental health: (1) Biased Recognition and Stigmatization of mental health problems; (2) Social and Cultural attributions of mental health problems; (3) The "Family First" responsibility pattern; (4) Coping strategy: Open to Professional Care with some doubts;(5) Barriers in accessing and receiving services;(6) Opportunities in promoting mental health services. The findings indicate that the knowledge and beliefs of elders from ethnic minorities regarding mental health are insufficient. And these perceptions are largely influenced by their socioeconomic status and cultural practices. It is important to note that these perceptions are reinforced within their communities, family environments and within the public service system. However, it is important to note that these perceptions can be modified through exposure to various sources of information and more cultural design services for them. This process is vital as EMs transition from having limited understanding and misconceptions about mental health to utilizing accurate health information for themselves and others. By doing so, they can actively engage in seeking appropriate healthcare and adopting effective preventive measures for mental health issues.

Biased recognition and stigmatization of mental health problems

Participants had an inadequate understanding of mental health problems, and others even noted not hearing such a term. They think that mental health is related with physical health and confusing it with a physical health problem. But they considered mental health problems are a less serious health concern than other physical conditions:

We never heard the term of mental health. (Nepali- P3)

Mental health is about the brain and heart, it's a feeling about dealing with that. (Nelpal-N3)

Menal health problem is like my brain problem. (Nelpal-N2).

They also think that mental health problem is that people have cognitive function problems. The one with mental problems could be very scared, worried all the time and cannot understand other people.

They are really scared, because like they are involved in a fight, and they are scared and shooting and other stuffs. Later they will be ok. (NepaL, N-2)

I think Menal health is more cognitive side thing, like be able to understand. Mental health is that you can understand, and you can explain. (Indian, I-1).

The mental health problem is that people feel uncertain, they are worried all the time. (Nepal, N-1)

Some participants believed that recognizing mental health problems is difficult. Some people mention that they cannot recognize mental problem unless people told them. Most participants know about mental health from the media like radio, the YouTube or heard about it from their friends. Although, the participants Majority of participants believed mental health issues were rare in their community.

This is only about when we talk with other people, and we hear about other people that they have this problem. It will only be known when people tell us. (Pakistani, P-2).

We heard it from the radio. Sometimes there are specialists talking about how you can be happier. I listen to the radio just to learn something. (Pakistani, P-3)

Besides to cognitive function they also relate mental health problems with normal emotion issues, like person mood in daily life, sad face, and angry. Some participants described mental health problems as "unnormal" and "Crazy".

My understanding of mental health is the personal mood in daily life. (Pakistani, P-2)

I had to explain how we can recognize people with mental health problem… Probably with the sad faces. Sad faces will be the reason to know maybe something is wrong with him. (Indian,I-2)

Because of these unusual manifestations and their culture, participants were concerned about the stigma attached to mental health problems. Although many participants know about mental health problems, they think that it's a bad thing and do not want to share with other people.

Actually, our community doesn't talk about it. Most of the community, this year, they are not open to talk about it. I think very few people, they could talk about I have got a problem like this and my wife like that, things like that. But for mental health problems, they generally do not talk about it with other people. I mean nobody speaks about it. (Indian, I-4)

To be honest, normally we won't tell anybody that I am not happy. We will hide these things. (Pakistani, P-3)

Some participants emphasize the importance of exclusively confiding mental health issues within the family unit. Moreover, they perceive mental health problems as closely tied to family honor and reputation, thereby precluding the sharing of such information outside the family when a member experiences mental health challenges.

Mental health problems are not allowed outside. Not anything, so they will only be deal with family members. (Pakistani, P-5)

Someone who has mental health problems will not talk about it with other peoples, they will shy…In culture, they are not willing to say they have mental problem. Sharing something bad about their family is actually a bad thing. So, they will hide. (Pakistani, P-1)

Social and cultural attributions of mental health problems

With inadequate knowledge of mental health, participants relied on both cultural and social perspectives to comprehend its causes. Specifically, they attributed mental health problems to socio-economic factors such as income and employment. If individuals with good socio-economic status still experienced these issues, they often turned to their spiritual beliefs to explain the symptoms, perceiving them as manifestations of God's will or the influence of dark magic.

In the social aspects, most participants agreed that financial issues were frequently cited as the primary factor mentioned by participants. Specifically, lack of money may lead to stress and mental health problems.

You know the most important thing is money. You know in every culture all over the world if you don't have money, you will have problems. (Pakistani, P-3)
They have some mental problems because of finance. They cannot afford it, that's why they come into a problem. (Pakistani, P-1)

If a person has not one income source and he either still facing like dying, so that might be one reason for mental problems. (Nepal, N-3)

Besides, the "common" social factors like finical pressure, they also identified other socioeconomic factors, such as employment and education disparities, workplace discrimination were also highlighted as contributors to mental health concerns.

Tension is the cause of mental health problems. There are lots of types of tension, like education tension, tension in the jobs, and housework. (Nepal, N-4)

Ethnic minorities are stressed in the school. And it's more difficult for our people to find a job based on the education they received in Hong Kong. It will make the people and their family feel bad and cause problems. (Pakistani, P-3)

Participants noted that inadequate support and deficiencies in public services can contribute to the development of mental health issues. Specifically, some participants observed that they encounter low service quality within hospitals, primarily due to a lack of culturally sensitive resources and long waiting time. Additionally, they noted that ethnic minorities are underrepresented in public resources, such as community center gathering spaces, further exacerbating barriers to accessing appropriate mental health support.

Because you know in a hospital when you have to wait for 6 hours, you will see people shouting. Their temper will be changed, and their mental health were strongly damaged. Yeah, so this is also one of the issues that they must think about. (Pakistani, P-2)

Our people lack space to hold activities, which prevents people from gathering and communicating. And if they are always apart, it is bad for their mental health…It is more difficult for us to book a room at the community centers to hold activities then the Chinese. They require that an event must have 30 or 50 people to book a room. However, in some areas due to our small population, it is difficult for us to meet this condition. (Pakistani, P-1)

In the culture aspect. The participants utilized spiritual beliefs to explain that mental disorder is a punishment from God/Allah due to previous wrongdoings. Hence, they highlighted that dependence on the Supreme Being or religious practice could help mental health problems. When people do not have financial problems but still encounter mental health problems, some participants are more likely to attribute the cause to religious factors.

I know a famous singer who jumped off a building. He was very rich, but he did not pray enough, he was not happy so there was a problem. (Pakistani, P-1)

I believe it is possible that people who are rich and have good relationship with others could still have mental problems. We try to make a relationship with God. I can give an example. There was a book study person who sing the songs in Pakistan. He always says I have money. I paid my bill. But there's no satisfaction, then he makes the relation with God. Then he said "I am happy now. My God is happy with me". (Pakistani, P-1)

Some participants also considered indigenous beliefs, such as bewitchment, where dark magic is directed at an individual to bring about negative consequences. In this situation, they believe that the wizards could also help to solve the problems.

Firstly, the cause for mental health problems could be in the community or like people around them, it was black magic. Suddenly someone started to act crazy, it's because of dark magic. It's one of the causes might be black magic from what I have heard. (Nepal, N-2)

Some participants noted that interpersonal relationships in their culture is important, especially family relationships are closely related to mental health. When parents do not have a good relationship with their kids, there will be problems.

But still some people have problems even though they have money. You know the people who have the jump from the building. They have money they have a lot. Because they have all stress in the home inside then they get stressed over. (1.20-Pakistani-2)

In my opinion, family harmony is the most important, right? If father and son or mother and daughter don't talk with each other, then will it be good? Then no matter how much money you have you're still unhappy. Even if you're not living together, (then you should still) take care of each other. (Pakistani,P-4)

The "Family First" responsibility pattern

Participants underscored the paramount significance of family members as central figures when navigating mental health challenges. Family members are often the first point of contact and preferred recipients of shared information, influenced by cultural beliefs and lifestyle. Moreover, family members play a deeply involved role in the selection and implementation of coping strategies utilized to address mental health problems.

Many Participants thought that family members should be the first response person and act as a central role in help-seeking on mental health problems. According to their culture, the kids should be responsible for taking care of the elderly. Notably, they always prefer to aging in her places rather than in profession institutes and this could related to their religious belief.

Firstly, it should be family, if parents are having such issues and children should be the first ones to go to them. (Nepal, N-2)

In our culture, it's always the family members who will take care of the elderly. Unlike the Chinese people, we do not go to the elder homes and other institutes. Our Muslim people, we take care our elders. (Pakistani, P-2)

The participants emphasized the significant role of family members in the decision-making process regarding the treatment of mental health issues affecting a family member. Within this context, family members typically engage in discussions to collectively determine effective coping strategies and treatment approaches.

The family members will discuss whether to take the person to Jhakri, like the Blackmagic place. Or whether to take them to doctors or whatever, the children should be the ones doing that. Like mental issues or whatever problems that they're having, whether you go to the doctor or Jhakri. (Nepal, N-2)

I think it is better to talk in the family and then make the decision and approach the right departments and things like that to deal with mental problems. (Indian, I-3)

Participants expressed the belief that friends and neighbors have a limited capacity to provide support in the context of mental health concerns. Within their culture, individuals typically refrain from disclosing mental health problems to friends and neighbors. Although a select few close friends may offer assistance if they possess the availability and willingness to do so, the general consensus was that their ability to provide substantial aid is often constrained.

Our friends and neighbors are busy, I don't think they have enough time to help us. (Nepal,N-3)

Maybe friends and distant relatives can help, it is nothing wrong. You know, if they would like to help, then we will go for it. The thing depends on if the person has time. (Indian, P-3)

We reply on self-regulation. Because it's useless to talk (with others). Others don't have time, they will say like "I'm busy" (Pakistani, P-4)

Regarding the government's efforts, participants did not believe that the government should bear primary responsibility for addressing mental health issues. Most participants have never heard of community services for mental health problems in Hong Kong, and some of them are not sure about it because they do not have a sufficient understanding about what is about mental health.

The government could do a little bit, but not too much. (Pakistan-4, P-4)

We do not know anything about the governments' policies for improving our mental health or happiness. There is nothing as far as we know (Pakistan-4, P-4)

There might be something for the mental health in community, but I do not know, because I doesn't understand what it is even if someone approaches me and tells me about it. (Nepal,N-3)

I think there is nothing about mental health services in the community center. Nothing. I never heard about it. (Pakistani, P-3)

Open to professional care with doubts

Participants generally hold the belief that professional mental health care is effective, yet they also express various doubts and encounter challenges in accessing high-quality care. Cultural beliefs and socio-economic status influence their decision-making, leading them to opt for informal or traditional care practices due to their greater accessibility. However, in cases where they perceive the severity of their problems to be high, they are more inclined to seek assistance from doctors and formal healthcare providers.

The majority of participants expressed a willingness to seek professional care for mental health issues and held the belief that such interventions are effective. However, it is worth noting that a subset of individuals expressed skepticism towards professional care, including doctors and medication, questioning their efficacy in addressing mental health problems. These individuals held the perception that medical and drug treatments yield only transient effects.

I strongly agree that doctors are effective in dealing with mental health problems. We used it in the past. And their behavior (the doctors') is equal with the Chinese and other people's. (Pakistani, P-2)

I think you know, psychologists really rectify, dissing the person who needs a psychologist, to suggest or advise or medications. (Indian, I-3)

I felt like seeing a doctor wouldn't be of much help. For example, I couldn't fall asleep, even after taking sleeping pills. I used to seek psychological support from my brother-in-law who is majoring in psychology. I scheduled appointments and talked to her. I'm not sure if it was because of the pills, but after a few months, I was able to fall asleep. But later, I often felt drowsy and didn't feel like socializing. I think there is anxiety… I will be silly to think the doctor is useful on this. (Pakistani, P-4)

Comparing with informal care, such as seeking assistance from family members or consulting traditional healers such as the wizards, several participants expressed the belief that doctors, and mental health professionals are more effective in addressing mental health problems. They perceive formal care as offering superior outcomes compared to informal approaches.

We can talk with friends or family members, but mostly doctors, because they are scientists. So sometimes it is family members to talk with, but we will find doctors for help. (Nepal, N-4)

Before when we are in the villages of our hometown, there was no doctor. So we had to go to Jhakri for help. But now like doctor is available here in Hong Kong, so we would rather go to doctor than Jhakri. Because before they didn't have any doctors in their places. The services in our hometown hospitals are very poor, we prefer not to go there. (Nepal, N-2)

Based on differences in severity, participants will choose different response options to mental health problems: if the situation is not serious, they think it can be solved by communicating with their family; if the situation is serious, they are more inclined to seek professional help.

It depends. If someone has very severe mental health problems, they will go to hospital. If someone is actually having a light issue, they will prefer to chat with family members or friends to see what's going on. (Pakistani, P-2)

It also depends on the level of his mental health. If he is severe, only a professional mental health department can help. But for these minor things, like being unhappy, being an emotional problem, it can be sorted out in the family or with a friend or something like that. (Indian, I-3)

Primarily informed by some participants that mental health issues are not as important as physical diseases, they felt that doctors will not listen to their problems. Also, for the ones that believe that mental health problems are due to God, they felt that only religious practice like pray can help, nothing else will work.

For me, I will advise to have a good relationship with the God, to pray for the God, to pray to thanks for the God, for everything. Because you know, God knows everything and can help with everything. Thanks for these all things and then you will be in luck. (Pakistani, P-1)

Some participants held the belief that self-regulation and self-treatment could effectively alleviate mental health problems. They expressed confidence in their ability to prevent such issues from arising in the first place, and even if they did occur, they firmly believed in their capacity to recover without external assistance. This is related to their culture or the ideal that having mental health problems is a shame.

The spiritual practice could help with mental health problems. I tell you, honestly, it's a fact. It helps a lot. Let's say somebody said something bad to me or something like that. I don't show my anger. Then it will be ok. (Indian, I-3)

We should depend on yourself, relying on medication is not working. (Pakistani, P-4)

Given the belief that financial constraints and other socio-economic factors significantly contribute to mental health problems, some participants expressed the view that direct intervention to address these issues and improve their socio-economic status would have a positive impact on their mental well-being. They perceived a direct correlation between improved financial stability and enhanced mental health outcomes. They also noted that the subsidies from the governments could help.

If I see someone suffering from mental health issues due to money stress, I will provide them with financial support. (Pakistani, P-1)

So, I wish like, we could get money to buy medicines. Because I am suffering from thyroid and blood pressure. This makes me suffer. I wish I could get more benefits even if I am not a permanent resident yet. (Nepal, N-2)

Barriers in accessing and receiving mental health services

Participants highlighted several practical barriers that impede their access to or utilization of mental health services within ethnic minority communities in Hong Kong. These barriers encompass language constraints, insufficient resources within the health systems, and a dearth of high-quality, culturally sensitive services provided by public institutions. These obstacles significantly influence their service selection when faced with mental health issues and can even directly contribute to the development or exacerbation of health problems.

Participants noted that the language barriers are one major barriers for them to access mental health information and resources, it also creates many troubles when they were receiving care because of the language barriers in the health systems.

We never heard of mental health projects or services in the community. Maybe there are some in the community, but it could be in Chinese, and we could not understand it. So that's why we never heard about it. (Pakistani, P-4)

Most of the promotional materials for some programs are in Chinese and English, and there are few promotional materials in minority languages. (Nepal, N-3)

People have language problems in the hospitals. The new generation has no problems, but many elders have language problems. Usually, the kids will take care their parents and relatives and they solve the problem in the hospital also…But the kids will be very tied, the nurse called my daughter-in-law every 25 min when I was hospitalized last time. Because we wouldn't understand each other, and my daughter-in-law was working at that time. (Pakistani, P-2)

Furthermore, some participants raised concerns regarding the potential impact of language barriers between themselves and healthcare providers, suggesting that such barriers could directly contribute to the development or exacerbation of mental health problems while receiving care.

The doctors here are generally good. But if there are language problems, when the patients and doctors cannot understand each other. There will be anger. (Indian, I-5)

Participants also identified that lack of culturally sensitive resources and services in the current health systems to be one large barrier for them to receive high-quality health services. Participants noted that there were very few social workers or mental health professionals or doctors who have background of ethnic minority.

We do not have many Pakistani doctors in Hong Kong. This is the main thing, the biggest problem. It will be hard when the doctor cannot understand the patients. (Pakistani, P-2)

There are very few ethnic minority social workers in Hong Kong. According to the media, there are only 25 of them. So, it's very hard for our people to receive any services from a social worker who has the same background as us. (Nepal, N-3)

When they are receiving care in the public health institutes, they also found their services' quality is not good enough. For example, they noted there were no translations services in most public hospitals, although the government said there were such services. The food provided by the hospitals did not fully consider their cultural background.

We heard about the translators in the hospital, but they are not for us. Not every hospital has translators, and they are only for every special and serious situation, not for normal situations. There is not this kind of help. (Indian, I-2)

When the elderly are hospitalized, the hospital does not have suitable food. Some hospitals do not have halal food. Some hospitals have halal food, but it only has eggs and fish, and they taste stale and not tasty. Therefore, my family needs to go to the hospital every day to deliver meals. (Pakistani, P-4)

Participants raised concerns about the long waiting time to receive assistance in public hospitals, as well as the communication difficulties resulting from language barriers. Furthermore, for accessing mental services in private institutes, they noted that they were very expensive.

You need to wait for hours in the hospital, and sometime the issues had gone when you got to see the doctors…I do not understand why we could only go to that one hospital in the district, there are always a lot of people there. (Pakistani, P-3)

My ex-husband went to see the psychologist once, but he only visited one time. Because it's very expensive. (Indian, I-1)

Participants demonstrated limited awareness of the mental health services or information offered by community centers, and their knowledge of the healthcare resources available within these centers was also limited. Consequently, their utilization of such resources remained notably low. Many participants reported a preference for engaging in family-oriented activities or participating in events within their ethnic communities, such as communal prayer gatherings, to connect, share, and seek information. In comparison, their inclination to visit community centers was significantly lower.

We rarely go to community centers. And we don't know there are mental health services in community centers…We meet our relatives regularly. We will conduct our gathering in the restaurant. About 30 people will attend. Besides family gathering, we only meet other people every Friday on the pray in the Mosque. (Pakistani, P-2)

We haven't heard of any mental health-related programs in the community. I heard about it many years ago, but I never know the specifics. (Indian, 1-3)

Opportunities to promote mental health of ethnic minorities

Participants identified several areas that could contribute to the improvement of their own mental health as well as mental health services for ethnic minorities. While they expressed overall satisfaction with the public health services in Hong Kong, they also offered suggestions for potential resources and measures that could effectively address the previously mentioned barriers and concerns.

According to participants, low awareness of mental health literacy among ethnic minorities stems primarily from a lack of sufficient health information provided by healthcare and social care agencies in Hong Kong. As members of an ethnic minority group, they felt that the Chinese community might receive better information dissemination. Moreover, participants expressed limited knowledge about existing health services, particularly those beyond public hospitals, such as community institutes and other non-governmental organizations (NGOs). Furthermore, they lacked awareness of the specific healthcare professionals they should consult when encountering mental health problems.

We do not know any mental health related projects in the community. I think the Chinese people may have more projects and activities about it. (Indian,1-2)

I do not know NGO that are specifically for mental health services in Hong Kong. I know there are some organizations that provide food or employment related skill training, but not anything about mental health. (Pakistani, P-3)

To ensure adequate information dissemination in EM communities, participants recommended conducting more activities and projects in their language. They recommended having more printed or online materials in their native language, it's really important for the ethnic minority elders because their language skill is weaker. Also, they suggest that there should be more gathering places for the ethnic minority people in every district of Hong Kong.

The government could lower the standard for the ethnic minority people to apply for the room in the community center. Or they could at least place one place in every district for the ethnic minority community to conduct activities. (Pakistani, P-1)

In terms of information platform, the participants noted that digital platforms like Facebook and YouTube could be very useful, because many ethnic minorities learn about and share health and healthcare information on those platforms.

We learn health-related knowledge on YouTube and from other people. (Nepal, N-2)

Most people use Facebook, I am working in a law firm and we share information via Facebook…I think it will help to share mental health information via Facebook. (Pakistani, P-1)

Participants expressed the belief that an increase in government-provided mental health public services within the community would be beneficial. Specifically, they agreed that enhanced communication and the provision of counseling services by a larger number of individuals would greatly assist their situation.

I think it must be 100% effective that we could have more translators for ethnic minorities in hospital. And I really want that to happen. Yeah and 1,000%. (Nepal-3, N-3)

I think that would be really great if the Hong Kong government could provide more mental health service. We would have someone to talk to, like one-on-one consultation about yourself. Even like this, like now we are talking right now makes me feel really good, because here you don't get to talk to many people in Hong Kong. (Nepal, N-4)

Why not? The government is providing so many things. Why not provide a psychologist? I don't think whether in the hospital they have a psychologist or something like that. If they have it is better, then the patients can go and visit them, why go for the private doctor you know, the psychologist or something like that. They're charging 10,000, 20,00, or 50,000. (Indian, I-3)

Participants pointed out that the NGOs and activities that only provide food every now and then is not effective enough in supporting their communities, and it's better they shift the money to healthcare support and provide more consistent projects and activities.

The government is spending money on NGOs, there are so many NGOs, sometimes buy noodles and give them to the people. Sometimes buy rice, they're given rice, and sometimes they hire a bus and bring people to the park. So those things are not working. People will suffer mental health problems and the help is not there. (Pakistani, P-1,)

Discussion and policy recommendations

This study aimed to investigate the knowledge and perspectives of ethnic minorities in Hong Kong regarding mental health, their help-seeking behaviors, and their experiences and evaluations of the current health systems. The participants' understanding of mental health was influenced by both socio-economic factors and their cultural and religious backgrounds. Their insights were shaped by their interactions with and perceptions of the Hong Kong health systems, which, in turn, influenced their understanding of mental health coping strategies. instead of having stereotyped views, the participants exhibited a positive attitude towards seeking professional mental health care and believed in its efficacy. However, the participants also highlighted several barriers that hindered their ability to comprehend, manage, and seek help for mental health issues within their families. These barriers included language differences, a lack of culturally sensitive resources within the health systems, and the impact of their socio-economic status.

The South Asian elderly population in Hong Kong exhibited inadequate understanding and misconceptions surrounding mental health literacy, often perceiving it as solely biologically based or confusing it with ordinary emotional problems. Their ability to recognize mental health issues was often reliant on external cues, as they found it challenging to identify such problems without input from others. Furthermore, the stigma associated with mental health problems within the South Asian community was pronounced, leading to a reluctance to disclose such issues to individuals outside the immediate family. This reticence stemmed from a belief that mental health problems were inherently negative, with concerns about family honor and maintaining a positive image influencing their decision to keep such matters private. It is important to highlight that the limited understanding of mental health among ethnic minorities is connected to the inadequate dissemination of relevant knowledge within their communities, resulting in a lack of access to sufficient mental health information. Participants emphasized that they rarely come across mental health-related materials within their community. Even when they encounter mental health projects or activities, these initiatives are primarily conducted in Chinese or English, rather than their native language. Consequently, this language barrier makes it challenging for them to actively engage and participate in such endeavors.

With the limited knowledge about mental health problems, both cultural belief and contextual factors influenced how ethnic minorities viewed the causes of this condition. Socio-economic factors, such as financial stress and employment, have been identified as significant contributors to mental health problems. This highlights that ethnic minorities hold unique cultural beliefs that differ from the ethnic majority. However, they are also heavily influenced by economic and social factors, similar to the majority population, due to their active involvement in the bustling city life of Hong Kong. In addition to contextual factors like financial status, cultural beliefs and traditions continue to shape their understanding of the causes of mental health problems. Participants may attribute mental health issues to religious or magical factors, believing that insufficient religious practices or being cursed with black magic can lead to such problems.

The family assumes a critical role in the identification and selection of coping strategies when a family member encounters mental health problems. In such instances, family members typically serve as the initial point of contact, engaging in discussions before seeking alternative solutions or external resources. Families offer direct support through open conversations and consultation, actively participating in the decision-making process regarding suitable treatments for mental disorders. These deliberations often focus on whether professional care should be pursued or not, highlighting the critical role of family dynamics in addressing mental health concerns. Notably, the responsibility of caring for the elderly fell heavily on the family, largely due to their perception that the resources available within the health systems were inadequate. This perception of insufficiency prompted the family to assume a significant caregiving role, as they felt compelled to provide the necessary support and services that were lacking in the health systems.

Despite ethnic minorities' limited understanding of mental health, they generally exhibit a willingness to seek professional healthcare when confronted with mental health issues. A majority of participants recognize the efficacy of professional health services, such as medical doctors, perceiving them as more effective than informal care provided by family members due to professionals' scientific expertise. Participants adopt a strategic approach, seeking informal care for minor problems and professional care for more severe conditions. However, it is important to note that their inadequate knowledge of mental health may lead to errors in this decision-making process. Moreover, traditional and informal care modalities continue to play a role in their help-seeking behaviors. Participants may seek assistance from religious leaders or traditional healers, particularly when attributing their mental health problems to spiritual or supernatural causes. While participants express openness to professional care, they encounter various challenges. Public hospitals often have lengthy waiting times, and language barriers can impede effective doctor-patient communication. Additionally, participants highlight the exorbitant costs associated with private professional mental health services in the context of Hong Kong.

Apart from cultural and religious beliefs, participants acknowledged practical barriers impeding their intentions to seek formal healthcare for mental health problems. The language barriers had been listed as the major problem. Language barriers not only impeded their access to health and healthcare information but also created difficulties when navigating the healthcare system. Participants noted a dearth of mental health projects and activities conducted in their native language within the community. Moreover, language remained a significant issue during hospital visits. On one hand, the scarcity of social workers or mental health professionals from the same ethnic background posed challenges. On the other hand, translation services provided in hospitals and other institutions were insufficient. While the government claimed the presence of translators in hospitals, obtaining their services proved arduous unless the patient faced an urgent and severe situation. Apart from language barriers, a significant issue lies in the lack of culturally sensitive resources and services within the current health systems of Hong Kong. As previously mentioned, the scarcity of mental health professionals from ethnic minority backgrounds results in reduced service quality. Furthermore, healthcare institutions, such as hospitals, do not provide high-quality food that aligns with the cultural or religious beliefs of ethnic minorities. Additionally, ethnic minorities underutilize community centers, as it is more challenging for them to secure event venues compared to their Chinese counterparts. Consequently, their community becomes fragmented, leading to reduced communication and an increased risk of mental health problems.

Enhancing tailored mental health knowledge education programs for ethnic minorities

There is an urgent need to expand the implementation of comprehensive mental health knowledge programs specifically tailored for ethnic minorities in Hong Kong. These programs should be designed to address the unique cultural and linguistic needs of these communities. To ensure their effectiveness, a multi-faceted approach should be adopted, encompassing both offline and online platforms. a) Offline programs: Collaborate with community organizations, ethnic minority leaders, and cultural centers to organize workshops, seminars, and training sessions. These initiatives should cover topics such as mental health awareness, stress management, coping strategies, and available support services. They can be conducted in community centers, religious institutions, and other easily accessible venues. b) Online programs: Utilize digital platforms, including social media networks, websites, and mobile applications, to disseminate mental health information in the native languages of ethnic minorities. Develop interactive and culturally sensitive content, such as videos, infographics, and articles, that can be easily shared and accessed by the target population.

Strengthening community partnerships to improve mental health literacy and help seeking

To enhance mental health literacy among ethnic minorities in Hong Kong, it is crucial to establish strong partnerships with community organizations and key stakeholders. These partnerships can facilitate the development and implementation of culturally appropriate mental health initiatives. a) Collaborate with community and religious leaders: Engage influential community leaders, religious figures, and organizations to promote mental health awareness within ethnic minority communities. Organize joint events, workshops, and awareness campaigns that align with cultural beliefs and practices, thereby fostering greater acceptance and understanding. b) Establish community mental health ambassadors: Identify individuals within ethnic minority communities who are passionate about mental health and possess strong communication skills. Provide them with training and resources to serve as ambassadors, spreading mental health literacy and acting as advocates within their respective communities.

Providing continuing education and training for Care Providers

To ensure culturally sensitive and effective mental health services for ethnic minorities, it is imperative to provide continuing education and training for healthcare and social care providers in Hong Kong. a) Cultural competency training: Develop comprehensive training programs that focus on enhancing providers' cultural competency and understanding of the specific needs and challenges faced by ethnic minority populations. This training should cover topics such as cultural beliefs, practices, language considerations, and approaches to delivering culturally sensitive care. Language support services: Improve access to language support services, such as professional interpreters and translators, within healthcare settings. Ensure that these services are readily available to facilitate effective communication between providers and ethnic minority patients, reducing language barriers and improving the quality of care.

Implementing an inclusivity improvement plan within the health systems

To address the specific mental health needs of ethnic minorities in Hong Kong, it is essential to develop and implement an inclusive improvement plan within the healthcare system. a) Resource allocation: Allocate adequate resources to enhance the availability and accessibility of mental health services for ethnic minorities. This includes increasing the recruitment and training of mental health professionals who have cultural competency and language skills relevant to ethnic minority communities. b) Community outreach: Foster partnerships with community centers, religious institutions, and grassroots organizations to establish satellite mental health clinics or dedicated outreach programs within ethnic minority communities. These initiatives can provide convenient access to mental health services and support, reducing barriers such as transportation and language. c) Culturally sensitive facilities: Ensure that healthcare facilities, including hospitals and clinics, are designed and equipped to accommodate the cultural and religious needs of ethnic minority patients. Consider providing culturally appropriate food options, prayer rooms, and spaces that reflect the diversity of the communities being served.

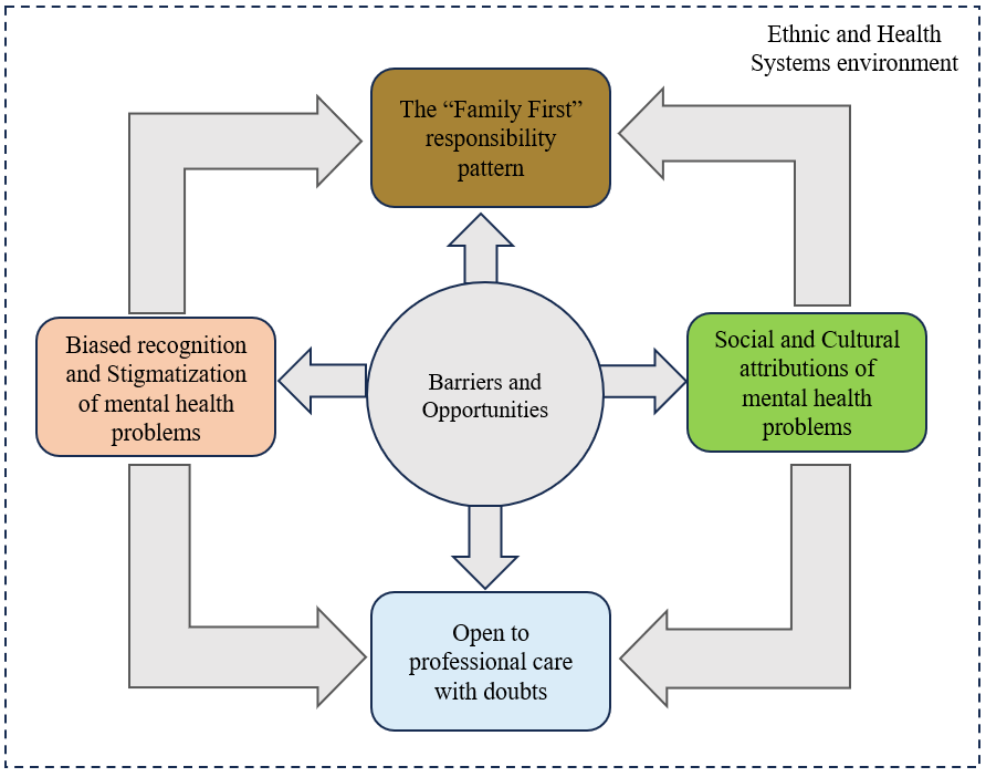

Figure 2. Mental health literacy and help-seeking of ethnic minorities in Hong Kong

Our study highlights the crucial role of both ethnic and the health system factors in mental health literacy and help-seeking behaviors among ethnic minorities (Figure 2). Cultural beliefs and contextual factors are important, but the dynamic intersection between ethnicity and the healthcare environment is the key influencing factor. Participants recognized mental health problems as a consequence of physical disorders. They also treated it as a stigma and would not disclosure it to people outside the family. Their causal beliefs were influenced by financial stress and spiritual precepts, which were shaped by their ethnicity and the lack

of support and information from the community and healthcare system. These perceptions affected their preferences for seeking help from laypersons or professional care providers. While they were generally open to receive professional care, the family stands out as an important role in determining and selecting specific services for the people who have mental problems. Language barriers and inadequate cultural sensitivity in healthcare institutions posed barriers to accessing suitable help, could lead participants to turn to traditional and informal care. Collectively, our findings emphasize the pressing need to address the opportunities and barriers surrounding mental health literacy and the help-seeking process for ethnic minorities. The intersection between ethnicity and the health systems reveals intricate dynamics that necessitate targeted interventions. Interventions should aim to bridge the gaps in mental health literacy, enhance cultural sensitivity within healthcare institutions, and ensure equitable access to suitable care.

Study limitations and future directions

The study has some limitations. Firstly, the study focused exclusively on South Asian ethnic groups, specifically Indians, Nepalis, and Pakistanis. To gain a more comprehensive understanding of mental health literacy and help-seeking behaviors among ethnic minorities (EMs) in Hong Kong, future investigations should incorporate other groups such as the Philippines, Indonesia, South Korea, and others. Secondly, the interviews conducted in this study involved only elderly individuals and their caregivers, thereby excluding the perspectives of other demographic segments, such as the youth. Thirdly, the majority of participants did not possess personal experiences with mental disorders. Consequently, it is advisable for future research to explore mental health literacy and help-seeking behaviors from the viewpoints of younger individuals and those with personal experiences of mental disorders. Despite these limitations, the current qualitative study has provided a thorough analysis of mental health literacy and experiences within racially minoritized groups in Hong Kong. Nevertheless, future research endeavors can build upon this work by employing quantitative methodologies to examine the interrelationships between mental health literacy, cultural beliefs, practices, mental health status, and help-seeking behaviors within this population group. Such quantitative investigations would further enhance our understanding of the factors influencing mental health outcomes and help-seeking patterns among EMs in Hong Kong.

Conclusion

This is the first qualitative study to explore the mental health literacy and help-seeking of racially minoritized groups in Asian regions. The results point to deep-rooted misconceptions on mental disorders prevalent among ethnic minorities; this is largely influenced by their socio-economic status, level of education and cultural beliefs about mental health. Even though their knowledge on mental health was limited, these minority groups demonstrated an understanding that factors such as financial pressure and unhealthy family relationships could lead to poor mental well-being— and they were open to seeking professional help for such concerns. But Hong Kong's health systems doesn't make it easy for them: they lack culturally sensitive resources and services despite showing interest in seeking help from professionals for their mental health needs due to these challenges. These findings highlight the importance of mental health education, community engagement, and transformative measures within the health systems to enhance mental health literacy and help-seeking of ethnic minorities. Collaborative strategies involving local government authorities and minority groups can prove instrumental in addressing the societal and

systemic barriers that hinder ethnic minorities from optimizing their mental health literacy, seeking appropriate assistance, and accessing healthcare services.

Acknowledgements

We thank the members of Hong Kong University of Science and Technology mental health project team, including Ms. Asha Sujith, Ms. Ying Tung Chan, and Dr. Rehman Habeeb Ur for their valuable contributions in participant recruitment and providing logistical support in the data collection. We extend our thanks to our research assistant Zhang Haoming who facilitated the interview sessions and language experts who assisted in the translation.

Disclosure statement

No potential conflict of interest was reported by the author(s).

Funding

This study was supported by Centre for Aging Studies, the Hong Kong University of Science and Technology [Grant Number: Z1045].

Data availability statement

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to ethical restrictions and containing information that could compromise the privacy of the participants.

References

Abo-Rass, F., & Abu-Kaf, S. (2023). Mental health literacy among the Palestinian-Arab minority in Israel and its correlates with mental health service use. Perspectives in Psychiatric Care, 2023.

A. Jafari, M. Nejatian, V. Momeniyan, F. R. Barsalani, and H. Tehrani, “Mental health literacy and quality of life in Iran: a cross-sectional study,” BMC Psychiatry, vol. 21, no. 1, pp. 499–511, 2021.

Amri, S., & Bemak, F. (2013). Mental health help-seeking behaviors of Muslim immigrants in the United States: Overcoming social stigma and cultural mistrust. Journal of Muslim Mental Health, 7(1).

Angermeyer, M. C., and Dietrich, S. (2006). Public beliefs about and attitudes towards people with mental illness: a review of population studies. Acta Psychiatr. Scand. 113, 163–179.

Anand, A. S., & Cochrane, R. (2005). The mental health status of South Asian women in Britain: A review of the UK literature. Psychology and developing societies, 17(2), 195-214.

Alegría, M., Nakash, O., & NeMoyer, A. (2018). Increasing equity in access to mental health care: a critical first step in improving service quality. World Psychiatry, 17(1), 43.

Barker, L. A., & Adelman, H. S. (1994). Mental health and help-seeking among ethnic minority adolescents. Journal of Adolescence, 17(3), 251-263.

Cauce, A. M., Domenech-Rodríguez, M., Paradise, M., Cochran, B. N., Shea, J. M., Srebnik, D., & Baydar, N. (2002). Cultural and contextual influences in mental health help seeking: a focus on ethnic minority youth. Journal of consulting and clinical psychology, 70(1), 44.

Choi, S. W., Ramos, C., Kim, K., & Azim, S. F. (2019). The association of racial and ethnic social networks with mental health service utilization across minority groups in the USA. Journal of Racial and Ethnic Health Disparities, 6, 836-850.

Cummings, J. R., & Druss, B. G. (2011). Racial/ethnic differences in mental health service use among adolescents with major depression. Journal of the American Academy of Child & Adolescent Psychiatry, 50(2), 160-170.

Dobalian, A., & Rivers, P. A. (2008). Racial and ethnic disparities in the use of mental health services. The journal of behavioral health services & research, 35, 128-141.

Ekanayake, S., Ahmad, F., & McKenzie, K. (2012). Qualitative cross-sectional study of the perceived causes of depression in South Asian origin women in Toronto. BMJ open, 2(1), e000641.

Executive, S. (2003). Equal minds: Addressing mental health inequalities in Scotland. Retrieved June, 20, 2008.

Guo, S., Nguyen, H., Weiss, B., Ngo, V. K., & Lau, A. S. (2015). Linkages between mental health need and help-seeking behavior among adolescents: Moderating role of ethnicity and cultural values. Journal of counseling psychology, 62(4), 682.

Ganasen, K. A., Parker, S., Hugo, C. J., Stein, D. J., Emsley, R. A., & Seedat, S. (2008). Mental health literacy: focus on developing countries. African journal of psychiatry, 11(1), 23-28.

H.-L. Cheng, C. Wang, R. C. McDermott, M. Kridel, and J. L. Rislin, “Self-stigma, mental health literacy, and attitudes toward seeking psychological help,” Journal of Counseling and Development, vol. 96, no. 1, pp. 64–74,

Iswanto, E. D., & Ayubi, D. (2023). The Relationship of Mental Health Literacy to Help-Seeking Behavior: Systematic Review. Journal of Social Research, 2(3), 755-764.

Jimenez, D. E., Cook, B., Bartels, S. J., & Alegría, M. (2013). Disparities in mental health service use of racial and ethnic minority elderly adults. Journal of the American Geriatrics Society, 61(1), 18-25.

Jorm, A. (2000). Mental health literacy. British Journal of Psychiatry, 177, 396 - 401.

Jorm, A. F. (2000). Mental health literacy: public knowledge and beliefs about mental disorders. Br. J. Psychiatry 177, 396–401.

Jorm, A. F. (2012). Mental health literacy: empowering the community to take action for better mental health. American psychologist, 67(3), 231.

Jafari, A., Nejatian, M., Momeniyan, V., Barsalani, F. R., & Tehrani, H. (2021). Mental health literacy and quality of life in Iran: a cross-sectional study. BMC psychiatry, 21, 1-11.

Kim, Y. S., Rhee, T. G., Lee, H. Y., Park, B. H., & Sharratt, M. L. (2017). Mental health literacy as a mediator in use of mental health services among older Korean adults. International psychogeriatrics, 29(2), 269-279.

L. T. Benuto, F. Gonzalez, F. Reinosa-Segovia, and M. Duckworth, "Mental health literacy, stigma, and behavioral health service use: the case of Latinx and non-Latinx Whites," Journal of Racial and Ethnic Health Disparities, vol. 6, no. 6, pp. 1122–1130, 2019

Lee, H., Lytle, K., Yang, P., & Lum, T. (2010). Mental Health Literacy in Hmong and Cambodian Elderly Refugees: A Barrier to Understanding, Recognizing, and Responding to Depression. The International Journal of Aging and Human Development, 71, 323 - 344.

Maura, J., & Weisman de Mamani, A. (2017). Mental health disparities, treatment engagement, and attrition among racial/ethnic minorities with severe mental illness: A review. Journal of clinical psychology in medical settings, 24, 187-210.

Myers, F., McCollam, A., & Woodhouse, A. (2005). Equal Minds: addressing Mental Health Inequalities in Scotland. https://books.google.com/books/about/Equal_Minds.html? hl=&id=Y4bGSAAACAAJ.

Na, S., Ryder, A. G., & Kirmayer, L. J. (2016). Toward a culturally responsive model of mental health literacy: Facilitating help-seeking among East Asian immigrants to North America. American Journal of Community Psychology, 58(1-2), 211-225.

Olyani, S., Gholian Aval, M., Tehrani, H., & Mahdiadeh, M. (2021). School-based mental health literacy educational interventions in adolescents: A systematic review. Journal of Health Literacy, 6(2), 69-77.

Suen, Y. N., Wong, T. C., Wong, M. T. H., Chan, S. K. W., Hui, C. L. M., Lee, E. H. M., ... & Chen, E. Y. H. (2022). A qualitative study exploring the factors influencing perceptions of mental illness and coping strategies in ethnic minority populations experiencing negative mood symptoms in Hong Kong. J Affect Disord Rep, 9, 100360.

Sun, S., Hoyt, W. T., Brockberg, D., Lam, J., & Tiwari, D. (2016). Acculturation and enculturation as predictors of psychological help-seeking attitudes (HSAs) among racial and ethnic minorities: A meta-analytic investigation. Journal of counseling psychology, 63(6), 617.

Scheppers, E., Van Dongen, E., Dekker, J., Geertzen, J., & Dekker, J. (2006). Potential barriers to the use of health services among ethnic minorities: a review. Family practice, 23(3), 325-348.

Weich, S., Nazroo, J., Sproston, K., McManus, S., Blanchard, M., Erens, B. O. B., ... & Tyrer, P. (2004). Common mental disorders and ethnicity in England: the EMPIRIC study. Psychological medicine, 34(8), 1543-1551.