



THE UNIVERSITY OF
WAIKATO
Te Whare Wānanga o Waikato

Research Commons

<http://researchcommons.waikato.ac.nz/>

Research Commons at the University of Waikato

Copyright Statement:

The digital copy of this thesis is protected by the Copyright Act 1994 (New Zealand).

The thesis may be consulted by you, provided you comply with the provisions of the Act and the following conditions of use:

- Any use you make of these documents or images must be for research or private study purposes only, and you may not make them available to any other person.
- Authors control the copyright of their thesis. You will recognise the author's right to be identified as the author of the thesis, and due acknowledgement will be made to the author where appropriate.
- You will obtain the author's permission before publishing any material from the thesis.

**Korean migrants' experiences and attitudes
towards mental illness and mental health
services in New Zealand**

A thesis
submitted in fulfilment
of the requirements for the degree
of
Master of Arts (Psychology)
at
The University of Waikato
by
LEAH MINKYUNG OH



THE UNIVERSITY OF
WAIKATO
Te Whare Wānanga o Waikato

2014

Abstract

The process of migration is known to cause significant psychological distress. Korean migrants living in New Zealand are the focus of this study as the term “Asian” has been identified as over-simplify the diversity that exists across Asian groups. Furthermore, research in other Western countries on Korean migrants show that they underutilise mental health services when compared to other Asian groups. Semi-structured interviews were conducted with ten members from the local Korean community which explored their experiences and attitudes towards mental illness and mental health services in New Zealand. Through thematic analysis common themes and patterned responses were identified. Some identified themes were: cultural barriers, language barriers and lack of information on mental health and mental health services. The most influential factor was found to be Korean cultural values being in conflict with the general understanding of mental illness and mental health services in New Zealand. The implications of this research will be to assist Korean migrants to access mental health services in times of need.

Acknowledgements

First and foremost, I praise God who has guided not only every step of my life, but also this tough academic journey. All glory to You.

I would like to take this opportunity to acknowledge and thank the local Korean community who have not only been very supportive of this research project, but without whom this research would not have been possible and furthermore, meaningless. Especially to the ten participants who came forward to partake in the research, thank you. Your valuable experiences, insight and knowledge have made this thesis possible and I cannot express my gratitude enough.

A big thank you to my supervisors Moana and Linda for your guidance and encouragement this past year. Your wisdom and patience has taught me much on this challenging, yet very rewarding academic path. Thank you!

To my friends who have unconditionally loved me and supported me over the year, even when I have been overly stressed, emotional and not so much fun- you know who you are. Thank you and I love you all.

To the love of my life, what can I say? Thank you for all the times you have believed in me and told me I can do this. I am so glad I have you in my life.

Mum, thank you for your continuous love, patience, care and support. I love and adore you, and you mean the world to me. To my one and only brother, you are always inspiring and I am so lucky to be your little sister. And last but not least, dad, I hope I have done you proud and you're smiling up in heaven. I love you and I miss you. I really, really wish you were here.

This study was supported by the University of Waikato Masters Research Scholarship and the University of Waikato Faculty of Arts and Social Sciences Masters Thesis Award.

Table of Contents

Abstract	ii
Acknowledgements	iii
The story of a Korean migrant in New Zealand	vii
Thesis outline	x
CHAPTER 1: INTRODUCTION	1
Migrant.....	4
Korean migrants in New Zealand	4
The influence of culture on migrant mental health	5
Korean migrants' mental health.....	10
Confucianism	13
Chaemyun: Saving Face	14
Han: Enduring adversity	14
The current study.....	16
CHAPTER 2: METHODOLOGY	17
Qualitative research.....	17
Semi-structured interviewing.....	19
Participant recruitment.....	19
The 10 participants.....	20
Procedure.....	21
Ethical issues	23
CHAPTER 3: RESULTS	26
Participant profiles.....	26
Thematic analysis	30
Themes and subthemes	31
Language barriers.....	32

General lack of proficiency in English.....	32
Older generations	34
Korean Language Preference	36
Cultural barriers.....	38
Concerns about mental health stigma.....	39
Chaemyun (체면): Saving Face	41
Han (한): Culturally adapted to cope	44
Displaying of emotions culturally inappropriate	48
Concerns of breaches of confidentiality.....	50
Lack of information.....	52
Lack of information on mental illness and mental health services	52
Mistrust in the benefits of mental health services.....	55
Financial costs.....	58
Shifting barriers	59
Conclusion	60
CHAPTER 4: DISCUSSION	62
Korean cultural values	63
Language barriers.....	64
Lack of knowledge of mental illness and mental health services	66
Mistrust in the benefits of mental health services	67
Fears of breach of confidentiality.....	67
Financial costs.....	69
Summary	69
Limitations and strengths.....	72
Future research	72
Conclusion	73
REFERENCES.....	74

APPENDICES	89
Appendix A: Research poster	90
Appendix B: Information sheet	93
Appendix C: Consent forms.....	98
Appendix D: Demographics sheet	101
Appendix E: Interview questions.....	104

The story of a Korean migrant in New Zealand

On the 20th of April, 1994, Kimpo International Airport hustled with all of our many relatives who were there to wish our family goodbye as we embarked on our journey to New Zealand. I was only five years old, and I do not remember the events of the day as well as I remember my emotions. I clung to my grandmother and cried until I gagged; I did not know or have any understanding of what this goodbye potentially meant, but I was sad. My mother promised me she would buy me lollies when we arrived in New Zealand, and childishly, my tears stopped. My mother kept her promise; the first thing she purchased when we arrived in New Zealand was a packet of orange flavoured Tic Tacs.

I consider myself privileged to have grown up as a second generation Korean in New Zealand. In my early childhood years, there were very few Korean people living in Hamilton and I remember being confused as I mirrored myself off my Pakeha and Maori friends at school. My Korean parents insisted we speak Korean at home, and we continued to practise Korean traditions and Korean cultural ways. From very early on in life, I learnt that there are certain ways I have to behave when interacting with certain people. This appropriate behaviour tends to be more often to please or satisfy the 'other' with who I am interacting rather than to meet my personal wants and needs. I talk about this in the present tense because after 20 years of making conscious decisions on how to engage with someone in a culturally appropriate way, I feel I am yet to master the process. I wonder if I ever will.

When people find out that I have grown up in New Zealand from a young age, yet speak Korean fluently, almost everyone asks me which language I prefer to communicate in. Quite often people ask me what language I dream in. Until very recently I have not been able to answer this question; my answers have always been I don't know, because I didn't. I

could not choose one over the other and justify why I found it easier to communicate in that language.

Quite recently though, I have come to realise that depending on the context I am engaging in, my language preference tends to change. I have received my entire schooling and education in English, thus completing academic work in Korean language is difficult for me. I have come to realise this by doing translation work for people who require English to be translated into Korean for formal paperwork. I find it quite challenging to do so because I have not been exposed to academic writing in the Korean language. On the other hand, I have grown up in a Korean church all of my life. When I am speaking about biblical issues or praying, or more generally when I am in a spiritual mind-set, my language seems to default to Korean.

However these matters are not so black and white. I realise as I have been writing this thesis, my Korean language deeply influences my academic writing style, especially since I am writing about Korean people and their experiences. Whilst English has a subject-verb sentence structure which results in logical and straightforward communication with little room to digress in terms of what is being said, Korean language is structured so that the verb is placed at end of a sentence. Linguists suggest such a structure allows for language expressions to flourish and digress, and also allows for abstract and indirect communication. My supervisor has often told me that this tends to be my writing style. When I speak about my religion I am much more comfortable doing so in Korean, however I enjoy and sometimes even prefer hearing preaching in English. Often I feel like I am neither this nor that, but at the same time I am both this and that.

During the two years I lived in South Korea teaching English, I came to realise that I did not fit in to the Korean culture as well as I thought I did. I was proud to be fluent in the Korean language, and I thought I knew enough of the cultural practices and beliefs to be able to fit in. I was excited to go “home” where I could belong to the majority for the first time in my life. However, my time in Korea was probably one of the most alienating

experiences of my life. Korea in 2010 was very different to the Korea my family had left in 1994. Many of my non-migrant Korean friends say that I am more conservative or Korean-like than they are, although I am the foreigner who has grown up in an independent and liberal culture. I think of it as migrants continuing to live in the Korea they move away from yet their understanding of Korea is of that time because that is the Korea they know of; however, people in Korea move on. Hence I am reluctant to make generalisations about what it means to be Korean, and I prefer not to talk collectively about all Koreans (migrants and non-migrants) as an entirety.

I am grateful for my diverse cultural upbringing and experiences that have allowed me to become comfortable and flexible between different cultures. This ability has become one of my greatest assets in life. Living within different cultures simultaneously has taught me the different boundaries that exist in ideologies and practices of a culture. Furthermore, I have learnt that differences exist even amongst the people within a culture. Culture is not an entity we should try to conceptualise and define, rather it should be considered a process that influences and shapes a group of people. People are all unique in each other's point of view, and neither is necessarily right or wrong. This revelation has opened my eyes to psychology, and my passion for this field.

As a young child, I remember seeing the barriers people in the local Korean community faced in their daily lives as a minority ethnic group living in New Zealand. Language and cultural barriers often limited them from their basic rights and access to resources, mental health care being one of these. Seeing a psychologist is preferably a private and confidential matter, yet factors such as language, cultural misunderstandings and cultural miscommunication hinders one's ability to do so. As a second-generation Korean grown up in New Zealand, I believe I have a responsibility to contribute back to my community. One way I hope to do this is to speak up for my people through my studies and profession in psychology, in Aotearoa.

Thesis outline

This thesis is divided into four main sections. Firstly, chapter one is the introduction to this study. It will cover the relevant background literature on migrants' mental health, Asian migrants' mental health, and Korean migrants' mental health.

Chapter two is the methodology. The initial section in the methodology will describe the theory on which this research was based and conducted, e.g. qualitative data collection and semi-structured interviewing, the procedure involved in collecting data for this research and any materials used to collect the data. The methodology section also outlines the ethical issues involved in this study.

Chapter three reports on the findings in this study within a thematic analysis framework. Small summary paragraphs about each participant have been made.

The final chapter, the discussion, explores the implications of this research. The discussion look beyond the themes to the factors that possibly interlink the themes found in this study and their relevance to Korean migrants. The limitations and strengths of this study will be discussed, and finally recommendations for future research in this field will be made.

CHAPTER 1: INTRODUCTION

This research aims to explore Korean migrants' experiences and cultural attitudes towards mental illness and mental health services while living in New Zealand. In particular, the research aims to determine what barriers, if any, exist for Koreans when reaching out for professional mental health care. Previous research with Asian migrant populations living in Western cultures has identified common barriers such as lack of English proficiency, stigma about mental illness, lack of social support as migrants move away from their home country, and the influence of cultural beliefs and perceptions on attitudes towards mental illness and barriers to mental health services (Akutsu & Chu, 2006; Ho, Au, Bedford, & Cooper, 2003; Shim & Schwartz, 2008). It is important to identify whether such barriers are present for Korean migrants as they lessen the potential to receive adequate professional care and if there are delays in receiving help, the symptoms may exacerbate (Rasanathan, Ameratunga, & Tse, 2006; Rasanathan, Craig, & Perkins, 2006; Sadavoy & Ong, 2004).

Ho et al. (2003) suggest that under-utilisation of mental health services by the Asian population should not be viewed as though this population does not have mental health needs; in fact their needs are reported as not being adequately met. In a review of the key health issues for the Asian New Zealand population, mental health was a particular concern, especially for the younger generation (Rasanathan, Ameratunga, et al., 2006). In a survey completed by mostly Chinese and Korean migrants in New Zealand, participants indicated that mental health was one of their main concerns regarding their health, particularly depression and psychosomatic illnesses (Asian Public Health Project Team, 2003).

Although Asia and Asian are terms used to outline geographical borders, they have come to more commonly mean the racial, media constructed identity of being Asian. Whereas the geographical borders of Asia refer to the Asian continent, the colloquial definition of Asian tends to

refer to Chinese, or other East Asian and Southeast Asian people (Rasanathan, Craig, et al., 2006). Recent reports published on Asian health in New Zealand use the definition of Asian as provided by Statistics New Zealand (Asian Public Health Project Team, 2003; Ho et al., 2003; Ngai, Latimer, & Cheung, 2001). In New Zealand, Asian people are those with origins in the Asian continent; starting at Afghanistan in the west all the way to Japan, China in the North and as far as Indonesia in the south (Statistics New Zealand, 2007b). People from the Middle East, Russia and Central Asia are excluded from this grouping (McKinnon, 1996).

This definition of Asian is specific and unique to New Zealand, and many other Western countries construct the term Asian differently. For example, the United States of America (USA) have grouped Pacific Island peoples within their definition of Asian, and East Asians are sometimes referred to as Orientals (Rasanathan, Craig, & Perkins, 2004). The United Kingdom and even New Zealand's closest neighbouring country, Australia, do not agree on what ethnic populations constitute the definition of Asian (Rasanathan, Ameratunga, et al., 2006).

Ambiguity in using a term that is so widely used in international literature is problematic for many reasons. There has been considerable debate on how the term Asian is too broad, and that it is being used to group together ethnic cultures which are in essence, dissimilar. Vasil and Yoon (1996) suggest that referring to Asian in any way that substantially and easily defines such a diverse population is inappropriate. To collectively talk about people from Afghanistan, India and Japan as all holding the same collective ideologies and cultural values ignores the cultural realities of those peoples.

The majority of mental health research on Asian migrants in New Zealand looks at the collective group of Asian migrants and their mental health status. Although this research has some benefits, there is a need to better understand the mental health needs of each minority ethnic group as

there are limitations in using large categorical terms to define and understand a cultural perspective. Cultural perspectives may impact how individuals living in New Zealand perceive mental health and mental health services. Exploring the diversity that lies within the Asian group will offer a better understanding of specific beliefs, attitudes and experiences each ethnic minority holds regarding mental health. This may contribute to helping Asian migrants better access mental health services in New Zealand.

Rasanathan, Craig, et al. (2006) and Rasanathan et al. (2004) discuss the novel use of Asian within the New Zealand health sector, and question the benefits of doing so. They suggest that such categorising fails to correctly distinguish different ethnic groups, and may even become a barrier or mask health issues a specific population may be experiencing.

Although it has been recognised that the Asian population in New Zealand have significant and evolving health issues that need attending to, most of the research is done with the two largest Asian ethnicities, namely the Chinese and Indian (Ho et al., 2003; Kumar, Tse, Fernando, & Wong, 2006; Rasanathan, Ameratunga, et al., 2006). One of the main findings in the literature review of mental health issues for Asians in New Zealand was that the Asian migrant population differ on many, if not all aspects of language, culture, religion, education, socio-economic status and more. This population is greatly diverse and heterogeneous (Ho et al., 2003).

Therefore this research focusses on South Korean migrants living in New Zealand. For the purposes of this research, the terms 'Korean' or 'Korean migrant' are used throughout to refer to anyone who is of South Korean origin (regardless of generation and or legal status), and has moved away from South Korea to relocate their life in New Zealand. In this study Korea or Korean specifically refers to the Republic of South Korea. The Democratic People's Republic of North Korea and The Republic of South Korea have become two separate countries since the ceasefire in the Korean War in 1953. Although the two countries have the same heritage and speak

the same language, over the decades the two countries have developed quite distinct identities as nations and the two countries have become less connected (For further reading on this topic please refer to Asia Society, 2014 and The National Committee for North Korea, 2014).

Migrant

The term migrant has become a generic term which is hard to define and conceptualise for one particular instance of use. Usage of the term is variable with each definition made according to an individual's or an organisation's interests (Anderson & Scott, 2013). Migrants can be defined by foreign birth, foreign citizenship, and movement into a new country (both temporarily and permanently). Individuals and families who have moved to a new country and have gained citizenship in the country are still considered migrants in some cases.

Migrants may also be identified by the reasons that bring them to the new country or by a migrant's legal status; for example, refugees or permanent residents. The Organisation for Economic Co-operation and Development (OECD) follows recommendations given by the United Nations to classify migrants into five distinct categories; long-term immigrants (or emigrants), short-term immigrants, residents returning after (or leaving for) a period working abroad, short-term emigrants returning (or leaving); and nomads (Organisation for Economic Co-operation and Development, 2013). Legal status can distinguish migrants living in New Zealand as New Zealand citizens, New Zealand permanent residents, international students, guardians of international students, and so on.

Korean migrants in New Zealand

The migration history of Korean people in New Zealand show in 1991 there were less than 1,000 Korean people living in New Zealand. By 2006, that number increased to 30,792 Koreans living in New Zealand (Statistics New Zealand, 2007a). According to Friesen (2008), Koreans in New Zealand have a small New Zealand-born population.

Korean migrants relocate themselves in New Zealand in hope of a better quality of life. Koreans consider New Zealand paradise when considering the clean environment New Zealand offers in comparison to Korea, and also the educational benefits for their children (Department of Labour, 2006; Epstein, 2006; Kim & Yoon, 2003). As English education has become increasingly important in Korea, Korean parents see New Zealand as an ideal place where they can educate their children in an English-speaking environment (Yoon, 2000). Epstein (2006, p. 149) states that Korean migrants in New Zealand tend to be “well-educated, middle or upper-middle class, and thus relatively affluent”, at least until they arrive in New Zealand. Korean parents often make the choice to relocate their family to New Zealand even though they know that their move will not necessarily result in “economic betterment” (Epstein, 2006, p. 149).

Statistics New Zealand (2007c) report that most Korean migrants in New Zealand continue to speak the Korean language at home and for almost one in three Koreans living in New Zealand, English language is not spoken in their everyday life. Morris, Vokes, and Chang (2007) noted that Korean migrants newly arriving in New Zealand often found cultural and language differences challenging, and Korean migrants’ lack of English proficiency presented as a key barrier when adjusting to life in New Zealand.

Whilst the Christian population in Korea is only 28% of the entire population (Korean Statistical Information Service, n.d.), in New Zealand, over 70% of Korean migrants affiliated to the Christian religion (Statistics New Zealand, 2007a). Morris et al. (2007) suggest such findings are due to Korean churches in New Zealand providing more than just a spiritual community, they function as a social community helping new Korean migrants settle into life in New Zealand.

The influence of culture on migrant mental health

Migration has been associated with higher levels of psychological distress as migrants face more acculturation difficulties settling into a new culture, and

have limited experiences in a new country (Dyal & Dyal, 1981; Kang, 1996; Padilla, 1985). Migration has provided an opportunity for people to improve their wellbeing or advance their lifestyle; whether it be people seeking change for socio-economic advantages, more social opportunities, or simple venturing for change. For some, migration is a means of escaping or fleeing persecution. Whatever the reasons specific to individuals who migrate may be, it can be understood that many different people around the world have, and still continue to leave familiar circumstances in the hope of a better life.

Considering migration is a common occurrence throughout the world, many researchers throughout different disciplines have studied the effects of migration (Barham & Boucher, 1998; Djajić, 1986; Goldstein, 1990; Hillman & Weiss, 1999; Kristiansen, Mygind, & Krasnik, 2007). In psychology, research has examined how migrants adapt to life in a new country and what factors are likely to promote or possibly hinder this process in relation to mental health and mental wellbeing. Berry's work on acculturation, or the "processes and outcomes of intercultural contact" (Berry, 1997, p.8) is one example. Berry's (1997) research looked at the degree to which a migrant interacts with the new dominant culture they are placed in, and also how they preserve their own ethnic identity whilst residing within a new culture (Berry, 1997; Berry, Kim, Minde, & Mok, 1987). However, migration is much more multifaceted than simply knowing how a migrant adapts to a new culture and maintains their heritage culture.

Culture is a distinct set of values and a specific way of being for a specific group of people (Early & Erez, 1997; Geertz, 1973; Hofstede, 1980; Hofstede & Bond, 1988; Straub, Loch, Evaristo, Karahanna, & Srite, 2002). The notion of culture in psychology has rapidly gained momentum in the past few decades, with psychologists becoming more knowledgeable about the critical role culture plays in human functioning and psychological processes (Kitayama, 2002).

Culture constructs boundaries that separate practices and ideologies between different peoples groups, and specific cultural traditions and social practices regulate, express and transform human behaviour. In essence, reality is created through culture (Marsella, 2010). Marsella (2010) suggests people construct "*perceptual and experiential templates*" based on culture and these templates become "*spectacles*" through which people see the world and make meaning of the world (p. 19).

Other definitions of culture appreciate that culture is neither stationary nor determined; in fact culture is often referred to as a dynamic entity that is subject to change (D'Andrade, 2001; Giddens, 1984; Kitayama, 2002; Kitayama & Markus, 1999; Shweder, 1991). Culture has been identified as not simply lying within an individual, rather, culture is a dynamic process where a set of values or beliefs are shaped by the engagement or interaction between an individual and their social network (López & Guarnaccia, 2000). Although culture constructs the cultural norms and social and psychological boundaries for the people who reside within it, as people live within a culture they too become influential on that culture. Their actions and beliefs change and alter the norms of a culture. Thus, the two are mutually inclusive, consistently being impacted upon by the other.

If culture is a dynamic system, the process of migration should also be viewed in a similar way. Migration is not a simple physical move across borders, but rather involves psychological and social movement across cultural boundaries; thus culture becomes a vital part of migration experiences. Cleland (2004) suggested the need to recognise migration as a long term process that is constantly evolving, fluid and continues throughout the lifetime of a migrant. Therefore, culture and migration are important variables to examine when considering psychological processes of human functioning (Betancourt, 1993).

Scholars have identified that culture has a significant impact on people's physical well-being, and further, cultural or ethnic identity has an

influential role in self-esteem which contributes to the social causes and courses of mental disorders (Bhugra & Mastrogianni, 2004). Experiences of distress are constructed and expressed culturally (Kirmayer, 1989; Manderson, 1990) and conceptualisations of mental health and mental illness are closely related to cultural beliefs (Good & Good, 1981; Mashaba, 1995; Sheikh & Furnham, 2000).

Considering the role of cultural influences, prevention, accurate diagnosis and treatment is complex as differences occur in language or cultural practices (Kirmayer, Rousseau, Jarvis, & Guzder, 2008; Rosenberg, Kirmayer, Xenocostas, Dominice Dao, & Loignon, 2007; Rosenberg, Richard, Lussier, & Abdool, 2006). Dow (2011) suggests professionals need to go beyond merely understanding people's beliefs and perceptions of mental illness to the reasoning behind their beliefs which need to be explored and understood within a cultural context.

When considering migrant cultural groups, it is important to acknowledge the effects and influences the process of migration may have, for example distress and adversity experienced leading up to and post migration (Kamperman, Komproe, & de Jong, 2007; Stuart, Klimidis, & Minas, 1998).

There are also significant differences even amongst migrating groups. For example, language difficulties, employment problems, drop in socio-economic status, lack of family and social support networks, social dislocation, and possible traumatic experiences prior to migration impact on mental health (Ho et al., 2003). Also, migrants' acculturation attitudes, experiences of discrimination, ethnic-esteem and individual self-esteem contribute to psychosocial risk factors (Ho et al., 2003; Leung, 2001; Nesdale & Mak, 2003; Noh, Kaspar, & Wickrama, 2007; Somasundaram, 2008; Uba, 2003; Wynaden et al., 2005).

Migrating and adapting into new cultures have been found to be so stressful that the negative impacts on the wellbeing of migrant's mental

health reduce the net benefits of migration (Stillman, McKenzie, & Gibson, 2009). Even with positive developments such as globalisation, the process of migration remains “a unique and profound stressor” for migrants (Murphy, 2006, p. 79).

Asian migrants living in Western cultures have often been the focus of migration and psychology literature. Western and Eastern cultures differ substantially and in many cases hold contrasting views as to what constitutes their social structures, central belief systems, interpersonal relationships and cognitive processes (Nisbett, 2003). Considering that culture shapes the beliefs, perceptions and experiences of individuals, it is somewhat foreseeable that Asian migrants living in Western cultures are likely to experience psychological distress (Shim & Schwartz, 2008). Indeed, research has found that the bigger the discrepancy between the home culture and host culture of a migrant, the more likely that an individual will experience psychological distress and severe mental health issues, such as mental illness (Dyal & Dyal, 1981; Sue & Sue, 1993; Yeh & Wang, 2000).

In the United States of America (USA), Asian Americans were found to have higher rates of severe mental health problems compared to other cultural groups (Akutsu & Chu, 2006; Okazaki, 1997; Uba, 1994). Common problems are: depression, anxiety, presentation of mental conditions as somatic symptoms, and complaints of stress from cultural challenges, such as language (Hong, Morris, Chiu, & Benet-Martinez, 2000; Kuo, 1984; Sue & Sue, 1993; Sue & Frank, 1973; Uba, 1994; Yeh et al., 2005).

Research has found correlations between ethnicity and help-seeking behaviours, and that Asian American populations tend to delay seeking treatment and perceive more barriers when receiving professional mental health services (Rogler & Cortes, 1993). Asian Americans showed significantly longer periods of delay before reaching out for treatment when compared to African Americans and Caucasian Americans in the USA (Lin, Inui, Kleinman, & Womack, 1982). Additionally, amongst other cultural

minority groups, Asian cultures are more likely to be underserved in the mental health system and Asian migrant populations under-utilise mental health services (Kumari, 2004; Lee, Hanner, Cho, Han, & Kim, 2008; Leong & Lau, 2001; Williams, Foo, & Haarhoff, 2006)

Atkinson and Gim (1989) suggest that a conflict exists between traditional cultural values of Asian American cultures and the way psychological treatment services are delivered in the USA. Therefore, a primary cause of Asian migrants' lack of access to professional mental health care could be attributed to the value conflicts they face in Western cultures (Shim & Schwartz, 2008; Williams & Cleland, 2007). If culture is such a crucial factor in determining how an individual will perceive and respond to mental illness, influence help-seeking behaviours and treatment delivery, then it is important to identify these unique and particular cultural factors. Research is needed to explore how Korean cultural standards influence a particular ethnic group so that they receive timely and culturally appropriate interventions (Badger, McNiece, & Gagan, 2000; McAlpine & Mechanic, 2000; Shin, 2002).

Korean migrants' mental health

There is limited research on the New Zealand Korean migrant population's mental health status. A few noteworthy studies have been done in other Western countries, the majority in the USA. Lee et al. (2008) claim that the mental health of Korean migrants in the USA is still relatively poorly investigated. From the few studies that do exist researchers have found that Korean migrants tend to have less than optimal mental health status (Akutsu & Chu, 2006; Hurh & Kim, 1990; Noh & Avison, 1992, 1996).

Korean migrants tend to report elevated levels of stressful experiences (Hurh & Kim, 1990) and also high level of psychological distress (Noh & Avison, 1992). One specific study found that the majority of the Korean migrant population living in the USA had psychosocial adjustment difficulties as they settled into life in the new country (Kiefer et al., 1985).

Research done in Canada has found that such psychosocial difficulties often manifested as psychological symptoms for Korean migrants, and Korean migrants reported high rates of depression and anxiety (Noh & Avison, 1996). Korean Americans are likely to face similar barriers other Asian American groups face when accessing services: lack of English proficiency, lack of awareness of mental disorders and services, cultural stigmas about mental health and mental illness, lack of knowledge, lack of time, funding and family support (Lee et al., 2008; Shim & Schwartz, 2008; Shin, 2002; Wu, Kviz, & Miller, 2009).

Studies conducted since the 1980s have found that Korean Americans report higher levels of depression, compared to the Chinese, Japanese, Filipino Americans and high levels of anxiety (Akutsu & Chu, 2006; Kinzie, Leung, & Boehnlein, 1997; Kroll et al., 1989; Kuo, 1984; Uehara, Takeuchi, & Smukler, 1994). There is evidence to show that when compared to other ethnic groups, Korean migrants under-utilise mental health services and report lower admission rates into mental health services (Bernstein, 2007; Kang, Razzouk, Mari, & Shirakawa, 2009; Shin, 1993). Kim (1993) found that during the two and a half year period that he conducted his research at the Korean mental health centre in San Francisco, a mere 65 Korean immigrants, representing only 1% of the total Korean population in the area, came to access professional services. Of concern too, is that of the 65 people, only 9% self-referred.

Such results support the argument that there is a need to consider the Asian group as heterogeneous, and that the Korean minority may have specific cultural needs and face unique barriers to treatment when it comes to mental health and mental health services.

In Korea there is significant underutilisation of mental health care. Cho et al. (2009) found that in Korea only 6.1% of Korean adults who reported they had one or more psychiatric disorders accessed some form of professional mental health care within a year of being diagnosed. This

percentage was found to be relatively lower when compared to other ethnic groups such as South Africans who reported 32.9% (Williams et al., 2008), 35% of Australians (Andrews, Henderson, & Hall, 2001) and 34.1% of Latinos and Asian Americans (Abe-Kim et al., 2007).

Korean people's low utilisation rates of mental health care could be explained by cultural factors such as stigma and culturally constructed knowledge of mental illness. For example, Koreans hold beliefs that mental illness is a problem that naturally resolves over time, or believe that mental illness is something that an individual can and must deal with (Cho et al., 2009; Jang, Kim, Hansen, & Chiriboga, 2007). Nahm (2009) states that psychotherapy is becoming more popular in Korea, however, "*the profession is still a long way away from being recognised as a socially acceptable sector of health care*" (p. 407).

Mental illness in the past has been perceived by Koreans as untreatable and individuals with mental illness were perceived as *not-normal* (Park & Kim, 2005). Although recent development in mental health shows that the country is slowly moving away from stereotyped views of mental illness, Nahm (2009) claims that stigma remains and manifests in different ways.

It is important to understand the cultural values, beliefs, practices and norms of the Korean people to fully understand the mental health experiences of Korean migrants (Leininger & McFarland, 2006). Research highlights that Koreans who migrate have a unique cultural heritage that distinguishes them from other Asian migrants based on what constitutes normative behaviours and social roles, importance of family and family structure, economic practices, and also oppression by other nationalities in history (Robinson, Bender, & Whyte, 2004; Shim & Schwartz, 2008; Sohng & Song, 2004). There are some traditional values of Korean culture that influences Koreans' perspectives of mental health and form Korean migrants' mental health experiences: Confucianism, *Chaemyun* and *Han*.

Confucianism

Confucianism exists at the heart of Korean culture and Korean people (Keum, 2003). Researchers state that Confucian philosophy is core to shaping and maintaining the social behaviour, ethics, morals and principles of the Korean people (Kim, 1998; Pak, 2006). Aspects of Confucianism that have been found to strongly influence the Korean people are: the importance of kinship-based social relationships, filial piety and family systems, respecting authority, and living within the social hierarchies based on gender, age and social class (Bernstein, 2007; Keum, 2003; Kim, 1998; Kwon-Ahn, 2001; Lee, 1985). Such values are all focussed on maintaining social place and keeping harmony in interpersonal relationships. The strong emphasis on social relationships has been identified as deriving from Confucianism (Yum, 1997).

Maintaining a certain social status amongst the many relationships that Koreans feel obligated and strongly tied to have been identified as important to Korean people's sense of wellbeing (Bernstein, 2007). For example, Park and Bernstein (2008) suggest that filial piety - respecting, obeying and taking care of one's parents in old age and even after their death by worshipping them in ancestral rites (Keum, 2003) is perhaps one of the most important values in Korean culture. Individuals are judged upon their practice of filial piety; however, such values also teach Koreans that the needs and wants of the collective family unit comes foremost, even before the desires and needs of an individual.

These values likely extend beyond the family unit to other collective groups and the wider Korean society to which Korean people belong (Kim, 1998). Such interconnectedness can be beneficial in terms of social networking and social support. However, it has been found that Korean migrants choose not to reveal their depressive states because of the way mental health is stigmatised in Korean culture, and the fear that an individual's mental health problems could possibly bring disgrace and dishonour to the entire family unit (Bernstein, 2007; Kim & Rew, 1994; Kim,

1997). Shin (2002) suggests that this may be one of the key reasons Korean migrants in the USA underutilise mental health services.

Studies show that the cultural stigma surrounding mental illness and mental health in Korea may be a considerable barrier for the Korean population, specifically because of Korean cultural influence (Bernstein, 2007; Cho et al., 2009; Lee et al., 2008; Shim & Schwartz, 2008; Shin, 2002; Wu et al., 2009). Koreans also tend to have a strong sense of belief that mental disorders are heritable, and that emotion related problems can be overcome by an individual's enduring and persistent efforts (Lee et al., 2008). Underpinning these two worldviews are the concepts of *chaemyun* and *han*.

Chaemyun: Saving face

Chaemyun is the Korean word used to describe the concept of saving face in Korean. However, *chaemyun* connotes a much more complex and in-depth cultural value than the term saving face implies. *Chaemyun* has been identified as a key concept that makes up the psychology of Koreans (Cho, 2003). Lee (2013) defines *chaemyun* as maintaining dignity, honour and self-respect for the self and others. This relationship is reciprocal as Koreans believe that when they protect someone else's *chaemyun*, by doing so they also protect their own. Protecting this *chaemyun* is always most prioritised by Korean people (Lee, 2013). Korean people suppress emotions (especially intense negative emotions) to preserve the core value of Confucianism and Korean culture, thereby encouraging harmonious reciprocal interpersonal relationships (Bernstein, 2007; Keum, 2003; Kim, 1998; Kwon-Ahn, 2001; Lee, 1985; Lee, 2013; Yum, 1997). As a cultural value and practice, protecting *chaemyun* may be more important than reaching out to receive help for their mental health problems.

Han: Enduring adversity

The influence of Taoism and Buddhism on Korean culture has enforced a general consensus amongst Koreans that adversity and suffering is a part of everyone's life and that displaying calmness in the face of such adversity

shows an individual's level of maturity, personal strength and intelligence. Therefore, Koreans continuously strive to control self-behaviour and their emotions (Bernstein, 2007; Kwon-Ahn, 2001; Pang, 1998). Such cultural values are likely to impinge upon the decision Korean migrants make on whether to access or not access mental health services.

To maintain harmonious interpersonal relationships, the displaying of intense emotions which may potentially disrupt such relationships is looked down on in Korean culture. Although many Asian cultures are considered collectivist cultures, Koreans are considered to have developed a unique culture of interdependency and it has been said that a distinct "we" relationship exists within the culture (Chung & Cho, 2006). Korean people will often sacrifice personal priorities in life to maintain these interdependent harmonious relationships. Kil (2009) explains that the "we" relationship in Korean culture considers suppression and endurance as key virtues.

Korean migrants' mental health needs are difficult to determine due to cultural beliefs and attitudes towards mental health (Kim, Cho, Cheon-Klessig, Gerace, & Camilleri, 2002). Kim et al. (2002) found that even though migrants chose to migrate to the USA and live as migrants in a new country, they had a tendency to maintain both the Korean language and the Korean cultural way of life. Min and Song (1998) reported that first generation migrants tended to hold to their cultural values.

A strong adherence to cultural values, even after migration, greatly influences Korean migrants' decisions to utilise mental health services. Understanding these cultural values may indicate to the mental health profession why Korean migrants under-utilise mental health services although they seem to be experiencing similar, if not more severe amounts of psychological distress as a minority population.

The current study

Migration is known to cause significant psychological distress. Korean migrants living in New Zealand are the focus of this study as the term “Asian” has been identified as over-simplify the diversity that exists across Asian groups. Furthermore, research in other Western countries on Korean migrants show that they underutilise mental health services when compared to other Asian groups. Therefore this research aims to explore the experiences and attitudes of Korean migrants towards mental health and mental health services in New Zealand. This will hopefully lead to a better understanding of the barriers and incentives to accessing mental health services for this population.

CHAPTER 2: METHODOLOGY

The method of data collection for this research was a semi-structured interview which enabled the researcher and participant to engage in discussions about what they saw were the issues pertaining to mental health and mental health services for Korean migrants in New Zealand. The following section briefly describes the rationale for using a qualitative approach in this research.

Qualitative research

Both quantitative and qualitative forms of research have significant advantages and disadvantages depending on the research question. Rather than debate the merits of either method, it is more beneficial to consider the type of knowledge we expect to explore and uncover, and the expected outcomes.

This naturally leads to the constructivist paradigm. The core of constructivism holds that reality lives within a person's mind rather than being an external, singular entity and through the process of deep reflection meanings are brought into the conscious mind (Hansen, 2004; Schwandt, 2000; Sciarra, 1999). According to Ponterotto (2005), such deep reflections can be initiated as participants and researchers engage in meaningful conversation for the purposes of research. The participant and researcher therefore co-construct the data that is collected for research. states that the constructivist paradigm must be considered "the primary foundation and anchor for qualitative research methods." (p. 129).

Qualitative methods are a way of interpreting participants' experiences within a contextual framework (Denzin & Lincoln, 2000). An advantage of a qualitative approach is that it allows for more diverse and complex data to be collected when doing research (Braun & Clarke, 2006). Data becomes various yet detailed because it does not have to become over-simplified for the purposes of categorising or making statistical inferences. Furthermore, qualitative research allows for behaviour to be organised and

understood case-by-case rather than be forced into less meaningful groups or categories (Schegloff, 1987). The primary focus of qualitative research is providing a descriptive context in which events can be told and understood (Denzin & Lincoln, 2000; Waitzkin, 1990). These contexts are created by the participant and the researcher as they bring their historical, cultural and or personal histories to deliver and understand the data, and it may also include the immediate research environment (Stiles, 1993).

This proved to be true in my experience of interviewing participants for this research as the participants and I shared similar yet contrasting ideologies and histories which brought dynamic tensions to the data. At times we mutually agreed, and at other times we reflected upon each others questions and comments, often posing further questions to each other. For example, as a researcher who is also a Korean migrant living in New Zealand, I could largely empathise with many of the issues Korean migrants experienced when reaching out for professional mental health services. Also, I could relate closely to many of the cultural perceptions, beliefs and attitudes the participants held. The participants and I continuously bounced ideas off each other rather than I, as the researcher, having the role of only passively hearing what participants had to say. The shared-meaning making between researcher and participant is consistent with Braun and Clarke's (2006) approach to qualitative research.

Jovchelovitch (2007) highlights the need for research to be done *with* people rather than *on* them which recognises the importance of considering the participant and researcher as significant contributors to research. Stein and Mankowski (2004) suggest that such co-constructing of meaning in fact continues throughout every stage of qualitative research. Although the participants often provide a substantial part of the data, it is the researcher who initially decides the participants, what information is important and relevant from the collected data, and eventually how and what part of the data will be reported. In doing so, I was aware of possible bias in how I conducted the research and how I interpreted the results. In particular, as

Korean mental health is an unexplored area in New Zealand, I wished to ensure that the Korean worldview was respected at all times.

Semi-structured interviewing

Semi-structured interviews are partially scripted with questions prepared in advance so that the interview is orderly. However there is no set structure to how the interview must be conducted in terms of what is asked and what is answered (Wengraf, 2001). The semi-structured process allows for creativity and flexibility for the participant and researcher to gain the most valuable information and is especially useful for small-scale research (Drever, 1995).

Semi-structured interviewing is a beneficial method because the interviews are more focussed on answering the 'why' questions in research, rather than the how and how much (Fylan, 2005). This method of interviewing seemed the most appropriate as this research sought to hear the narrative stories from participants and their reasons for their access or non-access to professional mental health help in times of significant psychological distress.

Participant recruitment

The research ethics for this study was approved by the Psychology Research and Ethics Committee at the University of Waikato (#13:22, 4/June/2013). The research was open to anyone who self-identified as a Korean migrant living in New Zealand. Although this may seem like a broad invitation, considering the cultural stigmatisation of mental illness and mental health issues in Korean culture, an open invitation hoped to pool responses from participants with varying circumstances and experiences.

Participants for this research were recruited through posters inviting Korean migrants living in New Zealand who had experienced mental illness and had experience with the mental health system to tell their stories. Posters were advertised in English and Korean languages (Appendix A). These posters were put up throughout the University of Waikato campus,

Korean supermarkets, Korean shops and Korean churches throughout Hamilton, and the Waikato region. The posters were also advertised through Facebook. An information sheet (Appendix B) which contained more specific information about the research and a Korean version of the poster were advertised in the local weekly Korean magazine “News and News” free of charge.

Participation was invited from people who had personal experiences and also those who had close family, relatives or friends who had experienced significant mental illness whilst living in New Zealand. Experiences of both individuals who had experienced such issues first hand and the experiences of significant others were thought to be valuable to this research as it aimed to explore general Korean migrants experiences.

11 participants responded to the advertisements. Initial contact from the participants was made via phone or email with the researcher. The researcher then emailed the information sheet in English and Korean which outlined specific information on the research: what to expect from participating, their rights and the researcher’s obligations and ethical responsibilities. Ten of the 11 participants responded back and agreed to partake in the research.

The 10 participants

Of the 10 participants, two were male and eight were female. The participants’ ages ranged from the early twenties through to the mid-forties. No participants were under the age of 18; therefore everyone could give consent for research. Occupations of participants were also diverse including a chaplain, a registered nurse, a medical herbalist, a student, and many were housewives. Some participants chose not to write down their occupation. Religion and marital status were optional questions as these questions were not directly related to the research but could provide some further insight into the data. However, all ten participants recorded their religion and marital status. Three of the ten participants were single and the other seven were married, and all ten participants indicated their religion as Christianity.

The participants were asked to check which description best described their current migrant status in New Zealand. As discussed previously, there are many different ways to identify a migrant's status. Thus, rather than state what their legal status was in New Zealand, participants were asked what they believed was the best description of their status in New Zealand. The ten participants described themselves as Korean-born in Korea, permanent resident born in Korea and New Zealand citizen born in Korea. Although some individuals mentioned that they were permanent residents and citizens in New Zealand, they still chose to identify with the 'Korean-born in Korea' description. English proficiency was asked for the purposes of identifying how language fluency may affect participants' attitudes and experiences. Participants self-indicated their English proficiency which ranged from fluent in English to very low proficiency in English.

Procedure

The participants and interviewer chose a suitable date, time and place for the interview to take place. Seven out of the ten participants asked for the interview to be held at their own homes, and the other three were done in a café. At the scheduled times, the participants and I met up and initially engaged in conversation during which I tried to maintain a balance between being casual so participants did not feel overwhelmed, yet at the same time professional so that the participants would take the interview process seriously. I also took some time to explain my area of study and interest, and further the aim of this research. Although all of the participants had been sent out information sheets about the research prior to the interview, the participants and I went through a copy of the information sheet together again. Clarification about the research and the rights of the participants (e.g. having the right to withdraw from the research at any time) were outlined, and upon understanding these rights and agreeing to take part in the research each participant completed the consent forms (Appendix C).

Participants were then asked to fill out a simple demographics data sheet (Appendix D), which asked for their age, gender, status as a migrant in New Zealand and English language proficiency. Participants had the option of providing their name, occupation, religion and marital status was also asked, however were optional questions. The main reason for why these questions were optional was that considering the extremely stigmatised perception of mental health and mental illness within Korean culture, I felt it was important to provide as much room for privacy and anonymity for the participants. All participants were given pseudonyms to protect their identity, and any other personal identifying details were also altered for privacy matters. As all the participants were Korean, participants were given Korean pseudonyms.

Interview questions (Appendix E) were prepared in English and Korean and participants were offered the choice to conduct the interview in either language. All ten chose to carry out the interviews in Korean. Interview times significantly differed from participant to participant, while some lasted less than 30 minutes, some interviews lasted nearly two hours. Interviews tended to be longer when participants talked about their personal experience, which enabled me to ask further questions. At the end of the interview, participants were given ten dollar petrol vouchers as a sign of gratitude and to thank the participants for taking part in the research.

All interviews were audio recorded, verbatim transcribed and meaningful translations were made rather than direct translations. This was important as literal translations could have possibly misinterpreted the data. Each interview was also turned into a narrative summary in Korean and English, and emailed back to the participants so that participants could see how the information they provided had been summarised. Only two participants responded; one participant thanked me for the narrative summary, and another participant asked if some identifying information could be further altered. This information was changed in the transcript and

narrative summary as requested, sent back to the participant to be rechecked and finalised.

Ethical issues

As I had grown up within the local Korean community through which the research was advertised and participants recruited, it was expected I would be in a dual relationship with many of the participants. It was hard to tell whether being in a dual relationship affected participant's decisions on what information they chose to provide, or whether it helped the participants to feel more comfortable and engage more willingly in the research. In all forms of contact, leading up to the interview, during the interview, and after the interview, I was conscious that there needed to be a level of professionalism in engaging with the participants in such a way that did not make the interaction more uncomfortable or awkward for the participant and I.

Culturally, hierarchical structures exist within the Korean culture based on factors such as gender, age and social status. As the researcher leading the interview who is also younger than most of the participants I needed to be aware that I had to conduct myself appropriately to avoid awkward interactions. Before each interview I spent time casually engaging in conversation with each participant. In casual conversation the cultural hierarchical structure was maintained, and I took some time to explain my area of study and interest, and further the aims of my research. I positioned myself as a learning student in order to prevent any disruptions of the social and generational hierarchy.

As the interviews were conducted in Korean, it was important to translate or interpret the data. I repeatedly reviewed the Korean transcripts and English translated transcripts to make sure translations had not been made literally. Constant efforts were made to ensure the translations fully encapsulated the depth and breadth of data provided by the participants. As a bilingual and bicultural researcher, I often felt the frustration of not being able to find direct translations (e.g. Jungmi said "sog-i shiwon hada" in

Korean which in literal translation means “My inside feels cool”, however this had to be meaningfully translated into English as “I felt like my bottled up feelings had been released”). In consulting my supervisors about this issue, they supported me and agreed that I was in the best position to translate the data due to the low number of translators available. Although the process was challenging and took a substantial amount of time, appreciating the value of the data provided in this study encouraged me to ensure that the best possible meanings were made from the data.

As soon as the audio recording device was stopped, four out of the ten participants engaged me in further conversation which was highly relevant to the research. Some participants stated specific details they had decided to leave out whilst the recording was being made, and some participants spoke of entirely new experiences and or attitudes they held. Although the information they provided was interesting and valuable for this research, it was important to understand that the participant had chosen to reveal additional information on the basis that it was not being recorded. It was in the participants’ best interests that I did not include or incorporate any of this information in the processing of their data, both consciously and unconsciously. Participants probably felt at ease that they could just say what they wanted to and not have it used for the purposes of research, or have what they say made public through the research. I felt that some participants had a deeper, more meaningful story to share however the research situation possibly limited them doing so.

Many participants talked about their own or family and or friend’s experiences of mental illness whilst living as a migrant in New Zealand. I felt like I was in a position to be of help, especially when they complained of personal mental illness experiences. However, my lack of knowledge, qualification and expertise made me feel anxious at times. I found that during these moments it was important to remember that I was engaging with the participants as a researcher, not a professional, and it was not in their or my best interests to provide comfort or advice to them. At the same time, it was

part of my ethical duty as a psychology student to comment that there were services widely available to the general public, and if they needed further information in regards to receiving professional mental health care I was happy to explore some of the options with them.

CHAPTER 3: RESULTS

This chapter will firstly provide a brief profile of the participants involved in this study. It will then move on to describe the analysis process adopted for this research, followed by a presentation of the findings.

Participant profiles

The following information is a brief profile status of the 10 participants who took part in this research. Each profile describes the participants and their experiences which led them to take part in this research.

All ten participants in this research came forward and said that either they themselves, or someone close to them had suffered from mental illness as they lived as a migrant in New Zealand. Five of the 10 participants came forward to tell of stories that were not their own. However, as expected they had developed certain attitudes and perspectives about mental health and mental health services as they had seen people close to them experience mental illness and mental health services in New Zealand.

Sung-Min is a 36 year old male, who works as a Christian pastor in a Korean church, and works closely with the local Korean community in Hamilton. Although he reported that he had never experienced mental illness so severe that he had needed professional mental health services, Sung-Min had deep insight into many of the difficulties the local Korean community faced in their day to day life here in New Zealand. He discussed a lot of what he had seen and continues to see in regards to mental health issues amongst Korean people living in New Zealand. Sung-Min also discussed in depth many of the possible and potential reasons why Korean people were so reluctant to address mental health issues.

Ji-Eun is a 23 year old female, who has lived in New Zealand for the past ten years. She has studied nursing, and recently passed the national state exam to become a registered nurse. It was interesting to hear the insights Ji-Eun had about mental health and mental health services in New

Zealand, as she had significant knowledge and some experience as a health professional trained and currently working in New Zealand. Although Ji-Eun reported that she had not experienced mental illness severe enough to seek out professional mental health services, she did talk extensively about her mother's experience of what Ji-Eun believed were symptoms of depression and the impact of her mother living with a mental illness.

Hyun-Jung is a 33 year old female, and told her story about a close friend who suffered from significant mental illness, yet could not, or did not receive professional help. Hyun-Jung said her friend was an international student who had lived in Hamilton, New Zealand. She explained how her friend had experienced significant distress from being talked about within the small Korean community. Eventually, her friend moved to another city in New Zealand to avoid any further rumours. Hyun-Jung also talked a little about her thoughts and attitudes towards mental illness, mental health and mental health services in New Zealand.

Kyung-Hee is a 45 year old female, married and working as a medical professional in the Waikato region. Although she has resided in New Zealand for the past 10 years, she still identifies herself as a Korean born in Korea, and indicated her level of English as low in proficiency. Kyung-Hee reported that whilst living in New Zealand as a Korean migrant, she had experienced mental illness. Kyung-Hee talked about experiencing painful somatic symptoms, which she only realised were in fact related to her psychological problems after she reached out for professional help. Kyung-Hee also talked about her path to recovery, and how she consciously tried very hard to overcome her mental illness.

Mi-Sook is a 45 year old married housewife. Mi-Sook told a story about a close friend named Sun-Ja, who she mentioned was "a little older". Mi-Sook talked about Sun-Ja's experience of dealing with mental illness in New Zealand. Mi-Sook explained that Sun-Ja was recently admitted into hospital for treatment for her mental illness which had become physical issues.

Although Mi-Sook was unsure of the exact reasons or specific causes for her admittance into hospital, she knew that Sun-Ja had been suffering from quite severe depression and she had not been eating for long periods of time. Mi-Sook believed the reasons for her depression were likely to be an overlap of many different life factors. Further, she also gave some insight into her beliefs and attitudes towards mental illness, mental health, and mental health services in New Zealand.

Eun-Joo is a 32 year old housewife, who is married to a Nigerian migrant. Although she had not experienced significant mental illness or reached out for professional mental health help herself, she told of her husband's experiences of such, and how these experiences led her to hold certain beliefs and attitudes towards mental health and mental health services in New Zealand. When asked what kind of difficulties her husband faced living in New Zealand that possibly caused his experience of mental illness she replied it was mainly as he adjusted to life as a migrant in New Zealand, and also stress from his work.

Cho-Hee has more recently come to New Zealand with her one child, leaving her husband behind in South Korea who works to support the family. Her family is currently living as an "astronaut family": members of one family residing in different countries around the world. She explained the symptoms of mental illness she experienced as she adjusted to life in New Zealand. She talked about how English was her initial major problem, as was living life in New Zealand without any social networks or connections. When asked if she had considered approaching professional mental health services for her distress, Cho-Hee mentioned that with English being the major barrier that she faced as she adjusted to life in New Zealand, accessing help in English seemed like an unrealistic option for her.

Hye-Jin is a 35 year old married woman who has been living in New Zealand as a migrant since she was 17 years old. Hye-Jin believed her original source of mental illness was from the relationships in her life; especially the

newly formed and changing relationships resulting from her marriage. Soon after she married, her family (her parents and siblings) all returned to South Korea and she started her newly married life in a new city, Hamilton. She mentioned the difficulties she faced in the traditional Korean mother-in-law and daughter-in-law relationship, and that such tension likely contributed to her experience of significant distress. She commented that her relationship with her husband also became difficult, and they were often fighting. Although people suggested to her that she, or together as a couple should reach out for help, she did not know where to go for help.

Jung-Mi is a 38 year old woman, who talked about her personal experiences of mental illness, and how she reached out for professional help. Jung-Mi suggested two main reasons for her mental illness. A few years ago Jung-Mi had her first child who cried excessively, meaning that she and her husband were always sleep deprived. She commented on how it was difficult to care for her anxious child, without much social support from family and friends who were mainly back in Korea. Furthermore, at the time she had been living in Christchurch and her family experienced the Christchurch earthquakes. The experience made her grow fearful of further earthquakes, and she became overly worried which she believes made her more psychologically distressed. However, Jung-Mi said she was fortunate enough to see a Korean psychiatrist who lived in the United States of America and who came to New Zealand to assist with the Christchurch earthquake crisis. She commented on how the single session with the psychiatrist had been brief, however, she found much relief from the professional she received.

Hyun-Woo is a 23 year old male student. Initially, he did not want to talk about his personal mental illness, and mainly discussed his ideas on how there needed to be more information available to Korean migrants regarding mental illness and also what mental health services are available. At the end of the interview he briefly discussed his experience of what he identified as depression which he described as feeling hopeless about life. He said he felt

this way following a medical misdiagnosis that had completely changed his life, and that he had failed to achieve a personal academic goal.

The following sections outline the findings of a thematic analysis. While English is the main language used in this thesis, from time-to-time Korean is used to show the importance of incorporating Korean perspectives in this research. The English interpretation is provided at all times.

Thematic analysis

The data in this research was analysed using a thematic analysis. Considering qualitative data tends to be overly descriptive and detailed in nature, thematic analysis is a common and beneficial method of processing qualitative data as it allows for identifying, analysing and reporting on the most important and central patterns or themes in the data set (Braun and Clarke, 2006).

Braun and Clarke (2006) suggest a key feature of thematic analysis is the flexibility it offers in allowing researchers to actively interpret and make meaning of data, without having to comprehend large amounts of knowledge on the theoretical background and technological process of thematic analysis. This falls closely in line with the ideology of the constructivist paradigm explained earlier, and therefore, qualitative research. Thematic analysis involves identifying themes, or identifying important information that answers the research question. Although it can seem at times that some themes are too broad and others too trivial, what counts as a theme is again dependent on the analysis and decisions the researcher makes.

Thematic analysis allows for the researcher to have a professional yet flexible role to interpret data appropriately and accordingly, for the purposes of research. This links back to the idea of the researcher having a role and responsibility in co-constructing the data used for research. Themes are not necessarily created simply based on statistical prevalence but are derived by the meaning and significance it brings to answering the research question (Braun and Clark, 2006).

Nevertheless, there are concerns that such flexibility and my interpretation of the data could potentially result in inaccurate analyses. Therefore, the thematic analysis carried out in this research closely followed the six steps Braun and Clark (2006) outline in their step-by-step guide to completing a good thematic analysis.

The initial steps of transcribing and translating the interviews from Korean into English, and further creating narrative summaries of each interview allowed me to become familiar with the data. Throughout this process, potential themes were roughly developed and noted. When the initial steps of working through the data to produce translated transcripts and narrative summaries was complete, a thorough examination of the data was made where reoccurring, dominant and interesting features were highlighted. This allowed for the generation of initial themes, which eventually formed categories or the framework for further thematic analysis to occur. The categories were examined to extract and identify themes and subthemes. This process was repeated several times and resulted in themes being added, changed, refined and integrated. The results were further examined by my supervisors to ensure that my interpretations were meaningful.

Themes and subthemes

A total of seven themes as well as several subthemes, were identified through thematic analysis. Six themes identified the barriers Korean migrants face when accessing mental health care services in New Zealand, and the last theme presents participants' ideas on how some of these barriers could be addressed:

1. Language Barriers
 - General lack of proficiency in English
 - Older generations
 - Korean language preference
2. Cultural Barriers
 - Concerns about mental health stigma

- Chaemyun*: Saving face
 - Han*: Culturally adapted to cope
 - Displaying of emotions culturally inappropriate
3. Lack of information
 - Lack of information on mental illness and mental health services
 4. Mistrust in the benefits of mental health services
 5. Concerns of breaches of confidentiality
 6. Financial Costs
 7. Shifting barriers

Language barriers

Most of the participants talked about how Koreans migrants lacked proficiency in English and that there were substantial cultural differences between Korean migrants and New Zealanders. They suggested that language was a key reason why Korean migrants found it difficult to reach out for professional mental health help in New Zealand. Following a deeper analysis, several subthemes emerged. Participants mentioned that Korean people had a general lack of proficiency in English and this was particularly a problem for older generations. Furthermore, participants commented that the language barrier existed because they had a language preference to speaking in Korean, regardless of English proficiency.

General lack of proficiency in English

Cho-Hee commented that *“language is probably the biggest concern”* and Eun-Joo suggested that *“more than anything, we need to overcome the language issue”*.

Eun-Joo went on to say that the first and most obvious barrier for Korean migrants reaching out for help was the language barrier. She commented that because of the language barrier the help offered by local services were likely less helpful for Korean migrants:

Firstly and most obviously, English is a problem. I think expressing ourselves in English is a problem... because of the language barrier the

advice or help that we receive will probably be... what should I say? Less helpful or meaningful?

Sung-Min also talked about how lack of proficiency in English was a potential barrier for Korean migrants. He said that the language barrier is problematic because language is the main method of communication in seeking psychological help:

The language barrier. Language difference can be the biggest difficulty. Cultural differences are problematic too, but a language barrier means that emotions are often limited in being expressed and understood. A big part of seeking psychological help is a displaying of intense emotions someone is feeling, and having such feelings understood, but if the language is different- this can't be expressed.

그니깐 일차적인거는 언어의 차이가 큰 문제가 될수 있을것 같아요. 문화의 차이도 중요하지만... 언어가 다르다는건 감정이 이해가 안되는거니깐 사실은 어떻게 보면 감정을 토해내고 그 감정을 이해해주는게 사실은 너무 중요한데 언어가 다르면 감정이 제대로 전달이 안되죠...

Participants felt that because psychological services needed to be reciprocal and required people to interact with a professional, this made things more difficult. It was this reciprocal nature of communication that made participants more anxious and reluctant to reach out for help:

I could even prepare in advance what I wanted to say and really get out what I was feeling. But like I said, you can't prepare for what you are going to hear from the service provider, or what they have to give as advice or for treatment. Like medical terminology, or a name of a psychological disorder that may be completely new to us... I think that although it is a professional service, providing treatment or psychological help is about interacting with the professional. You have to talk, listen, and it has to be reciprocal...

Cho-Hee explained how her initial symptoms of mental illness were related to not being able to communicate in English. She further commented that receiving help in English was not something she had even considered:

English was the major problem or barrier that I faced when I got here. Accessing help or a service in English was not something that I would have even considered to be honest. I didn't even think about having interpreters.

Participants did not reach out for help because they knew that not speaking English well enough was going to be a barrier to accessing mental health services:

I know someone who actually wanted to receive help but didn't speak enough English to feel confident enough to take their child in for help... I mean we can't share our thoughts and meaningfully engage our emotions and feelings with these barriers.

The next subtheme describes how the language barrier is of particular concern when considering the older generation of Korean migrants living in New Zealand.

Older generations

Although all participants in this study were under the age of 50, many participants mentioned that the language barrier was likely a bigger concern for the older generation of Korean migrants who spoke less English. Sung-Min talked about how, in his view, the older generation experienced more complicated mental illness and were unable to receive help:

But that isn't going to work with a language barrier- and that will be a problem for New Zealand, I guess in the long run. The younger generation at least have the language- but the adults, especially the older generation, are probably have the most complicated mental illnesses and not able to deal with these feelings.

Ji-Eun also talked about how the language barrier was more problematic for the older generation of Korean migrants who were less proficient in the English language:

Especially for the older generation, language is a large barrier that they will probably never totally overcome. But these issues require the language, it can't be discussed unless the language, and the culture and ways of thinking that are shared through this language can be freely communicated.

Ji-Eun then mentioned how it would be stressful for her mother, who spoke very limited English, to go and see a professional with whom she could not freely communicate:

...whereas for my mother, having to go see someone that she has very limited communication with is likely going to become a stress inducing situation for her. It will only provoke her to think that she is lacking in English, and that she is being dependent on whoever takes her in. She couldn't ever go by herself.

Ji-Eun believed that the people in her parent's generation had become largely dependent on their children or others who spoke English fluently to complete everyday mundane tasks, which gave them a sense of incapability. She explained this is possibly why Korean people often seek Korean professionals to help them live in New Zealand:

Even if we, as daughters to our mothers, offered to take them in it would still not be the same. It's like that in everyday life though, isn't it? Going to the bank, talking to the accountant... Very simple things that our parents could do back home, now they depend on someone else, and feel incapable for not being able to do things on their own. That's why we have Korean bankers, Korean accountants, and would you agree that most of our parents go to them?

This barrier seemed to be of particular concern to older Korean migrants. As a large proportion of the Korean migrants in New Zealand are the older generation, it is important to consider how this language barrier affects the older Korean migrants. The next subtheme discusses language as a potential barrier for accessing services as Korean migrants showed a tendency to prefer the Korean language, regardless of proficiency and generational differences.

Korean Language Preference

Participants seemed to allude to the fact that speaking in the English language, irrespective of fluency or competency, was a potential barrier to accessing mental health care services for Korean migrants.

Mi-Sook spoke about how for “most of us” English was not “*the language of choice*” or “*preferred language for communication*”. Hyun-Jung said that although she did not have problems living day-to-day life in New Zealand as a migrant, thinking and expressing herself in English did not come naturally:

There is a limit to English regardless of how fluent I am, because it isn't my mother tongue, or my language of choice, if you know what I mean? It's not that I have difficulties living day to day life in an English speaking country, but because like I said, I wasn't born here and English is not the language that I function in. I don't think expressing myself and my life happens naturally for me in English.

Hyun-Jung mentioned English was not her native language, nor the language she would choose to receive psychological help:

I have the English skills, but it isn't my first language or my native language, and it wouldn't be my preferred method of receiving mental health help. I think it is more than just speaking a language, I went to university in China and speak Chinese quite fluently too, but the

situation would be the same if I was to reach out for help in China, or in Chinese.

Participants felt that language was more than a linguistic tool; rather language expressed cultural values, worldviews and practices. Regardless of the degree of language proficiency, participants felt deeply connected to their language as it gave them the tools to express their thoughts and feelings. They felt that this was something the English language could not do.

Language contains and conveys more than just what you are trying to say. I think language often is our culture, and language is our way of life.

Oh no. I feel many of those barriers. I mean, when I go to a doctor and I want to describe that my heart is in pain, I could possibly use the English word sore? And still the meaning wouldn't be quite conveyed as it would be in Korea. The meaning becomes insignificant...

Generally participants preferred to speak with a Korean health professional because they felt that they would be better understood and that Korean culture was not something they had to explain. Kyung-Hee said:

You know, when I wanted to describe the feeling that I had that someone was strangling me, I could only express it as a somatic symptom. I couldn't describe exactly how I felt... I couldn't call it a choking sensation, I couldn't say it was anything further than a somatic feeling. I had a lot of trouble finding the right word as I went to see the doctor, the whole time I was talking to the GP I was half in doubt the whole time because I knew I was not delivering my feelings and symptoms correctly. I kept thinking this isn't right, this isn't right as I spoke with the doctor.

병원에서 의사에게 목졸림 현상을 설명하는데 처음 얘기할 때에도 그니깐 신체적인 증상으로만 설명할수가 있었지, 어떤 나의 미묘한 느낌? 나의 정확한 그 목졸림 현상을... 뭐 그런다고 그걸 choking sensation 이라고 할수도 없고, 그게 아니니깐...신체적으로 밖에

표현을 못했지. 내가 적절한 단어를 찾기가 너무 힘이 들어서
의사를 만나면서도 반신반의 하는거야 왜냐하면 내 느낌을 잘
전달을 못하겠으니깐... 아 이게 아닌데, 이게 아닌데 하면서 의사랑
얘기를 했어.

Summary

Language proficiency and language choice were primary concerns for participants. A general lack of proficiency in English language, particularly for the older Korean migrant population were barriers to accessing mental health services as participants preferred to communicate in Korean when accessing mental health care, even for those who were fluent in English. They thought language was also a means of conveying culture and their way of life which meant they could express psychological issues better and also be better understood.

Cultural barriers

Participants talked about how cultural differences could become barriers for Korean migrants accessing mental health services in New Zealand. Sung-Min said that even if he overcame the language barrier, he would then *“hit the next barrier which is culture”*, and that this made him *“cautious”*.

Jung-Mi, who had experience of receiving help from a Korean psychiatrist, said that if the psychiatrist had been a New Zealander, she would have probably not reached out for help: *“You know, if it had been a Kiwi I don’t think I would have approached this help.”*

Hyun-Woo also said that he would prefer to see a Korean mental health professional rather than someone who was not Korean:

I don’t think I would trust Kiwi people as much when reaching out for professional help too. I mean, it is not because I think they are less knowledgeable or less skilled, more it is a question of how will they ever completely understand me? I know a little of both cultures, and I don’t see them overlapping or combining. How or why should I expect that the Kiwi professional will? I think understanding what I have said and really

feeling or communicating about what I have said are completely different issues. They can try to understand me, but that isn't really understanding me, is it? I think I would choose a Korean service over a Kiwi provided service just because I know I will at least be understood.

Four subthemes were identified under the theme *cultural barriers* in this study. First, participants mentioned that a cultural barrier they faced was their concerns about mental health stigma. The second subtheme was *chaemyun*- maintaining dignity, honour and self-respect both for the self and with whom they engage in any reciprocal relationship. Participants said that because mental health is greatly stigmatised in Korean culture they were worried about their *chaemyun*. The third barrier participants talked about was the concept of *han*- sorrow, spite, resentment or grief in Korean culture; they explained that Korean people are culturally adapted to cope with the adversities they faced in life, including mental illness. Finally, the fourth cultural barrier identified in this study was displaying of emotions being considered culturally inappropriate in Korean culture.

Concerns about mental health stigma

Participants talked about how mental health is greatly stigmatised in Korean culture, and that there were many stereotypes about people who experience mental illness. Because of the stigma, participants were worried about how others perceived them which impacted on their willingness to access mental health services.

Mi-Sook said that within the Korean community there were common beliefs about mental illness and that people were often stigmatised if they suffered from a mental illness:

Well initially, like we were saying before, there are still common misbeliefs about psychological or mental problems amongst Koreans. We take things to the extreme, point fingers and say the person is crazy.

아직도 우리 한국 사람들 마음속에는 심리적인 문제 또는 정신병에 대한 선입견? 뭐 잘못된 생각이 많죠. 정신병을 극대화 시켜서 정신병이 있는 사람을 보고 말그대로 미친 사람이라고 말 하잖아요.

Hyun-Woo commented that *“Korean people are quite reluctant when it comes to talking about mental health in general, I think.”* Cho-Hee mentioned that culturally Korean people were *“stubborn”*, and held fixed views on mental health and mental illness: *“You know how stubborn we are as a race, even if we were to receive help it would be very hard for people to take advice and change their ways, thought and beliefs.”*

Sung-Min said that a large proportion of the Korean community residing in New Zealand was the older generations and they were more likely to be reserved when talking about mental health issues:

I guess a large proportion of the Korean community here is the older generation, the 40, 50 and 60s- and I guess they are more reserved when it comes to talking about issues such as mental health. That’s the initial problem. And like you know, even suggesting to someone that they should seek mental health help or any form of help can be a touchy matter.

Due to the stereotypes about mental illness and the stigma attached to suffering from a mental illness within the Korean culture, Ji-Eun said if she had lived in Korea, reaching out for mental health help would have been an undesirable option:

You know, if I had lived in Korea I could have never reached out, I don’t think I would have even considered something like this an option. I think for me, the only reason I would consider receiving such help would be because I live in New Zealand. Mental illness is so stigmatised back home in Korea. It would have been a burden to even consider that an option. Korean people have so many stereotypes, so many cultural beliefs about what it means to be mentally unwell.

Along with concerns about mental health stigma, *chaemyun* was also a cultural barrier.

Chaemyun (체면): Saving Face

Many participants talked about how Korean people are overly concerned about how others perceive them. That concern is related to a desire to protect their (the participant's) *chaemyun*. Participants talked about how protecting their *chaemyun* often resulted in them living to please others which affected their wellbeing. Protecting one's *chaemyun* was considered more important than admitting to experiencing a mental illness.

Hye-Jin mentioned that because Korean people are so concerned with what others think about them and how they judge their situation and their status, life often revolves around a concern for “*what others think*”. She also commented that this makes Korean people “*two-faced*”. Two-faced here translates as portraying different “*faces*” in different interactions so that one is not judged by others as being inappropriate. Koreans often live their lives having to please others, which is not always necessarily what they want for themselves:

As for why we don't access such help to start with... We are so concerned about what others think about us, what judgements they will make, what others think about my situation, and what others think about my status. It is really all about what others think. That makes us become two-faced I guess, we try so hard to please others and yet deep inside we aren't happy. In fact, we are miserable. I think it's a cultural thing though, it just is how our people think and act. How do we change that?

Hyun-Jung's story about her friend who experienced mental illness was closely related to the issue of being overly concerned about others' perceptions. Hyun-Jung mentioned that for her friend, the reason she had become psychologically distressed was because she believed everybody in the Korean community was talking negatively about her. She felt that her

chaemyun had been destroyed. Hyun-Jung thought that her friend believed that reaching out for help would have provided more reason for people to talk about her:

Everyone judges and misperceives you, and you don't have a chance to explain yourself. Originally, her problem was that she thought everyone was talking about her. She would have probably thought her accessing this kind of help would just become another gossip source for people to talk about her. Like I was saying, that very small community we belong to talks... She was petrified.

Hyung-Jung explained how her friend had very much kept to herself, and she always wanted to be alone. Her friend had told her if she did this, no one could talk about her:

She literally made this barricade between herself and the world; she always wanted to be alone. She just avoided everything and everyone. She once told me that was because if she isolated herself, no one could talk about her.

Jung-Mi mentioned that although the Korean migrant community was “tight”, yet sometimes the community was “too close”:

...we are worried about what others might think about us. I mean we have a wonderful tight community, yet sometimes that is the very problem. We are too close... but we don't want our problems or weaknesses to be revealed to each other. I know there are people who isolate themselves from the Korean community because of this reason.

Sung-Min suggested protecting *chaemyun* is a significant cultural value for Koreans:

But think of this- do you know any other race that is so concerned with what other people think about me, and any other race that consistently and overly compares ourselves with others? This is probably one of the biggest reasons Koreans are unhappy.

그런데 생각해봐- 한국 사람만큼 비교의식이 심한 사람들도 없을거예요. 늘 비교하며 살잖아요 우리는, 남이 나를 어떻게 생각하나 나는 남에 비해 어떻나... 그 비교의식이 우리를 불행하게 하는것 같아. 비교하다 보면 속앓이 하는게 많아지고.

Ji-Eun said Koreans often tried hard to meet others' expectations which she thought was because it reduced chances of being talked about or frowned upon, thus protecting *chaemyun*. She mentioned how Koreans are always expected to look and behave "decent", yet this standard actually made Korean people exhausted.

How other people see me. How other's perceive me and make judgements of me. Back home, we wouldn't leave the house unless we looked "decent" enough to be going out. But this "decent" actually makes us tired, we have to live to please others, or rather, to not be frowned upon or talked about. Consistently, it is about what others say about me, rather than what I want to do or what I think. We totally over react. We live such a different life here in New Zealand, but I think this way of thinking is still prevalent in the Korean migrant community.

Hyun-Woo thought that the "utmost concern" among Koreans was their *chaemyun*. He commented that when he did not conform to cultural norms he was aware that Korean people became judgemental about him.

Mi-Sook suggested that rather than being judged or wrongly perceived by others Korean people tend to cope with whatever difficulties: "We try to cope, we hide our problems, and we don't want to be talked about by other people. That's a big one within the Korean community."

Therefore, due to concerns about how one is perceived and the perception of mental health the participants seemed reluctant to receive professional mental health care. A large concern for Korean migrants accessing mental health services seemed to be that because mental illness is greatly stigmatised in Korean culture, their *chaemyun* may be destroyed. The participants suggested that protecting *chaemyun* is more important than

accessing mental health services. Mi-Sook's comment on how Korean people try to cope by hiding their problems leads into the next subtheme, which is about how participants believe that Korean people are culturally adapted to cope with mental illness.

Han (한): Culturally adapted to cope

Participants referred to the Korean term *han*, which does not have a direct English translation however is commonly translated as sorrow, spite, resentment or grief. Participants talked about how Korean people believe *han* is a part of everyone's life, and it is culturally inappropriate to stand out and complain about such distress. Everyone has their personal share of psychological distress, yet manages to cope. Sung-Min commented: "*Korean people think that everyone lives life with psychological problems and distress.*"

Sung-Min explained how the concept of *han* is so ingrained within Korean culture and Korean way of life, that Korean people were expected to deal with, live and cope with *han*. However, he acknowledged that Korean people were actually not coping:

Han, han, han. You know "Han", right? Han is about coping. We take it for what it is, of course life is tough, of course life is hard, of course we have stress... this is our way of thinking. Han, han, han... It is about just coping. Being patient and sitting through. I mean we say coping but in fact people are not coping, things are building up inside them.

Ji-Eun also said that Korean people live with *han*, the older generation in particular. She went on to talk about how this generation had been the generation that had worked really hard to make Korea the country it is today. She referred to mental illness being a "*luxurious concern*" for this generation:

I think our parents' generation, in particular, live with han. They lived that very poor generation, their life was tough and survival was a major concern for them. No one had a comfortable life and everyone suffered hardships. I think that way of thinking has stayed with them. You know,

they are the generation that has developed and advanced our country to what it is today, and that wasn't easy. Of course life is tough, of course everyone lives through hardship, shouldn't we be thankful that life has become this much more luxurious? I think this is the kind of thoughts that they live with. Mental illness is that to them- a "luxurious" concern.

Hyun-Jung agreed. She commented that living during war and poverty would likely have led this generation to believe that everyone lived through hardship, and it was inappropriate to stand out and complain about personal distress:

Oh, and I think there is also the idea of this generation, well not so much us, but our parents' generation that life involves han. They have lived the Korean war, if not they have lived the life just after the war. They endured many grievances and difficulties before Korea became what it has today. Everyone lives a tough and hard life. Why should I make a big deal as if I am having the toughest, hardest life? That wouldn't be right.

Hyun-Woo suggested that this was still the attitude among young Korean generations living in New Zealand today. He said that he and his friends believed mental illness was a burden that they considered they had to endure:

Oh, you just live life... silently. And you just cope. You try to make yourself busier with this and that... You meet friends and chat about life. You realise they too, have difficulties... It is like a burden you just carry with you. For life.

Sung-Min talked about how Korean people not only compared themselves amongst each other as in who is better, but also made comparisons with each other on the basis that everyone should be similar, and not stand out. He said there was a "weird consensus" within the community that everyone is suffering from their share of troubles in life. In his view, it would be inappropriate to stand out and say that an individual's problems were in any way greater or more significant to someone else's:

Again, going back to comparing ourselves with each other... I mean comparison as in who is better, but also comparison as in we should all try to be the same. You know the saying in Korean- Who in the world doesn't have a hard life? We all have our fair share of troubles. We have this weird consensus.

Han presented as a culture-specific barrier for the Korean migrants in this study. The term seems to provide a cultural standard that people should be able to cope with the adversities they face in life. All ten participants mentioned that culturally, Korean people were adjusted to “just cope” with the stressors in life. Further, they suggested that for Korean people, or Korean migrants, mental illness was a “luxurious concern”. There seemed to be a general consensus amongst the participants that everyone suffers from life stressors.

Participants gave personal examples of coping with mental illness. For example, *Kyung-Hee* talked about her experience of enduring her depressive symptoms for a year, until she started feeling the somatic symptoms and reached out for help:

I didn't do anything. I just lay in bed, curtains shut, I didn't answer the phone, in fact I didn't respond to any form of contact from anyone. I lived like that, I would say for about one year? But then, I felt the somatic symptoms. It was like someone was strangling me.

Hye-Jin also talked about how she experienced mental illness in her everyday life, yet all she could do was just cope:

Yes, married life was really hard for me, I had a lot of problems with my in-laws. You know, the traditional Korean in-law drama. That's my story. I had a lot of problems getting pregnant, we couldn't have a natural pregnancy, we had help for that too... and then we had the baby, and things got even more complicated... At the time, everything was just so hard. I wasn't coping well at all, but I just had to.

Mi-Sook talked about how if her friend had received earlier intervention for her mental illness things would not have become as complicated as her being admitted into hospital. She mentioned that, in general, the Korean community had a tendency to try and cope with their difficulties:

If only she could have received help a little earlier, I am sure things wouldn't have become this bad. But only when things started becoming quite serious, or seemingly obvious that she was not okay, she finally received help. We try to cope, we hide our problems, and we don't want to be talked about by other people. That's a big one within the Korean community.

Hyun-Woo also mentioned that it was about coping, and mental illness was a burden everyone had, and that everyone tried to cope. Sung-Min said that Korean people believed mental illness to be an internal feeling, something that could be left covered or “*put under the rug*”. Korean migrants were preoccupied with making a daily living as a migrant in New Zealand:

I think we as Koreans, just cope. People go on with daily life because it is an internal feeling, an internal hurt that I have and it is mine. They put it under the rug, and go on with the pressures of living as migrants in NZ. They literally just cope. I mean what else can they do?

글쎄... 우리 한국사람들은 그냥 견디고 사는것 같은데. 어짜피 이런건 내적인 병이고 느낌인데 그니깐 결국엔 내거니깐 견뎌야 한다 뭐 그런 생각? 그냥 이런건 숨겨 놓고 사는것 같아요, 아니 뉴질랜드에서 이민 생활도 충분히 어려운데... 그냥 정말 견디는것 같은데. 다른 방법도 딱히 없으니깐?

Ji-Eun talked about a condition in Korean named *Hwa-byung* (화병), which she described as “*bottling it (emotions) all in and just suppressing such thoughts*”. Ji-Eun mentioned that even as Korean people experienced

conditions such as hwa-byung, they were busy managing day-to-day life as a migrant in New Zealand:

We were watching a Korean television show a little while ago, with my mum, and the show was telling us that if you press here (under and to the left of your heart) and it hurts, you have hwa-byung. My mum tried it, and said it really hurt. We all laughed, but I know it wasn't entirely funny. I think normally, as we live as immigrants here in New Zealand, life is more about getting through daily life. We have to live life in the foreign country, and that alone takes a great amount of effort, especially when culturally we are so different, and there are language barriers. If the local New Zealand people put in 10, we probably have to put in 40, and our parents, probably 70 or more to get similar results in life. It's a lot of effort... Like we were saying before, psychological distress becomes a luxurious concern until it reaches threshold...

Hwa-byung can be seen as a culture-specific syndrome that results from Korean people trying to cope with the adversities they face in life, including psychological distress.

There seemed to be a general consensus amongst the participants that everyone suffers from life stressors, and it was an individual's responsibility to be able to manage such distress.

Displaying of emotions culturally inappropriate

Participants stated that culturally it was inappropriate to display strong feelings or emotions or express symptoms of their mental illness. Korean people do not display intense emotions and do not express their "*difficulties, hardships and troubles*" to other people. Participants suggested that because this was the way Korean people were brought up and this was regarded as socially appropriate behaviour, Korean people had difficulties in sharing these kinds of feelings or issues with others, including mental health professionals.

Jung-Mi mentioned how even to family and close friends, Korean people did not know how to show or display feelings of distress. She mentioned that even though Korean migrants had relocated to New Zealand, this did not mean that their attitudes and beliefs would change:

But more than just that, that is how we are brought up, you know, to not show or display our emotions to others, especially strong or intense feelings. I don't think we know how to appropriately display feelings of distress. Even to close friends, family... We migrate here to New Zealand, but that doesn't mean we change who we are what we think and how we are going to behave. That is just how we are, it doesn't easily change...

Hyun-Jung also discussed how Korean people were not “taught or trained” to engage with someone in conversation about personal feelings and emotions:

I think culturally, we are brought up in such a way that we don't really discuss personal difficulties, hardships and troubles with other people. Maybe with friends? But with parents, family, teachers at school... especially with older people, because we have such hierarchy within our society. I don't think we grow up thinking that we can go to someone and talk to them about our problems. We're not really taught or trained to do that in our culture. And generally, I don't think we have many opportunities, in general, to communicate those kinds of needs with other people.

그냥 우리 문화상 나의 힘든것들, 나의 아픈것들을 쉽게 누구한테 말하는게 어려운 일인것 같아. 뭐 친구한테야 할수 있지만, 그 관계 말고... 뭐 부모님만 해도 그렇고, 학교에서도 그렇고, 선생님하고도? 특히 나보다 윗사람이랑? 그런 위아래 관계도 있고 그러니깐. 그런 훈련들이 안되있는것 같아. 타인이랑 뭔가 자유롭게 얘기하고 대화할수 있는 경험들이 아무래도 제한적이니깐 더 그럴것 같아.

Hyun-Jung also went on to say that because culturally Korean people were not used to displaying and delivering personal feelings and emotions,

receiving mental health related help could be difficult and awkward, and thus why Korean people tend to be reluctant about receiving professional help:

You know, Korean people may just avoid this kind of help or be reluctant because it is something that they are not used to doing, something that actually makes them quite uncomfortable. I'm sure even for those people who make a large effort to go and see a specialist or a mental health professional probably only confirm their thoughts after the experience that yes, that was uncomfortable and I didn't like that, I'm not going again.

Summary

The subthemes explain how Korean migrants' cultural beliefs and conceptualisation of mental illness and mental health service access is a significant barrier for this population when accessing professional mental health care.

Concerns of breaches of confidentiality

Another theme that arose from the interviews was the issue of confidentiality. Participants discussed their worries that if they approached professional mental health services this would not be kept confidential.

Hyun-Jung and Cho-hee discussed that culturally, Korean people often “talk so much behind each other's back” or “talked bad about others” this made them worry about the confidentiality involved in accessing services. This concern extended to how professionals working in the mental health services would keep their information confidential. Cho-hee said:

Korean people, we talk so much behind each other's back, yet confidentiality is so crucial. Or maybe because we talk so much behind each other's back, we can't trust anyone- even professional services. I think in our very small and tight Korean community that could be another factor that Koreans, Korean immigrants are reluctant to reach out for help.

Hyun-Jung said that although she was aware of the fact that in New Zealand a big part of professionalism involved issues around confidentiality, because this was not necessarily the case in Korean culture, it was hard to conceptualise:

I know that here professionalism is highly valued, and issues of confidentiality and so on are thoroughly taught to healthcare providers, but again, that isn't necessarily the case for Koreans. You know what we are like, we smile at everyone, laugh with them, turn around and talk bad about them. It's almost cultural for us. Anyway, as a professional we need to trust that they will keep our matters confidential, but we have grown up in this culture where that isn't so easy. Maybe that should also be something that people need to become aware of.

Jung-Mi explained that the reason she had approached and easily talked to the volunteer psychiatrist who had come from the USA was because she was “from out of the country” and did not have a direct or potential relationship with her. Jung-Mi said that this made her feel like she could freely discuss anything with the professional:

But I think the best thing about being able to see her and talk to her was that she wasn't someone that I knew personally, and that I could confide in her because she was from out of the country, and she didn't know anything about me. And so I felt like I didn't have to hide anything from her either.

그 전문가를 만날수 있어서 가장 좋았던 이유중 하나는 내가 여기서 같이 살고 있는 사람이 아니잖아요. 그런 부분은 가십거리가 될수 있는데 외국에서 오신 분이니깐, 그게 아니니깐... 솔직해질수 있는? 내가 뭐를 구지 숨기고 그러지 않아도 된다고 느꼈으니깐요.

Summary

Korean migrants were worried about breaches of confidentiality when accessing services, and concerned that others may become aware of their

mental health problems. Furthermore this theme seemed to be closely related to cultural barriers identified in this study as concerns of breaches of confidentiality is directly related to cultural concepts such as living with *han* and protecting *chaemyun* for Korean migrants. Therefore Korean migrants may worry more about confidentiality and thus be reluctant to reach out for professional mental health services.

Lack of information

Every participant in this study said that there was a lack of information available to them on the topic of mental illness and mental health services. Participants mentioned that in general, there were limited opportunities to engage in conversations about mental health because people rarely talked about the topic. Sung-Min mentioned how this was not only within the Korean community, but even more broadly, in his interactions with the local Kiwi community:

I don't think I have heard people talk about this matter- I haven't heard the topic discussed amongst the kiwis that I interact with, nor amongst the Korean community.

Participants identified a lack of information on what it means to experience a mental illness and a lack of available information on mental health services.

Lack of information on mental illness and mental health services

Some participants were aware of the need for a better understanding of mental illness and what it means to experience mental illness. For example Hyun-Jung commented that Korean people, both living in New Zealand and back home in Korea, did not know enough about mental illness and what it means to experience this: *“But generally, there is a lack of awareness and knowledge amongst Korean people, both in NZ and back home in Korea about what mental illness is and what it means to be unwell psychologically.”*

Ji-Eun also mentioned how Korean people needed more information on mental health, and this limited knowledge often made them reluctant to reach out for such services:

People just need more information in general. Information that tells them it isn't wrong to be mentally unwell. I think initially our perceptions or knowledge of mental health and mental health services are limited, and make us reluctant.

그냥 전체적으로 정보가 더 필요한게 맞는것 같아. 심리적으로 또는 정신병으로 힘든건 괜찮은거다? 틀린게 아니다? 라고 말해줄수 있는... 그냥 한국인들은 아무래도 그런 정신병에 대한 선입견이 있고 그게 우리가 아는 그거에 대한 전문지식은 그 선입견이 다니깐, 우리가 더 도움을 안받는것 같아.

In Kyung-Hee's experience, she had initially reached out to her GP with concerns for her somatic symptoms and it was only when she was prescribed depression pills from her GP that she realised what she was experiencing was mental illness. She explained that it was as she came to realise and admit her psychological problems she started to make an effort to become better: *"I realised that this was a psychological issue, that I had a psychological difficulty. It was when I finally realised this that I started working on my problems and situation to make things better."*

Participants had more to say about information not being readily available to them regarding mental health services in New Zealand. All ten participants mentioned that they did not know what was involved in the process of accessing help in times of need. Eun-Joo mentioned that it was not only mental health services, but Korean migrants comparatively lacked information on accessing and receiving health care in New Zealand:

But you see when it comes to health providers, or health care services, it is not only the mental health service, but overall, generally, we don't

have enough information, really none at all. We lack information on how to access healthcare, I think, compared to Kiwis.

Jung-Mi agreed: *“There is not enough information available to us. I think that is my honest feeling about a lot of the services that are available in New Zealand. I don’t know where to get help, or how.”*

Hyun-Jung said she saw her close friend experiencing mental illness and that they both knew her friend would benefit from professional help, but they did not know what was available for her: *“But the bigger problem was that we, she didn’t, and I didn’t either, know. We didn’t know what was available for her.”*

Cho-Hee suggested that most Korean people in New Zealand did not know such services even existed:

You know the saying in Korean that says knowledge is power? I really felt that was true here. But no, I had no information; well I still don’t have information regarding mental health services and help. Generally, most Korean people don’t know about these services, they don’t know that such services even exist.

An important finding was that participants did not know how to access help, and did not know who or where to go to for help.

“a matter of not knowing where to go for help, who to see...” Mi-Sook.

“...where to go, who to go to, we don’t have any of that kind of information. No one really has that kind of information... when we are suffering mentally or psychologically where do we go? If people don’t know what services and help exist, how can they approach it?” Ji-Eun.

Kyung-Hee asked me how one could receive psychological help in New Zealand: *“I’m curious to know how you receive different psychological help here, in New Zealand.”* Cho-Hee repeated the question twice in the interview: *“Are there any Korean specialists here? But there aren’t any (specialists) here*

right?” Sung-Min also asked “Are there Korean psychologists in NZ? If there are, why do we not hear about them?”

Hyun-Woo commented that since services were designed to be approached by people who needed such help, rather than services approaching the community, lack of information on mental health services was a barrier to access:

I literally have no idea. How would I? There is no information. And I have never accessed such services before so... I mean, isn't the service set up that I need to approach them, not they approach me? Then of course, how would people generally have any kind of information?

Summary

Participants commented on the lack of both quantity and quality of information available on mental illness and mental health services in New Zealand. Participants specified that there was a need to provide information on how to access help; where to go, and who to go to, and more information on services provided by Korean professionals. Many participants asked me throughout the interview how such services could be accessed. It seems that because there is a lack of information available for this population they are less likely to understand mental illness and access mental health services. The next theme describes how Korean people's mistrust in the benefits of mental health services also serves as a potential barrier for accessing professional help.

Mistrust in the benefits of mental health services

Many participants said there was a general mistrust in the benefits of mental health services amongst Korean migrants. Participants believed such beliefs were possibly a barrier for Korean migrants when reaching out for help.

Hyun-Jung suggested that Korean people needed to become aware of the fact that such services could potentially benefit them:

If there is one more thing that I think people need to become aware of, it is that people need to know that this kind of help can be beneficial to them. That it can actually help them in their distress...

There was a sense of mistrust expressed by participants about how mental health services would actually benefit them. Ji-Eun gave an interesting analogy to explain what she meant:

I mean, if we knew that these services were actually very helpful and could do us good, why wouldn't we go? I think even I have little belief, or maybe it is not so much belief, but I have not heard of people approaching these services and benefiting from them. When we have cancer, and we know a doctor who can treat us for it, people would line up to go and see him. If we knew that these mental health services were actually going to benefit us, I mean, if we knew that these services were actually very helpful and could do us good, why wouldn't we go?

그냥 확신의 문제이지 않을까? 이걸 해서 될까? 진짜? 고쳐질게 확실하면 어떻게든 찾아가지 않을까 누군가를? 근데 나부터가 그런 마음의 확신이 없으니깐 우리가 가지 않는것 같아, 그러니깐 당연히 그런 도움의 덕을 못보고. 우리 몸이 아프면, 암 걸리면 어떻게든 좋은 의사 찾아가서 수술 해달라고 하잖어. 정말 이런 도움을 받는게 우리에게 도움이 된다고 생각하면 어떻게든 찾아가겠지. 그렇지 않나?

According to Ji-Eun, Korean migrants do not know of the benefits or understand the significance of receiving mental health care. Korean migrants believe such services will not be beneficial for them, thus they do not access such help.

Hye-Jin said she was “not convinced” mental health services were going to be beneficial for her; however, said that if the Korean people knew that the services would be helpful, the language barrier might not be an issue:

...but I think if you are keen or no, more if you know that this help is going to work and it will benefit you, then I don't think the language barrier is going to hold you back.

Hyun-Woo described quite strong feelings of mistrust that he held towards mental health services in general. He believed his thoughts and emotions were entirely his own, and professional intervention was not going to necessarily change his internal thoughts and feelings:

Well I guess when we talk about psychological problems we attribute them to our internal thoughts, ourselves. I tend to think that whoever is going to provide me help doesn't have the power or the ability to change my thoughts or my internal feelings, me. I really don't think the treatment provider or professional will understand exactly what I am thinking, and even if they did understand, I mean wouldn't it be up to me in the end anyway? I don't think I was brave enough. I think I consistently thought how is anyone else other than me ever going to provide an alternative way to feeling and thinking? How will they treat me? I think it is a matter of distrust.

Summary

Participants commented that if they were more aware of how mental health services could actually benefit them, they would be more likely to seek professional help. For Korean migrants living in New Zealand, becoming aware of the benefits and significance of mental health care and the services they provide will likely influence their access to such help. Therefore this theme interrelates to the previous theme which was lack of information; participants in this study mentioned a lack of general information on mental illness and how to access mental health services, but furthermore they said they lacked information on the benefits of such services.

Financial costs

Some participants mentioned that receiving mental health services were likely to incur expensive costs and this made them hesitant.

Hye-Jin commented that if mental health services were offered for “free”, she would consider going to see someone for help. She mentioned that she was often reluctant to even see a GP because of the expensive consultation prices, and assumed that there would also be lengthy periods of waiting time involved:

Maybe if the service was free? But I know that seeing a specialist in this country is not only expensive, but requires quite a bit of waiting time too. Sometimes, I don't even go to see the GP because it is so costly and I don't want to spend 50 dollars for a very meaningless 10 minutes.

Cho-Hee was a mother of an international student, and described how her legal status of not having permanent residency or citizenship in New Zealand would make going to see a mental health professional even more costly:

But for me, I am a mother of an international student. Because we don't have permanent residence nor are we citizens here, this means the cost for seeing specialists, I'm sure, will be very expensive. Everything is more expensive for us. I mean costs are not the most important thing, but nevertheless, it is something that we have to consider.

Summary

Although participants did not have experience of accessing expensive, unaffordable mental health care services, they held assumptions that mental health care would incur expensive costs. Therefore this was another barrier for them when accessing services. The following theme discusses how lack of information on mental illness and mental health services are also a barrier for the participants.

Shifting barriers

Most participants commented on the need to improve circumstances so that information regarding psychological disorders and mental health could become more prevalent and easily accessible.

Ji-Eun suggested that simple forms of advertising, such as pamphlets or information in local Korean newspapers and magazines about the help that existed for the Korean migrant populations would be helpful. She also suggested word of mouth works well in the Korean community:

Word of mouth works best in our community. Or even simple advertising? We have so many magazines and newspapers that come out weekly. Posters, pamphlets, really small things but I think they could be effective. If people even vaguely knew that things existed somewhere out there, I think that could be really helpful...

Hyun-Woo commented that it would likely not be enough to make information available in simple form such as adverts on the internet, rather, *“having people who have experience of accessing and benefiting from such services would be the best source of information.”* Hyun-Woo’s suggestion illustrates the need to engage the Korean community with the information that is provided for them.

Sung-Min specifically asked if there were Korean psychologists practising in New Zealand, and if so, why did the community not know about their existence, and the help they could potentially deliver. He suggested the Korean community needed better *“networking”* to be able to share this kind of information. Considering the cultural differences and implications these were likely to have on Korean migrants in delivery of professional mental health services, he said that allowing the community to know of the help that is available for them would be valuable.

Kyung-Hee, who worked in New Zealand as a medical professional, made an interesting suggestion that the Korean health professionals in New

Zealand needed to better “*network*” as a migrant group. She suggested that rather than having to train 100 psychologists or psychiatrists who specifically work with the Korean population, it would be advantageous to have Korean healthcare professionals working locally in New Zealand to become more aware of mental health issues and difficulties.

Participants also stated the importance of making information available on the benefits of mental health services for the Korean community. Hyun-Jung stated that Korean migrants needed to become aware of the fact that “*people need to know that this kind of help can be beneficial to them, that it can actually help them in their distress.*” Mi-Sook agreed that there was a need for the Korean community to become better informed about what services are available, but further, that the mental health services are beneficial.

Summary

Participants in this study not only reported the barriers Korean migrants may face when accessing mental health services in New Zealand, but also suggest ways to improve circumstances for people in the community to better access mental health care.

Conclusion

The themes identified barriers Korean migrants faced when accessing mental health services in New Zealand. Language was a significant barrier for this population, as were the cultural barriers.

One theme did not have more significance over another, rather most, if not all, of the themes contributed significantly as a barrier for Korean migrants accessing mental health services. Also, the themes identified in this study are not individualistic; instead they are closely interrelated. Cultural barriers and lack of information underlie all of the themes; the cultural values Korean migrants hold contribute as a major barrier for this population. Furthermore, lack of information seemed to underlie most of the themes; participants mentioned that because Korean migrants lacked information on

mental illness and services, they often made assumptions based on their cultural knowledge or values.

CHAPTER 4: DISCUSSION

Korean migrants' attitudes towards mental illness and mental health services are known to make the mental health needs of Korean migrants more multifaceted and problematic to determine (Bernstein, 2007). Attitudes have been identified as a key determining factor for help seeking patterns and behaviours (Craemer, 1999; Mackenzie, 2001; Smith, Peck, & McGovern, 2004; Tjihuis, Peters, & Foets, 1990). The results of this study are in support of this view; Korean migrants in New Zealand have culturally constructed spectacles through which they understand and perceive mental health and mental illness.

This research found that Korean migrants living in New Zealand have unique cultural values and practices that hinder them from accessing professional mental health care. Seven themes were identified in this study: language barrier, cultural barriers, concerns around issues of confidentiality, lack of information, mistrust in the benefits of mental health services, concerns of financial costs and shifting barriers. While six themes were shown to act as barriers to service access, the last theme was suggestions made by participants about how Korean people could better access mental health services. According to previous research, these barriers exist for Asian and Korean migrants accessing mental health care services in Western countries (Lee et al., 2008; Shim & Schwartz, 2008; Shin, 2002; Wu et al., 2009).

There appeared to be a significant relationship between being a Korean migrant and under-utilisation of mental health services in New Zealand. The results found that Korean migrants upheld and adhered to their Korean cultural values and that these values influenced their attitudes towards mental illness, mental health services and their access to such services. Past research has found that Korean migrants, of whom the majority are first generation migrants, tended to hold strongly to their cultural values even after migration (Min & Song, 1998).

Using a Korean cultural perspective, this discussion focusses on the barriers to accessing mental health services and highlights possible reasons why these barriers exist. This will provide an understanding of how mental health care can better meet the specific needs of Korean migrants and subsequent generations. The barriers identified in this study explicitly describe core Korean cultural values and further explain how certain attitudes about mental illness and mental health services are formed.

Korean cultural values

Participants described how their cultural values and cultural ways of thinking made them reluctant to reach out for professional mental health care in New Zealand. This cultural perspective largely reflects values of Confucianism which is known to exist at the heart of Korean culture and Korean people (Keum, 2003). Firstly, Korean migrants in this study were greatly concerned about mental health stigma. They mentioned that in a culture where mental health is greatly stigmatised, they were not willing to receive help as they were worried about how other people may perceive them. Many participants went on to explain that Korean people were worried about protecting their *chaemyun* (how they were perceived by others) and excessively compared themselves with others.

Furthermore, participants discussed the Korean concept of *han* and how *han* was so deeply ingrained within Korean migrants' life that adversities in life were understood to be a part of their life. All ten participants in this research discussed how culturally Korean people are adapted to cope with the difficulties they face in everyday life, and this included their mental illness. The concept of *han* in Korean culture explains that everyone faces hardships in life, and that it is inappropriate to stand out or talk about their experiences of mental illness. A study reported Korean Americans describing feelings of depression as being a common experience in everyday life and the controlling of such feelings being an individual's responsibility (Ahn, Kim-Goh, Shin, & Wee, 2008). In fact, reaching out for

psychological help seems to be in direct opposition of the Korean cultural belief system.

Participants in this study reported that displaying emotions is culturally inappropriate within Korean culture. The extent of these beliefs are such that Koreans believe public expression of intense emotions, challenging people in authority and even speaking out new or dissimilar ideas as inappropriate (Nah, 1990). An individual who does so is considered immature and incapable (Bernstein, 2007; Kwon-Ahn, 2001; Pang, 1998). The notion of a capable individual is to maintain personal social status and personal social relationships, and also the status and identity of family and other collective units. The importance of a collective identity is considered more important than any one individual's identity (Keum, 2003; Kim, 1998). With these values in mind, a good reputation and good interpersonal relationships could be considered more important than reaching out for professional mental health services.

Cultural values seemed to be central throughout all of the barriers identified in this study and this was evident as most of the decisions made by Korean migrants regarding mental illness and accessing of mental health services seemed to be largely culture-based. This finding is in line with past literature which states Korean cultural values influence how Korean migrants conceptualise, present and seek help for mental health needs (Kim, 1995; Kim, 1997).

Contextualising the barriers within a Korean cultural framework and understanding them from a Korean cultural perspective may provide a better understanding of these cultural barriers and more culturally sensitive services for Korean migrants. Another significant barrier for Korean migrants in New Zealand was the language barriers.

Language barriers

Some participants suggested that their lack of proficiency in English language was a barrier to receiving mental health care in New Zealand. However, even

the participants who were proficient in the English language said that language was a potential barrier when trying to access services. Participants mentioned that Korean language was their language of choice or their preferred language. This finding is in support of past research (Kim et al., 2002). Many participants in this study, including those who were proficient in English language, commented that they preferred to see Korean professionals and asked during the interviews if there were Korean mental health professionals working locally, and in New Zealand.

Asian migrants rely on wide usage of nonverbal communication (Yum, 1997) to describe how they feel. The ability to communicate non-verbally may fit with Korean migrants' preference to communicate in a less direct way. Being able to use one's language of choice allows for communication where cultural values are better expressed, supported and upheld.

Further evidence for the importance of language has been found in research with Korean migrants who tended to somatise their mental illness (Pang, 1998). Participants in the current study also reported that they experienced physical symptoms related to their mental illness. They mentioned that when their physical symptoms became evident they then realised they needed to seek help. However, Pang (1998) states that Koreans' somatisation of mental illness should not be understood as a direct display of emotions; rather that culturally, mental illness and emotional expressions are often communicated through a language system that is somatically oriented and somatically constructed.

Pang (1998) illustrates some examples using the Korean language. Korean people express happiness by saying "I feel like living (*Sal gut gatda*)" and opposing emotions such as anger and depression as "I feel like dying (*Jugeul gut gatda*). Jealousy in Korean is also expressed somatically, "My stomach hurts (*Baega apeuda*)" as are feelings such as fear, "My liver has shrunk to the size of a pea (*Gani kongalman haejinda*)". Expressions such as "My chest is hurting (*Gaseumi apuda*)" are used literally to describe physical pain, but also to express emotional pain of heartbreak. There is a need to

perceive Koreans somatisation as something more than simply expressing of emotions physically.

For such reasons discussed, it can be understood Korean migrants tend to prefer their own language when reaching out for professional mental health care as it allows them to more closely adhere to their cultural values of subtle, indirect yet descriptive ways of communication. Language is not a simple communicative tool; rather it encompasses in it cultural values and cultural ways of life.

Lack of knowledge of mental illness and mental health services

Participants commented that a key barrier to accessing mental health care was a lack of information regarding general mental health issues and mental health services in New Zealand. For example, participants reported that they did not know where to go, who to go to and how to reach out for help. Past research has found that lack of knowledge of available mental health services is a barrier for migrant populations (Blignault, Ponzio, Rong, & Eisenbruch, 2008).

Whilst it may be true that there is a need to raise general awareness amongst the Korean population on mental health problems and how they can access help in times of need, there is also a need to understand such lack of knowledge from a cultural perspective. It would be incorrect to say that Korean migrants completely or entirely lack information on the issue of mental illness and mental health services. The participants showed that they held stigmatised pre-existing ideas about mental health services that were culturally constructed and that those beliefs did not change after migration to New Zealand.

Simply providing more information may not necessarily result in more Korean migrants stepping forward to access mental health services. Although lack of information on services may present as the initial problem, it may be more beneficial to address the issue of the lack of knowledge in such a way that it is culturally sensitive and address the cultural values that

orient the Korean lifestyle. Psycho-education about different mental illnesses, symptoms of commonly experienced mental illnesses and information that mental illness may manifest as somatic symptoms may be helpful.

Mistrust in the benefits of mental health services

In a similar vein to attitudes related to stigma, the participants said they did not think mental health services would be beneficial to them. However, these were mostly assumptions they made rather than previous experiences of not benefiting from mental health care. This could potentially be related to the fact that traditionally, mental health care in Korea was mostly long-term hospitalisation of patients who experienced mental illness (Kahng & Kim, 2010). This is likely to have created stereotypical views of mental health services in Korea and may explain why Korean migrants do not believe mental health care is an optimum choice when experiencing mental health problems.

Hyun-Woo specifically mentioned “How is anyone else other than me ever going to provide an alternative way to feeling and thinking? How will they treat me?” Beliefs that external intervention is unlikely to be beneficial could be related to the *han* concept of enduring adversity in life as a personal strength. Overcoming adversity in life is seen as every individual’s responsibility and outside intervention is indicative of failure (Bernstein, 2007; Kwon-Ahn, 2001; Pang, 1998; Yamashiro & Matsuoka, 1997).

Attitudes related to mistrust highlights the importance of providing culturally sensitive information regarding mental health services and how these services can benefit this population. Cultural sensitivity should take into account Korean migrants’ beliefs that while *han* is a central part of everyone’s life, external intervention should not be viewed as evidence of failure and inadequacy.

Fears of breach of confidentiality

From a Korean cultural perspective the issue of confidentiality seemed to be more complex than simply being worried about privacy issues. Participants

mentioned that it was not so much whether they trusted mental health professionals to keep their problems confidential, rather, they had a general fear that other people may somehow find out about their mental illness. This highlights Korean people's efforts to protect their chaemyun. Participants said that in Korean culture it was common to talk badly about others and participants mentioned their worries of being gossiped about. It was interesting to see participants comment that such gossip was particular and prevalent in "our" or "Korean culture". This seemed to be a large part of their concern.

That Korean people may be more concerned about breaches of confidentiality could also be related to the fact that countries influenced by Confucianism tend to have vague boundaries between professional (public) and personal relationships (Yum, 1997). Hence, Koreans who are aware of this may believe that mental health professionals also cross these lines of professionalism and personal life, and their private issues may become known to others both deliberately and or non-deliberately. Jung-Mi mentioned that the only reason she approached help from the Korean-American volunteer psychiatrist was because she was specifically "from out of the country" and that she did not know anything about her. Furthermore she would not be able to talk about her once she had left the country.

Korean migrants' fear of breaches of confidentiality must be approached from a cultural perspective; for example informing this population that mental health professionals in New Zealand hold certain ethical duties and standards regarding confidentiality may not be enough. Confidentiality issues are a barrier that must be elaborated on when informing Korean migrants about mental health services in New Zealand, and referring to sources such as Code of Ethics for Psychologists working in Aotearoa/New Zealand (New Zealand Psychologists Board, 2002) may be helpful.

Financial costs

Some participants assumed that all psychological and psychiatric care are expensive specialised services. Cost was an issue because they did not want to pay for services which they thought were not beneficial to them.

This barrier can also be understood as lack of accurate information on mental health care services available in New Zealand. The initial barrier seems to be that Korean migrants do not know the costs involved in professional mental health services; however beyond the issue of cost they were reluctant to reach out for care when they were not sure that they would benefit. There is a need to consider this barrier as being interconnected to the cultural values and perceptions Korean migrants hold about mental health and mental health services.

Summary

Analysing Korean migrants' experiences and attitudes of mental illness and mental health services in New Zealand has been beneficial in identifying the barriers that exist for this population. As attitudes have been found to be a critical factor that determines help-seeking behaviours (Fischer & Farina, 1995; Tijhuis et al., 1990), this study highlighted that Korean migrants hold culturally-laden assumptions about how to conceptualise and seek help for mental health issues. As Jang et al. (2007) show, examining attitudes may help develop more effective interventions which will see more Korean migrants benefit from mental health services.

A key barrier to accessing mental health care for this population is lack of information regarding mental health issues. However, this lack of knowledge should not be understood as Korean people lack knowledge entirely on the topic of mental illness and mental health services; rather, their knowledge is largely constructed on culturally influenced beliefs which stigmatise mental health problems (Cho et al., 2009). Indeed, cultural factors have been found to be the most influential in determining an individual's attitudes towards seeking and receiving professional help for mental health

problems (Gilbert, Gilbert, & Sanghera, 2004; Hoberman, 1992; Jerrell, 1995; Leong, 1994; Snowden & Hu, 1996, 1997; Tsang, 2004).

This study found that for Koreans, their core cultural values are rooted in Confucianism which holds developing and maintaining harmonious interpersonal relationships with other people as the key to life (Suleski, 2008). As life is dependent on these reciprocal relationships with others, Koreans are greatly concerned about protecting their *chaemyun*. In order to maintain relationships, subtle and indirect communication is favourable at all times. At the same time, suppressing intense emotional feelings and cultivating “*patience, moderation and restraint*” are considered key personal virtues in Korean culture (Lee, 2013, p. 20). Acting in ways that do not display such virtues may bring stigma and shame to an individual and the collective group that the individual belongs to, such as the family.

Furthermore, the concept of *han* in Korean culture seems to lead to the belief that everyone faces hardships in life, and that it is inappropriate to stand out and display distress because of these hardships. Suppression of emotions and being able to cope with adversities in life are considered valued perspectives which may explain the underutilisation of mental health services. Approaching mental health care services where individuals are expected to complain of their emotional distress is likely to be in conflict with core values and beliefs.

Psychotherapy as practised in Western cultures encourages people to focus on the self and verbalise personal emotions and feelings that are counter to Korean worldviews. A focus on self may produce feelings of unease for Korean migrants who consider displaying of intense emotions as inappropriate and that such displays could upset interpersonal relationships which are a central part of their lives.

Past research has found that Western psychotherapy is largely in opposition to collectivist values held by Asians migrants which results in Asian migrants not accessing mental health services (Leong, Wagner, & Tata, 1995). Services that are not tailored to comprehend or appreciate cultural

expectations and assumptions may explain the high drop-out rates seen in Asian migrants who do access mental health care in Western countries (Leong & Lau, 2001).

Although this study has developed and separated themes for the purposes of deeper analysis, it is important to understand that the barriers to accessing mental health services for Korean migrants should not be explored or understood individually. There is a need to view the themes as all interconnected as the themes merge and overlap significantly.

As for service delivery, participants mentioned that they wanted to see Korean specialists or professionals for their mental health needs. Although it would be ideal to have many Korean mental health care professionals who could work closely with this migrant population, in reality, to meet such needs may be difficult. The challenge is to provide Korean-speaking professionals for Korean migrants who worry about how they would be perceived by others and who have preconceived ideas about mental health.

One possible way to address many of the barriers Korean migrants face in accessing services in New Zealand would be incorporating telemental health in New Zealand. Telemental health is a relatively modern method of providing psychiatric and psychological services (i.e. providing mental health assessment and treatment from a geographical distance) using technology (Hilty et al., 2013). Hilty et al. (2013) found in their 2013 review of telemental health that such services were effective in providing both linguistically and culturally sensitive services to ethnic minorities. Ye et al. (2012) saw the effectiveness of telepsychiatry services for Korean migrants living in a more remote area of the USA who received mental health care via computer-based videoconferencing technology from Korean mental health professionals working in a more urban area of the USA.

Considering that the need for participants in this study to be culturally understood stood out as a significant barrier, telemental health may be one

possible way to provide a culturally appropriate service. However, the issue of who might provide these services also needs consideration.

Limitations and strengths

The research was open to anyone who self-identified as a Korean migrant living in New Zealand. An open invitation seemed more likely to draw numerous and various participants to the research which would then allow access to various experiences and attitudes of Korean migrants.

Although the participants differed to some degree in terms of demographics, the majority of participants were female participants and there were no participants over the age of fifty. As identified in the literature review and results, older generations of Korean migrants could be identified as more commonly experiencing mental illness, however these stories were not heard of. All ten participants had religious affiliations and all ten actually reported being a Christian. A more diverse participant group, particularly more males and older Korean migrants may have yielded different results.

The issue of dual relationships between some of the participants and I seemed to be both a limitation and a strength in this research. As I belong to the local Korean community participants may have been reluctant to partake in the research because although the research was confidential, they did not want to reveal their private experiences with me. Nevertheless, my first-hand experience of living as a Korean migrant in New Zealand offered me an opportunity to more easily identify, understand and relate to many of the Korean cultural values and perspectives. Furthermore, by conducting the interviews in Korean, I engaged in the interviews with participants in culturally relevant ways and provided meaningful, rather than literal translations of the participants' experiences.

Future research

Future research could explore different populations within the Korean migrant group. As noted earlier, the older generation of migrants seem to be

at greater risk of developing mental illness and may also face more barriers in accessing services, thus this population could be specifically studied. Research could also examine the attitudes of non-religious, and gay and lesbian groups.

As many Korean migrants seem affiliated to Christianity and the church it may be interesting to explore the role of the church and the influence it has on Korean migrants' life. Working through and with local Korean churches may be one way to make effective interventions.

On a positive note, research in New Zealand with Chinese migrants has shown that cognitive behavioural therapy, a common psychotherapy provided through mental health services in New Zealand, is effective when used in a structured way. Williams et al. (2006) suggest therapy which maintains strict boundaries, focusses on client's goals, is closely monitored and short-term can be helpful for Chinese people in New Zealand. Case studies of psychotherapy or cognitive behavioural therapy with Korean migrants may be valuable future research.

Conclusion

This research found that Korean migrants in New Zealand had mental health needs that were inadequately being met. Many barriers were identified as contributing to Korean migrants' underutilisation of mental health services. The key barrier seemed to be that Korean migrants hold strongly to Korean cultural values such as protecting their *chaemyun*, and living with *han* which discourage them from accessing mental health services. The importance of this research is that understanding barriers within a cultural framework provides a way of meeting the needs of a section of New Zealand society that is largely overlooked in health care provision.

References

- Abe-Kim, J., Takeuchi, D. T., Hong, S., Zane, N., Sue, S., Spencer, M. S., et al. (2007). Use of mental health–related services among immigrant and US-born Asian Americans: Results from the National Latino and Asian American Study. *American Journal of Public Health, 97*(1), 91.
- Ahn, E., Kim-Goh, M., Shin, L. H.-K., & Wee, D. (2008). *Profiles of the Korean American community in Orange County*. Retrieved from www.koreancommunity.org/downloads/Executive_Summary.pdf
- Akutsu, & Chu. (2006). Clinical problems that initiate professional help-seeking behaviors from Asian Americans. *Professional Psychology: Research and Practice, 37*(4), 407-415.
- Anderson, B., & Scott, B. (2013). *Who counts as a migrant? Definitions and their consequences*. UK: Migration Observatory Briefing, COMPAS, University of Oxford
- Andrews, G., Henderson, S., & Hall, W. (2001). Prevalence, comorbidity, disability and service utilisation Overview of the Australian National Mental Health Survey. *The British Journal of Psychiatry, 178*(2), 145-153.
- Asia Society. (2014). *Korean history and political geography*. Retrieved from <http://asiasociety.org/korean-history-and-political-geography>
- Asian Public Health Project Team. (2003). *Asian Public Health Project Report*. Auckland: Ministry of Health Public Health Directorate
- Atkinson, D. R., & Gim, R. H. (1989). Asian-American cultural identity and attitudes toward mental health services. *Journal of Counseling Psychology, 36*(2), 209-212.
- Badger, T., McNiece, C., & Gagan, M. (2000). Depression, service need, and use in vulnerable populations. *Archives of Psychiatric Nursing, 14*(4), 173-182.
- Barham, B., & Boucher, S. (1998). Migration, remittances, and inequality: estimating the net effects of migration on income distribution. *Journal of development economics, 55*(2), 307-331.
- Bernstein, K. (2007). Mental health issues among urban Korean American immigrants. *Journal of Transcultural Nursing, 18*(2), 175-180.

- Berry, J. W. (1997). Immigration, acculturation, and adaptation. *Applied psychology, 46*(1), 5-34.
- Berry, J. W., Kim, U., Minde, T., & Mok, D. (1987). Comparative studies of acculturative stress. *International migration review, 491-511*.
- Bhugra, D., & Mastrogianni, A. (2004). Globalisation and mental disorders: Overview with relation to depression. *The British Journal of Psychiatry, 184*(1), 10-20.
- Blignault, I., Ponzio, V., Rong, Y., & Eisenbruch, M. (2008). A qualitative study of barriers to mental health services utilisation among migrants from mainland China in south-east Sydney. *The International journal of social psychiatry, 54*(2), 180-190. doi:10.1177/0020764007085872
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77-101.
- Cho, G. H. (2003). *Reading Koreans culturally: A psychological approach*. Seoul, South Korea: Nanam.
- Cho, S. J., Lee, J. Y., Hong, J. P., Lee, H. B., Cho, M. J., & Hahm, B. J. (2009). Mental health service use in a nationwide sample of Korean adults. *Social psychiatry and psychiatric epidemiology, 44*(11), 943-951. doi:10.1007/s00127-009-0015-7
- Chung, K., & Cho, S. (2006). Conceptualization of jeong and dynamics of hwabyung. *Psychiatric Investigation, 3*, 46-54.
- Craemer, K. M. (1999). Psychological antecedents to help-seeking behaviour: A reanalysis using path modeling structures. *Journal of Counseling Psychology, 46*(381-387)
- D'Andrade, R. G. (2001). A cognitivist's view of the units debate in cultural anthropology. *Cross-Cultural Research, 35*(2), 242-257.
- Denzin, N. K., & Lincoln, Y. S. (2000). Introduction: The discipline and practice of qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (2 ed., pp. 1-28). Thousand Oaks, CA: Sage.
- Department of Labour. (2006). *Skilled migrants in New Zealand: A study of settlement outcomes*. Wellington: Department of Labour

- Djajić, S. (1986). International migration, remittances and welfare in a dependent economy. *Journal of Development Economics*, 21(2), 229-234.
- Dow, H. D. (2011). Migrants' mental health perceptions and barriers to receiving mental health services. *Home Health Care Management & Practice*, 23(3), 176-185. doi:10.1177/1084822310390876
- Drever, E. (1995). *Using Semi-structured Interviews in Small-scale Research: A Teacher's Guide*. Edinburgh: Scottish Council for Research in Education.
- Dyal, J., & Dyal, R. (1981). Acculturation, stress and coping. *International Journal of Intercultural Relations*, 5, 301-328.
- Early, P. C., & Erez, M. (1997). *The transplanted executive: Why you need to understand how workers in other countries see the world differently*. New York, NY: Oxford University Press.
- Epstein, S. (2006). Imagining the community: Newspapers, cyberspace and the [non-] construction of Korea-New Zealand identity. In H. Johnson & B. Moloughney (Eds.), *Asia in the making of New Zealand* (pp. 147-162). Auckland: Auckland University Press.
- Fischer, E., & Farina, A. (1995). Attitudes toward seeking professional psychological help. A shortened form and consideration for research. *Journal of College Student Development*, 36, 368-373.
- Friesen, W. (2008). *Diverse Auckland: The face of New Zealand in the 21st century*. Wellington: Asia New Zealand Foundation
- Fylan, F. (2005). Semi structured interviewing. In J. Miles & P. Gilbert (Eds.), *A handbook of research methods for clinical and health psychology* (pp. 65-78). Oxford: Oxford.
- Geertz, C. (1973). *The interpretation of cultures*. New York, NY: Basic Books.
- Giddens, A. (1984). *The constitution of society: Outline of the theory of structuration*. Berkeley, CA: University of California Press.
- Gilbert, P., Gilbert, J., & Sanghera, J. (2004). A focus group exploration of the impact of izzat, shame, subordination and entrapment on mental health and service use in South Asian women living in Derby. *Mental Health, Religion and Culture*, 7(2), 109-130.

- Goldstein, S. (1990). Urbanization in China, 1982-87: Effects of migration and reclassification. *Population and Development Review*, 673-701.
- Good, B. J., & Good, M. J. G. (1981). The meaning of symptoms: A cultural hermeneutic model for clinical practice. In L. Eisenberg & A. Kleinman (Eds.), *The Relevance of Social Science for Medicine* (pp. 165-196). Dordrecht/Boston: D. Reidel Publishing Co.
- Hansen, J. T. (2004). Thoughts on knowing: Epistemic implications of counseling practice. *Journal of Counseling and Development*, 82, 131-138.
- Hillman, A. L., & Weiss, A. (1999). Beyond international factor movements: cultural preferences, endogenous policies and the migration of people: an overview. *Migration: the controversies and the evidence*, 76-91.
- Hilty, D. M., Ferrer, D. C., Parish, M. B., Johnston, B., Callahan, E. J., & Yellowlees, P. M. (2013). The effectiveness of telemental health: a 2013 review. *Telemedicine and e-Health*, 19(6), 444-454.
- Ho, E., Au, S., Bedford, C., & Cooper, J. (2003). *Mental health issues for Asians in New Zealand: A literature review*: Mental Health Commission Wellington.
- Hoberman, H. M. (1992). Ethnic minority status and adolescent mental health services utilization. *Journal of Mental Health Administration*, 19(3), 246-267.
- Hofstede, G. (1980). *Culture's consequences: International differences in work-related values*. Beverley Hills, CA: Sage Publications.
- Hofstede, G., & Bond, M. H. (1988). The Confucius connection: From cultural roots to economic growth. *Organizational dynamics*, 16(4), 4-21.
- Hong, Y., Morris, M. W., Chiu, C., & Benet-Martinez, V. (2000). Multicultural minds: A dynamic constructivistic approach to culture and cognition. *American Psychologist*, 55, 709-720.
- Hurh, W. M., & Kim, K. C. (1990). Adaptation stages and mental health of Korean male immigrants in the United States. *International Migration Review*, 456-479.
- Jang, Y., Kim, G., Hansen, L., & Chiriboga, D. A. (2007). Attitudes of older Korean Americans toward mental health services. *Journal of the American Geriatrics Society*, 55(4)

- Jerrell, J. M. (1995). The effects of client therapist match on service use and costs. *Administration and Policy in Mental Health, 23*(2), 119-126.
- Jovchelovitch, S. (2007). *Knowledge in Context: Representations, Community and Culture*. Hove, UK: Routledge.
- Kahng, S. K., & Kim, H. (2010). A developmental overview of mental health system in Korea. *Social Work in Public Health, 25*(2), 158-175. doi:10.1080/19371910903070408
- Kamperman, A. M., Komproe, I. H., & de Jong, J. T. (2007). Migrant mental health: a model for indicators of mental health and health care consumption. *Health Psychology, 26*, 96-104.
- Kang, C. H. (1996). *Acculturative stress, family environment and the psychological adjustment of Korean American adolescents*. Unpublished Doctoral Dissertation. California School of Professional Psychology. San Diego.
- Kang, S., Razzouk, D., Mari, J. J. d., & Shirakawa, I. (2009). The mental health of Korean immigrants in São Paulo, Brazil. *Cadernos de Saúde Pública, 25*(4), 819-826.
- Keum, J. (2003). *Hyundae hanguk yookyo-way jyontong* [Adaptation of Confucian organizations to contemporary Korean society]. Seoul: Seoul National University Press.
- Kiefer, C. W., Kim, S., Choi, K., Kim, L., Kim, B. L., & Shon, S. (1985). Adjustment problems of Korean American elderly. *Gerontologist, 25*, 477-482.
- Kil, S. K. (2009). Hwabyung in Korea: Culture and Dynamic Analysis. *World Cultural Psychiatry Research Review, 4*(1), 12-21.
- Kim, D., & Yoon, H. (2003). Reality in paradise: A pilot study of Korean immigrants in New Zealand using the 1996 census. *The New Geography of Human Mobility-Inequality Trends, 85-102*.
- Kim, E. (1998). The social reality of Korean-American women: Toward crashing with the Confucian ideology. In Y. I. Song & A. Moon (Eds.), *Korean-American women: From tradition to modern feminism* (pp. 23-33). Westport, CT: Praeger.
- Kim, L. I. (1993). Psychiatric care of Korean Americans. In A. C. Gaw (Ed.), *Culture, ethnicity, and mental illness* (pp. 347-375). London: American Psychiatric Press.

- Kim, M. J., Cho, H., Cheon-Klessig, Y., Gerace, L., & Camilleri, D. (2002). Primary health care for Korean immigrants: Sustaining a culturally sensitive model. *Public Health Nursing, 19*, 191-200.
- Kim, M. T. (1995). Cultural influences of depression experiences among Korean Americans. *Journal of Psychosocial Nursing research, 33*(2), 13-18.
- Kim, S., & Rew, L. (1994). Ethnic identity, role integration, quality of life, and depression in Korean-American women. *Achieves of Psychiatric Nursing, 6*(8), 348-356.
- Kim, S. C. (1997). Korean-American families. In E. Lee (Ed.), *Working with Asian Americans: A guide for clinicians* (pp. 125-135). New York: Guilford Press.
- Kinzie, J. D., Leung, P. K., & Boehnlein, J. K. (1997). Treatment of depressive disorders in refugees. In E. Lee (Ed.), *Working with Asian Americans: A guide for clinicians* (pp. 265-274). New York: Guilford.
- Kirmayer, L. J. (1989). Cultural variations in the response to psychiatric disorders and emotional distress. *Social Science and Medicine, 29*(3), 327-339.
- Kirmayer, L. J., Rousseau, C., Jarvis, G. E., & Guzder, J. (2008). The cultural context of clinical assessment. In A. Tasman, M. Maj, M. B. First, J. Kay & J. Lieberman (Eds.), *Psychiatry* (3 ed., pp. 54-66). New York: John Wiley & Sons.
- Kitayama, S. (2002). Culture and basic psychological processes-Toward a system view of culture: Comment on Oyserman et al.(2002). *Psychological bulletin, 128*(1), 89-96.
- Kitayama, S., & Markus, H. R. (1999). Yin and yang of the Japanese self: The cultural psychology of personality coherence. In D. Cervone & Y. Shoda (Eds.), *The coherence of personality: Social cognitive bases of personality consistency, variability, and organization* (pp. 242-302). New York: Guilford Press.
- Korean Statistical Information Service. (n.d.). *Distribution of the population by religion (2005)*. Retrieved from <http://kosis.kr/index/index.jsp>
- Kristiansen, M., Mygind, A., & Krasnik, A. (2007). Health effects of migration. *Danish medical bulletin, 54*(1), 46.

- Kroll, J., Habenicht, M., MacKenzie, T., Yang, M., Chan, S., Vang, T., et al. (1989). Depression and posttraumatic stress disorder in Southeast Asian refugees. *American Journal of Psychiatry*, *146*, 1592-1597.
- Kumar, S., Tse, S., Fernando, A., & Wong, S. (2006). Epidemiological studies on mental health needs of Asian population in New Zealand. *International Journal of Social Psychiatry*, *52*(5), 408-412.
- Kumari, N. (2004). South Asian women in Britain: Their mental health needs and views of services. *Journal of Mental Health Promotion*, *3*, 30-38.
- Kuo, W. H. (1984). Prevalence of depression among Asian Americans. *Journal of Nervous and Mental Disease*, *172*, 449-457.
- Kwon-Ahn, Y. (2001). Substance abuse among Korean-Americans: A social-cultural perspective and framework for intervention. In S. Straussner (Ed.), *Ethnocultural issues in addiction treatment* (pp. 418-435). New York: Guildford Press.
- Lee, H. B., Hanner, J. A., Cho, S.-J., Han, H.-R., & Kim, M. T. (2008). Improving access to mental health services for Korean American immigrants: Moving toward a community partnership between religious and mental health services. *Psychiatry Investigation*, *5*(1), 14-20. doi:10.4306/pi.2008.5.1.14
- Lee, I. S. (1985). *Korean American women: Toward self realization*. Mansfield, OH: Han Geul Printing Co.
- Lee, J. (2013). Factors contributing to hwabyung symptoms among Korean immigrants. *Journal of Ethnic and Cultural Diversity in Social Work*, *22*(1), 17-39.
- Leininger, M. M., & McFarland, M. R. (2006). *Culture care diversity and universality: A worldwide nursing theory*. Boston: Jones and Bartlett.
- Leong, F. T. (1994). Asian Americans' differential patterns of utilization of inpatient and outpatient public mental health services in Hawaii. *Journal of Community Psychology*, *22*, 82-96.
- Leong, F. T. L., & Lau, A. S. L. (2001). Barriers to providing effective mental health services to Asian Americans. *Mental Health Services Research*, *3*(4), 201-214. doi:10.1023/A:1013177014788
- Leong, F. T. L., Wagner, N. S., & Tata, S. P. (1995). Racial and ethnic variations in help-seeking attitudes. In J. G. Ponterotto, J. M. Casas, L. A. Suzuki &

C. M. Alexander (Eds.), *Handbook of Multicultural Counseling*. Thousand Oaks, CA: Sage.

- Leung, C. (2001). The sociocultural and psychological adaptation of Chinese migrant adolescents in Australia and Canada. *International Journal of Psychology, 36*(1), 8-19.
- Lin, K., Inui, T. S., Kleinman, A. M., & Womack, W. M. (1982). Sociocultural determinants of the help-seeking behavior of patients with mental illness. *The Journal of Nervous and Mental Disease, 170*, 78-85.
- López, S. R., & Guarnaccia, P. J. (2000). Cultural psychopathology: Uncovering the social world of mental illness. *Annual review of psychology, 51*(1), 571-598.
- Mackenzie, C. S. (2001). The relationship between attitudes toward seeking professional psychological help and intentions to use mental health services. *61*(10-B), 5571.
- Manderson, L. (1990). Introduction: Does culture matter? In J. Reid & P. Tromft (Eds.), *The Health of Immigrant Australia. A Social Perspective*. Sydney: Harcourt Brace Jovanovich, Publishers.
- Marsella, A. J. (2010). Ethnocultural Aspects of PTSD: An overview of concepts, issues, and treatments. *Traumatology, 16*(4), 17-26.
- Mashaba, G. (1995). Culture in French. In P. French (Ed.), *The Nurse, Self and Society. An Introduction to Applied Behavioural Sciences for Nurses and Health Care Professionals* (pp. 252-261). Hong Kong: Waverly Info, Medical Ltd.
- McAlpine, D. D., & Mechanic, D. (2000). Utilization of specialty mental health care among persons with severe mental illness: The roles of demographics, need, insurance, and risk. *Health Services Research, 35*(1), 277-291.
- McKinnon, M. (1996). *Immigrants and citizens: New Zealanders and Asian immigration in historical context*. Wellington: Institute of Policy Studies, Victoria University of Wellington.
- Min, P. G., & Song, Y. I. (1998). Demographic and socioeconomic characteristics of Korean-American women and men. In Y. I. S. A. Moon (Ed.), *Korean American women: From tradition to modern feminism* (pp. 37-44). Westport, CT: Praeger.

- Morris, C., Vokes, R., & Chang, S. (2007). Social exclusion and church in the experiences of Korean migrant families in Christchurch. *Sites: a journal of social anthropology and cultural studies*, 4(2), 11-31.
- Murphy, E. J. (2006). Transnational ties and mental health. In R. Mahalingam (Ed.), *Cultural psychology of immigrants* (pp. 79-92). Mahwah, N.J.: Lawrence Erlbaum Associates, Inc.
- Nah, K. (1990). *Korean immigrants in New York: Needs, problems and help-seeking behavior*. (Doctoral Dissertation). Columbia University, New York.
- Nahm, S. (2009). Between stigma and demand. *Human Organization*, 68(4), 406-414.
- Nesdale, D., & Mak, A. S. (2003). Ethnic identification, self-esteem and immigrant psychological health. *International Journal of Intercultural Relations*, 27(1), 23-40. doi:http://dx.doi.org/10.1016/S0147-1767(02)00062-7
- New Zealand Psychologists Board. (2002). *Code of ethics for psychologists working in Aotearoa/New Zealand*. Wellington: New Zealand Psychologists Board.
- Ngai, M. M. Y., Latimer, S., & Cheung, V. Y. M. (2001). *Final report on healthcare needs of Asian people : survey of Asian people and health professionals in the North and West Auckland*. Auckland: Waitemata District Health Boards
- Nisbett, R. E. (2003). *The geography of thought: How Asians and Westerners think differently and why*. New York: The Free Press.
- Noh, S., & Avison, W. R. (1992). Assessing psychopathology in Korean immigrants: Some preliminary results on the SCL-90. *Canadian Journal of Psychiatry*, 37, 640-645.
- Noh, S., & Avison, W. R. (1996). Asian immigrants and the stress process: A study of Koreans in Canada. *Journal of Health and Social Behavior*, 192-206.
- Noh, S., Kaspar, V., & Wickrama, K. (2007). Overt and subtle racial discrimination and mental health: preliminary findings for Korean immigrants. *Journal Information*, 97(7), 1269-1274.

- Okazaki, S. (1997). Sources of ethnic differences between Asian American and White American college students on measures of depression and social anxiety. *Journal of Abnormal Psychology, 106*, 52-60.
- Organisation for Economic Co-operation and Development. (2013). *International Migration Statistics for OECD Countries: Sources and Comparability of Migration Statistics*. Retrieved from http://www.unesco.org/most/migration/glossary_migrants.htm
- Padilla, A. M. (1985). Acculturation and stress among immigrants and later-generation individuals. In A. M. Padilla, K. J. Lindholm, M. Alvarez & Y. Wagatsuma (Eds.), *Acculturative stress in immigrant students: Three papers* (pp. 41-60). Los Angeles: Regents of the University of California.
- Pak, J. H. C. (2006). *Korean-American Women: Stories of acculturation and changing selves*. New York: Routledge.
- Pang, K. Y. C. (1998). Symptoms of depression in elderly Korean immigrants: Narration and the healing process. *Culture, Medicine and Psychiatry, 22*, 93-122.
- Park, J., & Kim, Y. (2005). Changing needs and new perspectives for psychiatry and mental health services in Korea. *Psychiatria et neurologia Japonica, 108*(11), 1159-1166.
- Park, S. Y., & Bernstein, K. S. (2008). Depression and Korean American Immigrants. *Archives of Psychiatric Nursing, 22*(1), 12-19.
- Ponterotto, J. G. (2005). Qualitative research in counseling psychology: A primer on research paradigms and philosophy of science. *Journal of Counseling Psychology, 52*(2), 126-136.
- Rasanathan, K., Ameratunga, S., & Tse, S. (2006). Asian health in New Zealand--progress and challenges. *The New Zealand Medical Journal (Online), 119*(1244), U2277.
- Rasanathan, K., Craig, D., & Perkins, R. (2004). Is "Asian" a useful category for health research in New Zealand *Proceedings of the inaugural international Asian health conference: Asian health and wellbeing, now and into the future, Auckland, School of Population Health, The University of Auckland* (pp. 8-17):
- Rasanathan, K., Craig, D., & Perkins, R. (2006). The novel use of "Asian" as an ethnic category in the New Zealand health sector. *Ethnicity and Health, 11*(3), 211-227.

- Robinson, M., Bender, A., & Whyte, R. (2004). *Korea*. Oakland, CA: Lonely Planet Publications.
- Rogler, L. H., & Cortes, D. (1993). Help-seeking pathways: A unifying concept in mental health care. *American Journal of Psychiatry*, *150*, 554-561.
- Rosenberg, E., Kirmayer, L. J., Xenocostas, S., Dominice Dao, M., & Loignon, C. (2007). GPs' strategies in intercultural clinical encounters. *Family Practice*, *24*(1), 145-151.
- Rosenberg, E., Richard, C., Lussier, M. T., & Abdool, S. N. (2006). Intercultural communication competence in family medicine: lessons from the field. *Patient Education and Counseling*, *61*, 236-245.
- Sadavoy, J. M., R., & Ong, A. (2004). Barriers to access to mental health services for ethnic seniors: The Toronto study. *Canadian Journal of Psychiatry*, *49*, 192-199.
- Schegloff, E. A. (1987). Analyzing single episodes of interaction: An exercise in conversation analysis. *Psychology Quarterly*, *50*, 101-114.
- Schwandt, T. A. (2000). Three epistemological stances for qualitative inquiry: Interpretivism, hermeneutics, and social constructionism. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (2 ed., pp. 189-213). Thousand Oaks, CA: Sage.
- Sciarra, D. (1999). The role of the qualitative researcher. In M. Kopala & L. A. Suzuki (Eds.), *Using qualitative methods in psychology* (pp. 37-48). Thousand Oaks, CA: Sage.
- Sheikh, S., & Furnham, A. (2000). A cross-cultural study of mental health beliefs and attitudes towards seeking professional help. *Social Psychiatry/Psychiatric Epidemiology*, *35*, 326-334.
- Shim, Y. R., & Schwartz, R. C. (2008). Degree of acculturation among Korean immigrants. *Journal of Mental Health*, *17*(6), 607-617.
- Shin, J. K. (2002). Help-seeking behaviors by Korean immigrants for depression. *Issues in Mental Health Nursing*, *23*, 461-476.
- Shin, K. R. (1993). Factors predicting depression among Korean-American women in New York. *International Journal of Nursing Studies*, *30*, 415-423.

- Shweder, R. A. (1991). *Thinking through cultures: Expeditions in cultural psychology*. Cambridge, MA: Harvard University Press.
- Smith, L. D., Peck, P. L., & McGovern, R. J. (2004). Factors contributing to the utilization of mental health services in a rural setting. *Psychological Reports, 95*(2), 435-442.
- Snowden, L. R., & Hu, T. W. (1996). Outpatient service use in minority serving mental health programs. *Administration and Policy in Mental Health, 24*(2), 149-159.
- Snowden, L. R., & Hu, T. W. (1997). Ethnic differences in mental health services use among the severely mentally ill. *Journal of Community Psychology, 25*(3), 235-247.
- Sohng, S. S. L., & Song, K. H. (2004). Korean children and families. In R. Fong (Ed.), *Culturally competent practice with immigrant and refugee children and families* (pp. 81-99). New York: Guilford Press.
- Somasundaram, D. (2008). Asian clients with complex mental health needs. *Building Healthy Communities: North & South, 2*.
- Statistics New Zealand. (2007a). *2006 Census Population and dwellings tables: Culture and identity (Table Builder)*. Retrieved from <http://www.stats.govt.nz>
- Statistics New Zealand. (2007b). *Asian mobility in New Zealand*. Retrieved from http://www.stats.govt.nz/browse_for_stats/population/Migration/internal-migration/asian-mobility.aspx
- Statistics New Zealand. (2007c). *Profile of New Zealander Responses, Ethnicity Question, 2006 Census*. Wellington: Statistics New Zealand
- Stein, C. H., & Mankowski, E. (2004). Asking, witnessing, interpreting, knowing: Conducting qualitative research in community psychology. *American Journal of Community Psychology, 33*, 21-35.
- Stiles, W. B. (1993). Quality control in qualitative research. *Clinical Psychology Review, 13*, 593-618.
- Stillman, S., McKenzie, D., & Gibson, J. (2009). Migration and mental health: Evidence from a natural experiment. *Journal of Health Economics, 28*(3), 677-687.

- Straub, D., Loch, K., Evaristo, R., Karahanna, E., & Srite, M. (2002). Toward a theory-based measurement of culture. *Human factors in information systems*, 61-82.
- Stuart, G. W., Klimidis, S., & Minas, I. H. (1998). The treated prevalence of mental disorder amongst immigrants and the Australian-born: community and primary-care rates. *International Journal of Social Psychiatry*, 44, 22-34.
- Sue, D., & Sue, D. W. (1993). Ethnic identity: Cultural factors in the psychological development of Asians in America. In D. R. Atkinson, G. Morten & D. W. Sue (Eds.), *Counseling American minorities: A cross-cultural perspective* (pp. 199-210). Madison, WI: Brown & Benchmark.
- Sue, D. W., & Frank, A. C. (1973). A typological approach to the psychological study of Chinese and Japanese American college males. *Journal of Social Issues*, 29(2), 129-148.
- Suleski, R. (2008). Confucius: The organization of Chinese society. In D. Jones (Ed.), *Confucius now: Contemporary encounters with the analects* (pp. 253-290). Chicago, IL: Open Court.
- The National Committee on North Korea. (2014). *An overview of inter-Korean relations*. Retrieved from <http://www.ncnk.org/resources/briefing-papers/all-briefing-papers/an-overview-of-south-korea2019s-dprk-policy>
- Tijhuis, M., Peters, L., & Foets, M. (1990). An orientation toward help-seeking for emotional problems. *Social Science and Medicine*, 31, 989-996.
- Tsang, H. W. H. (2004). Comments on an article by Chen H. Krammer et al. *Psychiatric Services*, 55(2), 194.
- Uba, L. (1994). *Asian Americans: Personality patterns, identity, and mental health*. New York: Guilford Press.
- Uba, L. (2003). *Asian Americans: Personality patterns, identity, and mental health*. New York: Guilford Press.
- Uehara, E. S., Takeuchi, D. T., & Smukler, M. (1994). Effects of combining disparate groups in the analysis of ethnic differences: Variations among Asian American mental health service consumers in level of community functioning. *American Journal of Community Psychology*, 22, 83-99.

- Vasil, R., & Yoon, H. K. (1996). *New Zealanders of Asian origin*. Wellington: Institute of Policy Studies, Victoria University of Wellington.
- Waitzkin, H. (1990). On studying the discourse of medical encounters: A critique of quantitative and qualitative methods and a proposal for reasonable compromise. *Medical Care*, 28, 473-488.
- Wengraf, T. (2001). *Qualitative research interviewing: Biographic narrative and semi-structured method*. London: Sage Publications.
- Williams, D., Herman, A., Stein, D., Heeringa, S., Jackson, P., Moomal, H., et al. (2008). Twelve-month mental disorders in South Africa: prevalence, service use and demographic correlates in the population-based South African Stress and Health Study. *Psychological Medicine*, 38(2), 211.
- Williams, M. W., & Cleland, A. M. M. M. T. (2007). Asian peoples in New Zealand: Implications for psychological practice. In I. M. Evans, J. J. Rucklidge & M. O'Driscoll (Eds.), *Professional Practice of Psychology in Aotearoa New Zealand*. Wellington, NZ: The New Zealand Psychological Society Inc.
- Williams, M. W., Foo, K. H., & Haarhoff, B. (2006). Cultural considerations in using cognitive behaviour therapy with Chinese people: A case study of an elderly Chinese woman with generalised anxiety disorder. *New Zealand Journal of Psychology*, 35(3), 153-162.
- Wu, M. C., Kviz, F. J., & Miller, A. M. (2009). Identifying individual and contextual barriers to seeking mental health services among Korean American immigrant women. *Issues In Mental Health Nursing*, 30(2), 78. doi:10.1080/01612840802595204
- Wynaden, D., Chapman, R., Orb, A., McGowan, S., Zeeman, Z., & Yeak, S. (2005). Factors that influence Asian communities' access to mental health care. *International Journal of Mental Health Nursing*, 14(2), 88-88. doi:10.1111/j.1440-0979.2005.00364.x
- Yamashiro, G., & Matsuoka, J. K. (1997). Help-seeking among Asian and Pacific Americans: A multiperspective analysis. *Social Work*, 42(2), 176-186.
- Ye, J., Shim, R., Lukaszewski, T., Yun, K., Kim, S. H., & Rust, G. (2012). Telepsychiatry services for Korean immigrants. *Telemedicine and e-Health*, 18(10), 797-802.

- Yeh, C. J., Ma, P., Madan-Bahel, A., Hunter, C. D., Jung, S., Kim, A. B., et al. (2005). The cultural negotiations of Korean Immigrant youth. *Journal of Counseling & Development, 83*, 172-182.
- Yeh, C. J., & Wang, Y. W. (2000). Asian American coping styles and help seeking attitudes: A comparison of within group differences. *Journal of College Student Development, 41*, 94-103.
- Yoon, H. (2000). Searching for Korean identity in New Zealand. In D. Ball & I. Pool (Eds.), *The building blocks of national identity: Population in New Zealand's history* (pp. 63-76). Hamilton: University of Waikato.
- Yum, J. O. (1997). The impact of Confucianism on interpersonal relationships and communication patterns in East Asia. In L. A. Samovar & R. E. Porter (Eds.), *Intercultural Communication* (8 ed., pp. 46-55). California: Wadsworth Publishing Company.

Appendices

Appendix A: Research poster

(English version)

[This study has been approved by the University of Waikato, School of Psychology Ethics Committee.]



Are you Korean?

Ever thought you may be going crazy?

Have you at any time, during your time in New Zealand, experienced psychological distress, so severe that you have had difficulty living everyday life?

Are you experiencing such distress right now?

Do you know of friends, family, or other significant people in your life who have, or are suffering from psychological distress?

How have you overcome, or how do you endure such distress?

Have you reached out for professional help?

**Whatever your experience is,
I would love to hear your story.**

Through an interview, I would like to hear about your experiences and attitudes of mental health and mental health services in New Zealand.

Leah MinKyung Oh (Masters student, University of Waikato)

For further information please contact me on:
Mobile/021 887 454 Email/allersilver@hotmail.com

(Korean version)

[이 연구는 와이카토 대학교의 윤리위원회로부터 면허 된 연구입니다.]



혹시 한국 사람이세요?

내가 정말 왜이러지...이런 고민 해 보신 적 있으세요?

뉴질랜드에 사시면서 심적으로 너무 지치셔서, 또는 마음이 너무 힘들어서

심리 치료나 정신과 상담을 생각해 보신 적이 있나요?

혹시 요즘 그런 고민을 하고 계시지는 않으세요?

주위에 가족이나 친구들, 아니면 가까이 알고 지내시는 분들 중에 정신적으로 또는

심적으로 지쳐 있는 사람들이 계신가요?

이런 정신적 심적 어려움들을 어떻게 견뎌내고 계신가요?

전문가의 도움을 받아 보신 적은 있으신가요?

**여러분의 경험이 무엇이든,
그 값진 이야기가 듣고 싶습니다.**

자유로운 인터뷰를 통하여 여러분의 경험들을 듣고, 그 귀한 정보로 뉴질랜드
교민사회와 교민분들의 더 행복한 이민생활에 기여하는 연구를 하고자 합니다.

오민경 Leah MinKyung Oh (Masters student, University of Waikato)

궁금하신 점이나, 이 연구에 대하여 더 자세히 알고 싶으신 것들이 있으시면 언제든지 연락 주세요:

핸드폰/ 021 887 454 이메일/ allersilver@hotmail.com

Appendix B: Information sheet

(English version)

Hello. My name is Leah MinKyung Oh, and I am currently completing my masters degree in psychology at the University of Waikato.

My research involves exploring Korean migrants' attitudes and experiences of mental illness and mental health services whilst living in New Zealand. From this research I hope to investigate ways that Korean migrants will be better able to approach appropriate and effective mental health services, when and should they need it.

When we think of mental health, we often think of the most extreme and abnormal cases of psychological disorders. However, the term mental health is much broader than that, and can include the psychological distress we experience in our everyday life. People have a tendency to overcome such psychological distress with time and other support measures, yet, sometimes psychological distress can become severe enough to an individual that it causes significant distress and does not allow the person to engage in normal, everyday functioning.

It is well known that within Korean culture psychological disorders and mental health treatment are still regarded as greatly taboo and stigmatised. However, as with any other disease or disorder, psychological disorders can be experienced by anyone, and with appropriate treatment and care people can overcome psychological disorders such as depression, anxiety and obsessive compulsive disorder, just to name a few.

According to research on migrants and mental health, migrants are more likely to experience significant psychological distress as they endure the difficult process of migration, and as they adjust to a new environment. Such distress may become a fair reason why individuals want to seek professional psychological help and or approach treatment. However, living as a minority in New Zealand, often with limited language abilities and obvious cultural differences, seeking professional mental health help can become a difficult decision and process.

As a result, I hope to be able to share in your experiences and attitudes through an open interview, where you will be able to communicate to me some of your past experiences in dealing with psychological distress, any current difficulties dealing with psychological distress, and or if you are close to or have seen and heard of anyone who has or is currently experiencing mental health problems in New Zealand. I understand an interview process may be overwhelming for some, however, I hope you understand that through collecting such data I will be better able to explore, in depth, the real

difficulties we as a minority culture experience when it comes to mental health and mental health services in New Zealand.

I hope to be able to make a small contribution to our community by exploring such issues, and any input from the community will be greatly appreciated. If anyone is willing to participate in this research or if anybody requires further information please do not hesitate to contact me on my details below. The interview will take approximately 30 minutes to an hour, and the place for the interview can be discussed once we are in contact. I am available to come to you, or anywhere that is most convenient for you.

Finally, although you have consented to take part in this research, if at anytime during or after the interview you change your mind, you have the right to withdraw at anytime. Also, any information you give will be entirely confidential, and any raw data will only be seen by myself, and if necessary, my research supervisors. Any information used in my research will be done using pseudonyms.

Thank you for your time and interest, and I look forward to hearing from you soon.

Leah MinKyung Oh (Masters Student at the University of Waikato (Master of Social Sciences, Psychology))

Email: allersilver@hotmail.com

Mobile phone: 021 887 454

Research Supervisors

Doctor Linda Nikora (*Associate Professor at the University of Waikato*)

Doctor Waikaremoana Waitoki (Clinical Psychologist, Research officer at the University of Waikato)

(Korean version)

안녕하세요.

저는 와이카토 대학 대학원 심리학 석사과정에 있는 오민경입니다.

저의 연구 주제는 한국 교민들이 뉴질랜드에 살면서 Mental health(정신 건강)에 대해 가지고 있는 생각과 경험들을 토대로, 교민들이 심리/정신적인 도움을 필요로 할 때 어떻게 효과적으로 도움을 받을 수 있는지 알아가는 것입니다.

우리는 보통 정신질환이라 하면 비정상적이고 극단적인 경우들을 쉽게 떠올립니다. 그러나 정신질환은 그런것만이 아니라, 우리가 일상 생활에서 겪는 크고 작은 심리적인 문제들을 포함합니다. 사람들은 대부분의 상황들에서 심리적인 문제에 직면했을 때 별 어려움 없이 극복해내지만, 가끔은 극복되지 못한 심리적 문제들로 인해 정상적인 생활을 하는데 어려움을 겪습니다. 이것을 심리학에서는 psychological disorder(정신질환)이라고 합니다.

한국 사회나 사람들 사이에서는 아직까지 정신질환과 심리치료에 대한 많은 거부감과 부정적인 태도들이 있는 것으로 알려져 있습니다. 하지만 정신질환은 여타 질병과 마찬가지로 누구에게나 나타날수 있고, 우리가 흔히 알고 있는 정신질환인 우울증, 불안증, 결벽증 등은 정신과 또는 심리 치료를 통해서 충분히 치료가 가능합니다.

심리학 연구 결과에 따르면, 외국에 살고있는 한국인들은 정신질환에 걸릴 확률이 훨씬 높다고 합니다. 이민이라는 쉽지 않은 과정 속에서, 외국 생활에서 오는 여러가지 어려움과 스트레스, 그리고 자신에게 원래 익숙했던 환경이나 의지했던 사람들로 부터 멀어지면서 생길수 있는 현상입니다.

이러한 문제들이 있을때 전문적인 도움을 요청하거나 치료를 받는 것은 지극히 정상적인 일입니다. 그렇지만 한국에서도 접하기 힘든 심리치료를 외국에서 받는 것은 더욱 어려운 일일 것입니다. 특히 언어와 문화차이 등의 어려움으로 치료를 받는것에 대해 더욱 고민하게 되고 그것이 정신질환 치료를 받는데 거부감이나 어려움으로 작용할 때가 많습니다.

이러한 배경에서, 저는 정신질환에 대한 여러분의 생각이나 경험을 자유로운 인터뷰를 통하여 알고자 합니다. 뉴질랜드에 살며 정신적, 심리적 어려움을

과거에 스스로 겪으셨었거나, 혹은 현재 그런 어려움을 겪고 계시거나, 혹은 주위에 이런문제들로 힘들어하는 것을 보신분들이 계시다면, 그러한 어려움을 극복하셨던 방법이나 현재 노력하고 계신 것들에 대해서 듣고 싶습니다. 일반적인 설문조사가 아닌 진솔한 대화를 통해 교민들이 더욱 쉽고 편하게, 거부감 없이 전문적인 도움을 받을 수 있는 방법들을 연구하고자 합니다.

여러분의 값진 경험들이 저의 연구에 많은 도움을 주시리라 믿습니다. 저에게 여러분의 경험과 의견들을 들려주실 의향이 있으시거나 이 연구에 대해 조금 더 자세한 내용이나 정보를 원하시는 분들은 언제든지 연락주시면 감사하겠습니다. 인터뷰는 짧게는 20~30 분이며, 길게는 한시간 입니다. 장소는 저에게 연락을 주시며 인터뷰 하기 가장 적합하고 편안한 장소로 상의 드리겠습니다.

마지막으로 혹시 이 연구에 관심을 보이시고 참여하겠다 하셨지만 인터뷰 도중이나 또는 후에라도 마음이 바뀌시면 언제든지 참여를 중단하실 수 있습니다. 또한, 인터뷰중 나온 모든 이야기 내용은 와이카토 대학교 윤리 위원회의 규정에 맞게 철저히 비밀화 될 것이며, 저와 저의 지도 교수님들 외에는 개인화 되지도 않고 모든 정보는 절대 익명으로 사용함을 알려 드립니다.

아무쪼록 여러분의 참여를 통해 저의 이 논문이 뉴질랜드 교민사회와 교민 여러분들의 건강하고 행복한 이민생활을 영위해 가는데 귀한 밑거름이 될 수 있도록 많은 관심과 참여를 부탁드립니다.

감사합니다.

오민경 Leah MinKyung Oh (Masters Student, University of Waikato)

이메일: allersilver@hotmail.com **전화:** 021 887 454

지도 교수님

Doctor Linda Nikora (*Associate Professor at the University of Waikato*)

Doctor Waikaremoana Waitoki (*Clinical Psychologist, Research officer at the University of Waikato*)

Appendix C: Consent forms

(English version)

Consent Form



RESEARCHER'S COPY

Research Project: Korean migrants' attitudes and experiences of mental illness and mental health services in New Zealand

Name of Researcher: Leah MinKyung Oh

Name of Supervisor (if applicable): Linda Nikora, Waikaremoana Waitoki

I have received an information sheet about this research project or the researcher has explained the study to me. I have had the chance to ask any questions and discuss my participation with other people. Any questions have been answered to my satisfaction.

I agree to participate in this research project and I understand that I may withdraw at any time. If I have any concerns about this project, I may contact the convenor of the Research and Ethics Committee.

Participant's Name: _____ Signature: _____ Date: _____

PARTICIPANT'S COPY

Research Project: Korean migrants' attitudes and experiences of mental illness and mental health services in New Zealand

Name of Researcher: Leah MinKyung Oh

Name of Supervisor (if applicable): Linda Nikora, Waikaremoana Waitoki

I have received an information sheet about this research project or the researcher has explained the study to me. I have had the chance to ask any questions and discuss my participation with other people. Any questions have been answered to my satisfaction.

I agree to participate in this research project and I understand that I may withdraw at any time. If I have any concerns about this project, I may contact the convenor of the Research and Ethics Committee (Dr Nicola Starkey, phone: 07) 838 4466 ext.6472, e-mail nstarkey@waikato.ac.nz).

Participant's Name: _____ Signature: _____ Date: _____

(Korean version)

Consent Form



RESEARCHER'S COPY

연구 제목: 한국인 이민자들의 정신건강 그리고 정신치료에 대한 경험들

연구자: Leah MinKyung Oh 연구 지도자: Linda Nikora, Waikaremoana Waitoki

나는 이 연구에 관한 정보지를 받았으며, 연구자가 나에게 이 연구에 대하여 충분히 설명을 해주었다. 나는 궁금한 점들을 충분히 질문 할수 있는 기회들이 있었으며, 내가 나눈 모든 정보와 대답들은 나의 생각과 나의 만족에 의해 대답하였다. 나는 이 연구에 참여 하기를 자발적으로 동의하며, 원할시 어느때나 이 연구의 참여를 중단할수 있음을 알고 있다. 이 연구에 관한 염려가 있을시에는 와이카토 대학교에 심리학과에 속한 연구자 및 윤리 위원회에 연락을 취할수 있음을 알고 있다.

Participant's Name: _____ Signature: _____ Date: _____

PARTICIPANT'S COPY

연구 제목: 한국인 이민자들의 정신건강 그리고 정신치료에 대한 경험들

연구자: Leah MinKyung Oh 연구 지도자: Linda Nikora, Waikaremoana Waitoki

나는 이 연구에 관한 정보지를 받았으며, 연구자가 나에게 이 연구에 대하여 충분히 설명을 해주었다. 나는 궁금한 점들을 충분히 질문 할수 있는 기회들이 있었으며, 내가 나눈 모든 정보와 대답들은 나의 생각과 나의 만족에 의해 대답하였다. 나는 이 연구에 참여 하기를 자발적으로 동의하며, 원할시 어느때나 이 연구의 참여를 중단할수 있음을 알고 있다. 이 연구에 관한 염려가 있을시에는 와이카토 대학교에 심리학과에 속한 연구자 및 윤리 위원회에 연락을 취할수 있음을 알고 있다. (Dr Nicola Starkey, phone: 07) 838 4466 ext.6472, e-mail nstarkey@waikato.ac.nz)

Participant's Name: _____ Signature: _____ Date: _____

Appendix D: Demographics sheet

(English version)

Name (optional): _____

Date of birth: ___/___/_____

Sex: Male/ Female

Choose the best answer that describes your identity status in New Zealand:

Korean, born in Korea		Korean, born in New Zealand		New Zealand Permanent Resident, born in Korea	
New Zealand Citizen, born in Korea		New Zealand Citizen, born in New Zealand		New Zealand Permanent Resident, born in New Zealand	

Other _____

English proficiency:

Native like fluency		Fluent		Moderate proficiency	
Low proficiency		Very little English		No English	

Occupation: _____

Religion (optional): _____

Marital Status (optional): _____

(Korean version)

이름(optional): _____

생년월일: ___/___/_____

성별: 남/여

다음중 본인을 가장 잘 설명하는 답을 고르세요:

한국에서 태어난 한국인		뉴질랜드에서 태어난 한국인		한국에서 태어난 영주권자	
한국에서 태어난 뉴질랜드인		뉴질랜드에서 태어난 뉴질랜드인		뉴질랜드에서 태어난 영주권자	

Other _____

영어실력

영어가 원어민 수준으로 유창함		영어가 유창함		영어를 할줄 압	
영어를 조금 할줄 압		영어를 매우 조금 할줄 압		영어를 할줄 모름	

Other _____

직업: _____

종교(optional): _____

혼인여부(optional): _____

Appendix E: Interview questions

(English version)

- 1. Whilst living in NZ, have you (or anyone close to you, or someone you know) at any time felt extremely distressed or psychologically unwell? (May want to discuss when, what factors caused you to feel this way?)**
- 2. Have you ever reached out and sought professional mental health services?**

If yes...

- What was/were the reasons you sought mental health services?
- If you don't mind, could you tell me a little bit about the mental illness or psychological distress you were or are experiencing?
- How did you go about receiving mental health care?
- What was the process like?
- What were some of the positive things you experienced whilst receiving help?
- What were some of the difficulties you experienced?
- Is there anything else you would like to talk about?

If not...

- What was/were the reasons you did not access to mental health services?
- What were some of your concerns or worries?
- Are you aware of how you can access mental health services in New Zealand?
- Under what circumstances would you have been more likely to reach out for mental health services?

- What are some possible ways you deal with your mental illness/psychological distress?

- Is there anything else you would like to talk about?

(Korean version)

1. 뉴질랜드에 거주하시는 동안 본인이, 또한 가까운 누군가가 정신적 또는 심리적으로 상당한 불편을 경험하신적이 있나요?
2. 한번이라도 이런 불편함이 상당히 느껴지셔서, 전문가의 도움을 받아 보신적이 있으신가요??

있으시다면...

- 전문가의 도움을 받기로 결정하신 계기가 무엇이었나요?
- 어떠한 심적 어려움을 겪고 계신지 또는 겪고 계셨는지 구체적으로 여쭙봐도 될까요?
- 어떻게 전문가의 도움을 받으셨나요? (그 과정을 좀 설명해 주세요)
- 전문가의 도움을 받으신 기간은 얼마나 되시나요?
- 전문가의 도움을 받으며 도움이 되셨다고 느끼신 점들, 그리고 좋았다고 생각하셨던 점들은 무엇이 있었나요?
- 전문가의 도움을 받으시는 과정에서 겪으셨던 불편함과 어려움들은 어떤것들이 있으셨나요?
- 더 얘기 하여주시고 싶으신 부분들이 있으신가요?

없으시다면...

- 도움이 필요하신데도 전문가의 도움을 받으시지 않은 이유가 무엇인가요?
- 구체적으로 어떠한 걱정과 이유들이 있었는지 설명해주세요.
- 뉴질랜드에서 어떻게 심리치료 또는 정신과 치료를 접할수 있는지 알고 계신가요?

-어떠한 경우들이 있었다면 전문가의 도움을 받으셨을 가능성이 더 있으셨을것 같나요?

-필요하신 도움을 받고 계시지 않다면 또는 받으신 적이 없으시다면, 어떻게 심적 또는 정신적 아픔들과 불편함들을 견디고 계시거나 견뎌 내셨나요?

-더 얘기 하여주시고 싶으신 부분들이 있으신가요?