HONG FOOK MENTAL HEALTH ASSOCIATION

2019 Korean Community Mental Health Needs Assessment Report

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1 INTRODUCTION

The importance of mental health service needs assessment for the residents with a Korean background in the Greater Toronto Area (GTA) has been acknowledged for an extended period by the Korean community of the Hong Fook Mental Health Association (HFMHA). On December 11, 2018, the Korean Advisory Committee (KAC) of the HFMHA decided to establish a subcommittee to initiate the needs assessment study. The Korean Community Needs Assessment Planning Committee (KNAPC) of the KAC first met on January 15, 2019. The planning committee began with a few members and expanded to include a variety of HFMHA members to enhance the capacity to conduct the study. KAC members, volunteers with research backgrounds, the Vice-president as a board member, and staff of the HFMHA, including a mental health worker and a manager, joined the committee. The community-driven research application by the KNAPC was submitted to and approved by the HFMHA in April 2019 with a timeline of eight months from May to December 2019 for data collection, including survey, focus groups, and key informant interviews. The research plan was developed based on the former model of the needs assessment study conducted in 2016 for the Mandarin community of the HFMHA. The KNAPC led the study with the support of the HFMHA by proposing the study plan, translating and modifying the survey questions from the Mandarin/English model to Korean/English version, networking and recruiting participants, collecting the survey answers, leading the focus groups, conducting the key informant interviews, and coding the collected data. The KNAPC also participated in the discussion of the key findings from the focus groups and the interviews. The progress of each stage from the study planning and the data collection was reviewed at the committee meetings to move forward. The dedicated participation of the KNAPC members based on the shared understanding of the significance of this study contributed to the successful completion of this community-based research project.

2 LITERATURE REVIEW

In the past decades, the rapid growth of international migrants has shaped the demographic, socioeconomic, and cultural landscape of Canadian society. Approximately 22% of the total Canadian population reported being foreign-born in 2016 (Statistics Canada, 2017b), and the projection is that the immigrant population will increase to nearly 30% by 2036 (Morency, Malenfant, & MacIsaac, 2017). There has also been a dramatic change in the countries of origin of immigrants over the past two decades. Currently, over 60% of the total immigrants were born in Asia, followed by Africa and Europe, contrary to the period before mid-1990, in which most immigrants were from the British Isles and Europe (Statistics Canada, 2017b).

Nearly 22,000 people or 2% of the total immigrants who arrived in Canada between 2011 and 2016 were Korean, one of the top ten birth countries of recent immigrants (Statistics Canada, 2017b). Combining the recent growth of immigrants and that of Canadian-born Koreans, there has been fast growth of the Korean community in Canada, with the total number of the ethnic Korean population has increased nearly three-fold from 64,835 people in 1996 to 188,710 people in 2016 (J. Park, 2012; Statistics Canada, 2019b). Similar to other immigrant and visible minority groups, Korean communities tend to center in large metropolitan areas. For example, Toronto has the most significant percentage of ethnic Korean population, while Vancouver has now overtaken Toronto

in terms of the number of recent Korean immigrants received over the past ten years (Statistics Canada, 2019b).

With regard to their sociodemographic characteristics, there are slightly more females than males, most of the ethnic Korean people are of working age with a median age of 35 years, and 58% of the population aged 15 years and over are married or living common-law (Statistics Canada, 2017a). As for immigration status, 80% are first-generation immigrants, and the majority of Korean immigrants were admitted under the economic category, followed by the family sponsorship and refugee categories. Most (66%) have postsecondary education, and 92% of those in the labor force are employed, reflecting the focus of Canadian immigration policy toward a "human capital" model and economic development (Ferrer, Picot, & Riddell, 2014, p. 849) (Statistics Canada, 2019b).

The experiences of leaving one's own country and setting in a new country, as well as growing up as an ethnic minority in Canada, can bring many life challenges at both the individual and social structural levels. These challenges may have a profound effect on people's mental wellbeing. Previous research has shown that several critical factors related to the immigration process and experiences of being a minority in society are associated with poor mental health (Kirmayer et al., 2011; Wallace, Nazroo, & Becares, 2016). Moreover, a burgeoning body of literature has noted that stigma and cultural beliefs around mental illness and barriers to mental health services can prevent immigrants and ethnic minority groups from accessing appropriate healthcare (Thomson, Chaze, George, & Guruge, 2015).

Below we synthesize crucial evidence from empirical studies and identify important factors that affect the mental health of Korean communities in the host society. Given the limited number of studies focusing on Korean populations in Canada, we include relevant studies conducted in the US to provide a comprehensive understanding of Korean diasporas' living conditions in North America. However, certain cautions should be taken into account when comparing the two countries. In particular, the different settlement-related polices, such as multiculturalism and the universal health care system in Canada, have a substantial influence on immigrants' post-migration experiences and health status.

2.1 Sociodemographic characteristics

Studies investigating sociodemographic characteristics and their association with mental health issues highlight the importance of age and gender within Korean communities in North America. Specifically, previous studies showed that older Korean immigrants experienced higher levels of depression and lower mental wellbeing when compared to younger immigrants (H. S. Park & Rubin, 2012; Woo, Lee, & Hong, 2014). Moreover, among older Korean immigrants aged 60 and over, women report higher levels of depressive symptoms than men (Jang, Kim, & Chiriboga, 2011; Sin, Choe, Kim, Chae, & Jeon, 2010), whereas, among general adult Korean immigrants aged 18 and over, men are, in fact, at a higher risk of having depressive symptoms than women (Cho, Park, Bernstein, Roh, & Jeon, 2015). One possible explanation is that the older Korean group may lack social support and have lower levels of acculturation (e.g., related to English language and food) and familiarity with Western society. This disadvantaged living condition may lead to social isolation and poor mental health, especially for older immigrant women (Guo & Stensland, 2018; Jang et al., 2011).

Concerning substance use, the ethnic Korean group has consistently shown a higher level of alcohol consumption and rate of binge drinking when compared to other Asian ethnic groups in the U. S. (H. K. Lee, Han, & Gfroerer, 2013; Lum, Corliss, Mays, Cochran, & Lui, 2009). In particular, younger Korean adults are more likely to engage in binge drinking than older Korean adults (H. K. Lee et al., 2013). Previous research suggests that the influence of Korean drinking culture, which considers alcohol consumption a way of promoting social communication and excessive drinking a normative social behavior, plays a crucial role in shaping Korean immigrants' drinking behavior in North America (W. Kim, 2009).

2.2 Acculturation and acculturative stress

Acculturation and its resulting acculturative stress have been considered critical factors that affect the mental health of immigrants (Rudmin, 2009; Sam, 2006). A systematic review indicated that higher acculturation toward Western culture was associated with a lower level of depressive symptoms among older Korean immigrants in the U.S. (Guo & Stensland, 2018). However, one study focusing on Korean adults aged 18 and older in the U.S. found that participants in the integration group, defined as having high scores for both Korean and Western culture, reported better mental health than their counterparts in other acculturation groups (Shin & Lach, 2014). Some studies have used language proficiency and length of residence as proxy indicators of acculturation. The results showed that having a lower level of proficiency in the language of the host country is associated with poor mental health, especially for younger adults (Woo et al., 2014). In addition, although the longer length of residence may imply a higher familiarity with the host society, there is some evidence to indicate that Korean immigrants' mental health and life satisfaction deteriorate with the time spent in the host country (I.-H. Kim & Noh, 2014a; W. Kim, Kang, & Kim, 2015; K. H. Lee & Yoon, 2011)

Acculturative stresses, such as social isolation, sense of marginalization, and economic difficulties, have strong links to poor mental health among Korean immigrants (M. Lee, Nezu, & Nezu, 2018). One study further showed that acculturative stress mediates the effect of acculturation levels on depression among Korean American immigrants (H. S. Park & Rubin, 2012). Moreover, experiencing discrimination, identified as one of the most influential social determinants of mental illness in the broader evidence, may be more pertinent for Korean immigrants than other ethnic minority groups in North America (Bernstein, Park, Shin, Cho, & Park, 2011; Chau, Bowie, & Juon, 2018; I. H. Kim & Noh, 2014b; Noh, Kaspar, & Wickrama, 2007). Notably, a study focusing on Korean immigrants residing in Toronto showed that the effects of perceived discrimination on depression were mitigated by a lower level of acculturative stress and problem-focusing coping style (Noh & Kaspar, 2003). Work-related life stress may also increase the level of acculturative stress and lead to depressive symptoms, as suggested in a study focusing on older Korean immigrants in the U.S. (Rhee, 2017).

When compared to the US research about acculturation, careful attention must be paid in understanding the influence of different orientations of immigration policies. Since the government of Canada has adopted a multiculturalism policy that would value the diversity of Canadian society and aim to eliminate discrimination based on ethnicity and race (George, 2017), the experience of cultural acceptance may be higher among Korean immigrants in

Canada than those in the US.

2.3 Family, social, and religious support

Having strong family and social support has been demonstrated to have a protective effect among Korean immigrants. For example, previous studies showed that higher levels of social support are associated with lower anxiety and depressive symptoms among general adult and elderly Korean immigrants (K. H. Lee & Woo, 2013; Roh, Lee, & Yoon, 2013). Moreover, evidence from one study showed that social support mitigated the effects of acculturative stress on psychological distress among Korean international students in the U.S. (J. S. Lee, Koeske, & Sales, 2004), whereas another study focusing on Korean immigrant women only showed a direct effect of social support on lower levels of depressive symptoms rather than a buffering effect (Ayers et al., 2009).

Another key protective factor of mental health is religious beliefs and participation. In Canada, 69% of ethnic Koreans were Christian, and 21% were Catholic in 2011, which are the second-highest percentages among all East and Southeast Asian visible minority groups, behind Filipinos (Statistics Canada, 2019a). Previous research has specifically linked religious beliefs, practice, and support to better mental health status (Roh et al., 2013; Woo et al., 2014) and a lower likelihood of engaging in problem alcohol use and smoking behaviors (Hofstetter et al., 2010; W. Kim, 2012; Luczak, Corbett, Oh, Carr, & Wall, 2003).

2.4 Barriers to accessing mental health services

Immigrants and ethnic minorities have been known to underutilize mental health services (S. Y. Park, Cho, Park, Bernstein, & Shin, 2013; Tiwari & Wang, 2008) and they are underrepresented in mental health care (Jimenez, Cook, Bartels, & Alegria, 2013) when compared to other populations in North America. A scoping review on access to mental health services among immigrants in Canada concluded that there are four significant barriers to service utilization: lack of mental health literacy, cultural barriers, disadvantaged settlement experience, and lack of language skills and culturally appropriate services (Thomson et al., 2015).

Similar barriers prohibiting those in need of help from seeking services were also found among Korean populations residing in North America, such as English-language barriers, lack of mental health knowledge and available resources, as well as cultural beliefs and stigmas associated with mental illness in the Korean community (S. Y. Park et al., 2013; Wu, Kviz, & Miller, 2009). Specifically, a study focusing on Korean American older adults further indicated that participants who believed that depression is a health concern that requires treatment were twice as willing to use mental health counseling, whereas participants who believed that depression is a family shame were 50% less willing to use counseling services when compared to participants who did not have this belief (N. S. Park, Jang, & Chiriboga, 2018).

The structure of the health care system is another critical factor that affects immigrants' mental health accessibility. Lasser and colleagues (2006) compared access to healthcare and the impact on health status among immigrants in the US and Canada. The results show that

when compared to the US immigrants, respondents in Canada are more likely to have a regular doctor and less likely to have unmet health needs, suggesting the vital role of universal health care system for immigrant populations (Lasser et al., 2006).

2.5 Present study

In this study, we focus on the Korean communities in the Greater Toronto Area (GTA). The aim of this study is first to understand the sociodemographic characteristics of mental health status among Korean populations in the GTA. Second, we clarify the individual, familial, cultural, and social structural factors that affect mental health needs in the Korean community. Lastly, we identify barriers to receiving mental health services and providing recommendations to improve the mental health services to serve the Korean community in the GTA.

3 METHODS

Informed by a community-driven research approach, the study was conducted in cooperation with the mental health workers, volunteers, research students, and community members from the Hong Fook mental health association. From the initial study design to the data collection, as well as data analysis and result interpretation, the planning committee members actively participated in and contributed to the study process at each stage. A mixed-methods approach was utilized to comprehensively understand the mental health needs of the Korean community both quantitatively and qualitatively. Detailed research methods are described below:

3.1 Survey

After consulting with the planning committee members and reviewing the current literature, we designed a survey in English and Korean to collect quantitative data with the purpose of reaching out to a wide range of Korean populations in the GTA. Both online and paper questionnaires were administered between July and September 2019. The online survey was created and distributed through the SurveyMonkey platform.

The survey questionnaire comprises six sections with a total of 35 questions. The six sections include sociodemographic characteristics, family relationships, mental health indicators, work stress, perception of mental health and mental illness, and perception of mental health services. For more details, please refer to Appendix A.

Measures

- **Sociodemographic characteristics** include gender, age, ethnicity, educational level, language spoken at home, immigration status, and length of residence.
- **Family relationships** are assessed by way of a Likert scale from one to five, with one being "very well" and five being "worse."
- **Mental health status** is measured by four items relating to positive mental health, two items relating to the usage of electronic devices, and two items relating to life stress.
- **Work stress** is measured through a Likert scale from one to five, with one being "strongly agree" and five being "strongly disagree."

- **The perception of mental health and mental illness** is divided into two parts. First, mental health experiences are measured by a dichotomous variable indicating whether respondents have experienced suicidal behaviors, substance use, or mental disorders. The second part focuses on the perception of mental illness by asking respondents to indicate whether a specific mental or behavior status counts as a mental illness and their level of agreement on specific mental health statements.
- **The perception of mental health services** is measured by two questions regarding needs and resources for individuals and their communities.

A detailed description of the key variables used in this report is listed in Appendix B.

Analysis

First, a descriptive statistic was calculated to evaluate the frequency and distribution of the sociodemographic characteristics of the participants. We then conducted bivariate analyses to evaluate the association between mental health indicators and sociodemographic characteristics to explore the diverse mental health needs within the Korean community. The Pearson chi-square test is used to test the significance of the bivariate associations.

3.2 Focus groups and key informants interviews

In order to gain an in-depth understanding of the ethnic Koreans' perceptions of community mental health needs, we conducted five focus group interviews and four semi-structured interviews with key informants. A convenient sampling method was used to select the participants in the GTA. The five focus groups were with clients, youth participants, seniors, volunteers, and service providers. Each focus group lasted for two to three hours. The focus groups were conducted in Korean, except for the youth group. For the key informants' interviews, we interviewed four community partners, including an ethnic Korean politician, a psychiatrist, an executive director (ED) of Korean social service, and a pastor. Each informant's interview lasted for one to two hours and was mainly conducted in English, except for the one with the pastor. Please refer to Appendix C for the focus group and semi-structured interview questions.

Both the focus groups and key informants' interviews were recorded after obtaining consent from the participants. All the interviews were transcribed and translated into English for data analysis. A thematic analysis approach was employed to analyze and compare the interview narratives to identify the main themes. The planning committee members were consulted during the process of data analysis.

4 FINDINGS

The findings are divided into three parts. First, the basic sociodemographic characteristics of our participants in the survey and focus group interviews are depicted. Second, through the coding and thematic analysis process, we identified six interpretive themes nested within three categories: individual diversity and family factors, stigma and religious factors, and social

structural barriers. Lastly, suggestions for improving mental health services for the Korean community in the GTA are discussed.

4.1 Sociodemographics of the participants

Survey

A total of 485 participants were administered online and paper surveys. The majority of the participants are female, between 24 and 64 age, and have a university or above degree. Over half of the participants are citizens and have resided in Canada for more than ten years. 97% of the participants are self-identified as ethnic Koreans. Most participants only speak Korean at home, while about one-third of the participants speak both Korean and English at home (Table 1).

Table 1. Sociodemographic characteristics of the participants (N=485)

Variables	Prevalence	
	n	col %
Gender		
Male	153	31.5
Female	329	67.8
Other and not to disclose	3	0.6
Age		
under 24 years	54	11.1
24-34 years	76	15.7
35-54 years	189	39.0
55-64 years	111	22.9
over 65 years	53	10.9
Not to disclose	2	0.4
Education		
Post-graduate	97	20.0
University	225	46.4
College graduate	48	9.9
High school	53	10.9
Apprenticeship	2	0.4
Some post-secondary	14	2.9
Some high school	23	4.7
Not to disclose	23	4.7
Immigration status		
Citizen	314	64.7
Permanent resident	103	21.2
Temporary resident	53	10.9
Visitor	7	1.4
Unknown and not to disclose	8	1.6

Length of residence		
Canadian-born	31	6.4
Less than 2 years	15	3.1
2-4 years	27	5.6
5-10 years	81	16.7
11 or more years	323	66.6
Not to disclose	8	1.6
Ethnicity		
Korean	471	97.1
Korean and others	5	1.0
Chinese	4	0.8
Others	3	0.6
Not to disclose	2	0.4
Language spoken at home		
English	16	3.3
Korean	293	60.4
Korean and English	164	33.8
Korean and others	7	1.4
Mandarin/Cantonese/others/not to disclose	5	1.0
Total	485	100.0

Focus group Interviews

Table 2 shows the gender and age distributions of the focus group participants. The number of participants in each focus group ranged from nine people in the clients group and service providers group to 14 people in the youth group. Across the first four focus groups, we have more female participants than male. We have more participants under the age of 20 and over the age of 60. The member of the service providers group were recruited based on the representation of agency; therefore, we did not include the participants' sociodemographics.

Table 2. Gender and age of the focus group interviews participants.

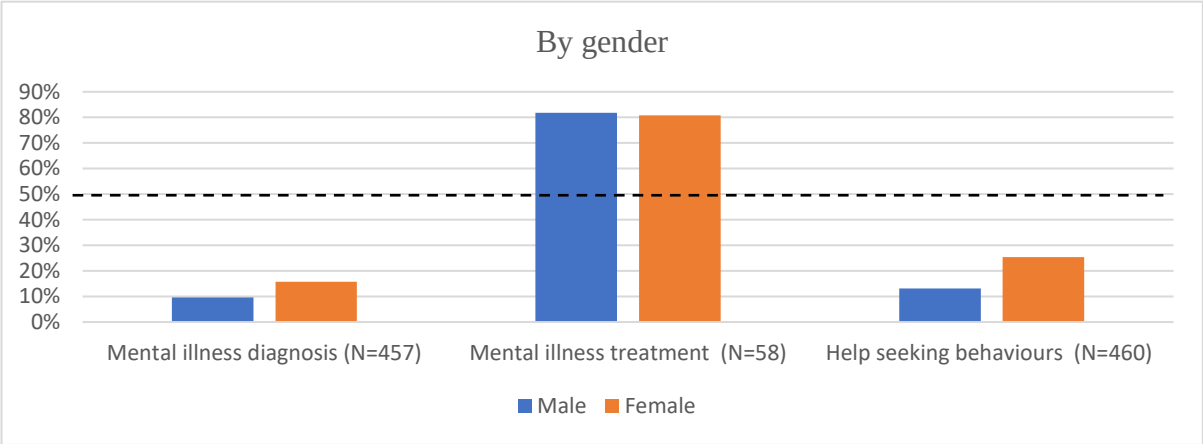
Variables	**Focus Groups**				
	Clients	**Youth**	**Seniors**	**Volunteers**	**Service Providers**
Gender					N/A
Female	4	7	7	9	N/A
Male	5	7	3	1	N/A
Age group					N/A
Under 20s	0	14	0	0	N/A
20s	0	0	0	1	N/A
30s	0	0	0	1	N/A
40s	1	0	0	0	N/A
50s	3	0	0	1	N/A
60s	3	0	2	5	N/A

70s	2	0	6	2	N/A
80s	0	0	2	0	N/A
Total	9	14	10	10	9

4.2 Individual diversity and family factors

Diversity in mental health needs across age and gender

We observed substantial gender and age differences in mental health issues among ethnic Korean populations in the GTA. Overall, findings from the survey show that female participants reported a higher percentage of both mental illness diagnoses and help-seeking behaviors, while the percentage of receiving treatment after diagnoses is similar between men and women. Regarding age differences, senior Koreans over 65 years of age had the highest percentage of being diagnosed with mental illnesses, while people aged 55-64 had the highest proportion of receiving treatment. In contrast, younger adults aged 25-34 reported having the highest percentage of seeking help to manage their emotional and mental well-being, suggesting that young people may have a higher awareness of mental illness (Figure 1). Caution is needed to be considered when interpreting the results because we do not have the information about age at diagnosis for mental illness.



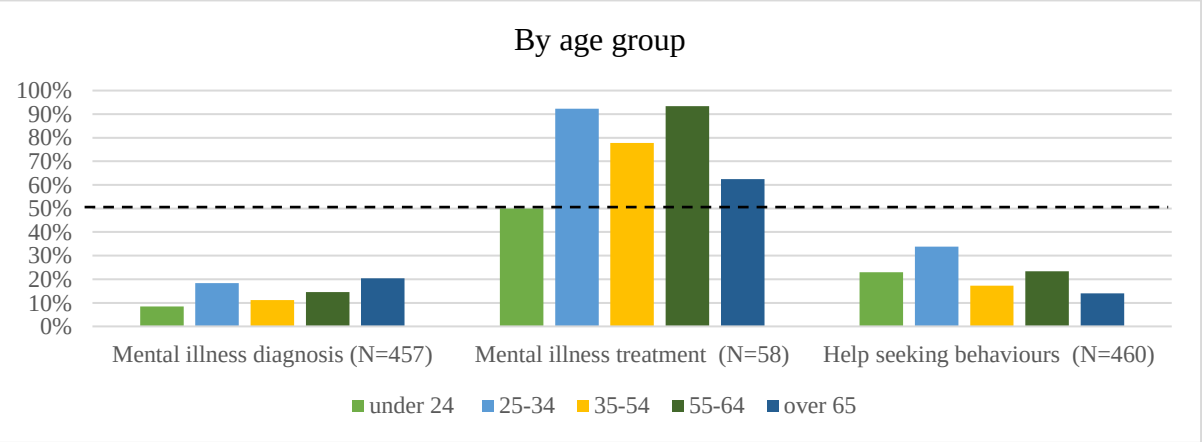
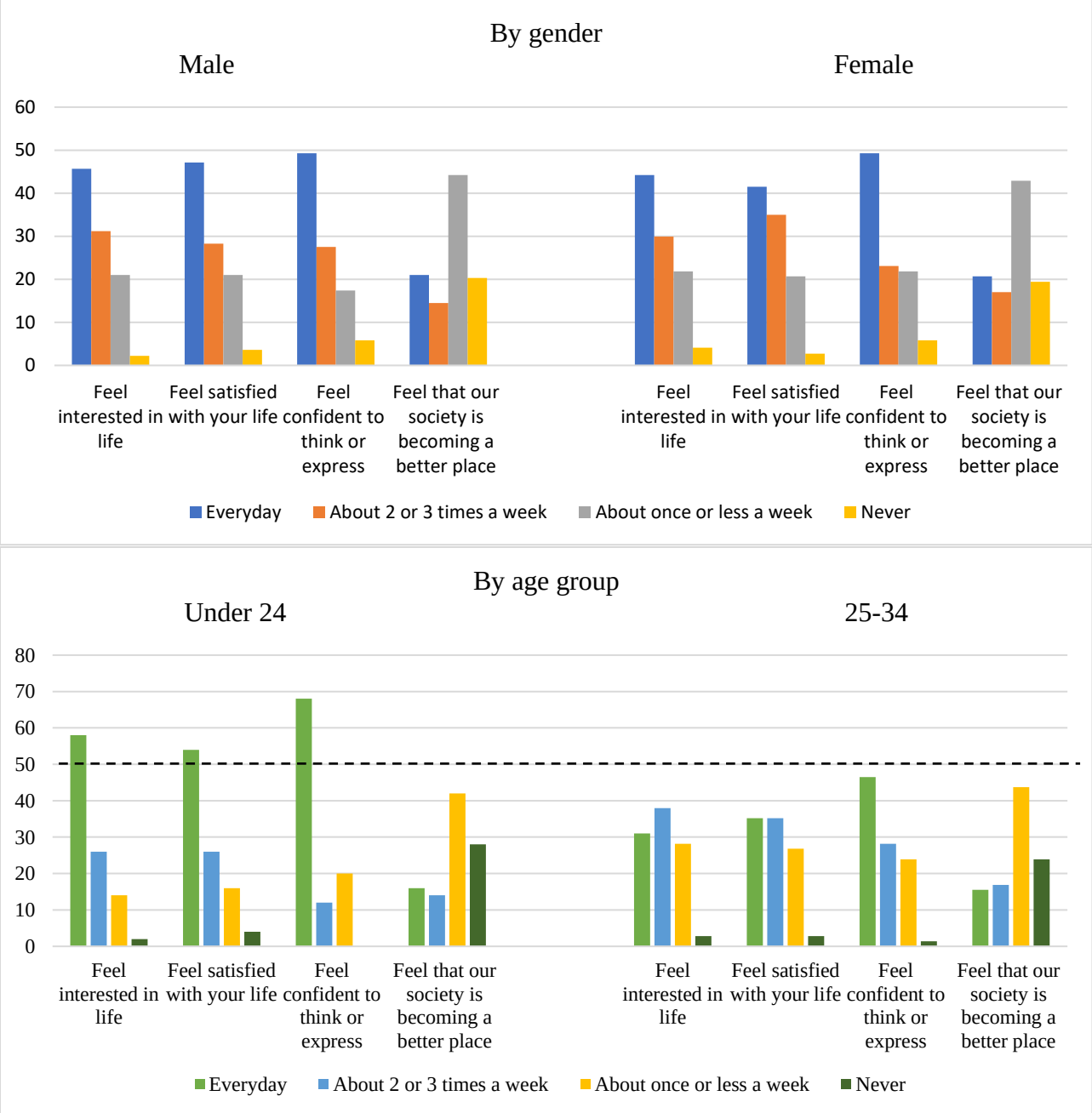


Figure 1. Mental illness diagnosis, treatment, and help-seeking behaviors by gender and by age group.

Regarding mental well-being across gender and age groups, our results show that although men appeared to have slightly better mental well-being than women, the differences between gender are relatively small. Young adults under the age of 24 reported higher percentages of feeling interested in life, satisfied with life, and confidence to think or express their thoughts than older people. In contrast to younger ethnic Koreans, older ethnic Koreans appeared to have better mental well-being in that they believe our society is becoming a better place for them (Figure 2).



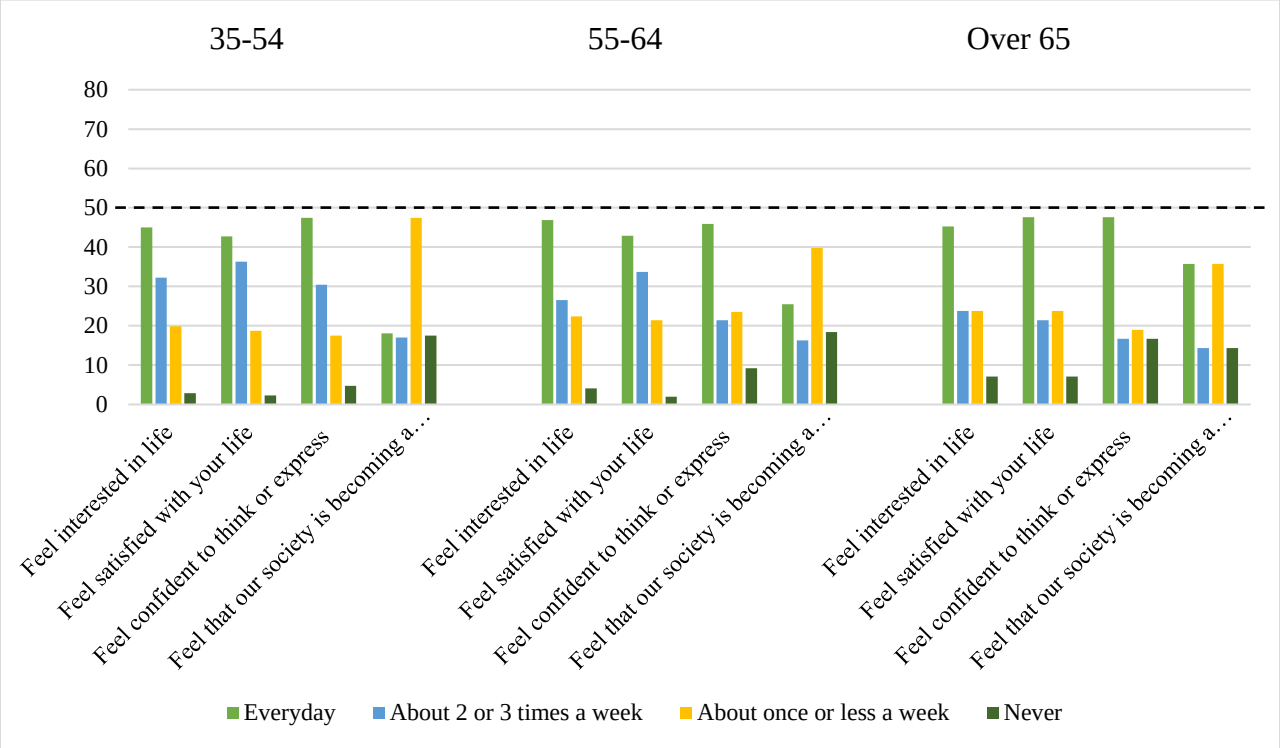


Figure 2. Past-month mental well-being by gender and age group (n=432)

Similar to mental well-being, women had a higher percentage of suicidal thoughts and emotional problems than men. Participants aged 24 and under and aged 55-64 reported higher percentages of suicidal thoughts in the past year. In terms of emotional problems, while participants under the age of 55 have higher percentages of trouble sleeping, depressed feelings, and tiredness without explanation, older participants experienced a higher percentage of disturbing thoughts or memories of a stressful experience (Figure 3 and Figure 4).

Intriguingly, we found that although young ethnic Koreans have a higher percentage of suicidal thoughts, they also reported a higher percentage of feeling interested in and satisfied with life compared to older ethnic Koreans.

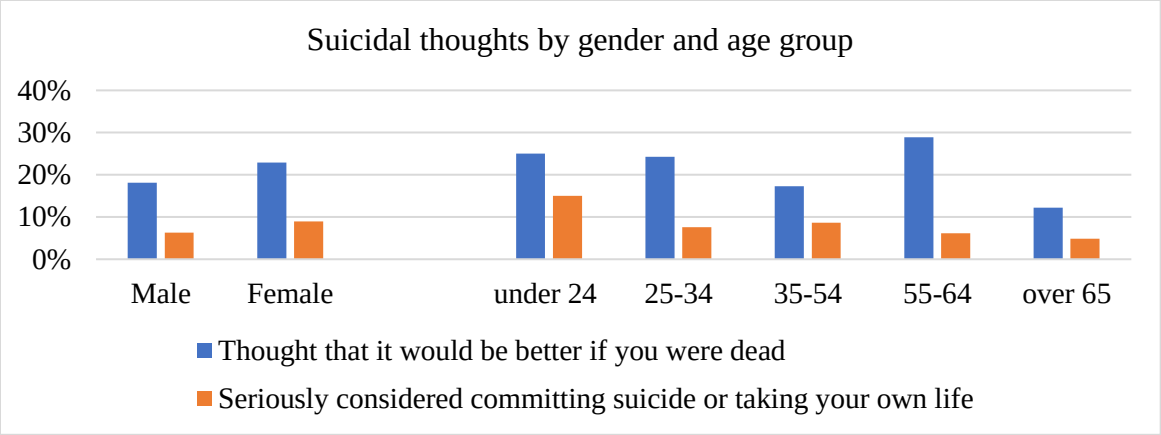
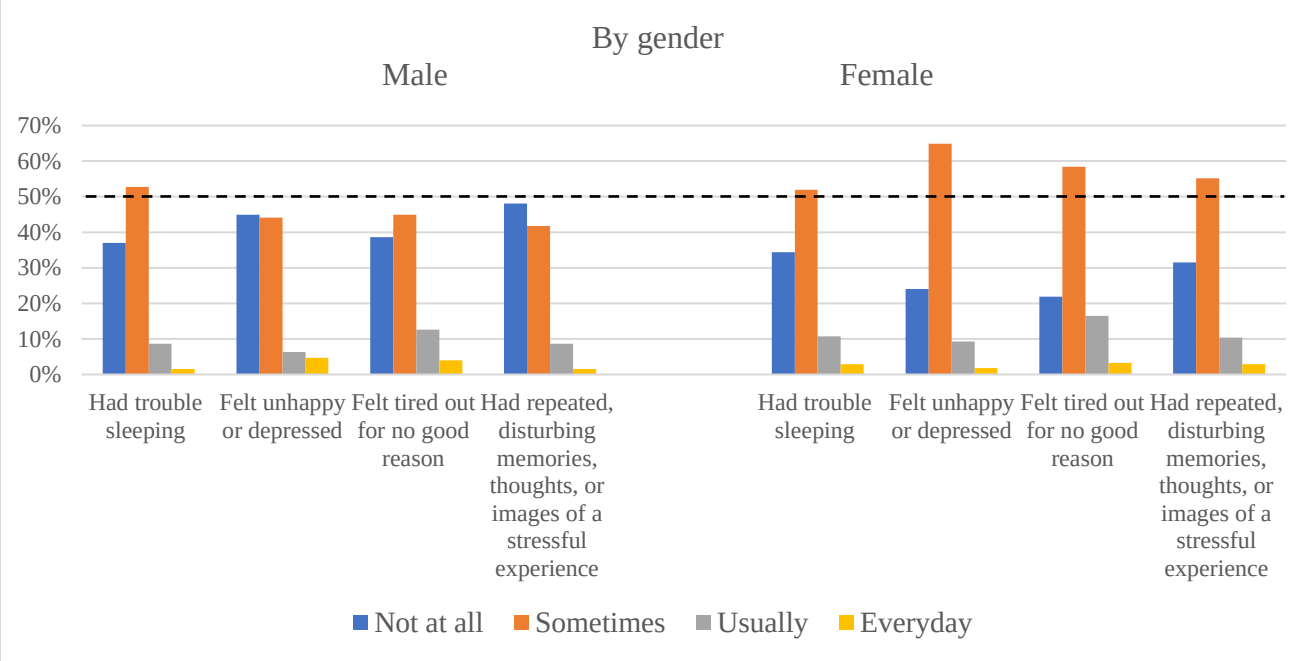


Figure 3. Past-year suicidal thoughts by gender and age group (n=406)



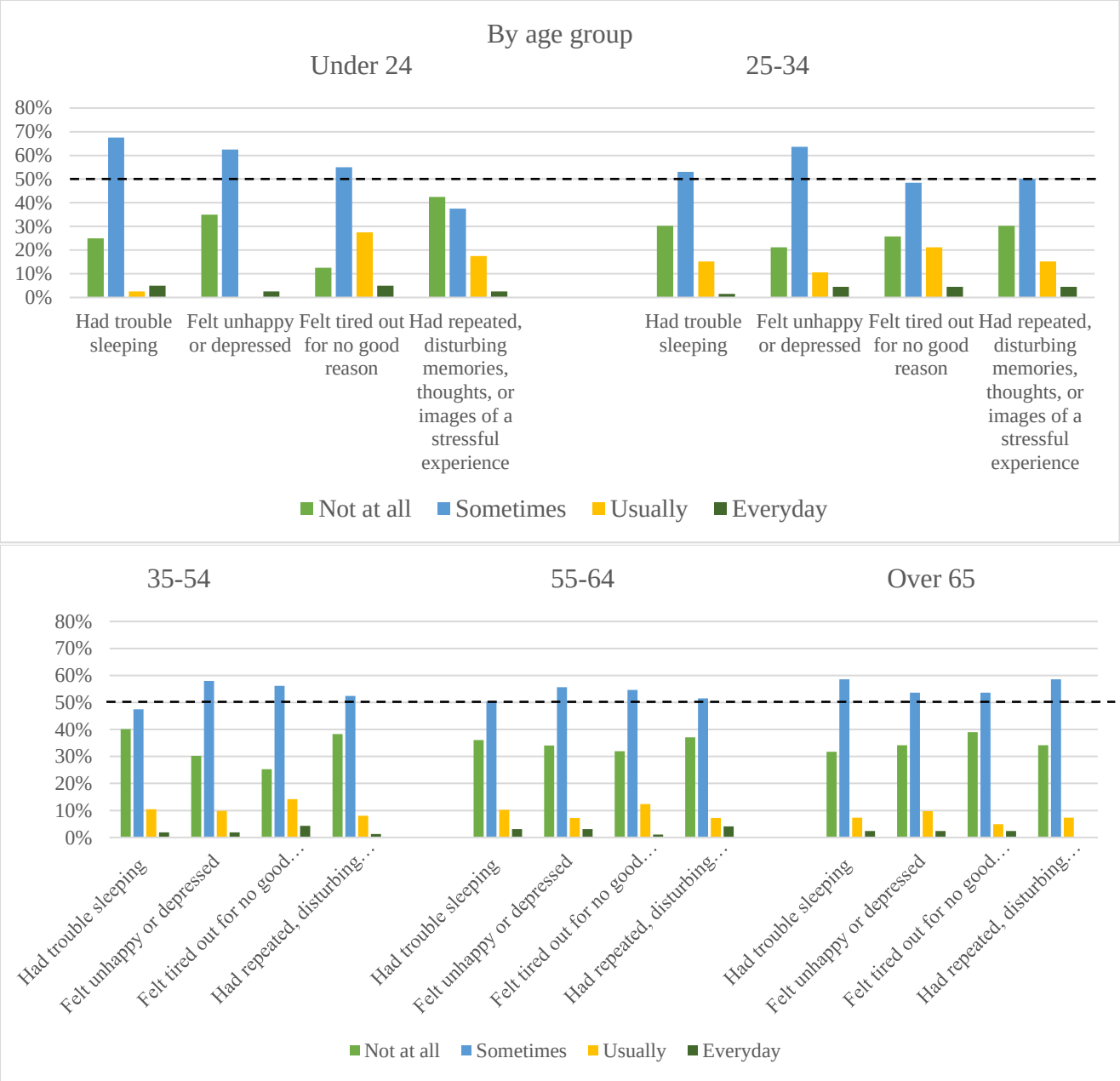


Figure 4. Past-month emotional problems by gender and by age group (n=460)

Gender and age differences in mental health issues were also mentioned by participants in the focus groups. As depicted by the youth group participants, young ethnic Koreans experienced racism and discrimination in Canadian educational systems. These experiences subsequently affected their social networks, academic performance, and future job opportunities and, in turn, contributed to higher life stress and worse mental health over time. Youth participants shared the following experiences:

"Hanging out with White people, labeled as Whitewashed, or hanging out with Asians, identifies as a Fob. There is no in-between. Once you accept the label, that becomes a problem." (youth group)

"Bothered. I did well in tests, and they say it is because you are Asian." (youth group)

"A friend applied for a job but didn't get it because of her race. "(youth group)

In addition, the excessive expectation of academic performance from their parents is a critical factor that adversely affects young ethnic Koreans' mental health. The pressure of having to be successful in school raises young people's anxiety level of not being able to meet their parents' expectations and means that they are unable to fully enjoy their high school life; as one participant shared:

"Asian or Korean parents care more about academics than other races." (youth group)

"Asian parents tend to be stricter about social life. Even parents who are socially open have high expectations of academics (e.g., getting a certain grade and going to prestigious universities)." (youth group)

Another growing mental health concern that many youths and the pastor discussed was that of addiction issues, such as substance use and internet addiction. Youth participants described that while vaping is popular among high school students, drug and alcohol use is prevalent in university. Possible reasons for substance use issues among Korean youth could be peer pressure of fitting-in and the high accessibility of these substances in society. Participants in the youth focus group stated that:

"Alcoholism and smoking are to relieve stress because they have no other way." "Going to high school is a big step… they need to fit in and start smoking, drugs, alcohol." "For casual use, it is mostly vaping. I think everybody has one and uses it every day when they feel bored." "Nicotine percentage matters. Starting from 3-5 percentage and going up to 50%. People buy vapes from older friends and resell it to gain money. After getting new offer, resell old one to people who cannot access the vape store." (youth group)

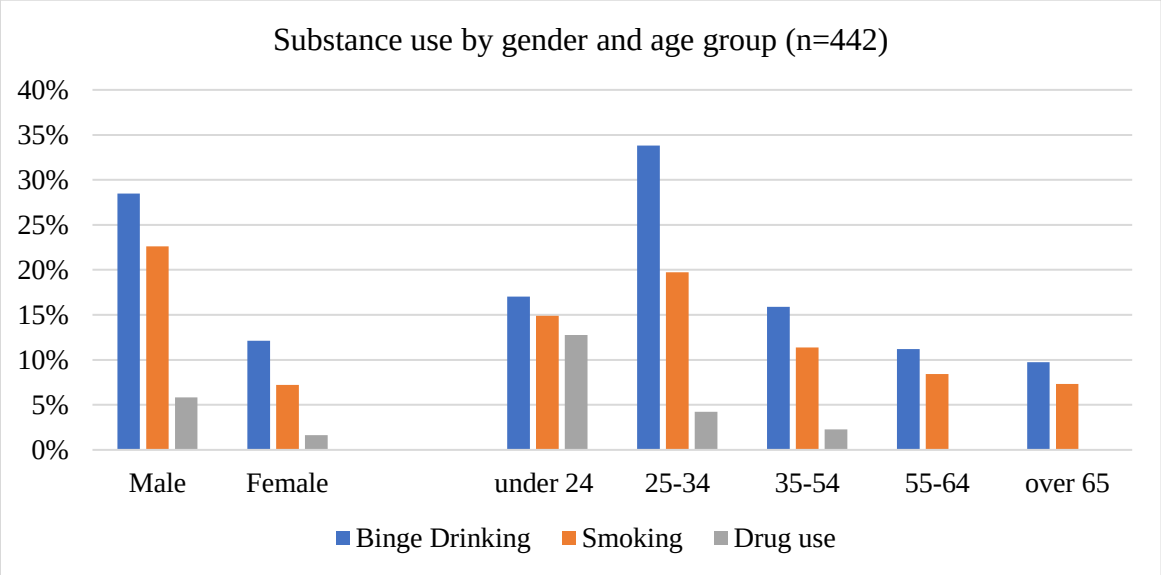
In fact, one participant noticed that the peer pressure of substance misuse is not restricted to ethnic minority youth. Excessive drinking, smoking, and using drugs appear to be part of the youth culture in the GTA. As the participant stated:

"In university, everyone is stressed because they don't know what to do for their future." "In universities like Western, Queens, Laurier, you are expected to do drinking, smoking, participating in party events. They are forced to drink a lot. No matter the race. Starting from the first week, a lot of people start drinking. A lot of people go to the hospital because of stomachache. Both male and female." "In any event, you are going to have to drink or whatever. It is so accessible. Marijuana and cocaine are anywhere." (youth group)

The key informant interview with the pastor also addressed concerns on the evolving addiction issues among ethnic Korean youths. The pastor indicated that:

> *"Children are very vulnerable to substance issues, but our church members want to believe that no single child in our church is involved in that issue. However, I know that marijuana is quite commonly used among their children. I also saw a case of amphetamine addiction" (pastor's interview)*

Likewise, results from the survey show a higher percentage of substance use among young ethnic Koreans than older people (Table 6). Specifically, participants age 24 and under have the highest percentage of drug use, while binge drinking, and smoking were higher among participants aged 25-34. It is important to notice that although younger participants appeared to encounter more substance use problems, over 85% of young people aged 34 and under did not report having substance use problems. Regarding gender differences, male participants reported a two to three times higher percentage of substance use and substance use problems than female participants.



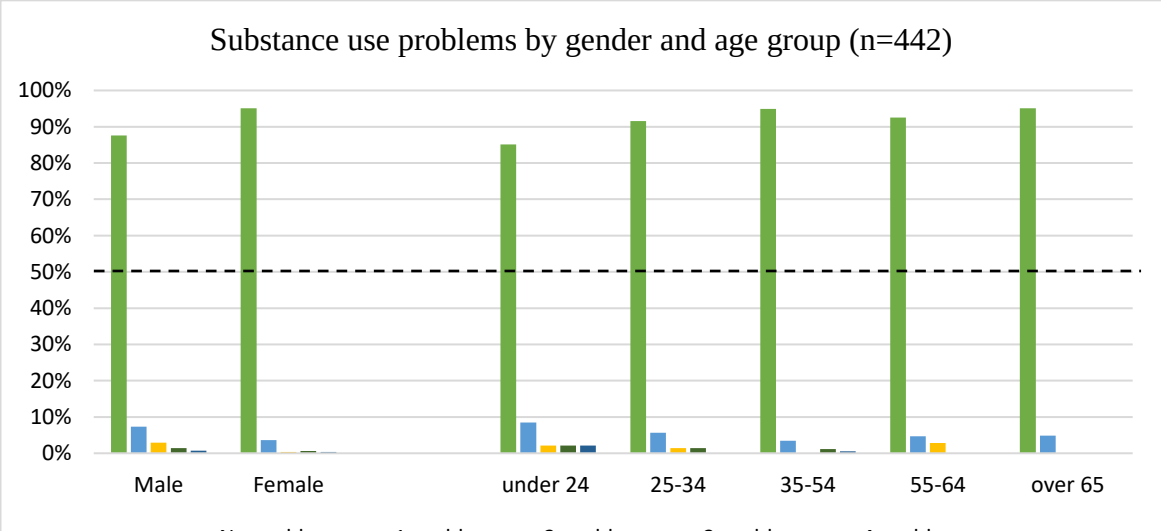


Figure 5. Substance use and substance use problems by gender and age group (n=442)

Among middle-aged ethnic Koreans, mental health issues are often related to marriage and work stress because people are moving to a new life stage of forming their own family and pursuing success in a career. As a participant stated:

> *"I feel pressure on getting married. Parents give me a lot of pressure. I also feel pressure to get promoted at work. If I don't succeed, people will look down on me." (volunteers' group)*

Results from the survey further show age and gender differences in life and work stress (Figure 6). For work stress, women appeared to have lower job security, less freedom, but a higher and more hectic workload than men, suggesting women experience higher work stress than men. Across age groups, younger groups reported lower freedom, higher conflicting demands, and lower job security in their work environment than their older counterparts. In terms of life stress, adults aged 25-34 reported the highest percentages of feeling quiet or extreme stress for most days, while over half of the participants aged 65 and over reported feeling a bit stressed for most days. Men had a higher percentage of feeling a bit stressed for most days than women, whereas women tended to have a higher percentage of experiencing high or extreme stress than men.

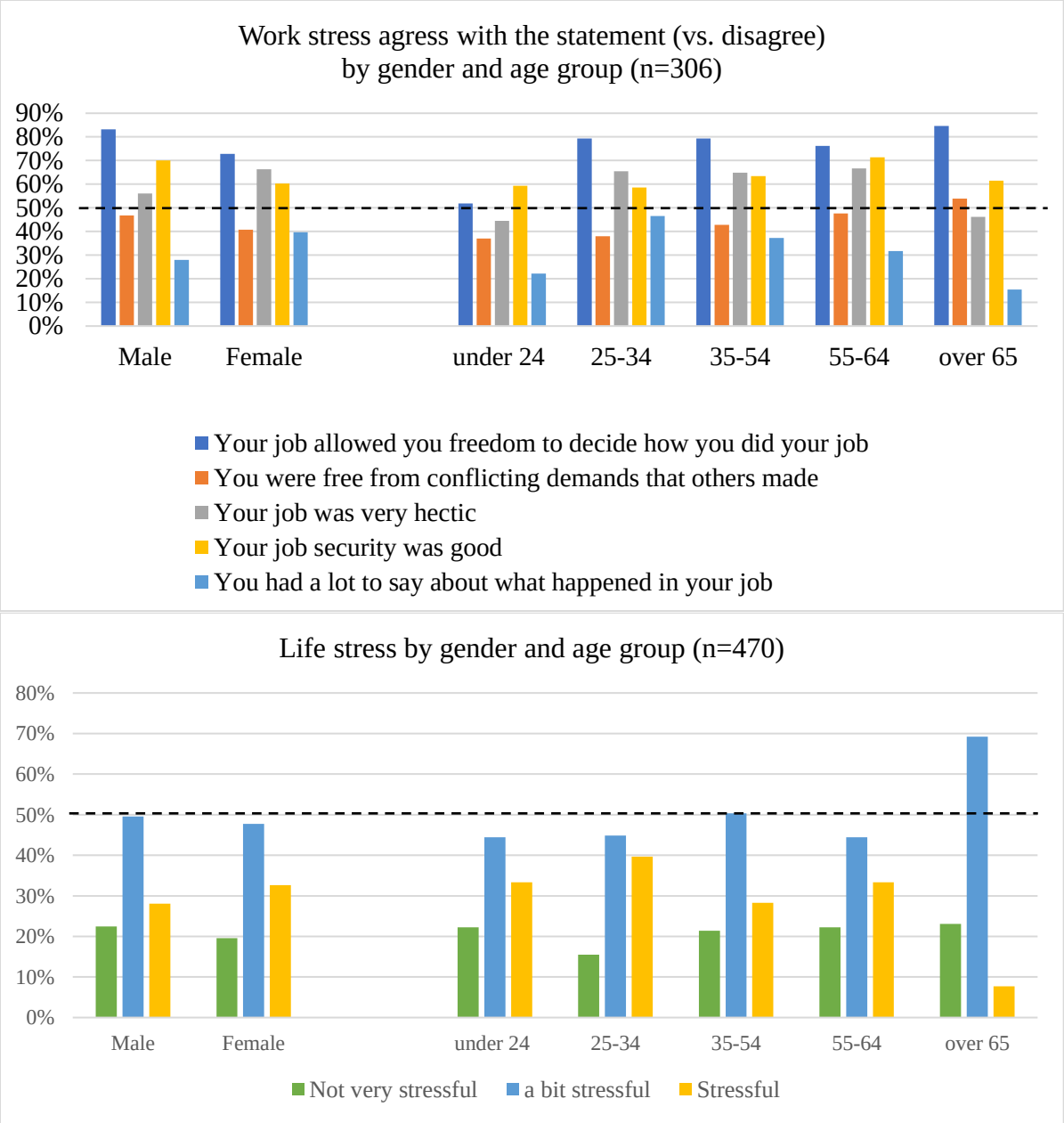


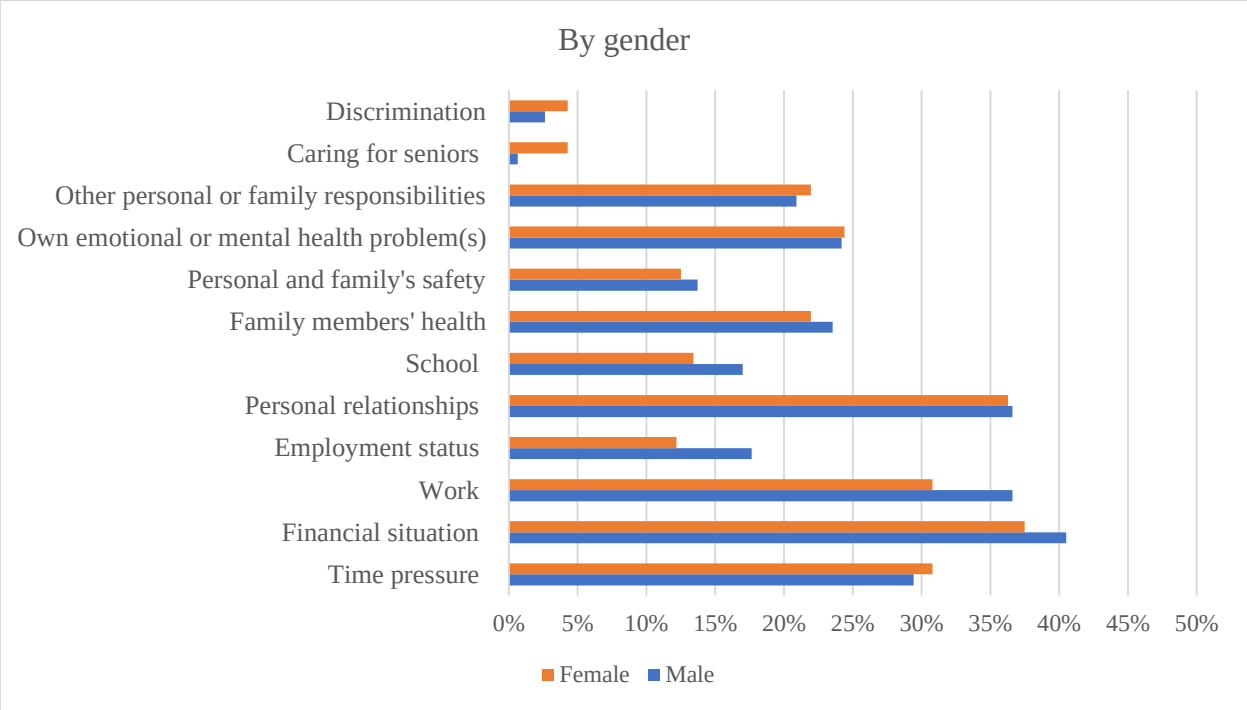
Figure 6. Work stress and life stress by gender and age group

For senior Koreans living in the GTA, our results suggest that they are vulnerable to mental illness due to declining health and a lack of mental health information. Participants described that aging-related factors, such as rapid life adjustments after retirement, generational conflicts, social isolation, and physical health, have a substantial effect on seniors' mental health. Participants shared the following thoughts.

"Senior clients are increasing. Social isolation, loneliness, physical health issues are affecting their mood and cause depression." (service providers' group)

"I have thought about my life after retirement. I have to restructure my relationship with my family members. I also need to make a plan for my life and consider my financial status because I do not know how long I will live." "Different life pattern after retirement gives me stress." "(seniors' group)

Although there are few differences between genders regarding sources of stress in the survey, more women than men indicated that caring for seniors is the primary source of stress. In contrast, more men than women expressed employment status and work are the primary stressors. Regarding the age group, school and time pressure are the main sources of stress for participants aged 24 and under, and financial situation and work are the main stressors for working-aged groups. As for participants aged 55 and over, family member's health and personal relationship are the main factors that contributed to the feelings of stress. (Figure 7).



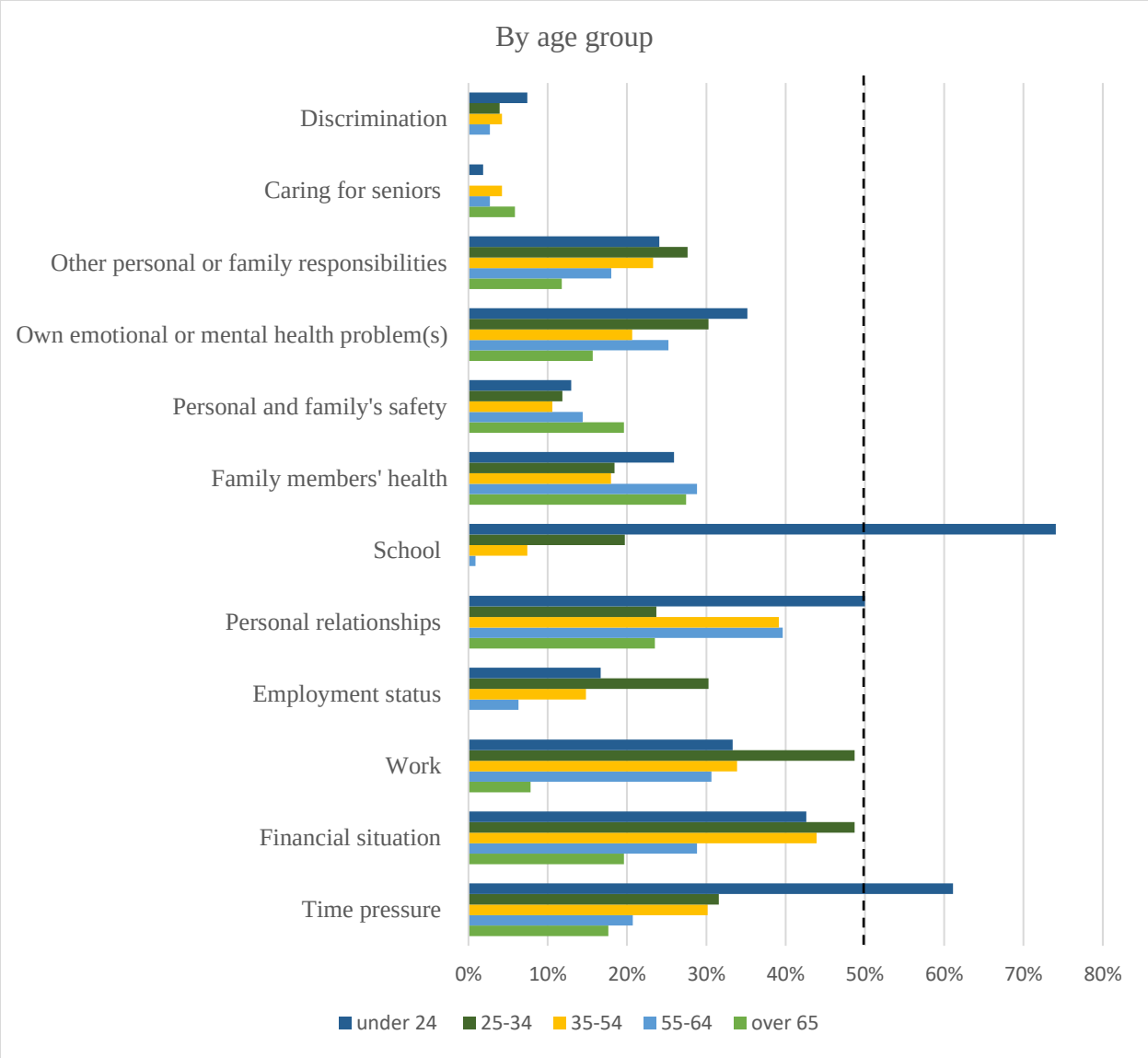


Figure 7. Sources of stress by gender and age group (n=481)

Familism and caregiving burden

Valuing family cohesion and honor was recognized as a fundamental value in the Korean community by the participants. Most family members provide essential support for their members with mental illness. However, heavy responsibility and pressure of protecting family honor place an extra burden on the family caregiver, and indirectly adds guilt to the individual with mental illness. Two participants shared their experiences:

> *"I feel sorry for my family members because of being a burden to them……Due to the isolated life pattern, I feel a lack of motivation for life. I feel depressed for not forming my own family through marriage due to my mental illness." (clients' groups)*

"As I get older, I worry about who will take care of my child with mental illness." (seniors' group)

Moreover, participants shared that having a family member been diagnosed with mental illness can sometimes be understood as a family secret due to the perceived social harm that could damage the family honor. Therefore, some Korean families tend to keep the illness hidden from other non-family members. Therefore, those families are reluctant to access community supports. Two participants shared their reflections:

"In Korea, the honor of the family is important. Mental health issue brings shame to the family." (youth group)

"Due to a small Korean society in Toronto, people are reluctant to participate in group programs. People do not want others to know that they have mental health issues. "(service providers' group)

4.3 Stigma and religious factors

The social stigma associated with mental illness

The link between having a mental illness and bringing family dishonor can be understood under a broader social stigmatization process towards mental illness in the Korean community. Participants discussed how mental illness is associated with a weak personality and sin in Korean culture. This negative connection may not only apply to individuals with mental illness but also extend to close family members. Consequently, people are less willing to discuss mental illness openly, as described by participants:

"I feel guilty because I have a child with mental illness. I am a sinner," and "I am always anxious because of my child who has a mental illness." (seniors' group)

"In our Korean culture, there is a stigma. We do not want to share our weaknesses in our culture." (seniors' group)

"There are many (mental illness) cases that people do not seek (help) because of shame. We have a culture of shame." (service providers' group)

Nevertheless, the value of encouraging toughness and hiding vulnerability in the Korean community may be related to the struggles that many Korean immigrants faced when they arrived in Canada in the early days. As such, a participant shared

"In the Korean community, parents have stories about when they were young; everything was so tough. They had to be physically tougher and have a stronger mindset. They are less acceptable to being weakened." (youth group)

The ethnic Korean politician highlighted that it is urgent to make changes to this cultural value and encourage people to accept their weakness and to seek help.

"It's just having been raised in a Korean family as a second-generation, you were always taught you don't cry, you don't. You don't show weakness; you don't show emotion. We have to get the message out there that it's okay to be in pain; it's okay to not know where to go, not know what to do." (interview with an ethnic Korean politician)

Mental illness stigma may further prevent Koreans with mental illness from taking prescribed medications. There is a lack of trust in the effectiveness of medication and confidentiality in the health services among Koreans, as participants described:

"Korean clients tend to avoid taking prescribed medications. They have a negative perspective on prescribed medications." (service providers' group)

"People do not find help because they believe prescribed medications would not solve their problems." (volunteers' group)

"...do not trust psychotherapists will keep confidentiality. It is partially due to a small Korean community in Toronto." (service providers' group)

However, our interview with the psychiatrist provided an alternative perspective. One possible reason for people not taking medication is a lack of education on modern medicine, rather than cultural factors.

"There are certain people who are just not necessarily educated in the ways of modern medicine, things like that. And so in that way, they don't think medication is the thing, but I don't think that's the case with Korean people, at least people I've seen it, it's not that they don't know that medications exist, or medications are good or medications are worse." (psychiatrist's interview)

Social media also play an influential role in linking negative images to mental illness nowadays, as mentioned by a youth participant:

"In media and society, mental health issues like schizophrenia and sociopath are related to negative things." (youth group)

However, the negative perception toward mental illness may change when the ethnic Korean people have more experiences of sharing their mental health issues with others and accessing mental health services by taking care of family members living with mental illness. Two participants shared their experiences:

"Now, I do not have to hide my child has a mental health issue because it is not a sin. After openly sharing it, I feel comfortable." (seniors' group)

"That is because now we have learned a lot after taking care of our children for a long time. In the past, I could not share it." (seniors' group)

Results from the survey show that female participants reported a slightly higher percentage of experiencing discrimination as a result of their emotional or mental health problems. However, female participants appeared to have lower percentages of mental health stigma than male participants. Across age groups, participants aged 25-34 show a higher percentage of experiencing discrimination and lower stigma towards mental illness (Figure 8).

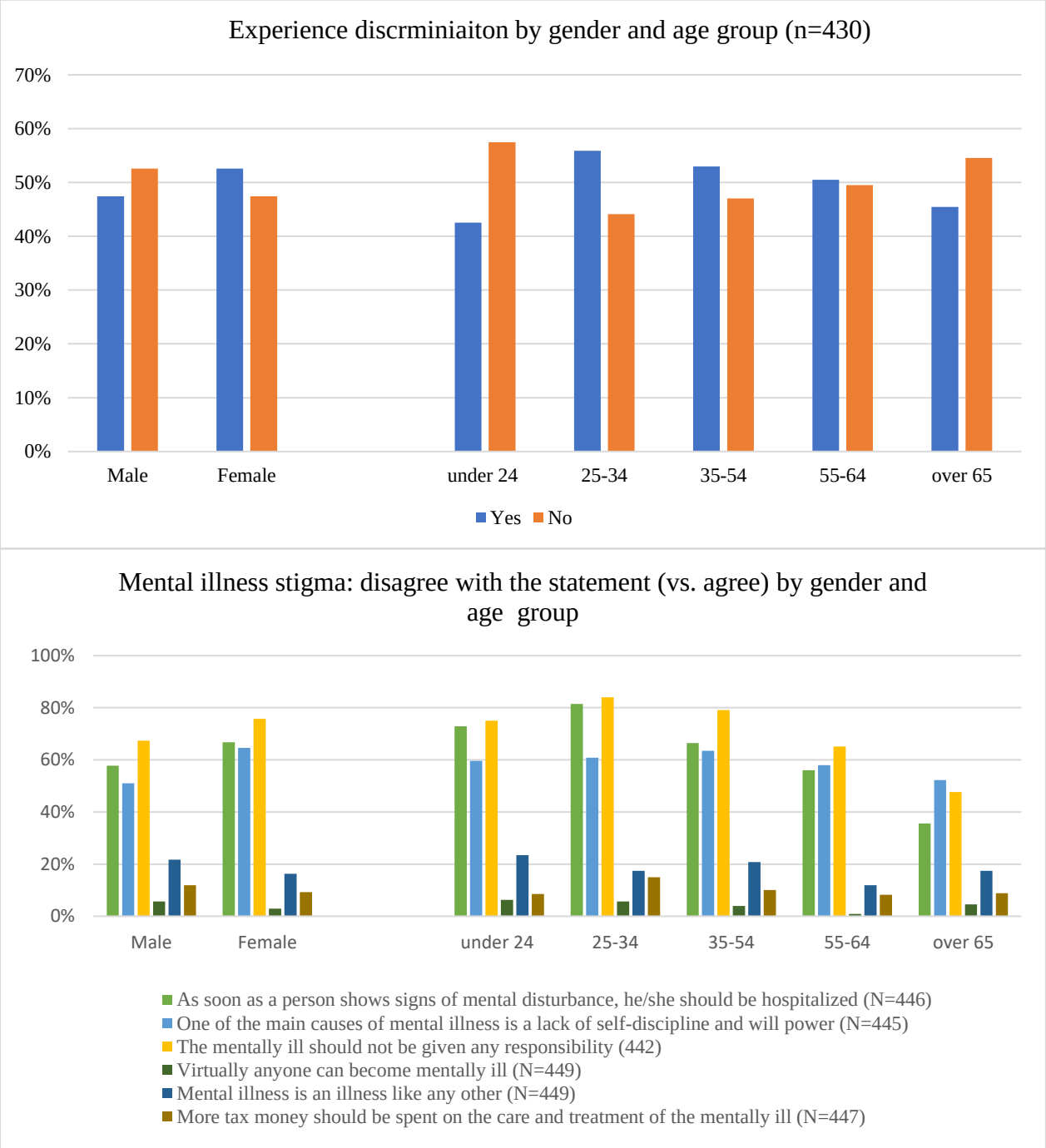


Figure 8. The stigma and discrimination by gender and age group.

Religious beliefs and mental illness

Religion, especially the Christian faith, plays a vital role in the Korean community. Our interviews with key informants and clients' focus groups discussed various attitudes and behaviors regarding how people living with mental illness interact with religious faiths. While some people practice religious activities, such as prayer, to overcome their mental illness, others might be reluctant to talk about mental illness within their faith community because they believe that mental illness is related to demonization. As participants stated:

> *"I did not have faith, but my friends helped me (to have faith), so I pray… Probably because of faith, I have not had any problem for the last three years." "I bring my husband (with alcohol issue) to all the programs in my church." (clients' group)*

> *"Some Christians believe that mental health issues are related to demonization" (pastor's interview)*

Moreover, some ethnic Koreans do not want to discuss mental health issues in the church because the church is closely linked with their social networks. Since mental illness may be seen as harmful to family honor, people prefer not to disclose mental health concerns to others in religious settings, as indicated by the pastor.

> *"People are reluctant to participate in mental health workshops because they don't want other church members to think that they have mental health issues" (pastor's interview)*

Despite that the faith community faces several challenges in addressing mental illness, faith groups could potentially provide general support to families experiencing mental health issues. However, caution is necessary to ensure that proper support and accurate health information are being given to people in need, as indicated by the interview with the ED of a Korean social service.

> *".. the church tends to be an intermediary mental health service in a way. So it's good in the sense that makes you get that kind of emotional, social support from their community. But it's also a bit risky, because not every faith leader is aware or ready to provide some kind of emotional or mental health support." (Interview with an ED of a Korean social service)*

> *"But I think there's always that risk. So that tends to be another reason why maybe people come to seek services way too late when it's already too late. Because they feel like they get some support from churches or other groups" (Interview with an ED of a Korean social service)*

Furthermore, the pastor suggested that churches could have a more open attitude towards mental illness and encourage people to share their mental health issues. Importantly, showing acceptance of mental illness and building trust with people who need help is a critical step for the church system to support the Korean community in facing mental health issues.

" We need changes. I hope our church has a more welcoming attitude toward people in need. I also hope people change their attitude and share their problems instead of hiding them…It depends on how much they trust their pastors. They would think pastors are easier to access than mental health providers. At first, they do not share how serious their problem is. They just request prayers. After talking with them, I find that the issue is quite serious." (pastor's interview)

4.4 Social structural barriers

Language barrier in seeking health services

Lacking English-language proficiency is a substantial obstacle that prevents ethnic Korean people from accessing mental health services in the GTA. This barrier is especially crucial in mental health issues because it can be challenging to discuss emotional distress and disturbing thoughts in another language other than the mother tongue. Many participants shared the following thoughts:

"Even though there are (mental health) programs, I cannot participate in those programs because I cannot speak English." (seniors' group)

"Language barrier is also an issue. It is difficult to discuss mental health issues in English…People do not have information about where to ask for help." (pastor interview)

"Clients who are unemployed and isolated need to spend their time in a meaningful way by participating in diverse programs, but most programs are in English." (client's group)

Systematic inequalities in health services delivery

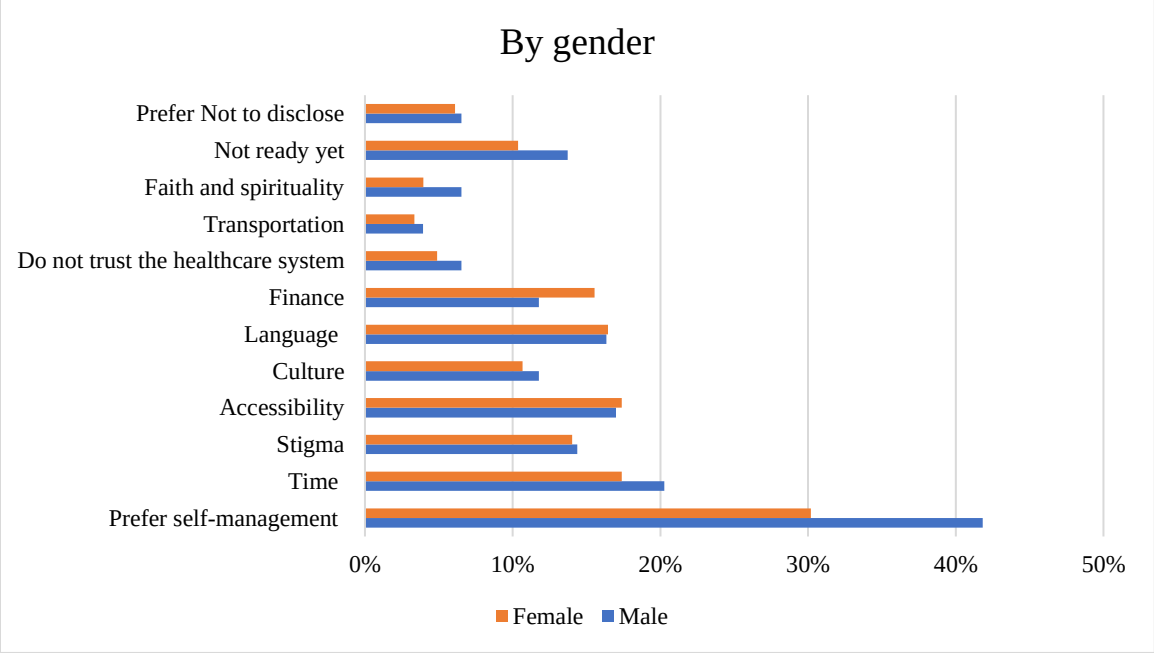
Broader systematic equalities in the health service system are other issues that many participants addressed. More specifically, whether individuals' health insurance cover counseling or psychotherapy services is a critical factor that determines health service usage, as stated by the service provider:

"We try to refer clients who have mental health issues, but it is almost impossible because they cannot afford those service fees. They even have difficulty with living costs, so there is no place to refer them. "(service providers' group)

Health professionals' understanding of mental illness and their attitudes towards mental illness have a substantial influence on clients' acceptance of their mental health concerns. Intriguingly, some participants mentioned that family doctors, especially ethnic Korean doctors, sometimes lacked mental health awareness and were unwilling to refer their patients to specialized doctors.

"*I shared my depression with my Korean family doctor…he did not prescribe any medication or refer me to a psychiatrist." "I wanted to get some sleeping pills, but my doctor told me to read the Bible instead of prescribing medication." "Since my family doctor did not understand my husband's (alcohol) issue, I had to bring him to the ER." (clients' group)*

The results of the survey thus highlight several structural factors that prevent people from seeking help. The language barrier is a significant factor that prevents older adults aged 55 and over from seeking help regarding their mental well-being. For both genders, although the primary reason for not seeking help is the preference for practicing self-management, men have a much higher percentage than women. Moreover, nearly half of the participants aged 24 and under selected "prefer self-management" as one of the reasons for not seeking help. Stigma also plays a crucial role in preventing ethnic Koreans from seeking help for both men and women, as well as for participants aged 24 and under.



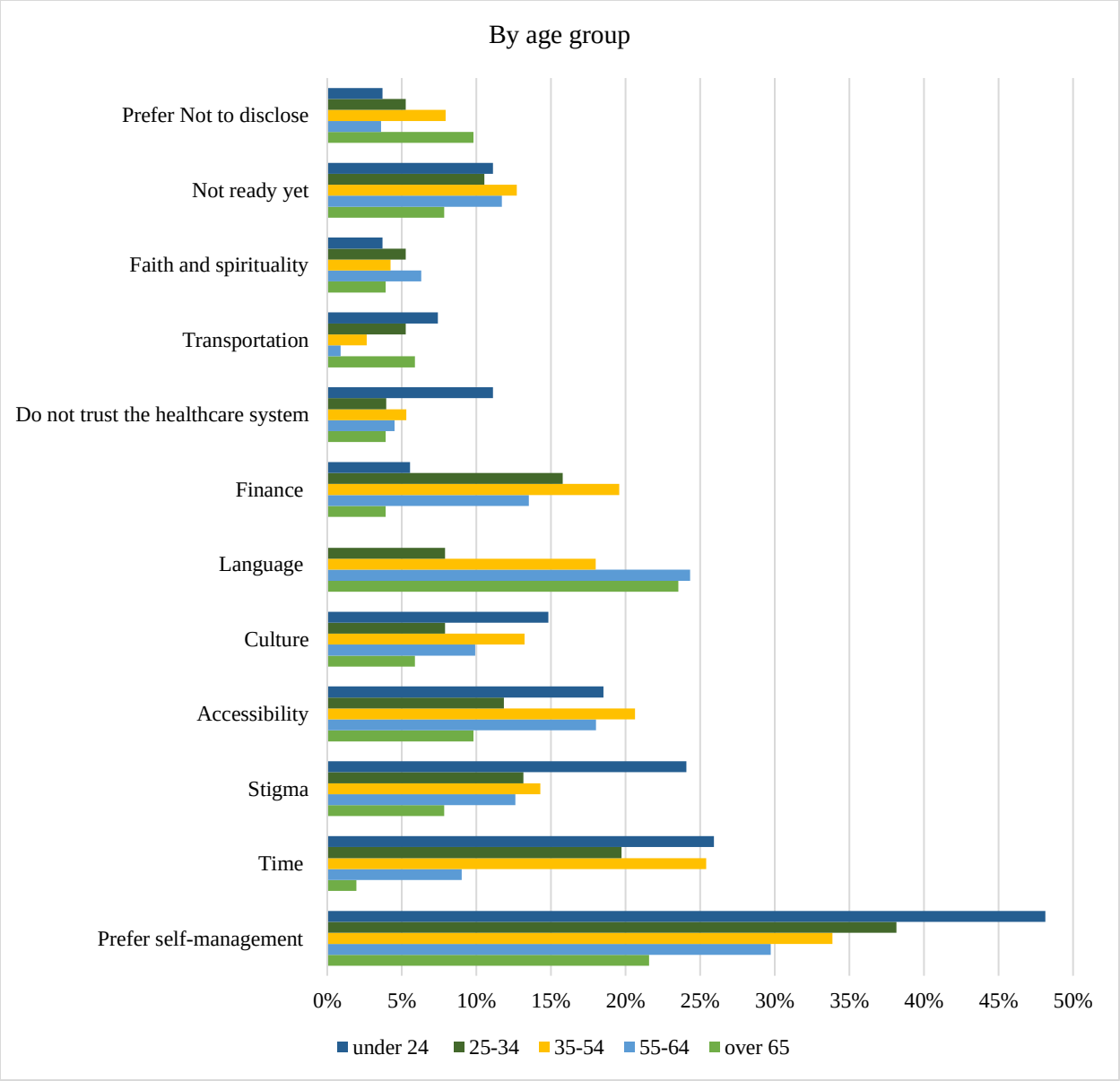


Figure 9. Reasons for not seeking help regarding emotional or mental well-being (n=481). (This is a multiple choice and multiple answer questions. Participants could check all possible reasons that are applied to them.)

4.5 Suggestions for mental health services development

Participants in our survey and interviews provided valuable suggestions regarding the gaps in current mental health services and ways of meeting the needs of the Korean community in the GTA.

First, many participants in the focus groups suggest that there is a need for more mental health awareness training for the Korean community in the GTA. Moreover, frontline social services and health workers also need advanced training regarding effective intervention skills in order to provide proper services for the Korean community members. In addition, it is also

essential to provide health education programs for the general population to reduce stigma towards mental illness.

Second, the faith community, such as the church, could be an important place to identify the early stage of mental illness among their community members. By working closely with health professionals and social services, the church can provide social support services for people living with mental illness and their family members through a religious lens.

Lastly, it is also essential to make changes from the structural level. The key informant interview with the ethnic Korean politician provides an insight into changing health policy in order to tackle the systemic issues that prevent people from accessing mental health services. As the ethnic Korean politician stated:

> *"As a government, we're trying our best, but sometimes there's not enough capacity, and we're working towards fixing healthcare, and allocating resources, so they can benefit in the best way possible. And that starts with the diagnosis that starts with how parents perceive their children." (Interview with an ethnic Korean politician)*

Results from the survey show that at the individual level, participants identified a need for more counseling and therapy services. At the community level, over half of the participants suggested that there is a need for more information about mental health problems, treatments, and resources, as well as counseling, therapy, or help for problems with personal relationships. In addition, education workshops and more health care providers could also help to improve the emotional and mental well-being of the Korean community in the GTA (Figure 12).

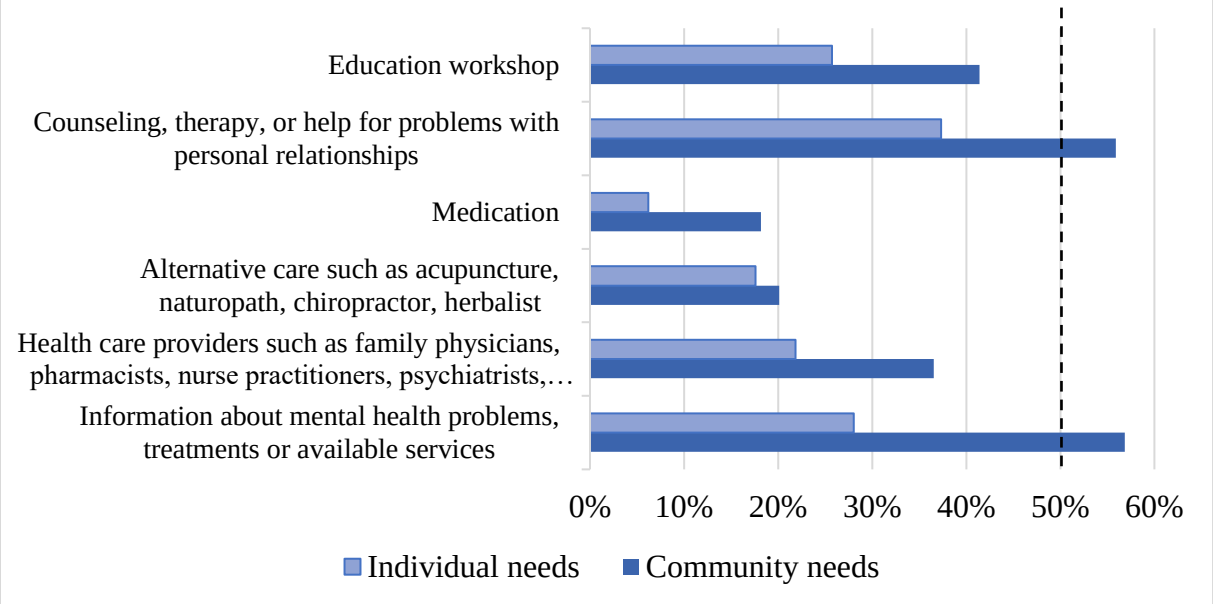


Figure 12. Perceived help and resources that are needed for individual and the community (n=517). (This is a multiple-choice and multiple answer questions. Participants could check all possible reasons that applied to them)

5 DISCUSSION

Our findings based on a community sample is consistent with previous research among ethnic Koreans living in North America. We found that women and older people are more likely to experience mental health issues, while young people reported a higher percentage of binge drinking, smoking, and drug use. Similar results were also identified by two studies focusing on Korean immigrants in the US (Jang et al., 2011; Sin et al., 2010).

Nevertheless, when compared to the general Canadian population, our participants reported a slightly higher percentage of mental illness than the general population. The nationally representative survey shows that about 6% of men and 10% of women reported they had been diagnosed with a mood disorder in the general population, whereas our data show that 16% women and 10% of men in the Korean community in the GTA reported having mental disorder diagnoses (Public Health Agency of Canada, 2016). Our sample also showed a higher percentage of suicidal thoughts (Female: 23%; male 18%) compared to the general Canadian populations (Female: 14%; Male: 11%) (Statistics Canada, 2020).

One possible reason for this is that our sample may include more people from our clients or relevant mental health services. In addition, our survey question includes not only mood disorders but also other types of mental disorders. Therefore, the prevalence rate of mental disorders is likely to be higher in our sample than in the previous report of the general Canadian population. Another possible explanation is that our survey questionnaire was designed both in English and in Korean. We were able to reach specific ethnic Korean populations that were not generally included in the national surveys due to language barriers, especially older ethnic Korean populations. Therefore, the results of national surveys may underestimate the mental health needs of marginalized populations in Canada. Additionally, our results may capture more long-term immigrant respondents who may experience a deterioration of mental well-being with the time spent in Canada, as suggested by a study in Canada (I.-H. Kim & Noh, 2014a).

Despite the fact that the participants in our sample showed a poor mental health status than the general population, more than 70% of the participants reported having good mental well-being most of the time. The result is similar to the general Canadian population, with 7 in 10 people reporting they had good mental health status (Public Health Agency of Canada, 2016).

Our results further underscore the pivotal relationships between life-stage transition and mental health issues. While most school-aged youth experience high pressure from academic success and peer pressure, middle-aged ethnic Koreans expressed high work-related stress, especially for women. When entering the stage of retirement, older ethnic Koreans are concerned about adjustment to new lifestyles and declining health issues.

The study also provided insights into how cultural and social stigma toward mental illness may prevent ethnic Koreans from seeking mental health services. We found that the mental health stigma in the Korean community is connected with the family values and honor rooted in the East Asia Confucianism. Confucian doctrines advocate for “interdependence, collectiveness, and familism” with the goal of maintaining social harmony, foster family values and ways of living in many East Asian countries, such as Korea (Tung, 2010, p. 536). Many of our participants discussed

that keeping the family honor and avoiding being a burden of others are critical values for them. Nevertheless, the core values of collectiveness and familism may prevent ethnic Koreans from seeking help outside of their family members. The ideas of showing weakness and seeking help from others outside may also bring a loss of face not only to individuals themselves but also to the whole family (Young, 2017).

Additionally, the value of filial piety in Confucianism also emphasizes the importance that sons and daughters should not make their parents' worry about their condition (Young, 2017). Sons and daughters are encouraged to be successful in academics and careers to bring honor to the family and ancestors. Therefore, many young participants in our study also mentioned the pressure and high expectations from their parents are the primary sources of stress in their current lives.

Without considering the cultural roots of Confucianism in understanding the help-seeking behaviors in the Korean community, policy makers and service providers may overlook a critical aspect of developing effective and culturally attuned mental health services that meet the needs of the Korean community in the GTA.

6 LIMITATIONS

There are several limitations in this study, which should be considered when interpreting the results. First, our study is based on a convenience sample. Therefore, the results may not be able to be generalized to the whole ethnic Korean population in the GTA. Second, this is a cross-sectional study, which does not allow any inference of the causal effect of study findings. Lastly, the survey questions regarding mental health issues are self-reported. There is a possibility that participants may under-report their mental illness due to cultural and social stigma, as we discussed earlier.

Nevertheless, our study is among the first to assess the mental health needs of a relatively large community sample of Korean populations in the GTA. Our findings provide valuable insights into the mental health needs, family and cultural factors, and social structural barriers towards seeking mental health services among the Korean community in the GTA. More importantly, our study underlined the importance of the religious community that could play a key role in current community mental health services. As well, there is a need for more awareness of mental health issues in the Korean community and more counseling/therapy services for ethnic Korean people in the GTA. Future studies should consider using a longitudinal study design to identify the causal effect and employing a representative sample to gain an in-depth understanding of the mental health needs of the whole Korean community.

7 RECOMMENDATIONS

Building on our findings and previous literature, several recommendations regarding how to develop better mental health services for the Korean community are discussed below:

7.1 Mental health awareness

It is evident that there is still a lack of mental health awareness among the Korean community in the GTA. Our study further highlights the importance of understanding the cultural and family values that may prevent people from accessing mental health services and seeking help from professional organizations. Therefore, it is recommended that future mental health services should develop mental health awareness campaigns and training that are culturally informed.

7.2 Health services provision

Considering the diverse mental health needs within the Korean community, it is crucial for service providers to re-evaluate their services by considering the different age groups, gender, and life stages, as well as levels of mental health literacy. For example, there is a need for more substance use services for young people and community mental health services for older Korean immigrant women. More importantly, given the limited mental health resource available for the Korean community in the GTA, especially services provided in the Korean language, service providers should work together to build a service network for the Korean community.

7.3 Religious community

The religious community, such as church systems, plays a vital role in many ethnic Koreans' daily lives in the GTA. Therefore, our study found that some churches and pastors begin to pay attention to the mental health issue of their community members. It is recommended that the religious/church system could move toward a community partnership with professional mental health services to increase mental health awareness and to improve access to mental health services for their community members. For example, the Young-Nak Korean Presbyterian church of Toronto established a mental health ministry in 2015, and the department has been working with Hong Fook Mental Health Association and psychiatrists since then.

7.4 Social systemic changes

Beyond frontline mental health services, we also need to consider making changes at the macro social systemic level. We recommend mental health service coverage under the current Ontario Health Insurance Plan (OHIP) be extended, with coverage of psychotherapy services provided by psychologists, psychotherapists, and social workers. Moreover, we also need to advocate for the mental health rights of people with financial difficulties and to reduce the economic barriers of accessing mental health services not only in the Korean community but also in the whole of Canada.

8 APPENDIX

Appendix A. The survey questionnaire

Community Needs Assessment Survey
한인사회 실태조사
2019

홍푹 정신건강협회

Community Needs Assessment Survey 2019

1. **By checking "I agree" below, you are indicating that you are at least 16 years old, have read and understood this consent form and agree to participate in this research study. 아래에서 "동의함"은 "본인이 16 세 이상으로 이 동의서를 읽고 이해를 하였으며, 이번 연구에 참여할 것을 동의한다"는 뜻입니다.**

□ I agree 동의함 □ I disagree 동의하지 않음

2. **Please record the first three digits of your postal code.** 자택의 우편번호 앞 3 자리를 적어주세요.

___ ___ ___

3. **What is your gender? 본인의 성별을 표시하세요.**

□ Male 남성 □ Female 여성
□ Other 기타
□ Prefer not to disclose 밝히고 싶지 않음

4. **What is the highest level of education you have completed in Canada or elsewhere? 최종 학력은 어떻게 되나요?**

□ Post-graduate education 대학원 교육
□ University graduate 대학 졸업
□ College graduate 전문대 졸업
□ High school completed 고등학교 졸업
□ Apprenticeship 도제 교육
□ Some post-secondary education 일부 대학교육
□ Some high school or less 고등학교 중퇴 이하
□ Prefer not to disclose 밝히고 싶지 않음

5. **How long have you lived in Canada?** 캐나다에서 **얼마나 오래 사셨나요?**

□ All of my life 평생

□ Less than 2 years 2 년 미만

□ 2-4 years 2-4 년

□ 5-10 years 5-10 년

□ 11 or more years 11 년 이상

□ Prefer not to disclose 밝히고 싶지 않음

6. What is your legal status in Canada? 캐나다에서 본인의 법적 신분은 무엇인가요?

□ Canadian citizen 시민권자

□ Permanent resident 영주권자

□ Temporary resident (visa) 일시거주자(비자)

□ Visitor 방문자

□ Refugee 난민

□ Prefer not to disclose 밝히고 싶지 않음

□ Unknown 알 수 없음

7. Which of the following best describes your ethnic background? (Choose all that apply.) Are you…? 본인의 인종적 배경은 무엇인가요? (해당 사항 모두 표시)

□ Korean 한국인

□ Chinese 중국인

□ South Asian 남부아시아인

□ Vietnamese 베트남인

□ Cambodian 캄보디아인

□ Filipino 필리핀인

□ Other 기타

□ Prefer not to disclose 밝히고 싶지 않음

8. What language do you usually speak at home? (Choose all that apply). 가정에서 어떤 언어를 사용하시나요? (해당 사항 모두 표시)

□ English 영어

□ Korean 한국어

□ Mandarin 북경어

□ Cantonese 광동어

□ Vietnamese 베트남어

□ Khmer 크메르어

□ Tamil 타밀어

□ Punjabi 펀자브어

□ Tagalog 타갈로그 어

□ Gujurati 구자라트어

□ Hindi 힌디어

□ Bengali 벵골어

□ Other 기타

□Prefer not to disclose 밝히고 싶지 않음

9. What is your age? 본인의 나이는 몇세인가요?

□ Under 24 24 세 미만

□ 24 – 34 세

□ 35 – 54 세

□ 55 – 64 세

□ 65+ 65 세 이상

□ Prefer not to disclose 밝히고 싶지 않음

Relationships 관계

In the following sections, we would like to know about your family relationships. 다음은 가족관계에 대한 질문입니다.

10. How well would you say you are getting along with your family? 가족과 관계는 어떤가요?

a. Mother: 어머니와 관계

□ Getting along very well 아주 좋음

□ Getting along well 좋음
□ Getting along okay 보통임
□ Not getting along well 좋지 않음
□ Not getting along at all 아주 좋지 않음
□ Not applicable 해당 없음
□ Prefer not to disclose 밝히고 싶지 않음

b. Father: 아버지와 관계

□ Getting along very well 아주 좋음
□ Getting along well 좋음
□ Getting along okay 보통임
□ Not getting along well 좋지 않음
□ Not getting along at all 아주 좋지 않음
□ Not applicable 해당 없음
□ Prefer not to disclose 밝히고 싶지 않음

c. Spouse/Partner 배우자/파트너와 관계

□ Getting along very well 아주 좋음
□ Getting along well 좋음
□ Getting along okay 보통임
□ Not getting along well 좋지 않음
□ Not getting along at all 아주 좋지 않음
□ Not applicable 해당 없음
□ Prefer not to disclose 밝히고 싶지 않음

d. Mother In Law 시어머니/장모와 관계

□ Getting along very well 아주 좋음
□ Getting along well 좋음
□ Getting along okay 보통임
□ Not getting along well 좋지 않음

□ Not getting along at all 아주 좋지 않음
□ Not applicable 해당 없음
□ Prefer not to disclose 밝히고 싶지 않음

e. Father In Law 시아버지/장인과 관계

□ Getting along very well 아주 좋음
□ Getting along well 좋음
□ Getting along okay 보통임
□ Not getting along well 좋지 않음
□ Not getting along at all 아주 좋지 않음
□ Not applicable 해당 없음
□ Prefer not to disclose 밝히고 싶지 않음

f. Children: 자녀와 관계

□ Getting along very well 아주 좋음
□ Getting along well 좋음
□ Getting along okay 보통임
□ Not getting along well 좋지 않음
□ Not getting along at all 아주 좋지 않음
□ Not applicable 해당 없음
□ Prefer not to disclose 밝히고 싶지 않음

g. Siblings 형제/자매와 관계

□ Getting along very well 아주 좋음
□ Getting along well 좋음
□ Getting along okay 보통임
□ Not getting along well 좋지 않음
□ Not getting along at all 아주 좋지 않음
□ Not applicable 해당 없음
□ Prefer not to disclose 밝히고 싶지 않음

h. Grandchildren 손자녀와 관계

□ Getting along very well 아주 잘 지냄

□ Getting along well 좋음

□ Getting along okay 보통임

□ Not getting along well 좋지 않음

□ Not getting along at all 아주 좋지 않음

□ Not applicable 해당 없음

□ Prefer not to disclose 밝히고 싶지 않음

Mental Health Indicators (Questions 11 to 16) 정신건강 지표(질문 11-16)

In this section, we would like to know a little bit about your mental health condition. Your input will help us provide better services for your community. 본인의 정신건강 상태에 대해 알려주세요. 이 정보는 지역사회의 서비스 향상에 도움이 됩니다.

11. In the <u>past month</u> how often did you feel interested in life? 지난 한 달 동안 삶에 대한 흥미를 얼마나 자주 느끼셨나요?

□ Everyday 매일

□ Almost everyday 거의 매일

□ About 2 or 3 times a week 일주일에 두세 번

□ About once a week 일주일에 한 번

□ Once or twice 한두 번

□ Never 전혀 없음

□ Prefer not to disclose 밝히고 싶지 않음

12. In the <u>past month</u> how often did you feel satisfied with your life? 지난 한 달 동안 본인의 삶에 얼마나 자주 만족하셨나요?

□ Everyday 매일

□ Almost everyday 거의 매일

□ About 2 or 3 times a week 일주일에 두세 번

□ About once a week 일주일에 한 번

□ Once or twice 한두 번

□ Never 전혀 없음

□ Prefer not to disclose 밝히고 싶지 않음

13. In the <u>past month</u>, how often did you feel confident to think or express your own ideas and opinions? 지난 한 달 동안 얼마나 자주 본인의 생각과 의견을 자신감있게 표현하셨나요**?**

□ Everyday 매일

□ Almost everyday 거의 매일

□ About 2 or 3 times a week 일주일에 두세 번

□ About once a week 일주일에 한 번

□ Once or twice 한두 번

□ Never 전혀 없음

□ Prefer not to disclose 밝히고 싶지 않음

14. In the <u>past month</u>, how often did you feel that our society is becoming a better place for people like you? 지난 한 달 동안 얼마나 자주, 우리 사회가 본인에게 더 나은 곳이 되어가고 있다고 느끼셨나요?

□ Everyday 매일

□ Almost everyday 거의 매일

□ About 2 or 3 times a week 일주일에 두세 번

□ About once a week 일주일에 한 번

□ Once or twice 한두 번

□ Never 전혀 없음

□ Prefer not to disclose 밝히고 싶지 않음

15. In the <u>last 7 days</u>, on average how many hours per day did you spend on electronic devices for leisure purposes? 지난 한 주 동안 전자기기를 여가/취미용으로 사용하는데 하루 평균 몇 시간을 보내셨나요?

□ 0 -1 시간

□ 1- 2 시간

□ 3- 4 시간

□ 5- 6 시간

□ 7 or more 7 시간 이상

□ Prefer not to disclose 밝히고 싶지 않음

16. In the <u>last 7 days</u>, on average how many hour per day did you spend on electronic devices for work/school-work purposes? 지난 한 주 동안 전자기기를 직장일이나 공부에 사용하는데 하루 평균 몇 시간을 사용하셨나요?

□ 0 -1 시간

□ 1- 2 시간

□ 3- 4 시간

□ 5- 6 시간

□ 7 or more 7 시간 이상

□ Prefer not to disclose 밝히고 싶지 않음

17. Would you say that for most days you are: 평소에 본인이 느끼는 스트레스 정도는 어떤가요?

□ Not at all stressful 전혀 없다

□ Not very stressful 많지 않다

□ A bit stressful 조금 있다

□ Quite stressful 많은 편이다

□ Extremely stressful 극심하다

18. Thinking about stress, what would you say is the most important thing contributing to feelings of stress you may have? (Please check all that apply). 본인의 스트레스에 영향을 가장 많이 주는 요소는 무엇인가요? (해당 사항 모두 표시)

□ Time pressure 시간에 쫓김

□ Financial situation 경제상태

□ Work 일

□ Employment status 고용 상태

□ Personal relationships 대인 관계

□ School 학업

□ Family members' health 가족의 건강

□ Personal and family's safety 본인과 가족의 안전

□ Own emotional or mental health problem(s)
자신의 정서적/정신적 건강 문제

□ Other personal or family responsibilities
기타 본인이나 가족에대한 책임

□ Caring for seniors 노인 돌봄

□ Discrimination 차별

□ Prefer not to disclose 밝히고 싶지 않음

□ N/A, please specify: 기타, 구체적으로 설명해 주세요: _____

Work Stress 업무 스트레스

In this section, we would like to know about your work environment and working conditions. 본인의 업무 환경과 근무 조건을 알려주세요

19. How much do you agree with the following statements? 아래 설명에 어느 정도 동의하시나요?

a. Your job allowed you freedom to decide how you did your job. 업무를 수행할 때 결정권이 있었다.

□ Strongly agree 매우 그렇다

□ Agree 그렇다

□ No Opinion 의견없음

□ Disagree 그렇지 않다

□ Strongly disagree 전혀 그렇지 않다

□ Not applicable 해당 없음

□ Prefer not to disclose 밝히고 싶지 않음

b. You were free from conflicting demands that others made. 의견 충돌로 갈등을 일으키는 경우가 없었다.

□ Strongly agree 매우 그렇다
□ Agree 그렇다
□ No Opinion 의견없음
□ Disagree 그렇지 않다
□ Strongly disagree 전혀 그렇지 않다
□ Not applicable 해당 없음
□ Prefer not to disclose 밝히고 싶지 않음

c. Your job was very hectic. 일 때문에 정신없이 바빴다.

□ Strongly agree 매우 그렇다
□ Agree 그렇다
□ No Opinion 의견없음
□ Disagree 그렇지 않다
□ Strongly disagree 전혀 그렇지 않다
□ Not applicable 해당 없음
□ Prefer not to disclose 밝히고 싶지 않음

d. Your job security was good. 일자리가 안정돼 있었다.

□ Strongly agree 매우 그렇다
□ Agree 그렇다
□ No Opinion 의견없음
□ Disagree 그렇지 않다
□ Strongly disagree 전혀 그렇지 않다
□ Not applicable 해당 없음
□ Prefer not to disclose 밝히고 싶지 않음

e. You had a lot to say about what happened in your job. 업무 때문에 불만이 많았다.

□ Strongly agree 매우 그렇다

□ Agree 그렇다

□ No Opinion 의견없음

□ Disagree 그렇지 않다

□ Strongly disagree 전혀 그렇지 않다

□ Not applicable 해당 없음

□ Prefer not to disclose 밝히고 싶지 않음

Perception of mental health and mental illness (Question 20 to 31) 정신건강과 정신질환에 대한 인식 (질문 20-31)

In this section, we would like to know a little bit about your experience with mental health, and how you see mental health and mental illness. 정신건강과 관련된 본인의 경험, 정신건강과 정신질환을 본인이 어떻게 이해하고 있는지 알려주세요.

20. In the past 12 months, have you… 지난 일 년을 돌이켜 보고 다음 사항에 답해 주세요.

a. Thought that it would be better if you were dead? 차라리 죽는게 낫겠다고 생각한 적이 있다.

□ Yes 예 □ No 아니오

□ Prefer not to disclose 밝히고 싶지 않음

b. Seriously considered committing suicide or taking your own life? 자살, 즉 스스로 목숨을 끊어야겠다고 심각하게 생각한 적이 있다.

□ Yes 예 □ No 아니오

□ Prefer not to disclose 밝히고 싶지 않음

c. Had five or more drinks of alcohol on the same occasion? 한 번에 술을 다섯 잔 이상 마신 적이 있다.

□ Yes 예 □ No 아니오

□ Prefer not to disclose 밝히고 싶지 않음

d. Smoked or used smokeless tobacco?
흡연을 하거나 연기없는 담배를 사용한 적이 있다.

□ Yes 예 □ No 아니오
□ Prefer not to disclose 밝히고 싶지 않음

e. Use tranquilizers, stimulants, inhalants, solvents, or any street drugs? 진정제, 흥분제, 흡입제, 용해물질 또는 불법 마약을 사용한 적이 있다.

□ Yes 예 □ No 아니오
□ Prefer not to disclose 밝히고 싶지 않음

f. Used addictive substances or drugs, regardless of prescribed or over-the-counter, frequently? 처방 약품이든 일반 약품이든 중독성 약물이나 마약을 사용한 적이 있다.

□ Yes 예 □ No 아니오
□ Prefer not to disclose 밝히고 싶지 않음

21. Indicate whether or not you have experienced the following: 다음 사항을 경험한 적이 있는지 표시해 주세요.

a. Was there ever a time in your life when your use of substance frequently interfered with your work or responsibilities at school, on a job, or at home? 약물을 자주 사용한 결과, 학교나 직장, 가정에서 일이나 책임을 완수하는데 어려움을 겪은 적이 있다.

□ Yes 예 □ No 아니오
□ Prefer not to disclose 밝히고 싶지 않음

b. Was there ever a time in your life when your use of substance caused arguments or other serious or repeated problems with your family, friends, neighbors or co-workers 약물 사용으로 인해 가족, 친구, 이웃, 직장 동료와 다투거나 심각한 문제를 일으키거나, 똑같은 문제를 계속 유발한 적이 있다.

□ Yes 예 □ No 아니오

□ Prefer not to disclose 밝히고 싶지 않음

c. Was there ever a time in your life when your drinking or being hung over frequently interfered with your work or responsibilities at school, on a job, or at home (e.g. Family violence) 음주나 숙취로 인해 학교나 직장, 가정에서 일이나 책임을 완수하는데 어려움을 겪은 적이 자주 있다(예: 가정폭력) .

□ Yes 예 □ No 아니오

□ Prefer not to disclose 밝히고 싶지 않음

d. Was there ever a time in your life when your drinking caused arguments or other serious or repeated problems with your family, friends, neighbors, or co-workers? 음주로 인해 가족, 친구, 이웃, 직장 동료와 다투거나 심각한 문제를 일으키거나, 똑같은 문제를 계속 유발한 적이 있다.

□ Yes 예 □ No 아니오

□ Prefer not to disclose 밝히고 싶지 않음

22. During the <u>past month</u>, have you: 지난 한 달 동안 다음과 같은 문제가 있었는지 표시해 주세요.

a. Had trouble sleeping? 수면에 문제가 있었나요?

□ Not at all 전혀 없었다

□ Sometimes 가끔 있었다

□ Usually 보통 그런 편이었다

□ Everyday 매일 그랬다

□ Prefer not to disclose 밝히고 싶지 않음

b. Been feeling unhappy or depressed? 불행하거나 우울한 느낌이 들었나요?

□ Not at all 전혀 없었다

□ Sometimes 가끔 있었다

□ Usually 보통 그런 편이었다

□ Everyday 매일 그랬다

□ Prefer not to disclose 밝히고 싶지 않음

c. Felt tired out for no good reason? 이유 없이 극도의 피로감을 느낀 적이 있었나요?

□ Not at all 전혀 없었다

□ Sometimes 가끔 있었다

□ Usually 보통 그런 편이었다

□ Everyday 매일 그랬다

□ Prefer not to disclose 밝히고 싶지 않음

d. Had repeated, disturbing memories, thoughts, or images of a stressful experience? 힘들었던 경험 때문에 불편한 기억이나 생각, 영상이 반복적으로 떠오른 적이 있었나요?

□ Not at all 전혀 없었다

□ Sometimes 가끔 있었다

□ Usually 보통 그런 편이었다

□ Everyday 매일 그랬다

□ Prefer not to disclose 밝히고 싶지 않음

23. Have you been diagnosed with a mental illness? 정신질환 진단을 받은 적이 있나요?

(If answer YES please continue to question **24**. If answer any other options, skip to question **27**.)
('예'라고 답하면 24 번 질문으로 가세요. 다른 답을 선택하면 27 번 질문으로 가세요.)

□ Yes → Question 24 예 → 질문 24

□ No 아니오

□ Prefer not to disclose 밝히고 싶지 않음

24. Which conditions have you been diagnosed with? (Please check all that apply). 진단명이 무엇인가요? (해당 되는 것 모두 표시)

□Depression 우울증

□Phobia 공포증

□Post Traumatic Stress Disorder 외상후 스트레스 장애

□Mania 조증

□Bipolar disorder (Manic Depression) 조울증

□Other Mood disorder 기타 감정 장애

□Obsessive – Compulsive disorder (OCD) 강박 장애

□Other anxiety disorder(s) 기타 불안 장애

□Schizophrenia 조현병(정신분열증)

□Panic Disorder 공황 장애

□Attention- deficit disorder 주의력 결핍 장애

□Eating disorders 섭식 장애

□ Dysthymia 기분저하증

□N/A, Please specify: 기타, 구체적으로 설명해주세요: _____

□Prefer not to disclose 밝히고 싶지 않음

25. During the <u>past 12 months</u>, did you feel that anyone held negative opinions about you or treated you unfairly because of your past or current emotional or mental health problems?

지난 일 년 동안 본인의 과거나 현재의 정서적 또는 정신적 건강 문제로 인해 남에게 부정적인 말을 듣거나 부당한 대우를 받은 적이 있나요?

□ Yes 예 □ No 아니오

□ Prefer not to disclose 밝히고 싶지 않음

26. Have you ever received treatment for an emotional or mental health problem? 정서적 또는 정신적 건강 문제로 치료를 받은 적이 있나요?

□ Yes 예 □ No 아니오

□ Prefer not to disclose 밝히고 싶지 않음

27. Have any of your close friends ever been treated for an emotional or mental health problem? 친한 친구 중에 정서적 또는 정신적 건강 문제로 치료를 받은 사람이 있나요?

□ Yes 예 □ No 아니오

□ Prefer not to disclose 밝히고 싶지 않음

28. Imagine that you have emotional or mental health problem, would you feel that people would hold negative opinions about you or treat you unfairly because of your problems? 나에게 정서적 또는 정신적 건강 문제가 있다고 가정해 보세요. 나에게 그런 문제가 있다고 해서 다른 사람들이 나에 대해 부정적인 견해를 갖거나 나를 부당하게 대우할 것이라고 생각하나요?

□ Yes 예 □ No 아니오

□ Prefer not to disclose 밝히고 싶지 않음

29. Please indicate whether you feel the item should be categorized as a mental illness, a serious mental illness, or not a mental illness. 다음 사항이 정신질환, 심각한 정신질환, 정신질환이 아닌 것 중 어느 것에 해당한다고 생각하나요?

a. Schizophrenia 조현병(정신분열증)

□ A serious mental illness 심각한 정신질환

□ A mental illness 정신질환

□ Not a mental illness 정신질환이 아님

□ I don't know what this is 무엇인지 모르겠음

□ Prefer not to disclose 밝히고 싶지 않음

b. Anorexia 거식증 (신경성 식욕 부진증)

□ A serious mental illness 심각한 정신질환

□ A mental illness 정신질환

□ Not a mental illness 정신질환이 아님

□ I don't know what this is 무엇인지 모르겠음

□ Prefer not to disclose 밝히고 싶지 않음

c. Bulimia 식용항진증 (신경성 과식증)

□ A serious mental illness 심각한 정신질환
□ A mental illness 정신질환
□ Not a mental illness 정신질환이 아님
□ I don't know what this is 무엇인지 모르겠음
□ Prefer not to disclose 밝히고 싶지 않음

d. Depression 우울증

□ A serious mental illness 심각한 정신질환
□ A mental illness 정신질환
□ Not a mental illness 정신질환이 아님
□ I don't know what this is 무엇인지 모르겠음
□ Prefer not to disclose 밝히고 싶지 않음

e. Autism 자폐증

□ A serious mental illness 심각한 정신질환
□ A mental illness 정신질환
□ Not a mental illness 정신질환이 아님
□ I don't know what this is 무엇인지 모르겠음
□ Prefer not to disclose 밝히고 싶지 않음

f. Drug addiction 마약 중독

□ A serious mental illness 심각한 정신질환
□ A mental illness 정신질환
□ Not a mental illness 정신질환이 아님
□ I don't know what this is 무엇인지 모르겠음
□ Prefer not to disclose 밝히고 싶지 않음

g. Internet addiction 인터넷 중독

□ A serious mental illness 심각한 정신질환
□ A mental illness 정신질환
□ Not a mental illness 정신질환이 아님
□ I don't know what this is 무엇인지 모르겠음
□ Prefer not to disclose 밝히고 싶지 않음

h. Alcoholism 알코올 중독

□ A serious mental illness 심각한 정신질환
□ A mental illness 정신질환
□ Not a mental illness 정신질환이 아님
□ I don't know what this is 무엇인지 모르겠음
□ Prefer not to disclose 밝히고 싶지 않음

i. Alzheimer 알츠하이머병

□ A serious mental illness 심각한 정신질환
□ A mental illness 정신질환
□ Not a mental illness 정신질환이 아님
□ I don't know what this is 무엇인지 모르겠음
□ Prefer not to disclose 밝히고 싶지 않음

j. Panic and anxiety attacks 공황 및 불안 발작

□ A serious mental illness 심각한 정신질환
□ A mental illness 정신질환
□ Not a mental illness 정신질환이 아님
□ I don't know what this is 무엇인지 모르겠음
□ Prefer not to disclose 밝히고 싶지 않음

k. Gambling addiction 도박 중독

□ A serious mental illness 심각한 정신질환
□ A mental illness 정신질환
□ Not a mental illness 정신질환이 아님
□ I don't know what this is 무엇인지 모르겠음
□ Prefer not to disclose 밝히고 싶지 않음

l. Burnout 탈진

□ A serious mental illness 심각한 정신질환
□ A mental illness 정신질환
□ Not a mental illness 정신질환이 아님
□ I don't know what this is 무엇인지 모르겠음
□ Prefer not to disclose 밝히고 싶지 않음

m. Smoking 흡연

□ A serious mental illness 심각한 정신질환
□ A mental illness 정신질환
□ Not a mental illness 정신질환이 아님
□ I don't know what this is 무엇인지 모르겠음
□ Prefer not to disclose 밝히고 싶지 않음

30. Please indicate how much you agree or disagree with the following statements: 다음 설명에 어느 정도 동의하는지 표시해 주세요.

a. As soon as a person shows signs of mental disturbance, he/she should be hospitalized. 정신질환의 징후를 보이는 사람은 바로 병원에 입원시켜야 한다.

□ Strongly disagree 전혀 동의하지 않는다
□ Disagree 동의하지 않는다
□ No opinion 의견 없음
□ Agree 동의한다

□ Strongly agree 매우 동의한다

□ Prefer not to disclose 밝히고 싶지 않음

b. One of the main causes of mental illness is a lack of self-discipline and will power. 자기 훈련과 의지력 부족이 정신질환의 주요 원인 중 하나이다.

□ Strongly disagree 전혀 동의하지 않는다

□ Disagree 동의하지 않는다

□ No opinion 의견 없음

□ Agree 동의한다

□ Strongly agree 매우 동의한다

□ Prefer not to disclose 밝히고 싶지 않음

c. The mentally ill should not be given any responsibility. 정신질환이 있는 사람에게는 어떠한 책임도 부여해서는 안된다.

□ Strongly disagree 전혀 동의하지 않는다

□ Disagree 동의하지 않는다

□ No opinion 의견 없음

□ Agree 동의한다

□ Strongly agree 매우 동의한다

□ Prefer not to disclose 밝히고 싶지 않음

d. Virtually anyone can become mentally ill. 누구든지 정신질환을 앓을 수 있다.

□ Strongly disagree 전혀 동의하지 않는다

□ Disagree 동의하지 않는다

□ No opinion 의견 없음

□ Agree 동의한다

□ Strongly agree 매우 동의한다

□ Prefer not to disclose 밝히고 싶지 않음

e. Mental illness is an illness like any other. 정신질환은 다른 보통 질병과 다를 바 없다.

□ Strongly disagree 전혀 동의하지 않는다
□ Disagree 동의하지 않는다
□ No opinion 의견 없음
□ Agree 동의한다
□ Strongly agree 매우 동의한다
□ Prefer not to disclose 밝히고 싶지 않음

f. More tax money should be spent on the care and treatment of the mentally ill. 정신질환자를 보살피고 치료하는데 세금이 더 많이 사용돼야 한다.

□ Strongly disagree 전혀 동의하지 않는다
□ Disagree 동의하지 않는다
□ No opinion 의견 없음
□ Agree 동의한다
□ Strongly agree 매우 동의한다
□ Prefer not to disclose 밝히고 싶지 않음

31. Are you actively seeking help to manage your emotional and mental well-being? 본인의 정서적, 정신적 안녕을 위해 적극적으로 도움을 요청하고 있나요?

(If answer YES please skip to question **33**, if answer any other options continue to question **32**.)
'예'라고 답하면 33 번 질문으로 가세요. 다른 답을 선택하면 32 번 질문으로 가세요.

□ Yes → Question 33 예 → 질문 33
□ No 아니오
□ Unsure 잘 모르겠음
□ Prefer not to disclose 밝히고 싶지 않음

32. Please check all possible reasons as to why you would *not* seek help regarding your emotional or mental well-being? 정서적 또는 정신적 안녕과 관련하여 도움을 요청하지 않는 이유는 무엇인가요? 가능한 모든 이유를 표시하세요.

□ Prefer self-management (self-care)
스스로 관리하는것이 더 좋아서 (자가 관리)

□ Time 시간 때문

□ Stigma 낙인/편견 때문

□ Accessibility (Lack of access)
서비스 이용 어려움(서비스 부족)

□ Culture 문화 때문

□ Language 언어 장벽

□ Finance 재정적 어려움

□ Do not trust the health care system
의료 서비스 제도 불신

□ Transportation 교통 불편

□ Faith and spirituality 종교적 이유

□ Not ready yet 준비가 안돼서

□ Prefer not to disclose 밝히고 싶지 않음

□ N/A, Please Specify 기타, 구체적으로 설명해 주세요: _____

Perception of mental health services (Question 33 to 34) 정신건강 서비스에 대한 인식(질문 33-34)
In this section, we would like to know a little bit about your experience with mental health services, and how you see mental health services.정신건강 서비스에 대한 본인의 경험과 정신질환 서비스를 본인이 어떻게 이해하고 있는지 알려주세요.

33. Which kind of help do you think you need? (Please check all that apply) 본인에게 어떤 도움이 필요한가요? (해당 사항 모두 표시)

□ Information about mental health problems, treatments or available services 정신건강 문제와 치료, 이용 가능한 서비스에 관한 정보

□ Health care providers such as family physicians, pharmacists, nurse practitioners, psychiatrists, medical specialists 가정의, 약사, 간호사, 정신과 의사, 의료 전문가 등 의료서비스 제공자

□ Alternative care such as acupuncture, naturopath, chiropractor, herbalist 침술, 자연 요법, 척추 지압사, 약초사 등의 대체의료 서비스

□ Medication 약물치료

□ Counseling, therapy, or help for problems with personal relationships 상담, 치료, 대인관계 문제에 대한 도움

□ Education workshop 교육 워크숍

□ Prefer not to disclose 밝히고 싶지 않음

□ N/A, please specify 기타, 구체적으로 설명해 주세요_____

34. Which kinds of resources do you think would help improve the emotional and mental well-being of your community? (Please check all that apply) 본인이 속한 공동체의 정서적, 정신적 안녕을 도모하려면 어떤 자원이 도움이 된다고 생각하나요(해당사항 모두 표시)?

□ Information about mental health problems, treatments or available services 정신건강 문제와 치료, 이용 가능한 서비스에 관한 정보

□ Health care providers such as family physicians, pharmacists, nurse practitioners, psychiatrists, medical specialists 가정의, 약사, 간호사, 정신과 의사, 의료 전문가 등 의료서비스 제공자

□ Alternative care such as acupuncture, naturopath, chiropractor, herbalist

침술, 자연요법, 척추 지압사, 약초사 등의 대체의료 서비스

□ Medication 약물치료

□ Counseling, therapy, or help for problems with personal relationships 상담, 치료, 대인관계 문제에 대한 도움

□ Education workshop 교육 워스숍

□ Prefer not to disclose 밝히고 싶지 않음

□ N/A, please specify 기타, 구체적으로 설명해 주세요: _____

35. How easy was it for you to complete this survey? 이 설문조사에 답하는 것이 어떠셨나요?

□ Very easy 아주 쉬웠다

□ Easy 쉬웠다

□ Neither easy nor difficult 쉽지도 어렵지도 않았다

□ Difficult 어려웠다

□ Very difficult 아주 어려웠다

Other Comments and or/feedback: 기타 덧붙일 말씀이나 의견

Appendix B. The key variables list

Variable Name	Contents/Categories
Sociodemographics	
Gender	Subdivided by 1) male; 2) female; 3) other and not to disclose
Age	Subdivided by 1) under 24 years; 2) 24-34 years; 3)35-54 years; 4) 55-64 years; 5) over 65 years; 6) Not to disclose

Education	Subdivided by 1) post-graduate; 2) university; 3) college graduate; 4) high school; 5) apprenticeship; 6) some post-secondary; 7) some high school; 8) not to disclose
Immigrations status	Subdivided by 1) citizen; 2) permanent resident; 3) temporary resident; 4) visitor; 5) unknown and not to disclose
Length of residence	Subdivided by 1) Canadian-born; 2) less than 2 years; 3) 2-4 years; 4) 5-10 years; 5) 11 or more years; 6) not to disclose
Ethnicity	Subdivided by 1) Korean; 2) Korean and others; 3) Chinese; 4) Others; 5) Not to disclose
Language spoken at home	Subdivided by 1) English; 2) Korean; 3) Korean and English; 4) Korean and others; 5) Mandarin/Cantonese/others/not to disclose
Mental Health	
Mental illness diagnosis	Based on yes/no response to the question "Have you been diagnosed with a mental illness? "
Mental illness treatment	Based on yes/no response to the question "Have you ever received treatment for an emotional or mental health problem? " among participants who answered Yes to help-seeking behaviours.
Hel-seeking behaviours	Based on responses to the question "Are you actively seeking help to manage your emotional and mental well-being? "
Mental well-being	
Feel interested in life	Based on response to the questions "In the past month, how often did you feel interested in life? "
Feel satisfied with your life	Based on response to the questions "In the past month, how often did you feel satisfied with your life? "
Feel confident to think or express your own ideas and opinions	Based on response to the questions "In the past month, how often did you feel confident to think or express your own ideas and opinions? "
Feel that our society is becoming a better place for people like you	Based on response to the questions "In the past month, how often did you feel that our society is becoming a better place for people like you? "
Suicidal thoughts and emotional problems	
Thought that it would be better if you were dead	Based on responses to the questions "In the past 12 months, have you thought that it would be better if you were dead? "
Seriously considered suicide or taking your own life	Based on responses to the questions "In the past 12 months, have you thought that it would be better if you were dead? "
Have trouble sleeping	Based on responses to the questions " During the past month, have you had trouble sleeping?"
Felt unhappy or depressed	Based on responses to the questions " During the past month, have you been feeling unhappy or depressed?"

Felt tired out for no good reason	Based on responses to the questions " During the past month, have you felt tired out for no good reason?"
Had repeated, disturbing memories, thoughts, or images or a stressful experience	Based on responses to the questions " During the past month, have you had repeated, disturbing memories, thoughts, or images of a stressful experience? "
Substance use	
Binge drinking	Based on yes/no response to the question "In the past 12 months, have you had five or more drinks of alcohol on the same occasion? "
Smoking	Based on yes/no response to the question ""In the past 12 months, smoked or used smokeless tobacco?
Drug use	Based on yes/no response to the question " In the past 12 months, use tranquilizers, stimulants, inhalants, solvents, or any street drugs? "
Substance use problems	Derived variable based on summing reports of substance use problems that included: 1)Was there ever a time in your life when your use of substance frequently interfered with your work or responsibilities at school, on a job, or at home; 2)Was there ever a time in your life when your use of substance caused arguments or other serious or repeated problems with your family, friends, neighbors or co-worker; 3)Was there ever a time in your life when your drinking or being hung over frequently interfered with your work or responsibilities at school, on a job, or at home (e.g. Family violence) ; 4)Was there ever a time in your life when your drinking caused arguments or other serious or repeated problems with your family, friends, neighbors, or co-workers?
Work stress	Based on responses to the question "how much do you agree with the following statement" and dichotomized the answer into Agree (strongly agree and agree) and Disagree (no opinion/disagree/strongly disagree)
Life stress	Based on responses to the question "would you say that for most days you are: "
Sources of stress	Based on responses to the question "Thinking about stress, what would you say is the most important thing contributing to feelings of stress you may have? (Please check all that apply)."
Stigma and discrimination	
Experience discrimination due to emotional or mental health problems.	Based on yes/no response to the question "During the past 12 months, did you feel that anyone held negative opinions about you or treated you unfairly because of your past or current emotional or mental health problems? "

Mental illness stigma	Based on responses to the question "Please indicate how much you agree or disagree with the following statements “and dichotomized the answer into Disagree (strongly disagree and disagree) and Agree (no opinion/agree/strongly agree)
Reasons for not to seeking help	Based on responses to the question " Please check all possible reasons as to why you would not seek help regarding your emotional or mental well-being?.(for people who choose 2=No, 3=Unsure, 4= Not to disclose)"
Perceived help and resources	
Individual needs	Based on responses to the question "Which kind of help do you think you need? (Please check all that apply) "
Community needs	Based on responses to the question "Which kinds of resources do you think would help improve the emotional and mental well-being of your community? (Please check all that apply) "

Appendix C. The interview questions for focus groups and key informants

Focus Group Questions

1. Each pair of people by random assignment will get 2 minutes to learn about each other. Please introduce the other person to the rest of the group. What is their name? And what is his/her favorite movie?

2. In your opinion, is mental health a concern in [*Insert participants' age group: young adult, adult, seniors*].
    a. If yes, what type of mental health issues would you consider as problems?
        i. Probe about the following:

Schizophrenia	Alcoholism
Anorexia	Internet addiction
Bulimia	Panic and anxiety attacks
Depression	Gambling addiction
Smoking	Burn out
Drug addiction	Smoking

    b. If no, why not?

3. Tell us about stresses that you have experienced recently.
    a. What are some possible sources of stress that affect mental health?
        i. Probe about the following:

Time pressures / not enough time		Caring for - children	
Own physical health problem or condition		Caring for – seniors	
Own emotional or mental health problem or condition		Other personal or family responsibilities	
Financial situation (e.g. not enough money, debt)		Personal relationships	
Own work situation (e.g. hours of work, working conditions)		Discrimination	
School		Personal and family's safety	
Employment status (e.g. unemployment)		Health of family members	

4. As far as you know, would people with mental health problems seek professional help, such as counseling or treatment?
    a. If yes, what kind of help do they seek and where would they seek the help?
        i. Probe about the following areas

Information about mental health problems, treatments or available services ☐

Health care providers such as family physicians, pharmacists, nurse practitioners, psychiatrists, medical specialists	
Alternative care such as acupuncture, naturopath, chiropractor, herbalist	
Medication	
Counselling, therapy, or help for problems with personal relationships	
Educational workshop	
Prefer not to disclose	
Not Applicable	

b. If no,
    i. Do they seek help at all?
        1. If yes, what kind of help do they seek and where would they seek the help?
    ii. What are potential barriers for receiving professional help?
        1. Probe about the following

Prefer self-management		Stigma	
Accessibility		Do not trust the health care system	
Time		Not ready yet	
Finance		Transportation	
Language		Faith and spirituality	
Culture			

5. At Hong Fook, we are constantly developing programs and services that aim to prevent mental health problems or support youth with mental health problems. Which format of the program do you prefer? And why?

Online – information	One time workshop about a given topic	Family Therapy
Online – interactive	10 week or 12-week workshop on one topic or related issues	Social-recreational development program
One-on-one therapy	Drop-in	Youth Leadership program

Others: please specify

Definition Sheet for reference

Schizophrenia -1)	Alcoholism
Anorexia-2)	Internet addiction
Bulimia-3)	Panic and anxiety attacks-5)
Depression-4)	Gambling addiction
Smoking	Burn out-6)

Drug addiction	Smoking

1) Schizophrenia is a severe brain disorder in which people interpret reality abnormally. Schizophrenia may result in some combination of hallucinations, delusions, and extremely disordered thinking and behavior.

2) Anorexia nervosa is an eating disorder that causes people to obsess about their weight and the food they eat. People with anorexia nervosa attempt to maintain a weight that's far below normal for their age and height. To prevent weight gain or to continue losing weight, people with anorexia nervosa may starve themselves or exercise excessively.

3) People with bulimia may secretly binge — eating large amounts of food — and then purge, trying to get rid of the extra calories in an unhealthy way.

4) Depression is a mood disorder that causes a persistent feeling of sadness and loss of interest. Also called major depression, major depressive disorder or clinical depression, it affects how you feel, think and behave and can lead to a variety of emotional and physical problems. You may have trouble doing normal day-to-day activities, and depression may make you feel as if life isn't worth living.

5) A panic attack is a sudden episode of intense fear that triggers severe physical reactions when there is no real danger or apparent cause. Panic attacks can be very frightening. When panic attacks occur, you might think you're losing control, having a heart attack or even dying.

6) Job burnout is a special type of job stress — a state of physical, emotional or mental exhaustion combined with doubts about your competence and the value of your work. If you think you might be experiencing job burnout, take a closer look at the phenomenon. What you learn may help you face the problem and take action before job burnout affects your health01751

Key informants questions

Please introduce yourself and your connection with mental health services. Does your organization provide any kind of mental health/emotional services?

- If so, what services do you provide and how many clients do you serve?
- Is there any barrier for your clients to access the services?

Please answer with attention to the following area:

1) Prefer self-management
2) Long wait –time
3) Time
4) Finance
5) Language
6) Culture
7) Stigma
8) Do not trust the health care system
9) Not ready yet
10) Transportation
11) Faith and spirituality

If not, how do you deal with clients with mental health/emotional needs?

- Would they refer the clients to other agencies? If so, where?

1) It has been recognized that there are growing needs for culturally appropriate mental health services (Bowen, 2001; Hynie & Baldeo, 2012; Wong & Tsang, 2004). Based on your experiences working with your ethno-cultural/racial community, what do you consider the most essential thing in mental health services specifically for your community members? **Is your community getting the services that it needs?**

2) The need for culturally and linguistically appropriate services became even more complex when one considers the intersection of multiple dimensions of diversity, such as age, gender, generational differences, and sexual orientation, immigration status and length of residence in Canada (Hynie & Baldeo, 2012). **Please tell us some of your challenges to meet the mental health and emotional needs in the growing diversity within the community.**

3) Has your organization had to adapt to better provide services needed by clients with mental health needs?

4) Do you see any changes or trends in the needs for mental health services? Is there any difference between ethnic groups?

5) Is there anything else you would like us (Hong Fook) to understand about issues that affect community members' mental health and priorities for services?

6) Would you or your agency be interested in working with Hong Fook in the near future?

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