Korean American Help-Seeking Behavior as Seen Through the Theory of Planned Behavior

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THESIS APPROVAL

We hereby approve the Master's Thesis

Korean American Help-Seeking Behavior as Seen Through the Theory of Planned Behavior of

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Abstract

While barriers to accessing professional psychological service have been identified among Korean communities in the United States, research surrounding the facilitating factors for accessing services is still largely nascent. This quantitative study utilized the Theory of Planned Behavior framework to examine factors that influence Korean Americans' intent and decision to seek psychological services. Through a convenience sample of 130 Korean American adults between the ages of 18 and 60, this study examined the effect of their attitude toward seeking psychological services, the perceived norms regarding psychotherapy, and perceived behavioral control on the intentions to seek help. To account for the unique acculturative experience of Korean Americans, bicultural self-efficacy was also measured to examine its moderating effect on the relationship between attitude, perceived norms and perceived behavioral control and intentions to seek professional help. Attitudes toward seeking help, perceived norms, and general mental health symptoms were found to be significantly correlated with intentions to seek help. Furthermore, bicultural self-efficacy was found to have a significant moderating effect on the relationship between attitudes toward seeking help and intentions to seek help.

Keywords: Korean, Korean American, Korean American mental health, barriers to access, theory of planned behavior, bicultural self-efficacy, quantitative, moderation study

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The Asian American and Pacific Islander (AAPI) population in the U.S. is steadily and continuously growing (U.S. Census). Counted at 25.7 million in total as of 2020 and reported to comprise 7% of the total U.S. population, Asian Americans have become integral members of the American demographic. Among this population, Korean Americans comprise 10% and is currently the 5th largest subgroup within the AAPI population. As of 2020, 1.5 million Korean Americans, who either immigrated from Korea or were born in the U.S., reside in the U.S. Along with other AAPI members, Korean Americans have significantly contributed to the economic, social, and cultural narrative of America in the last century (Lee, 2020). Yet little attention has been paid to their current state of health, especially in the realm of mental health.

Barriers Preventing Help-seeking Behavior in Korean Americans

A few national surveys and studies have shown a high prevalence rate of clinical depression among Korean Americans. On the Center for

Epidemiologic Studies Depression scale (CES-D) distributed to various AAPI subgroups such as Chinese (6.93), Japanese (7.30), and Filipino companies (9.72), Korean Americans scored the highest at 14.37 (Kuo, 1984). In a more recent meta-analytic review, the prevalence rate of depression for Korean Americans (33.3%) measured by the same scale showed to be significantly higher than for Chinese (15.7%) and Japanese Americans (20.4%) (Kim et al, 2015). First generation[1] Korean immigrants as well as elders aged 65 and above showed to be particularly vulnerable toward depression (Kung, 2015; Lee & Farran, 2004). Completed suicidality rate also showed dramatic increase between 2000 and 2010 among Korean American men and women, who showed the highest rate of suicide in 2010 when compared to Chinese, Indian, Filipino, Japanese, Vietnamese and non-Hispanic White Americans (Kuroki, 2018).

Research on the mental health of second generation Korean Americans predominantly focuses on acculturative stress, navigating a bicultural identity, experience of racial injustices, and cultural and linguistic barriers in communication with the preceding generations of Korean Americans (Choi et al., 2017; Kim & Lee, 2014; Yoon et al., 2013; Yoon et

1 Within the Korean American community, the sociocultural and health profiles differ significantly depending on their age, primary spoken language, and their generational status (Jang et al., 2009). The most common method of categorization is by the age of the individual at the time of immigration as well as by parentage (Choi et al., 2022; Jang et al., 2009; Jang et al., 2011; Kang & Kim, 2013). The first generation of Korean American immigrants generally include those who were born in South Korea and immigrated to the U.S. as adults. Second generation Korean Americans are those who were born in the U.S. to parents who immigrated from Korea as adults. The term “1.5 generation” also exists to capture the unique experiences of Korean Americans who immigrated to the U.S. from South Korea as children or adolescents, whose process of cultural identity formation resembles aspects of both first and second generation Korean Americans (Kim et al., 2003).

al., 2021). Literature on what these sociocultural and linguistic factors bring to bear on the state of their mental health have been limited but consistent. In 2006, a study surveying 133 U.S. college students consisting of 33% first generation and 66% second generation Korean Americans showed that the overall sample reported a high level of depression, and that a greater adherence to Asian values, as measured by the Asian Values Scale (AVS), was associated with decreased self-esteem and increase in anxiety and depression (Hovey, Kim & Seligman, 2006). On the other hand, other studies suggest that strong heritage/ethnic identity predicts less severe mental health issues such as depressive symptoms and suicidal ideation (Choi et al., 2020). A possible explanation for these discrepant findings could be the lack of accounting for other potentially relevant variables, such as experiences of discrimination and/or the degree of identity integration between host and ethnic cultural identities.

Despite the high prevalence of depression, the use of professional mental health services among the Korean American community has been historically low (Baek et al., 2021), in a close parallel with other AAPI populations. In a rare nationwide study of Asian American mental health, Abe-Kim et al. (2007) found that Asian Americans showed a lower rate of mental health service use compared to the general population. Through use of the National Latino and Asian American Study (NLAAS), which measures the disparity between mental illness and service usage in the two underserved ethnic groups, the authors found that only 34.1% of Asian

Americans with a probable diagnosis reported that they sought professional help, and second-generation Asian Americans were more likely to seek help than the first generation of Asian immigrants.

Consistent with the low engagement rates mentioned above, research indicates that Korean Americans are underutilizing professional treatment (Kang et al., 2013). Many factors are related to this phenomenon. Lack of available culturally and linguistically appropriate resources (Jang et al., 2013), lack of awareness of mental health (Bernstein et al., 2020; Jang et al., 2011; Kang et al., 2013), and stigma towards mental distress and the fear of losing face (Kim & Yon, 2019) are among the most widely studied.

In particular, the fear of losing face was named as a strong reason not to engage professional help for mental distress. Equally influenced by Confucian principles that value the expression of composure and tranquility, as well as the discouragement from sharing private information or negative experiences outside of one's family, the socio-historical concept of *chaemyeon*, roughly translated as "saving face," refers to the imperative to present a competent, respectable status to the community outside of one's family (Kim-Martin, 2021). Recently, this concept has been examined through the lens of cultural and intergenerational trauma, wherein communities and societies that have experienced large-scale trauma respond to it through silence and unacknowledgement as generations progress (Danieli, 2007; Kim-Martin, 2021; Liem, 2007). Furthermore, the Korean American community is aware of its small, tight-knit

interconnectedness (Son, 2021), and individuals often fear the possible negative evaluation of other community members upon discovery of vulnerability.

For this reason, reaching out to others for mental health issues has been heavily influenced by how others in their community perceive mental health issues and accessing help for Korean and Korean American communities. Han and Oliffe (2015) found that first generation Korean Canadian immigrants with suicidality preferred self-management over seeking peer or professional assistance to manage symptoms due to the fear of suffering possible dishonor or disadvantage associated with mental distress.

On the other hand, a study found that increased concerns for loss of face weakened the negative effect of the collective norms regarding professional psychological help-seeking on the individual's internal beliefs (Kim & Yon, 2019). To explain this intriguing result, the authors suggested that concerns over loss of face may motivate students to discuss their mental health issues with a confidential professional rather than a close friend, urging for a more nuanced study of loss of face and its effect on help-seeking attitudes in South Korean young adults. This may provide a glimpse into implications for the Korean American community whose heritage culture has led to similar parallels in attitudes regarding mental health concerns and help-seeking behavior. Motivations and barriers for Korean Americans regarding seeking professional psychological services

continue to be studied in-depth. One theoretical framework that could shed light on how beliefs regarding mental health and perceived norms impact help-seeking attitudes among Korean Americans is the Theory of Planned Behavior.

The Theory of Planned Behavior

Since its establishment in 1985, TPB has been used to explain a wide range of human social behavior, particularly related to health (Ajzen, 1985; Fishbein & Ajzen, 2009). While the framework has been revised and expanded upon throughout the years, the basic assumption upon which it is built remains the same: that human social behavior follows reasonably from the relevant information and beliefs underlying the behavior that is being considered. These beliefs may originate from such sources as personal experiences, information from the media, and observation of close others' attitudes toward the behavior.

Fishbein and Ajzen (2009) distinguish these beliefs into three categories: *behavioral, efficacy,* and *normative.* Behavioral disposition, more colloquially defined as *attitude*, are the individual's oft-binary evaluation of the consequence and experience of performing the target behavior. Inherently bipolar in its dimension, an individual's attitude about any behavior can be instrumental, measuring the beneficence of the behavior's prospective consequences, or experiential, measuring the extent to which the process of performing the behavior will be pleasurable, convenient or

lead to the removal of an undesirable situation. Fishbein and Ajzen (1985) further posited that attitudes toward a behavior directly follow from beliefs about the behavior's attributes, and that as beliefs regarding the behavior are revised and replaced with new information, the resulting attitudes toward the behavior also evolve.

Beliefs about perceived behavioral control are concerned with the individual's perceived ability and capacity to perform the targeted behavior (Fishbein & Ajzen, 2009). Stronger beliefs about self-efficacy, or perceived behavioral control, are associated with higher intention of performing the behavior, as well as higher likelihood of persisting against obstacles, higher performance accomplishments, and even wider social changes (Bandura, 1982). Perceived behavioral control has been difficult to empirically measure, however studies exploring its mediating effect on intention and behavior have shown that it can have both a direct effect on behavior and an indirect effect that is mediated by the intention for that behavior (Ajzen & Timko, 1986; Fishbein & Ajzen, 2009).

Normative beliefs, or perceived norms, are a measure of a perceived social pressure to perform or not to perform a particular behavior (Fishbein & Ajzen, 2009). Susceptible to influence by cultural and societal factors, perceived norms can be distinguished into more specific types–injunctive and descriptive norms. Injunctive norms measure the individual's perception of what others say should or ought to be done with respect to performing a given behavior, meaning it is a latent construct measured at

the individual level–in that an individual is asked whether her close others believe the target behavior is appropriate or inappropriate. Whether people close to the individual would support or oppose a target behavior are examples of questions regarding injunctive normative belief. This definition of normative belief is crucial for the discussion of cultural norms regarding mental health behaviors in later sections.

Descriptive norms differ from injunctive norms in that they measure the individual's perception of whether others are performing the behavior in question or not (Fishbein & Ajzen, 2009). In other words, descriptive norms measure whether the behavior is performed or not, not whether it should or should not be. In this sense, descriptive and injunctive norms reflect different aspects of perceived social pressure. Significant correlations between descriptive and injunctive norms suggest that it is possible to obtain an index of perceived social pressure by combining measures of both.

Because of the ability of descriptive norms to directly or indirectly influence attitudes, injunctive norms, and perceived behavioral control, the newly integrated model of the TPB considers the aggregate effect of both descriptive and injunctive norms (Fishbein & Ajzen, 2009). Furthermore, a hierarchical model can describe the nature of perceived social pressure, where injunctive and descriptive norms are first-order factors and the overall perceived social norm is the higher second-order factor.

Fishbein and Ajzen (2009) stated that salient measures of attitude, perceived norms, and perceived behavioral control should reasonably

predict intentions to perform a target behavior. When the behavior is specific to time and context, measuring the intention to perform a single, acute behavior, the predictive validity of the three variables increases. In our case, the behavior in question is whether the individual is willing to seek services from a mental health professional, which is specific to a single event as well as the context. Adding a time constraint–i.e. “Within the next 2 weeks”--increases the predictive validity of the attitudinal, normative, and perceived behavioral control beliefs that influence the intentions to seek psychological help. Furthermore, the three determinants of behavioral intention may vary in their contributional weight depending on the characteristics of those performing the behavior, or the nature of the behavior itself. For instance, attitudes about performing a certain behavior may be the primary determinant, and the other two variables may figure a much smaller contribution.

Follow-up studies showcased the predictive validity and internal consistency of the model with various health-related behaviors such as intentions to drive after drinking alcohol (Armitage et al., 2002); ecstasy use (Orbell et al., 2001); using condoms (Villarruel et al., 2004); and getting breast cancer screening (Drossaert et al., 2010). The populations tested ranged in ethnicity, age and life experience for all studies, however they showed significant correlations between each of the three variables and intentions to perform the respective target behavior in most cases ($r > .20$, $p < .05$), and predicted intentions for each target behavior fairly accurately

(β > .75). Hagger et al. (2016) further found in a meta-analytic review that the TPB has high predictive power when it comes to predicting intentions to perform a health-related behavior.

TPB in regards to help-seeking behavior for mental health issues

Within the realm of health-related behaviors, the subfield of mental health has seen few instances of TPB application. Taylor and Kuo (2020) found that the TPB model fits the sample data of 249 Black Canadians experiencing various degrees and types of psychological distress. Attitudes, subjective norms, and perceived behavioral control together significantly predicted the intention to seek psychological help among Black Canadians. Furthermore, self-stigma regarding mental illness, conceptualized as a normative belief affecting subjective norms, had a significant influence on attitudes toward intentions to utilize mental health services. Similar studies found that the TPB model fits the sample data of several other population groups in North American or European contexts: Among White American male college students, attitudes toward psychological help-seeking significantly mediated the inverse relationship between traditional masculine ideology and psychological help-seeking intentions (Smith et al., 2008). A study of adolescents aged 13 to 17 in Northern Ireland also showed a significant relationship between individual attitudes toward seeking psychological support, perceived norms from close others, and

perceived self-efficacy and their intentions to seek help for mental health concerns
(Breslin et al., 2022).

Among the Korean-American population, studies examining help-seeking behavior through the TPB framework are scarce. In South Korea, Lee, Choi and Park (2015) found that perceived norms and perceived self-efficacy were significant determinants of South Korean undergraduate students' intention to promote and recommend professional psychological services to their peers expressing depression. This finding further aligns with earlier studies emphasizing perceived norms as a significant determinant of behavioral intentions in Korean culture. More recently, Lee and Shin (2022) constructed a TPB questionnaire (Francis et al., 2004) to predict the help-seeking behavior of South Korean college students in emotional distress. Defining "seeking help" as enlisting professional services such as counseling, psychotherapy, and psychiatric treatment for mental health-related distress, the authors surveyed 300 South Korean undergraduate and graduate students aged 19 to 31 to assess their attitude toward seeking help, current mental health symptoms, disclosure expectations, perceived stigma for receiving help, and level of knowledge regarding available services.

Lee and Shin (2022) further expanded the model by adding the general mental health condition and knowledge about available services as predictors affecting attitude, perceived norms and perceived behavioral

control. After confirming the construct validity of the TPB questionnaire through Confirmatory Factor Analysis, the authors found that positive effects of all three predictors on intentions to seek help were significant. Furthermore, severe mental health conditions were found to predict a high negative attitude, less perceived approval from close others for seeking help, and less perceived self-efficacy. Knowledge of available mental health services was found to indirectly predict college students' help-seeking intentions by increasing their sense of self-efficacy.

Lee and Shin (2022) demonstrated that the TPB framework possesses strong predictive validity for those in emotional distress seeking professional psychological help, as demonstrated by the K-TPB. However, the measure has not been tested among the population of Korean Americans. Since the Korean American and Korean immigrant society in the U.S. demonstrates a significant difference in sociocultural presentations from mainland South Koreans, the unique variable of bicultural self-efficacy should be considered in applying the TPB model to intentions to seek help.

Cultural Considerations of Korean American Help-Seeking Behavior as Seen Through the TPB Lens

As Fishbein and Ajzen (2009) stated, attitude, perceived norms, and perceived behavioral control for any target behavior is largely influenced by unique cultural beliefs held by the individual contemplating the behavior. For Korean Americans, the intersectionality between their heritage culture and the host culture, as well as the process of adjusting to and navigating

through both cultures, contributes to the determinants of planned behavior. The highly interdependent nature of Korean culture should be considered in examining the way Korean Americans define their identity, measure life satisfaction and well-being, and make important decisions (Kim & Yon, 2019; Kwon, 2008).

Consistent with other East Asian countries, Korean culture is largely interdependent (Baek et al., 2021; Han & O'Brien, 2014; Kim & Yon, 2019; Kwon, 2008; Son, 2021). The concept of "self" is construed in a relational context, rather than being motivated solely by individual or inherent attributes. One's circumstances, roles within her community, and expectations arising from her roles, define her understanding of herself. Relatedly, internal experiences are interpreted with the "others" in mind as a referent (Kwon, 2001). While individualistic cultures experience ego-centered emotions such as pride and guilt, wherein the experienced emotion references the individual's own actions, Korean culture endorses complex emotions that involve others as an emotional referent, such as *jeong* (mutual empathy and affection that arise out of a close relationship between two people that is experienced as a personal emotion) (Kwon, 2001; 2008).

Consequently, concepts of well-being and ill health are also defined by the culture of collectivism (Jang et al., 2011; Kwon, 2008; Liem, 2007). Well-being is measured by how well an individual socializes and collaborates with others in Korean culture; the traditionally Western conceptualization of self-

expression and autonomy as the primary measure of psychological well-being does not hold in Korean culture, since individual emotional experience and perceived normative experience are equally significant determinants of well-being (Kwon, 2008; Suh et al., 1998). While the complete inability to experience or express any emotion is pathologized in Korean culture, the lack of emotional expression alone is not held as an indicator of ill mental health. Rather, the quality of one's relationship within one's family and larger community, as well as one's ability to be productive and harmonious within the communal context, is an important measure of health.

This cultural characteristic of interdependence and unity has contributed largely to the remarkable resilience of the Korean people throughout history, from gaining national independence during the Japanese occupation in 1945 to a robust history of immigration in the U.S. within the last century (Kim-Martin, 2021). However, the same concept of interdependence and sensitivity toward others' perceptions could contribute to isolation, shame, and resistance to seeking help when it comes to individual psychological needs in Korean culture (Choi & Miller, 2014; Major & O'Brien, 2005). Because of the prevailing notion that mental health issues such as depression are a personal weakness and a source of shame for the individual and her family (Han & Oliffe, 2015), admission of such a condition and seeking professional assistance could lead to devaluation, rejection, and social discrimination for the individual. This prevailing view

has a profound effect on a Korean American individual's attitude toward seeking help from mainstream health care sources in the United States, as well as her normative beliefs concerning seeking help, particularly if one subscribes closely to cultural stigma against mental health issues. Going against the prevailing social norm poses a perceived social and emotional risk to first generation Korean Americans (Choi & Miller, 2014), which in turn creates a barrier against professional help-seeking.

Furthermore, the operationalization of self-efficacy related to intentions to seek psychological help includes the perceived availability of desirable or appropriate services (Fishbein & Ajzen, 2009). This definition includes such logistic and practical factors such as the availability of bilingual, bicultural psychological services and feasibility of access, which is still scarce in the U.S. Since the majority of mental health professionals do not speak Korean and are not fluent in Korean culture, prospective Korean American clients would need to reach a certain level of cultural and linguistic fluency in order to access the services they need. Thus, in contrast to South Koreans residing in Korea, Korean Americans in the United States may face the added challenge of regularly cross-walking between their heritage and foreign culture as it pertains to everyday life decisions, which may include decisions to seek help for perceived mental health challenges.

For second generation Korean Americans, for whom English is the more predominantly spoken language, the effects of sociocultural factors such as a bicultural identity on their perception of mental health are less

commonly studied. A recent study monitoring the longitudinal mental health of 1,574 1.5 and 2nd generation Korean American and Filipino American adolescents in the midwest showed an increase in depressive symptoms between 2014 and 2018 as they emerged into adulthood (Choi et al., 2020). The authors found the contribution of intergenerational cultural conflicts within the family as well as the experience of racial discrimination to be significant in the increase of mental health distress.

However, a strong ethnic identity and peer relations were found to buffer against depressive symptoms and suicidal ideation (Choi et al., 2020). This study is emblematic of the mixed findings in current literature wherein an experience of a strong heritage cultural identity in contrast to a strong culturally mainstream American identity is seen as either a protective factor against, or contributor toward, mental health distress, among Korean Americans (Park, 2009), further emphasizing the need to capture the salience of cultural factors unique to the Korean American experience in examining their perceptions regarding mental health.

David, Okazaki and Saw (2009) developed the Bicultural Self-efficacy Scale-Initial (BSES-I) to measure bicultural individuals' range of perceived cultural and linguistic efficacy, based on the conceptualization of LaFromboise, Coleman, and Gerton (1993). The definition of bicultural efficacy include six domains: Knowledge of Cultural Beliefs and Values–the degree to which an individual is knowledgeable about various aspects of a culture; Positive Attitudes Toward Both Groups–the degree to which an

individual regards both cultures to which one subscribes positively; Bicultural Efficacy–the belief that an individual can function within two cultural groups without compromising one's identity; Communication Ability–which measures the ability to communicate both verbally and non-verbally within a given culture; Role Repertoire–the perceived awareness of the range of culturally appropriate behaviors the individual can perform; and Social Groundedness–the degree to which an individual has established a network of social connections in both cultural groups. With a reliable psychometric demonstration for all six subscales, the authors found that high bicultural self-efficacy is predictive of better life satisfaction and lower levels of anxiety and depression symptoms among bicultural individuals. These outcomes have been shown to be consistent among other ethnic groups such as the LatinX population (Safa & Umana-Taylor, 2021).

Present Study

To this date, the potential moderation effects of bicultural self-efficacy between TPB constructs (e.g., attitude, perceived norms, and self-efficacy) and intentions to seek psychological services has yet to be studied. Furthermore, while the TPB has been utilized to predict psychological help-seeking behavior in Korean culture, the bicultural identity of Korean Americans that distinguishes them from South Koreans has not been taken into account in previous studies. The purpose of the study was to examine whether fluency in both the mainstream and heritage culture would moderate the direct effects from TPB constructs (attitude, perceived norms,

and perceived behavioral control) to intentions to seek professional psychological help. Specifically, we tested the following hypotheses: 1) Controlling for perceived well-being, higher perceived norms, stronger self-efficacy, and more positive attitudes will predict greater intentions to seek help, with perceived norms having the largest contribution to intentions to seek help. 2) Bicultural self-efficacy will have a moderating effect on attitude, perceived norms, and self-efficacy on intentions to seek help–specifically, higher bicultural self-efficacy will have a small to moderate moderation effect size on the aforementioned relationships between TPB constructs and intentions to seek help.

Method

Participants

Participants were recruited through an online survey panel (Prolific) through a community sampling of eligible participants after obtaining appropriate IRB approval. The study used a convenience sample of 131 Korean Americans between the ages of 18 and 60 who reside in the U.S. For the purpose of this study as well as to comply with the constraints of the survey panel, first and second generation Korean Americans were recruited through filters for participants who identify as East Asians who speak Korean or English as their first language, then further narrowed using a demographic survey. Participants were monetarily compensated for their

participation. The study was approved by the Institutional Review Board (IRB) at the university to ensure adherence to ethical standards (S23-054).

Power analysis was conducted using G*Power 3.1.9.7 (Faul et al., 2009) for each moderation hypothesized to occur between (1) self-efficacy and bicultural self-efficacy, (2) attitude and bicultural self-efficacy, and (3) perceived norms and bicultural self-efficacy when predicting intentions to seek help. Assuming a small to medium effect size ($f^2 = 0.08$; Cohen, 1988) with a 5% chance of committing a Type-1 error, a total of 101 participants would need to be sampled for each moderation effect. Thus, a total sample of 131 participant responses was collected, accounting for 5% attrition due to missing data and for the limitations of the Prolific participant filter, as well as to achieve a sufficient sample size to have at least 80% power to detect significant small effects of the moderation effects, assuming such moderation effects exist in the population. Upon visual examination of the missing data pattern frequency chart, the most common pattern of missing data appeared not to have any missing values across the variable of interest in this study, suggesting no systematic bias in the underlying missing data. One participant was removed as a univariate outlier, leaving a sample size of $N = 130$.

The final sample consisted of 53.4% of participants identifying as male, 45.8% of participants identifying as female, and 0.8% who self-identified as non-binary. Participants' ages ranged from 20 to 55 with a mean age of 32.49 ($SD = 8.43$). Approximately 54.6% of participants

responded that they are bilingual in Korean and English, 43.8% responded that they are not bilingual, and 1.5% stated that they did not know. When asked to indicate their primary language of choice, approximately 95.4% reported English as their primary language. In terms of immigration generational status, 27.5% of participants identified as first generation (who came to the U.S. from another country), 61.1% identified as second generation (U.S. native with at least one first generation parent), 7.6% identified as third generation (U.S. native whose parents are also U.S. natives), and 3.8% reported as other. Participants' marital status consisted of 39.7% single, 29.8% married, 28.2% in a committed relationship, and 2.3% widowed. Participants' highest level of education consisted of 60.3% bachelor's degree, 10.7% master's degree, 10.7% some college with no degree, 9.2% associate's degree, 4.6% doctoral degree, 3.1% high school diploma, 0.8% middle school diploma, and 0.8% other.

Procedure

This study is a cross-sectional design through use of convenience sampling. Participants were recruited through Prolific, an online survey panel that facilitates community sampling through use of search filters and offering monetary incentives. The scales were organized through Qualtrics, an online survey platform, and took approximately 20 minutes to complete. Participants were presented with consent forms discussing confidentiality as well as potential risks and benefits of participation, and were only allowed to proceed with their informed consent. Consenting participants

were then presented with a demographic survey to verify their ethnic identity as well as the General Health Questionnaire (GHQ) to assess their current state of mental health. Afterwards, the K-TPB and BSES-I were presented to measure attitudes toward seeking help, perceived stigma for receiving psychological help, bicultural self-efficacy, and intentions to seek help.

Materials

General Health Questionnaire (GHQ-12). Goldberg (1972) developed a 12-item questionnaire to evaluate and detect symptoms indicative of psychiatric disorders such as depression and anxiety through use of accessible, non-clinical language. With a 4-point Likert scale (1 = *less than usual,* 2 = *no more than usual,* 3 = *rather more than usual,* 4 = *much more than usual)*, the GHQ-12 is one of the most generally used screening tools for initial assessment of depression, anxiety, social dysfunction, and loss of confidence. The GHQ-12 demonstrated high internal consistency among South Korean adults aged 18 to 64 ($\alpha = 0.75$) as well as concurrent validity with the CES-D ($r = 0.68$, $p < .01$; Park, Kim & Cho, 2012). In a sample of South Korean college students ($N = 504$), the GHQ-12 demonstrated a correlation of $r = 0.71$, 0.8, and 0.54 respectively for depression and anxiety, social dysfunction, and loss of confidence (Lee & Kim, 2020). The internal consistency was α = .888 in the current study.

Theory of Planned Behavior Questionnaire (K-TPB). Lee and Shin (2022) developed a measure according to Francis et al. (2004)'s

guidelines for TPB-based health behavior questionnaire to evaluate the attitude, perceived norms, perceived behavioral control and intentions to seek psychological help of South Korean college students (N = 300). The scale consists of 6 items that measure attitude, 7 items that measure perceived norms, 4 items that measure perceived behavioral control, and 3 items that measure intentions to seek psychological help. “Professional help” was operationally defined to include a licensed counselor, therapist, or psychiatrist.

The scale measuring attitude (= .86) has a 7-point Likert scale ranging from one opposing anchor label to another, such as “Encouraging/discouraging,” “Helpful/useless,” and “Responsible/Irresponsible” in response to the following stem: “For me, speaking with a mental health professional (e.g., counselor, psychiatrist) when emotionally distressed is…” Scores range from positive to negative attitudes, with higher scores indicating a negative attitude toward help-seeking, such as “discouraging,” “useless,” or “irresponsible.” The internal consistency of attitude for the current study was α = .95. Items measuring perceived norms (=.87), perceived behavioral control (= .68), and intentions to seek help (= .94) also have a 7-point Likert scale ranging from 1 = *strongly disagree,* 2 = *disagree*, 3 = *slightly disagree*, 4 = *neutral*, 5 = *slightly agree*, 6 = *agree*, and 7 = *strongly agree*. Participants are asked to rate the degree of agreement for a statement on each item. An example item for perceived norms scale is: “my parents would encourage me to

speak to a mental health professional (e.g., counselor, psychiatrist) when I am emotionally distressed." An example item for the self-efficacy scale is: "I cannot afford to speak with mental health professionals (e.g., counselor, psychiatrist) even when it is needed." An example item for the intentions to seek help scale is: "I would want to speak with a mental health professional (e.g., counselor, psychiatrist) when I am emotionally distressed." Participants are asked to rate the degree of agreement for a statement on each item, with higher scores indicating higher agreement. In the current study, the internal consistency was α = .82 for perceived norms, α = .19 for perceived behavioral control, and α = .94 for intentions to seek help. Due to the low internal consistency for perceived behavioral control, only the first item statement was retained: "If I need to seek mental health services in the next 6 months, I know where to go to receive appropriate services." This item was retained since bivariate correlations between this item and intentions to seek help showed a strongest positive correlation ($r = 0.69$, $p < .001$).

Bicultural Self-Efficacy Scale-Initial (BSES-I). The BSES-I was developed by David, Okazaki and Saw (2009) to measure the extent to which bicultural individuals experience perceived competence in both cultures that they subscribe to, utilizing a sample of ethnic minority undergraduate students at a large midwestern university ($N = 268$). Asian Americans comprised 94 of 268 participants in the study. The 26-item measure has a partially anchored 9-point Likert scale (1 = *strongly*

disagree, 3 = *disagree*, 5 = *neutral*, 7 = *agree*, 9 = *strongly agree*), with six subscales: social groundedness (= .91), communication ability (= .79), positive attitude toward both groups (= .89), knowledge of cultural beliefs and values (= .80), role repertoire (= .69) and bicultural beliefs (= .77). Higher scores on the subscales indicate higher sense of social groundedness, communication ability, stronger positive attitude toward both groups, more knowledge of cultural beliefs and values, a higher flexibility in switching between multiple cultural roles, and more positive beliefs regarding bicultural identity. The BSES-I also demonstrated concurrent validity against the mainstream and heritage subscales of the Vancouver Index of Acculturation (VIA) (Ryder et al., 2000). The internal consistency was α = .94 for the current study.

Data Analysis

Data was exported from Qualtrics to R Studio for data cleaning and imputation. Missing data patterns were as follows: 56 participants had no missing data, 70 participants had less than 10% missing data, and 4 participants had more than 10% missing data and were thus excluded from the multiple imputation analyses. This left us with a total sample size of N = 131. To maximize power, the missing data for all other participants was imputed using the multiple imputation procedures via Fully Conditional Specification (FCS) with the MICE algorithm in R (Van Buuren & Groothuis-Oudshoorn, 2001). All 4 variables in the analytical model were used for imputation.

A multiple regression model was then used to test the hypothesized relationships between the predictors (attitude, perceived norms, perceived self-efficacy) and intentions to seek professional mental health service, with bicultural self-efficacy as the moderator for each direct effect and mental health symptoms as a covariate. Residual plots indicated no gross violations of linearity and homoscedasticity. Normal probability plots also indicated no gross violations of linearity. Bivariate correlations between predictors, tolerance values, VIF values, and condition indices suggested no multicollinearity concerns among the predictors in the model.

Univariate outliers were assessed in SPSS Version 28 through residual analysis. One participant's responses did not suggest any spoiled responses, however due to a high leverage and influence on the regression slope, they were removed from analysis, leaving a sample size of $N = 130$.

Mental health symptoms, bicultural self-efficacy, attitude, perceived norms, and perceived behavioral control, as well as interaction items between bicultural self-efficacy and the 3 independent variables, were centered prior to being entered into the regression model in order to further eliminate concerns for multicollinearity. Descriptive statistics for all variables, including means, standard deviations, and correlations, are presented in Table 1.

Results

Hypothesis 1 - Higher perceived norms, stronger efficacy, and more positive attitudes would predict greater intentions to seek help

Results provided full support for Hypothesis 1. Analysis indicated that the overall model was statistically significant, and explained 66.2% of the variance in intentions to seek help (R^2 = 0.662, F(8, 115) = 28.14, p < .001; Table 2). Intentions to seek help increased by 0.19 unstandardized units (p < .05) when favorable perceived norms increased by one unstandardized unit. This statistically significant relationship emerged when (1) controlling for attitudes, behavioral control, and well-being and (2) bicultural self-efficacy as at mean levels. Similarly, intentions to seek help increased by 0.32 unstandardized units (p < .001) when perceived behavioral control increased by one unstandardized unit. This statistically significant relationship emerged when (1) controlling for attitudes, perceived norms, and well-being and (2) bicultural self-efficacy as at mean levels. Lastly, intentions to seek help decreased by -0.53 unstandardized units (p < .001) when negative attitude increased by one unstandardized unit. This statistically significant relationship emerged when (1) controlling for perceived norms, behavioral control, and well-being and (2) bicultural self-efficacy as at mean levels.

Hypothesis 2 - Bicultural self-efficacy moderates the direct effects of attitudes, perceived norms, and perceived behavioral control on intentions to seek help.

Results partially supported this hypothesis because only one of the three hypothesized moderation was statistically significant. Specifically, the interaction between bicultural self-efficacy and attitude was statistically significant (p < .05). Figure 2 provides a visual representation of the

moderation effects of bicultural self-efficacy on the relationship between attitudes and intentions to seek help. As shown in this figure (and partially supporting our hypothesis), increased bicultural self-efficacy attenuated the negative relationship between negative attitude towards help-seeking and intentions to seek help. In other words, stronger bicultural self-efficacy appeared to mitigate the deleterious effects of negative attitude towards help-seeking on intentions to seek help.

On the other hand, the hypothesized moderation effect of bicultural self-efficacy on the direct effect of perceived behavioral control on intentions to seek help was not statistically significant and only trended towards statistical significance *(p* = 0.069). Visualizing the possible interaction (Figure 3), stronger bicultural self-efficacy appeared to only increase the intercept, but not the slope, of the regression line when intentions to seek help was regressed on behavioral control. Higher levels of bicultural self-efficacy appeared to be associated with lower baseline levels of intentions to seek help, controlling for behavioral control. The unexpected direction of this moderating effect, combined with the lack of statistical significance, suggest that this pattern of results may need further replication. Lastly, the hypothesized moderation effect of bicultural self-efficacy on perceived norms was not statistically significant *(p* > .05), not supporting the last hypothesis regarding moderation.

Discussion

The current study sought to explore the TPB model within a Korean-American context, as well as to examine the potential moderating effect of bicultural self-efficacy on the relationship between attitudes toward seeking help, perceived norms regarding seeking help, and perceived behavioral control towards intentions to seek professional mental health services. Results of data analysis supported Hypothesis 1 and partially supported Hypothesis 2. In the current sample, more negative self-report of attitudes toward seeking help predicted lower intentions to seek professional help for mental health, while more negative perceived norms predicted higher intentions to seek help (Hypothesis 1). Furthermore, increased bicultural self-efficacy moderated the above mentioned relationship between negative self-report of attitudes and intentions to seek help (Hypothesis 1). In other words, although more negative attitudes predicted lower intentions to seek help, increased bicultural self-efficacy attenuated the relationship between these two variables.

The findings' support of Hypothesis 1 is consistent with previous studies that conceptualized professional psychological help-seeking behavior through the TPB framework (Fishbein & Ajzen, 2009; Smith & Thompson, 2008; Taylor & Kuo; 2020). Curiously, this is similar to the study done on the South Korean college sample, which found that positive attitudes predicted an increase in intentions to seek help (Lee & Shin, 2022). To note, items measuring attitude ranged from positive to negative on a 7-point Likert

scale, and were not reverse-scored during our analysis. A higher score in our study indicates a more negative attitude, which may explain why a directly proportional relationship was found between negative attitudes and decreased intentions to seek help. Future analyses may consider polarizing attitudes in the opposite direction, or reverse coding the data, to examine if the same significant relationships would exist between increasingly positive attitudes toward seeking help and intentions to do so, as well as the moderating effect of bicultural self-efficacy on this relationship.

For perceived norms and perceived behavioral control, an increase in one unit of the predictor variables led to an increase in intentions to seek help. The findings support the hypothesis that attitudes, perceived norms, and perceived behavioral control predict psychological help-seeking intentions. This is consistent with previous literature which found the three predictors to be significantly correlated with seeking psychological help among various populations, including South Korean college students (Breslin et al., 2022; Lee, Choi & Park, 2015; Lee & Shin, 2022; Smith & Thompson, 2008; Taylor & Kuo, 2020). Particularly noteworthy is the consistency between the findings of this study and those of Lee, Choi and Park (2015) who found perceived norms and perceived self-efficacy to be significant determinants of South Korean undergraduate students' intention to recommend and promote professional psychological services to their peers expressing symptoms of depression. Findings were also consistent with Lee and Shin (2022) who developed the K-TPB to assess the relationship between

the three predictors and intentions to seek psychological help for mental health related issues.

In partial support to Hypothesis 2, the interaction between bicultural self-efficacy and attitude toward help-seeking was statistically significant, which lends indirect support to previous studies that have named bicultural identity or a strong heritage cultural identity as a protective factor against mental health distress (Choi et al., 2020). While the current study specifically focuses on Korean Americans' intentions to seek help for mental health distress, that fluency in both host and heritage cultures can facilitate an individual to seek appropriate mental health resources more easily may lead to promising clinical implications. The specific factors of bicultural self-efficacy that may contribute to a more positive attitude toward seeking help need further study.

In contrast, bicultural self-efficacy did not seem to have a statistically significant effect on the relationship between perceived norms and intentions to seek help. The conceptual incompatibility between the constructs may be a possible explanation for these results. For instance, a participant's perception of how others in his or her life may think about receiving professional psychological help, which is an example of injunctive norms, may be unrelated to the participant's own sense of fluency in two cultures. A close other of the participant may occupy a separate point on the bicultural self-efficacy scale independently from the participant. In other words, bicultural self-efficacy may function more as an orthogonal variable

in relation to the relationship between perceived norms and intentions to seek help - perhaps beyond what we had initially hypothesized.

Furthermore, the interaction between bicultural self-efficacy and perceived behavioral control was not statistically significant. At best, this interaction trended toward significance (p=0.069). This may be due to construct incompatibility, as fluency in both mainstream and heritage cultures may not necessarily translate to other factors affecting perceived behavioral control over seeking psychological help, such as financial resources, geographical access and transportation, disability-related services, among other variables. It should also be noted that this study was limited to the use of a single item to measure perceived behavioral control ("If I need to seek mental health services in the next 6 months, I know where to go to receive the appropriate services"), which limits the breadth of the latent variable under question as well as diverging in methodology from Lee and Shin's original questionnaire (2022).

In summary, these findings suggest that the TPB framework is a promising theoretical model through which to study the Korean American mental health help-seeking behavior, and that bicultural self-efficacy moderates the relationship between attitudes and perceived-behavioral control and intentions to seek help.

Limitations and Future Research

Several limitations should be considered in interpreting the results of this study. Most importantly, the non-experimental design of the study

places constraints on making any causal inferences between attitudes, perceived norms, and perceived behavioral control in relation to intentions to seek help. Secondly, bicultural self-efficacy is operationalized as a linear spectrum along which to define bicultural fluency, or lack thereof (David et al., 2009). The construct is a progressive step away from the traditional unidimensional model of acculturation, wherein fluency in one's host culture and fluency in one's heritage culture were posed as mutually exclusive (Park, 2009). However, because BSES-I is based on the construct that assumes fluency in both heritage and host cultures is a desirable outcome, this operationalization is not able to detect differential outcomes for individuals who may be enculturated to their heritage culture (but not acculturated to the host culture) or those who may be acculturated to their host culture (but not their heritage culture). Future research should further investigate any within-group differences in effects for Korean Americans who report fluency in either culture and their intentions to seek help.

Furthermore, within the K-TPB, the perceived behavioral control scale had poor internal consistency, which led to replacing the 3-item scale with a single item that demonstrated the strongest positive correlation with intentions to seek help. The regression results involving perceived behavioral control should therefore be interpreted with caution. Future research could examine the moderating effect of bicultural self-efficacy with more specific aspects of perceived behavioral control, such as the ability to communicate with available mental health professionals on hand or

problem-solve other logistical barriers that could get in the way of seeking help.

Lastly, the sample used in this study predominantly consisted of second generation (61.1%) and first generation (27.5%) Korean Americans, however results were analyzed together. This may have contributed to the confounding of factors or associations due to the difference in characteristics between first and second generation Korean Americans. Future studies should consider collecting and analyzing the data for each generation separately, then comparing the results between groups.

Conclusion

This study addresses the gap in the literature regarding the psychological help-seeking behavior of the Korean American community, a growing yet underserved population within the U.S. The study exhibits unique characteristics so far unaddressed in previous literature: to the best of the author's knowledge, the TPB framework has not yet been applied to examine the psychological help-seeking behavior of Korean American adults. Additionally, the utilization of scales with well-established psychometric properties, a rigorous imputation of missing data, and conservative data checking and analysis procedures further increase the robustness of the findings, which suggests utility in using the TPB framework when conceptualizing the help-seeking behavior of Korean Americans. Future studies should develop more robust measurement approaches for measuring behavioral control, explore a wider range of

acculturation and enculturation levels as it pertains to moderating effects, and integrate more cross-cultural and culture-specific constructs in the TPB model when examining help-seeking behaviors among Korean Americans.

References

Abe-Kim, J., Takeuchi, D. T., Hong, S., Zane, N., Sue, S., Spencer, M. S., Appel, H., Nicdao, E., & Alegría, M. (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), 91–98. https://doi.org/10.2105/AJPH.2006.098541

Ajzen, I. (1985). From intentions to actions: A theory of planned behavior. In J. Kuhl & J. Beckman (Eds.), *Action-control: From cognition to behavior* (pp. 11-39). Heidelberg: Springer.

Ajzen, I., & Timko, C. (1986). Correspondence Between Health Attitudes and Behavior. *Basic and Applied Social Psychology* (Vol. 7, Issue 4).

Armitage, J., Norman, P., & Conner, M. (2002). Can the Theory of Planned Behaviour mediate the effects of age, gender and multidimensional health locus of control? *British Journal of Health Psychology, 7*(3), 299-316.

Baek, K., Ortiz, L., Alemi, Q., Mann, S., Kumar, A., & Montgomery, S. (2021). Factors influencing formal and informal resource utilization for mental distress among Korean Americans in Southern California.

Journal of Immigrant and Minority Health, *23*(3), 528–535. https://doi.org/10.1007/s10903-020-01050-1

Bandura, A. (1982). Self-Efficacy Mechanism in Human Agency. *American Psychologist*, *37*(2), 122–147.

Breslin, G., Shannon, S., Prentice, G., Rosato, M., & Leavey, G. (2022). Adolescent mental health help-seeking from family and doctors: applying the theory of planned behaviour to the Northern Ireland schools and wellbeing study. *Child Care in Practice*, *28*(4), 522-535.

Bernstein, K., Han, S., Park, C. G., Lee, Y. M., & Hong, O. S. (2020). Evaluation of Health Literacy and Depression Literacy Among Korean Americans. Health Education and Behavior, 47(3), 457–467. https://doi.org/10.1177/1090198120907887

Choi, Y., Kim, T. Y., Pekelnicky, D. D., Kim, K., & Kim, Y. S. (2017). Impact of youth cultural orientation on perception of family process and development among Korean Americans. *Cultural Diversity and Ethnic Minority Psychology*, *23*(2), 244–257. https://doi.org/10.1037/cdp0000093

Choi, N. Y., & Miller, M. J. (2014). AAPI college students' willingness to seek counseling: The role of culture, stigma, and attitudes. *Journal of Counseling Psychology*, *61*(3), 340–351. https://doi.org/10.1037/cou0000027

Choi, Y., Park, M., Noh, S., Park Lee, J., & Takeuchi, D. (2020). Asian American mental health: Longitudinal trend and explanatory factors

among young Filipino- and Korean-Americans. *SSM - Population Health, 10.* https://doi.org/10.1016/j.ssmph.2020.100542

Choi, Y. J., Yun Lee, H., Yoon, Y. J., & Oh, J. (2022). Correlates of mental health literacy among first-generation Korean American immigrant women. *Social Work in Mental Health*. https://doi.org/10.1080/15332985.2022.2027848

Cohen, J. (1988). Statistical Power Analysis for the Behavioral Sciences (2nd ed.). Hillsdale, NJ: Lawrence Erlbaum Associates, Publishers.

Danieli, Yael. 2007. “Assessing Trauma across Cultures from a Multigenerational Perspective.” In *Cross-Cultural Assessment of Psychological Trauma and PTSD*, edited by John P. Wilson and Catherine So-kum Tang, 65-90. New York, NY: Springer, 2007.

David, E. J. R., Okazaki, S., & Saw, A. (2009). Bicultural Self-Efficacy Among College Students: Initial Scale Development and Mental Health Correlates. *Journal of Counseling Psychology*, *56*(2), 211–226. https://doi.org/10.1037/a0015419

Drossaert, C. H., Boer, H., & Seydel, E. R. (2010). Prospective Study on the Determinants of Repeat Attendance and Attendance Patterns in Breast Cancer Screening Using the Theory of Planned Behaviour. *Psychology & Health, 18*(5), 551-565.

Faul, F., Erdfelder, E., Buchner, A. & Lang, A.-G. (2009). Statistical power analyses using G*Power 3.1: Tests for correlation and regression

analyses. *Behavior Research Methods*, *41*, 1149-1160. doi:10.3758/BRM.41.4.1149.

Francis, J. J., & University of Newcastle upon Tyne. Centre for Health Services Research. (2004). *Constructing questionnaires based on the theory of planned behaviour : a manual for health services researchers*. 76.

Fishbein, M., & Ajzen, I. (2009). *Predicting and changing behavior: The reasoned action approach*. Psychology Press.

Goldberg, D. P. (1972). The detection of psychiatric illness by questionnaire: A technique for the identification and assessment of non-psychotic psychiatric illness. Oxford U. Press.

Hagger, M. S., Chan, D. K. C., Protogerou, C., & Chatzisarantis, N. L. D. (2016). Using meta-analytic path analysis to test theoretical predictions in health behavior: An illustration based on meta-analysis of the theory of planned behavior. *Preventive Medicine*, 89, 154-161. https://doi.org/10.1016/j.ypmed.2016.05.020

Han, Y. J., & O'Brien, K. M. (2014). Critical secret disclosure in psychotherapy with Korean clients. *The Counseling Psychologist*, *42*(4), 524–551. https://doi.org/10.1177/ 0011000014524600

Han, C. S., & Oliffe, J. L. (2015). Korean-Canadian immigrants' help-seeking and self-management of suicidal behaviours. *Canadian Journal of Community Mental Health, 34*(1). https://doi.org/10.7870/cjcmh-2014-036

Hovey, J. D., Kim, S. E., & Seligman, L. D. (2006). The Influences of Cultural Values, Ethnic Identity, and Language Use on the Mental Health of Korean American College Students. The Journal of Psychology: Interdisciplinary and Applied, 140(5), 499–511. https://doi.org/10.3200/JRLP.140.5.499-511

Jang, Y., Chiriboga, D. A., & Okazaki, S. (2009). Attitudes toward mental health services: Age-group differences in Korean American adults. *Aging & Mental Health, 13*(1), 127–134. https://doi.org/10.1080/13607860802591070

Jang, Y., Chiriboga, D. A., Molinari, V., Roh, S., Park, Y., Kwon, S., & Cha, H. (2013). Telecounseling for the linguistically isolated: A pilot study with older Korean immigrants. *Gerontologist*, *54*(2), 290–296. https://doi.org/10.1093/geront/gns196

Jang, Y., Gum, A. M., & Chiriboga, D. A. (2011). Knowledge of depression among Korean American older adults. *Journal of Applied Gerontology*, *30*(5), 655–665. https://doi.org/ 10.1177/0733464810374468

Kang, S. Y., Basham, R., & Kim, Y. J. (2013). Contributing factors of depressive symptoms among elderly Korean immigrants in Texas. *Journal of Gerontological Social Work*, *56*(1), 67–82. https://doi.org/10.1080/01634372.2012.734369

Kim, B., Brenner, B. R., Liang, C. T., & Asay, P. A. (2003). A qualitative study of adaptation experiences of 1.5-generation Asian Americans.

Cultural Diversity and Ethnic Minority Psychology, 9(2), 156-170. https://doi.org/10.1037/1099-9809.9.2.156

Kim, H.J., Park, E., Storr, C. L., Tran, K., & Juon, H. S. (2015). Depression among Asian-American Adults in the Community: Systematic Review and Meta-Analysis. *PLoS ONE.* 10(6): e0127760. https://doi.org/10.1371/journal.pone.0127760

Kim, P., & Lee, D. (2014). Internalized model minority myth, Asian values, and help-seeking attitudes among Asian American students. *Cultural Diversity & Ethnic Minority Psychology, 20*(1), 98-106. doi: 10.1037/a0033351

Kim, P. Y., & Yon, K. J. (2019). Stigma, loss of face, and help-seeking attitudes among South Korean college students. *The Counseling Psychologist, 47*(3), 331-357. https://doi.org/ 10.1177/0011000019872790

Kim-Martin, K. (2021). “Beyond Immigration and the Family System: Korean American Mental Health in the Context of Historical and Cultural Trauma.” In *Understanding Korean Americans’ mental health: a guide to culturally competent practices, program developments, and policies.*

Kung, K. H. (2015). Correlates of depression in elderly Asians in the United States. *Dissertation Abstracts International: Section B: The Sciences and Engineering, 76*(6-B)(E).

Kuo, W.H. (1984). Prevalence of depression among Asian-Americans. *Journal of Nervous and Mental Disease, 172(*8), 449-57. doi: 10.1097/00005053-198408000-00002. PMID: 6747614.

Kuroki, Y. (2018). Comparison of Suicide Rates Among Asian Americans in 2000 and 2010. *Omega (United States)*, *77*(4), 404–411. https://doi.org/10.1177/0030222816678425

Kwon, S.-Y. (2001). Codependence and Interdependence: Cross-Cultural Reappraisal of Boundaries and Relationality. In *Pastoral Psychology* (Vol. 50, Issue 1).

Kwon, S. Y. (2008). Well-being and spirituality from a Korean perspective: Based on the study of culture and subjective well-being. *Pastoral Psychology*, *56*(6), 573–584. https://doi.org/10.1007/s11089-008-0134-1

LaFromboise, T., Coleman, H. L. K., & Gerton, J. (1993). Psychological impact of biculturalism: Evidence and theory. *Psychological Bulletin,* 114, 395-412.

Lee, E. E. & Farran, C. J. (2004). Depression among Korean, Korean American, and Caucasian American family caregivers. *Journal of Transcultural Nursing*, *15*(1):18-25. doi: 10.1177/1043659603260010. PMID: 14768412; PMCID: PMC3099181.

Lee, B., & Kim, Y. E. (2020). Factor structure of the 12-item General Health Questionnaire (GHQ-12) among Korean university students. *Psychiatry and Clinical Psychopharmacology, 30*(3), 248-253.

Lee, J. Y., & Shin, Y. J. (2022). Using the Theory of Planned Behavior to Predict Korean College Students' Help-Seeking Intention. *Journal of Behavioral Health Services and Research*, *49*(1), 76–90. https://doi.org/10.1007/s11414-020-09735-z

Liem, R. 2007. "Silencing Historical Trauma: The Politics and Psychology of Memory and Voice." *Peace and Conflict: Journal of Peace Psychology*, 13 (2): 153-174. https://doi.org/10.1080/10781910701271200.

Lee, S. H., Choi, J. A., & Park, J. H. (2015). Helping peers seek professional treatment for depression among young South Koreans: An application of the theory of planned behavior. *Journal of Multicultural Counseling and Development*, *43*(2), 122–136. https://doi.org/10.1002/j.2161-1912.2015.00069.x

Lee, T. (2020). The National Korean American Community: Promises, Perils and Paradoxes. *Council of Korean Americans.* https://www.flipsnack.com/councilka/2020-cka-survey-report-the-national-korean-american-community.html

Major, B., & O'brien, L. T. (2005). The social psychology of stigma. *Annu. Rev. Psychol.*, *56*, 393-421.

Orbell, S., Blair, C., Sherlock, K., & Conner, M. (2001). The Theory of Planned Behavior and ecstasy use: Roles for habit and perceived

control over taking versus obtaining substances. *Journal of Applied Social Psychology, 31*(1), 31-47.

Park, J. I., Kim, Y. J., & Cho, M. J. (2012). Factor structure of the 12-item General Health Questionnaire in the Korean general adult population. *Journal of Korean Neuropsychiatry Association, 51*, 178-184.

Park, W. (2009). Acculturative Stress and Mental Health Among Korean Adolescents in the United States. *Journal of Human Behavior in the Social Environment, 19*(5), 626-634, doi: 10.1080/10911350902910542

Ryder, A. G., Alden, L. E., & Paulhus, D. L. (2000). Is acculturation unidimensional or bidimensional? A head-to-head comparison in the prediction of personality, self-identity, and adjustment. Journal of Personality and Social Psychology, 79, 49–65.

Safa, M. D., & Umaña-Taylor, A. J. (2021). Biculturalism and adjustment among U.S. Latinos: A review of four decades of empirical findings. In *Advances in Child Development and Behavior* (Vol. 61, pp. 73–127). Academic Press Inc. https://doi.org/10.1016/bs.acdb.2021.05.002

Smith, J. P., Tran, G. Q., & Thompson, R. D. (2008). Can the theory of planned behavior help explain men's psychological help-seeking? Evidence for a mediation effect and clinical implications. *Psychology of Men & Masculinity, 9*(3), 179–192. https://doi.org/10.1037/a0012158

Son, Haein. (2021). “Culturally Competent Treatment Engagement for Korean Americans with Mental Health Issues.” In *Understanding Korean Americans’ mental health: a guide to culturally competent practices, program developments, and policies.*

Suh, E., Diener, E., Oishi, S., Triandis, H. C., Cudnik de Amato, A., Brebner, J., Fbrgas, J., Kashima, Y., Mikula, G., & Schulz, W. (1998). The Shifting Basis of Life Satisfaction Judgments Across Cultures: Emotions Versus Norms. In Journal of Personality and Social Psychology (Vol. 74, Issue 2).

Taylor, R. E., & Kuo, B. C. H. (2020). A Theory-Driven Exploration of Black Canadians’ Psychological Help-Seeking Intentions. *Canadian Journal of Counseling and Psychotherapy*, *54*(3), 464–485. Retrieved from https://cjc-rcc.ucalgary.ca/article/view/62851

U.S. Census Bureau.(2020). *U.S. Selected Population Profile in the United States*. U.S. Department of Commerce. Retrieved April 12, 2023, from https://data.census.gov/table?q=S0201&t=031&tid=ACSSPP1Y2021.S0201

Van Buuren, S., & Groothuis-Oudshoorn, K. (2011). mice: Multivariate Imputation by Chained Equations in R. Journal of Statistical Software, 45(3), 1–67. https://doi.org/10.18637/jss.v045.i03

Villarruel, A. M., Jemmott, J. B., Jemmott, L. S., & Ronis, D. L. (2004). Predictors of Sexual Intercourse and Condom Use Intentions Among

Spanish-Dominant Latino Youth: A Test of the Planned Behavior Theory. *Nursing Research. 53*(3), 172-181.

Yoon, E., Chang, C.-T., Kim, S., Clawson, A., Cleary, S. E., Hansen, M., Bruner, J. P., & Chan, T. K. (2013). A Meta-Analysis of Acculturation/Enculturation and Mental Health. *Journal of Counseling Psychology*. https://doi.org/10.1037/a0030652.supp

Yoon, E., Choi, Y., Kim, D., & Adams, P. (2021). Acculturation/enculturation and internalized model minority myth in Korean immigrant families. *Asian American Journal of Psychology*. https://doi.org/10.1037/aap0000259

Appendix

Table 1
Descriptive Statistics and Correlations for Predictor and Outcome Variables

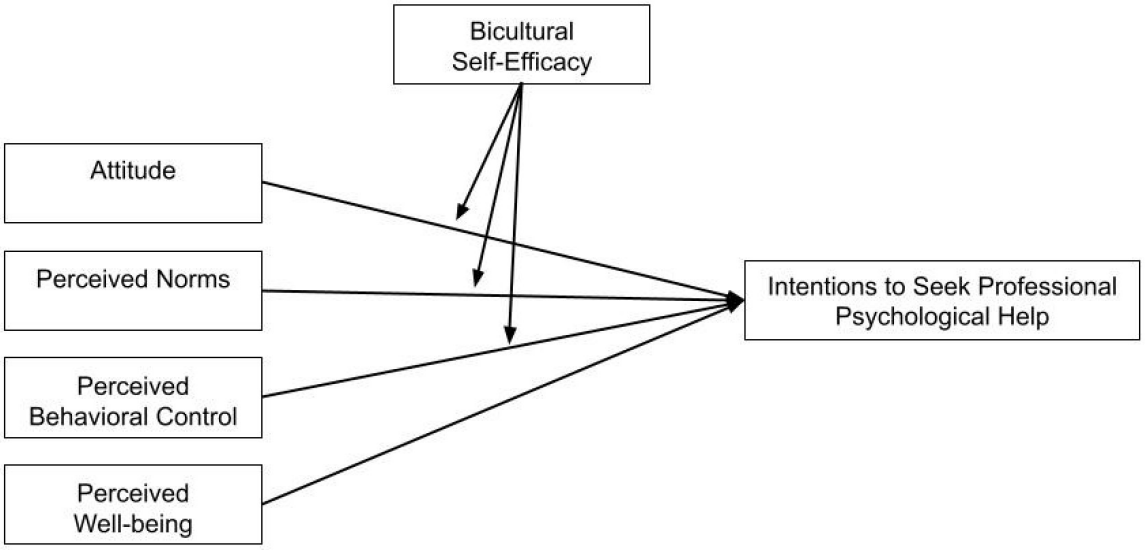
Variable	*M*	*SD*	1	2	3	4	5	6
1. GHQ-12	2.53	.50	1	.07	-.05	-.12	-.03	.05
2. K-TPB-ATT	3.37	1.49	.070	1	-.50**	-.60**	.11	-.71**
3. K-TPB-NORM	4.02	1.28	-.05	-.50**	1	.52**	.07	.53**
4. K-TPB-BC1	4.07	2.02	-.12	-.60**	.52**	1	-.09	.70**
5. BSES-I	3.73	.57	-.03	.11	.07	-.09	1	-.12
6. K-TPB-INT	3.57	1.79	.05	-.71**	.53**	.69**	-.12	1

Note. GHQ-12 = General Health Questionnaire (12 item);
K-TPB-ATT = Theory of Planned Behavior Questionnaire-Attitude Scale;
K-TPB-NORM = TPB Questionnaire-Perceived Norms Scale;
K-TPB-BC1 = TPB Questionnaire-Perceived Behavioral Control Item 1;
BSES-I = Bicultural Self-Efficacy Scale-Initial;
K-TPB-INT = TPB Questionnaire-Intentions to Seek Help.
$^{*}p < .05$. $^{**}p < .001$.

Table 2
Model Coefficients for the Moderation Model in Figure 1

Model	B	Std. Error	t	Sig.
Constant	3.57	.10	36.52	<.001
Attitude	-.53	.09	-6.28	<.001
Perceived Norms	.19	.09	2.02	.046
Behavioral Control (Item 1)	.32	.06	4.88	<.001
General Health Questionnaire	.49	.20	2.47	.015
Bicultural Self-Efficacy (BSES)	-.30	.19	-1.61	.111
Interaction between BSES and Attitude	.35	.13	2.61	.010
Interaction between BSES and Perceived Norms	-.08	.16	-.52	.603
Interaction between BSES and Perceived Behavioral Control (Item 1)	.21	.12	1.83	.069

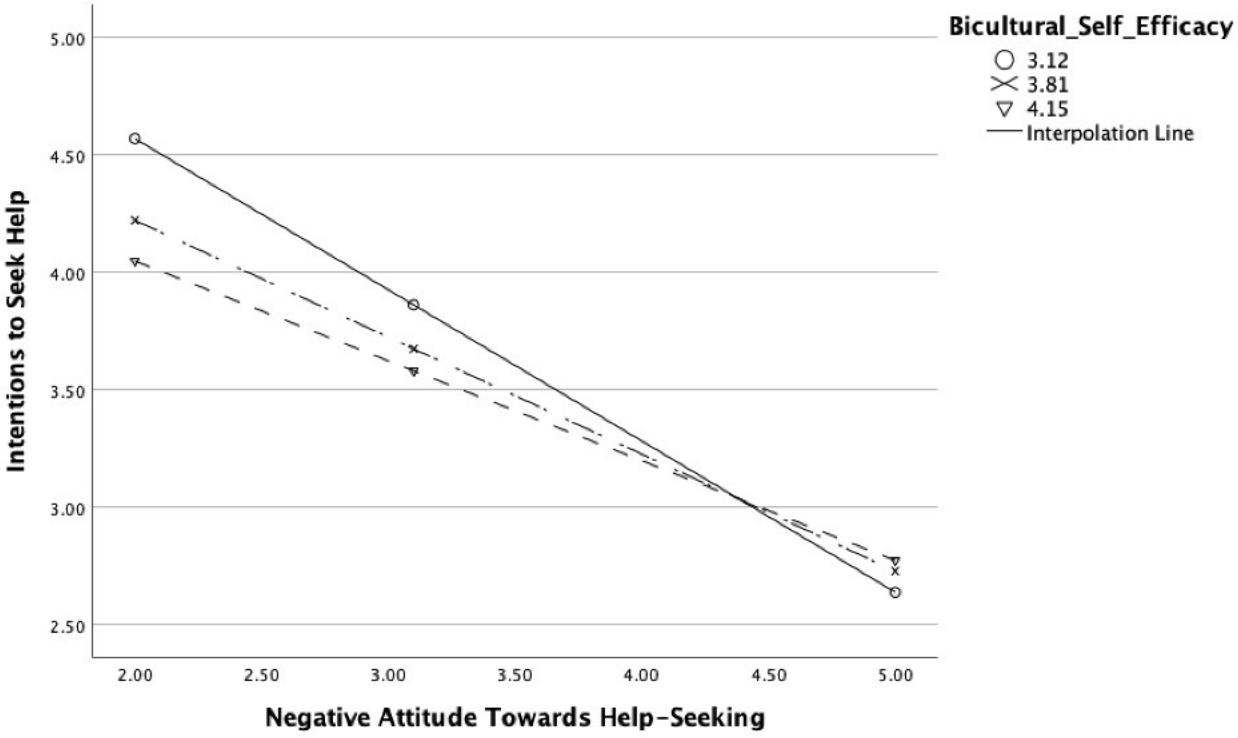
Figure 1
Conceptual Model



Note. Participants' perceived sense of well-being, as measured by the GHQ-12, was entered into the moderation model as a covariate.

Figure 2

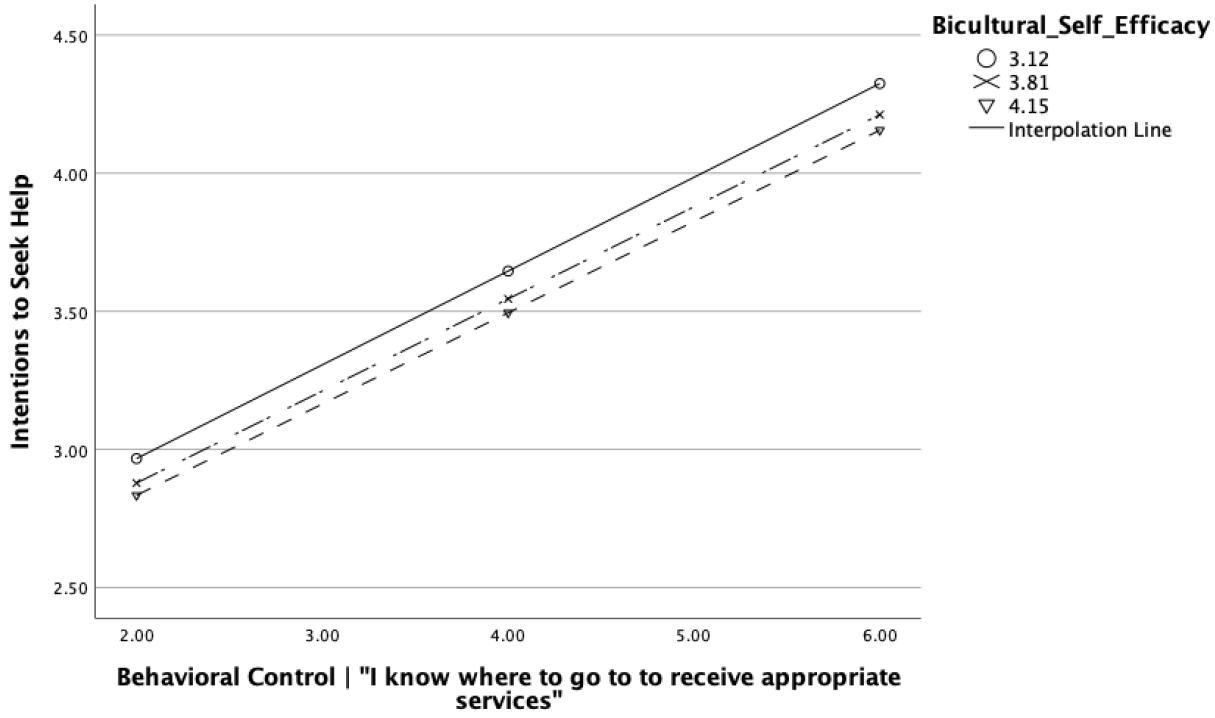
Moderation Effect of Bicultural Self-Efficacy on the Direct Effect of Negative Attitudes and Intentions to Seek Help



Note. The interaction between bicultural self-efficacy and attitude was statistically significant ($p < .05$).

Figure 3

Potential Moderation Effect of Bicultural Self-Efficacy on the Direct Effect of Behavioral Control and Intentions to Seek Help



Note. The hypothesized moderation effect of bicultural self-efficacy on the direct effect of perceived behavioral control on intentions to seek help was not statistically significant and only trended towards statistical significance ($p = 0.069$).