

**Exploring Acculturation Effects on Mental Health of Filipino Immigrants and Implications
on Treatment Planning**

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Abstract

This research explores the dynamic process of acculturation and its effects on the mental health of Filipino immigrants as well as its implications for treatment planning. As approximately 23% of Canada's population comprises immigrants, this capstone paper aims to bridge the gap in the literature by focusing on the specific acculturation experiences of Filipino immigrants in Canada. Through an extensive literature review, the paper reveals a gap in the research regarding the acculturation experiences of Filipino Canadians. Additionally, the paper delves into the cultural and historical dimensions unique to the community, highlighting how acculturation influences mental health. By addressing critical gaps in current research, particularly the limited focus on specific ethnocultural groups, this research serves as a catalyst for future studies. The findings emphasize the need for culturally sensitive approaches in mental health care for Filipino immigrants and advocate for in-depth, longitudinal studies. This research contributes to a more inclusive treatment landscape by advancing counsellors' knowledge and understanding of the Filipino community. The implications highlight the importance of culturally informed treatment planning for Filipino immigrants in Canada to promote a comprehensive and effective approach to mental health care.

Keywords: acculturation effects, Filipino Canadian immigrants, mental health, treatment planning, cultural sensitivity

Contents

Abstract	2
Exploring Acculturation Effects on Mental Health of Filipino Immigrants and Implications on Treatment Planning	5
Self-Positioning Statement.....	7
The Filipino Community.....	10
Acculturation and Mental Health.....	11
Defining Mental Health	12
Generation Status	13
The Historical Context Behind Colonial Mentality and Effects on Filipinos.....	15
The Filipino Immigrant Experience.....	17
Impact of Immigration on Filipino Immigrant Youth.....	20
Filipino Cultural Values.....	21
Family	21
Religion.....	22
Dietary Behaviours	23
Implications for Counselling Psychology.....	24
Mental Health Stigma	26
Conceptualizing Mental Health in Filipino Culture.....	26
Addressing the Barriers to Seeking Mental Health Help	29
Recommendations for Practice	31
Intake Process	32
Incorporating Cultural Factors into Treatment Planning	33
Considering Biculturalism in Treatment Planning	34
The Role of Spirituality in Treatment Planning.....	37
The Role of Family in Treatment Planning	39
Research-Informed Practice.....	41
Fundamental Next Steps for Research.....	43
In-depth Exploration of Filipino Culture	43
Longitudinal Studies	45
Research Recommendations for Counselling Practices.....	47
Self-Reflexive Statement	47
Clinical Ethical Considerations.....	49
Methodological Ethical Considerations	51

Future Takeaways	53
Conclusion	55
References.....	58
Appendix A: Methodology	68

Exploring Acculturation Effects on Mental Health of Filipino Immigrants and Implications on Treatment Planning

Canada's population currently consists of approximately 23% immigrants, and this figure is estimated to increase to 30% by 2036 (Statistics Canada, 2022). With its diverse population of individuals from various backgrounds, each with their own values and beliefs, it becomes increasingly important to recognize the immigrant experience as they adapt to a new country with distinct cultural values and norms. Berry and Hou (2021) stated that when immigrants settle into new societies, several factors such as generation status, settlement context, and acculturation strategies contribute to their well-being. Acculturation strategies are defined by assessing the individual's sense of belonging to Canada and their province of residence. Berry and Hou observed these strategies often include integration, assimilation, separation, and marginalization. The researchers defined settlement of context as assimilation, segregation, or marginalization.

The Government of Canada (1988) seeks cultural maintenance and inclusion (integration) through multiculturalism, which can be seen in the implementation of the Multiculturalism Act. Cultural maintenance aims to preserve, promote, and nurture the cultural identities that contribute to the country's multicultural society. Additionally, Canada goes beyond these mere initiatives and encompasses the active celebration and promotion of cultural diversity. While the current governmental focus is on creating space for the integration of immigrants, it is crucial to acknowledge that immigrants still encounter challenges in the acculturation process, which refers to the complex and multifaceted experience of adapting to a new culture, involving changes in behaviours, attitudes, and values (Berry, 2003). Despite the Canadian government's efforts, immigrants may encounter difficulties in navigating this complex process, such as learning a new language, understanding cultural norms, and establishing a sense of belonging within the broader

societal context. Berry defined acculturation as the process by which behaviour and culture change in various ways as a way of adapting to life in a society with two or more cultures. Berry and Hou (2021) observed that those who have lived longer in the host country, also known as first-generation, tend to place higher value on integration as their acculturation strategy. This suggests that first-generation immigrants may be more willing to stay in touch with their culture while simultaneously integrating into the dominant culture of the host country.

According to Choy et al. (2021), migration poses several challenges, one of which concerns its impact on the mental health and well-being of migrants. Most immigrants' common challenges are acculturative stress, discrimination, and socioeconomic disadvantage. To adapt, Choy et al. noted that immigrants must develop coping and acculturation strategies to mitigate these challenges. The complexity of the literature surrounding immigrant mental health and acculturation arises from the need to consider several factors. Yoon et al. (2013) emphasized that the dimensions of acculturation need further expanding. This involves defining what acculturation looks like such as behaviours, identity, knowledge, and values. Importantly, the literature surrounding ethnic groups and mental health has a common limitation in that it cannot be generalizable to all immigrants due to the different factors and dimensions of each group. For example, a significant number of studies focus primarily on Latino and Asian populations (Bulut & Gayman, 2016; Cervantes et al., 2019; Hilario et al., 2014). Furthermore, Balidemaj and Small (2019) remarked that studies around acculturation, ethnic identity, and mental health tend to focus on adolescent populations. This focus on youth in the research subsequently suggests that a gap exists in the understanding of the adult experience of acculturation, ethnic identity, and mental health.

The Philippines is one of the top three countries that contribute to Canada's largest proportion of immigrants, alongside India and China (Statistics Canada, 2022). Although there are several works of literature on the acculturation process and its effects on mental health and well-being among East and South Asian populations, a gap exists in the research regarding the acculturation experiences of the Filipino population (Karasz et al., 2019; Kwak & Berry, 2001). The following literature review will explore acculturation and mental health in the context of the Filipino immigrant experience. This includes exploring the history of colonization and its impact on Filipino mental health, cultural values inherent to Filipinos and adjustments to it post-migration. In doing so, I aim to explore the effects of acculturation, the challenges faced by Filipino immigrants, and its effects on their ethnic identity and well-being.

Self-Positioning Statement

I identify as a heterosexual female and first-generation Filipino immigrant who currently resides in Calgary, Alberta, Canada. The purpose of conducting my research within the Filipino community comes from the underrepresentation of this population in the mental health field. My personal experience with mental health was limited in knowledge until I made the conscious decision to seek counselling services. Because the Filipino culture does not consider mental health to be a serious or valid experience, it was an unfamiliar concept for me to reach out and seek mental health services. One of the barriers to mental health-seeking attitudes in Filipinos was the value of *pakikisama* and ensuring a positive image of the family (Martinez et al., 2020). Because of these values, it was hard to be comfortable with the idea of seeking mental health services, especially growing up with parents who did not discuss mental health issues openly. This meant the stigma around seeking help was also a barrier to my awareness of such services. Since Canada is more open to discussing mental health issues, my knowledge of it and its

services grew over time. Considering the already limited access to mental health services for Filipinos, it is even more challenging for Filipinos who aspire to pursue a career in this field, given their underrepresentation in the industry.

I am aware that I have a dual position and recognize being an insider and outsider of this ethnocultural group. As an insider, I have the advantage of having a shared culture, language, ethnic, and religious heritage within the community. In addition, there is an added layer of a shared experience of being an immigrant in Canada. Although I recognize my insider position, I also recognize my outsider position as there are gaps in my assumptions and beliefs when it comes to the immigrant experience and the acculturation process. One of the key things I must acknowledge is my own experience in the acculturation process. I am aware that I was more willing to integrate into my host country's culture, which may be explained by the "1.5 generation" status highlighted by Maneze et al. (2014). Patel et al. (2016) observed that children tend to acculturate to the host country's culture faster than adults. I was willing to adapt and readily incorporate the cultural values of the Western world. I also recognize that this may not be a similar case for adolescents or adults who immigrated at a much older age. My willingness to adapt to the Western culture created dissonance and incongruence in my beliefs and values and therefore it was challenging to navigate living in two cultures. Although a valid experience, this is not the only factor that contributes to the difficulties that Filipino immigrants face when adjusting to a new culture. Some individuals may choose to live by their own cultural values with no intention of integrating into the Western world. I need to be aware of this in my practice as my assumption of integrating is a choice, but for some, it may not be an option.

Acknowledging my assumptions will influence how I conduct and approach my research. One risk is that it can influence my research by finding literature that supports my position by

only including articles that fit my position, thereby reinforcing a confirmatory bias. A way to mitigate this in the research is that I have come up with a journal in which after I read an article, I write why I decided to include it in my research and why I decided to not use it. In this way, I keep track of my decision-making process in selecting articles and analyze whether some of those assumptions show up in the literature selection. Not only is the journal a good use for mitigating this bias, but I am also using it to track any internal experiences that show up for me after I engage in my research. Because I am aware of my dual position in this research, an example of how I will be using the journal is by writing what shows up for me after reading an article. This may be used when I find an article interesting or in disagreement with. The journal will allow me to engage in the internal process behind my decision-making.

Another bias that I anticipate showing up during my research is engaging in reporting bias. In my time encountering articles, I have already engaged in reporting bias by conducting searches on literature that support my argument. This means that I am selectively picking articles that speak on the negative implications of acculturation effects on immigrants. For example, a study by Yoon et al. (2013) emphasized the positive effects that the acculturation process has on immigrants, but I did not mention this paper in the first draft of my prospectus as it did not align with the argument that I am proposing. This may possibly lead to resisting contradicting evidence because I am creating a perspective based on the information that I accept (Greene, 2020). Because I am aware of this, to maintain more objectivity in my research, I will intentionally be checking and incorporating articles with alternative explanations into the paper. This will also ensure a balanced perspective of the immigrant experience. Additionally, in my literature review section, I am using a synthesis matrix chart that includes a column that critiques the literature to provide self-accountability and check for this bias.

I recognize that my research focuses on the underrepresentation of the Filipino community in the mental health field due to personal experiences with the cultural barriers to seeking mental health services. I also acknowledge my dual position as both an insider and outsider of the Filipino ethnocultural group and the potential biases to affect my research, such as confirmatory and reporting bias. To mitigate these biases, I have developed strategies such as a journal to track my decision-making process in selecting literature and my internal experiences during the research. I also intentionally seek out alternative perspectives and incorporate them into my paper to maintain objectivity and provide a balanced perspective. These practices will help me remain conscious of my biases to monitor them in my research and mitigate them accordingly.

The Filipino Community

Alegria et al. (2017) explored the term *immigrant* by stating that this term does not capture a single group. Instead, the term consists of a group with a broad range of nationalities, ethnicities, and cultures. Alegria et al. explained that each subgroup differs in its language, beliefs, religion, occupation, socioeconomic status, and social resilience. Focusing on a specific group may shed more light on specific interventions and treatment plans implemented for this specific population.

The rationale behind investigating this specific ethnic group is that Filipinos make up 11.4% of the immigrant population in Canada (Statistics Canada, 2022), but they tend to be overlooked as an “invisible minority” (Cimmarusti, 1996). This is supported by the lack of literature about Filipinos and their experience with mental health and the process of acculturation (Nadal & Nadal, 2021). This concept of an “invisible minority” is complemented by the model minority myth, which “paints Asians as being universally smart, hardworking, obedient, and self-

disciplined” (Kim & Kirpalani, 2022, p. 2). Within the model minority myth, Asians tend to be viewed as more successful from a socioeconomic perspective, which leads to Asians often being excluded from mainstream culture. Kim and Kirpalani emphasized that this exclusion may leave Asians feeling less supported in the healthcare system. Since Filipinos are categorized under the Asian population, their experience of being overlooked in the mental health field and the lack of literature around it may be explained by the model minority myth.

Acculturation and Mental Health

Acculturation, a central concept in understanding the experiences of immigrant populations, has been defined in various ways throughout the literature. One of the earliest definitions of acculturation dates to 1936 when Redfield et al. (1936) described it as “those phenomena which result when groups of individuals having different cultures come into continuous first-hand contact, with subsequent changes in the original culture patterns of either or both groups” (p. 149). This early definition of acculturation highlighted the significance of interactions between different groups. Another definition by Berry (2003) framed acculturation as the process by which behaviour and culture change in various ways as a way of adapting to life in a society with two or more cultures. This definition emphasized the strategies employed by immigrants as they adapt to their new cultural environment. On the other hand, Pittaway and Dantas (2021) viewed acculturation as the “process of learning and incorporating the values, beliefs, language, customs, and mannerisms of the new country immigrants and their families are living in, including behaviours that affect health such as dietary habits, activity levels, and substance use” (p. 4). This tangible and observable definition considers the specific elements that can be directly observed and measured.

Despite the diverse definitions of acculturation, a common theme emerges, which speaks to the idea of individuals or groups from distinct cultures coming into contact with one another. This contact often results in changes, whether they pertain to language, customs, beliefs, or behaviours, within one or both cultures involved. Acculturation is, therefore, recognized as a dynamic process driven by cultural interactions. For the purposes of this paper, a major focus is on definitions that best align with the exploration of the acculturation experiences of Filipino immigrants and their mental health. Integrating Berry's (2003) and Pittaway and Dantas's (2021) definitions enhances the understanding of how the acculturation experiences of Filipino immigrants intersect with their mental health. This approach sheds insight into the complex relationship between cultural adaptation and psychological well-being in this group. Through this approach, perhaps the nuanced layers of the acculturation journey immigrants face and the impact, as well as the challenges and strengths that come with acculturation, it has on their mental health may be explored. Perhaps this exploration may provide a clearer picture of how cultural adjustment influences the mental health outcomes of Filipino immigrants, shedding light on both difficulties and resilience in their experiences.

Defining Mental Health

Wren-Lewis and Alexandrova (2021) suggested that the concept of mental health is ambiguous and results in the proposal of the "Goldilocks" strategy which positions mental health on a spectrum between two opposing definitions. On one end of the spectrum, mental health is defined as the absence of mental illness from a medical model perspective, and on the other end, as a state of well-being from a social and personal perspective of the individual's life. Wren-Lewis and Alexandrova asserted that the true definition falls somewhere in the middle, representing a more nuanced understanding of mental health rather than a rigid black-and-white

definition. Despite this ambiguity in the conceptual understanding of mental health, it is an important consideration when understanding acculturation. The varying definitions and perceptions of mental health in different cultural contexts can significantly influence the acculturation process and the well-being of individuals experiencing this transition.

The surrounding literature on immigrants and mental health is generally associated with their well-being (Alegria et al., 2017; Berry & Hou, 2021; Kirmayer et al., 2011). Specifically, Berry and Hou (2021) stated that the well-being of immigrants includes several factors such as generation status, settlement context and acculturation strategies. Settlement context refers to where individuals have chosen to reside, while acculturation strategies are based on two intersecting issues that Berry and Hou believed most immigrants face during the acculturation process. The authors outlined these two issues as the “degree to which individuals seek to maintain their heritage cultures across generations; and the degree to which they seek to engage others in the larger society” (p. 142). As a result, Berry and Hou operationalized acculturation strategies as *integration* (wanting to maintain their heritage but also seeking to engage others in larger society), *assimilation and separation* (positive towards either issue) and *marginalization* (not wanting to maintain their heritage or engage with others in the larger society). The application of these operationalized definitions may suggest that integration as an acculturation strategy is the goal for Filipino immigrants. Berry and Hou’s study indicated a higher proportion of integration among first or second-generation immigrants, which suggested that generational status has an influence on the type of acculturation strategy an individual chooses.

Generation Status

According to Statistics Canada (2021), first-generation status is defined as “persons who were born outside Canada. For the most part, these are people who are now, or once were,

immigrants to Canada.” Second-generation immigrants are defined as “persons who were born in Canada and had at least one parent born outside Canada. For the most part, these are the children of immigrants.” Third and subsequent generations are defined as “persons who were born in Canada with both parents born in Canada.” Maneze et al. (2014) introduced the concept of “1.5” immigrants as children who were either born in the host country or emigrated to the host country at an early age.

Dela Cruz et al. (2018) explained that the children of Filipino immigrants experience both of the American (Western) and Philippine cultures and undergo the process of acculturation in two different cultures. There are several works of literature that investigate generation status as a factor in individuals’ strategies to acculturate. However, Tuazon et al.’s (2019) results indicated that the generation status variable does not predict mental health-seeking attitudes. A mental health-seeking attitude, or health-seeking behaviour, is defined as actions that restore the well-being of an individual (Maneze et al., 2016). This definition includes seeking assistance from a mental health professional or services. Tuazon et al.’s (2019) study indicated a relationship between higher levels of colonial mentality and negative mental health help-seeking attitudes, which remained significant even after considering for factors such of acculturation, social support, ethnic identity, and demographic variables like generation status. The researchers proposed that greater attention should be directed toward understanding and addressing the impact of colonial mentality or internalized oppression as potential barriers to positive help-seeking attitudes within the Filipino community. These findings highlighted the importance for counsellors and mental health professionals to explore the dynamics of colonial history on an individual’s perception of reality, as it can significantly shape their approach to seeking mental health support. Perhaps to effectively address colonial mentality, interventions should be

carefully considered, including community-based programs and mental health initiatives to empower individuals to seek assistance without cultural constraints. Culturally sensitive counselling and support programs play a crucial role in creating safe spaces for individuals to navigate the complexity of their cultural background and mental health (Centre for Substance Abuse Treatment, 2014; Marsella, 2011; Sue & Sue, 2015). Training mental health professionals to understand the impact of colonial history on individuals' perceptions and help-seeking attitudes may be considered in bridging the gap between cultural understanding and mental health support.

The Historical Context Behind Colonial Mentality and Effects on Filipinos

To understand the psychological experience of Filipinos, it is first important to understand the history of *colonial mentality* and how this impacts the mental health of the Filipino population today. In their study, David and Okazaki (2006) stated that one of the most distinct features separating Filipinos from other Asian ethnic groups is that they are the only Asian group to have direct exposure to both US and Spanish colonization. The researchers emphasized that the colonized status of Filipinos is key to understanding the mental health of Filipino Americans as they are often overlooked as “invisible minorities” compared to their other Asian subgroups (Cimmarusti, 1996). Cimmarusti noted that the “invisible minorities” label stems from the historical colonization of the United States and reflects the stereotype that Filipinos, having embraced American values, are assumed to assimilate well into Western society, making them appear more “Americanized” than other Asian minorities. The historical context of colonization, therefore, plays a pivotal role in shaping perceptions and expectations regarding the mental health experiences of Filipino immigrants in this case. Although this study was conducted in the United States, it is likely to be reflective of the experience of Filipino

Canadians as there are many similarities in the migration experience settling into Western society (Liboro, 2018) The concept of *colonial mentality* describes the experience of Filipinos post-colonialism and its ongoing effects on modern-day Filipinos (David & Okazaki, 2006). The authors also distinguish the impact of Spanish and United States colonization. Under Spanish rule, David and Okazaki reflected that Filipinos developed a sense of indebtedness, commonly known as the *Golden Legend*, which led them to believe they deserved mistreatment due to their perceived uncivilized nature. This idea was reinforced by the Catholic Church, which equated civilization with being closer to God and the church. Another result of colonization by the Spanish was that the Philippines became a practicing Catholic country (David et al., 2017) and to have this belief rooted in religion, implies an attitude of self-hate toward one's heritage. This will be further explored as one of the manifestations in modern-day Filipino behaviours that ultimately affect ethnic identity.

Under U.S. rule, free education was one of the contributions of Americans to Filipino society (David & Okazaki, 2006). Although a benefit for Filipinos, the schools also started instructing in English, and in addition, were bringing American values into the Filipino classroom. David and Okazaki argued that the perception of America was established to be the "land of opportunities," which distorted Filipinos' view of life in America. Further, the authors noted that this belief of American superiority was passed down from one generation to another through socialization, upholding the *Golden Legend* belief and the continued Westernization of the Philippines. David and Okazaki remarked that colonial mentality is manifested in several behaviours, including:

- (a) denigration of the Filipino self (i.e., feelings of inferiority, shame, embarrassment, resentment, or self-hate about being Filipino);
- (b) denigration of the Filipino culture or

body (i.e., the perception that anything Filipino is inferior to anything White, European, or American, including culture, language, physical characteristics, material products, and government); (c) discriminating against less-Americanized Filipinos (i.e., distancing oneself from characteristics related to being Filipino and becoming as American as possible); and (d) tolerating historical and contemporary oppression of Filipinos and Filipino Americans (i.e., the acceptance of oppression as an appropriate cost of civilization, believing maltreatment is well-intentioned). (p. 8)

David and Okazaki (2006) claimed that colonial mentality manifesting in such behaviours can ultimately affect the ethnic identity of the individual.

Tuazon et al., (2019) were able to study these effects in their research on how the colonial mentality affects help-seeking behaviours in Filipino Americans. Their results indicated that individuals with lower levels of acculturation or those who were less likely to integrate into the host culture, tended to exhibit lower levels of colonial mentality. This suggested that these individuals were not driven to integrate into society as they did not uphold the belief of American superiority. Consequently, Tuazon et al. observed that low levels of colonial mentality were related to low levels of assimilation and vice versa. Their study further explored how ethnic identity relates to adopting a colonial mentality and its results indicated individuals who have a high exploration of their identity tended to have low levels of colonial mentality. Meanwhile, higher levels of colonial mentality meant that Filipino Americans were not willing to explore the meaning of their heritage or explore how their heritage may be an integral part of their identity.

The Filipino Immigrant Experience

Li and Browne (2000) observed that the mental health of Asian immigrants tends to be overlooked. The authors emphasized that because Asian immigrants are viewed to be more

resilient and hardworking, the immigration process may not be perceived by their Caucasian counterparts to be as big of a stressor for Asian immigrants. This also supports the idea of the model minority myth impacting the Asian population (Kim & Kirpalani, 2022). Liboro (2018) discussed the traits of resiliency and hard work to be rooted in Filipino culture. This is especially seen in the history of economic conditions faced in the Philippines as the driving factor for Filipinos seeking employment outside of the country. This bred the term Overseas Filipino Workers (OFWs) who are known to find jobs overseas and send their hard-earned money back to their families in the Philippines. Liboro suggested that OFWs can be considered part of the Filipino diaspora, as they form communities and maintain connections with the Philippines while living and working abroad. This concept became favourable for many Filipinos and the interest in working abroad increased the desire to emigrate to a different country in hopes of a better future.

The literature supports the idea that Filipinos' integration into Canadian society is much easier than some of their newcomer counterparts because of Filipinos' higher English proficiency and speaking skills (Liboro, 2018; Maneze et al., 2016). However, this population still experiences challenges during their settlement in Canada. The acculturation process of having to adjust to the host country may result in acculturative stress (Maneze et al., 2014). Maneze et al. defined acculturative stress as an individual's internal conflict manifesting in a negative psychological and emotional state. The authors emphasized that there are several contributing factors to acculturative stress, the most significant being a lack of English language skills. Although Filipinos are well-educated to use English as a second language, Liboro (2018) observed that there are other barriers that lead to their unemployment such as getting credentials recognized and the expensive assessments that accompany it. For example, the majority of the

OFWs come from a high educational background with their own set of credentials in their own country but are met with various rules such as licensing and registration requirements that contribute to many immigrants being unemployed within the first six months or continuing to remain unemployed. In addition, this adjustment period creates negative effects on the mental health of Filipino immigrants. Maneze et al. (2014) noted that the “motivation to migrate, culture-related issues, social support systems, economic stress and perceived discrimination and racism” are several factors that contribute to the negative effects on Filipino immigrants’ mental health (p. 358). Indeed, according to Liboro (2018), one of the biggest challenges that Filipinos face is when the whole family reunites in the host country. The concept of *colonial mentality* can be observed in this experience because immigrants may perceive the host country (i.e., Canada) as the “land of opportunity” that can provide a better life and future for themselves and their families. Perhaps part of the acculturative stress is the expectation that comes with finding employment and a better life in the host country and being let down by such expectations. The immigrants then experience the realities of adjusting to a different country.

An example of this reality is that OFWs tend to be away from their families for several years (Martinez et al., 2020). Often, OFWs are parents who migrate to a host country to work. One of the challenges that comes with this is the long period of separation of these workers from their children and families (Liboro, 2018; Martinez et al., 2020). The separation period between family members often results in tension during reunions, especially for children who may feel abandoned and struggle to comprehend why their parent(s) had to be away from them (Liboro, 2018). In addition, Liboro noted that the children of Filipino immigrants come to understand that their parents work long hours and are often unable to be present at home, leading to a fresh set of

difficulties and stress for both the parents and the children. This could potentially cause even more psychological stress for Filipino immigrant youth.

Impact of Immigration on Filipino Immigrant Youth

Enculturation is the process of socializing and maintaining the norms of Asian culture within the context of the receiving country (So et al., 2023). This involves not only the transmission of cultural practices but also the ongoing maintenance of these norms, reflecting the dynamic interaction between the individual and their cultural environment in the host country. The significance of enculturation becomes particularly prominent in understanding how individuals navigate the complexities of acculturation while preserving their Asian cultural identity in a new social context. So et al. observed that there is a lack of literature on the impact of enculturation, while more attention is placed on the effects of acculturation. Enculturation plays an important role in the acculturation process for immigrant youth. For example, those who have higher levels of enculturation tend to have greater self-efficacy and collective self-esteem (Harris, 1999; Kim & Omizo, 2010). According to So et al. (2023), the Enculturation Scale for Filipino Americans (ESFA) can be used to assess the enculturation experience for Filipino Americans. The ESFA highlights three dimensions that distinguish Filipino values and beliefs from other Asian groups: 1) Connection with Homeland, 2) Interpersonal Norms, and 3) Conservatism (del Prado & Church, 2010; So et al., 2023). According to del Prado and Church (2010), the results of the ESFA indicate that first-generation immigrants scored higher on Connection with Homeland and Conservatism compared to subsequent-generation immigrants. This suggests that the ESFA scale predicted positive outcomes for first-generation immigrants. Nevertheless, for Filipino family immigrants, the “1.5 generation” migrant children can create acculturative stress that affects their development and sense of belonging (Hilario et al., 2014).

Such stressors may lead immigrant youth to adopt more Western values and engage in riskier behaviours.

Filipino Cultural Values

Given that Filipino immigrants tend to find integration easier compared to their newcomer counterparts, including East and South Asian as well as Middle Eastern groups (Liboro, 2018), it can be inferred that integration as an acculturation strategy may be a better option for them when adapting to the host country. As discussed earlier, integration involves maintaining one's culture while also seeking to engage with the dominant society. This aligns with the idea of enculturation, which highlights the importance of maintaining cultural norms and has been shown to have positive effects on the mental health of first-generation immigrants (del Prado & Church, 2010). However, it is also important to examine what behaviours or values may change during the process of acculturation. Berry and Hou (2021) noted that individuals living in a society with two or more cultures often use various acculturation strategies, including integration, assimilation, separation, and marginalization. Nonetheless, based on Liboro's (2018) findings and the definition of integration, this strategy appears to be the most commonly used and most effective for Filipino immigrants. Considering this, it is crucial to explore the cultural values and behaviours inherent to Filipino culture and how they change during the acculturation process. While challenges exist in the integration process, it is equally important to emphasize the resilience of Filipino immigrants within the context of these cultural values.

Family

The significance of family is a high core value among Filipinos, embodying a collective mindset where being family-oriented means prioritizing the collective group's well-being (Alampay & Jocson, 2011). Filipino culture predominantly holds collectivist values and

prioritizes bonds within the group rather than the individual. Alampay and Jocson highlighted that in collectivist cultures, harmony is valued within the group, a value referred to as *pakikisama*. As a result, family members tend to feel a sense of obligation to their family, and this obligation towards the family plays a significant role in Filipinos' mental health and well-being (David et al., 2017). In many ways, upholding this value may continue throughout adulthood and can be observed through behaviours such as Filipino adults living with their parents or taking in their elderly parents to care for them (Santos & Chan, 2011). David et al. (2017) emphasized one of the struggles with this value when living in a more individualistic society is that Filipino youth have difficulty creating relationships with their peers. They noted that this is because Western youth tend to strive for independence from their families, which clashes with their Filipino values. As a result, individuals who strive for integration may experience cultural conflict in intrafamilial relationships. Once more, this supports the idea proposed by del Prado and Church (2010) that immigrant youth engage in more risky behaviours. Perhaps the struggle to maintain both values from two cultures contributes to acculturative stress.

Religion

Religion is highly valued by most Filipinos as the Philippines is predominantly a Catholic country due to years of colonization (David et al., 2017). Gabriel (2019) suggested that using faith and creating communities based on faith helped ease the transition for immigrants. According to Gabriel, religion can be seen as a valuable resource for individuals undergoing the acculturation process, as it can serve as a strategy for building and strengthening external support. On the other hand, because many Filipinos grow up in the Catholic faith, this is sometimes viewed as a barrier to seeking mental health services. Gabriel stated that individuals

who have a strong belief in Catholicism heavily rely on their faith modelled by their families. As a result, individuals would rather turn to their faith than seek professional mental health services, which may explain the low help-seeking behaviours of Filipinos compared to other Asian minorities (Martinez et al., 2020). Martinez et al. observed that low levels of help-seeking behaviour can also be influenced by the value of *pakikisama* in which behaviours of individual members of a family must reflect a positive perception rather than a negative one. Since seeking mental health services is considered a sign of weakness that can ruin the reputation of the family, this would reflect a negative perception of the family that they are not solid as a collective. Martinez et al. emphasized that those who are not “fully acculturated” tend to hold these values. Interestingly, Lopez and Tram (2023) suggested that the more highly acculturated an individual is, the higher the likelihood that individual will seek mental health support. This view presents acculturation in a positive light by acknowledging the benefits that highly acculturated individuals may have in terms of help-seeking behaviours compared to those who are less acculturated. Considering an individual’s level of acculturation when providing treatment could be useful in understanding their expectations for mental health care as an immigrant.

Dietary Behaviours

In the process of acculturation, dietary acculturation is also a phenomenon that several studies have explored (Elshahat et al., 2023; Maneze et al., 2018; Vargas & Jurado, 2015). Vargas and Jurado (2015) described dietary acculturation as the introduction of new food or the adoption of novel ways of preparing traditional food by immigrants, which could potentially lead to increased health problems. Maneze et al. (2018) stated that there is a higher prevalence of chronic diseases in immigrants who have longer residency in the host country. Perhaps this suggests that first-generation immigrants may be more susceptible to experiencing dietary

acculturation than their subsequent generations. The authors emphasized that barriers such as working long hours to support the family in the host and home country are a driving force in the increase of chronic illnesses related to dietary habits. Once again, this highlighted the recurring theme of prioritizing the advantages of the collective group over the needs of individual members. Maneze et al. strengthened this idea by stating that Filipino migrants are highly likely to take advantage of using takeout and shifting to higher calories and fat in the host country due to higher work demands and family commitments.

Implications for Counselling Psychology

In today's multicultural landscape, it is crucial for counsellors to understand the unique experiences of immigrants to effectively address mental health challenges. Canada, home to nearly 20% of immigrants (Statista Research Department, 2023), is witnessing significant demographic shifts, not only in cities like Calgary but also in major urban centres like Toronto (Statistics Canada, 2022). With close to half of Toronto's population consisting of immigrants, this growth is driven by international migration, often in response to the government's efforts to address labour shortages (Statistics Canada, 2023). As these immigrant populations grow, so do the complexities of their experiences, which encompass challenges ranging from housing and employment to navigating a new cultural context. For counselling psychology, this demographic shift marks a significant responsibility and opportunity. Counsellors are faced with diverse backgrounds, values, and beliefs when working with immigrants, which require a nuanced understanding of the acculturation process. To truly serve their clients, counsellors must not only equip themselves with the knowledge of the challenges specific ethnocultural groups face but also be sensitive to interventions that can benefit specific ethnocultural groups (Canadian Psychological Association, 2017). This understanding is crucial because it empowers mental

health professionals to navigate the intricate interplay of cultural identities within the context of acculturation (Centre for Substance Abuse Treatment [US], 2014).

An in-depth exploration of the acculturation experiences of Filipino immigrants can uncover valuable insights to inform the practice of counselling psychology. These insights highlight the impact of historical colonization and deeply rooted cultural values, often creating challenges as Filipino immigrants adjust to their host country. The literature revealed that acculturation is a pivotal aspect to consider in counselling Filipino immigrants (Choy et al., 2021; Liboro, 2018; Maneze et al., 2014). While the literature provided a framework for understanding Filipino beliefs and values within a cultural context, it is equally important for counsellors to recognize how individuals self-identify and navigate the acculturation process because this influences their journey between different cultural worlds (Centre for Substance Abuse Treatment, 2014). In the pursuit of culturally sensitive counselling, the literature demonstrated how cultural values deeply ingrained in Filipinos, such as family, religion, and dietary behaviours, often present the most difficult challenges when adapting to a new cultural environment. These challenges also affect their ethnic identity, which impacts their self-esteem and overall well-being (Maneze et al., 2014; Schwartz et al., 2010). Furthermore, it is evident that these cultural values also shape help-seeking behaviours among Filipino immigrants. The acceptance of certain behaviours within their culture can sometimes obscure underlying mental health issues or discourage individuals from seeking treatment (Centre for Substance Abuse Treatment, 2014). Therefore, it is crucial for counsellors to not only understand how Filipino immigrants conceptualize mental health but also to harness this knowledge to provide effective support in the counselling setting. The following discussion explores mental health stigma and other barriers to accessing mental health services faced by Filipino immigrants, as one challenge

in the acculturation process. Thereafter, the research explores the challenges and opportunities faced in the field of counselling psychology, particularly in its interactions with the Filipino ethnocultural group. The discussion will conclude with recommendations for how the understanding of such barriers can help inform counsellors' treatment planning.

Mental Health Stigma

The mental well-being of individuals from diverse backgrounds is linked to how they perceive and approach mental health (Martinez et al., 2020), which highlights the importance of exploring mental health stigma and its perception within the Filipino community. It is crucial to explore the challenges faced by Filipino immigrants when it comes to acknowledging and seeking help for mental health concerns. It will highlight how this is influenced by the lens of cultural values, beliefs, and the powerful influence of *hiya* (shame). It is essential to understand the cultural dynamics and beliefs surrounding mental health to provide effective counselling support (Nadal & Nadal, 2021).

Conceptualizing Mental Health in Filipino Culture

In the literature review, several definitions of mental health were defined, which resulted in integrating those definitions to further explore the acculturation experience by Filipino immigrants. An essential aspect to consider is the unique conceptualization of mental health and illness within the Filipino culture. A significant contributor to mental health stigma is the perception that mental health is often regarded as separate from physical health, which creates a sense of distance between individuals and mental health concerns (Tuliao, 2014). This perception, coupled with the belief that individuals with psychological disorders are associated with spiritual beings or supernatural powers, undermines the seriousness of mental health issues, discouraging individuals from seeking professional help. Tuliao observed that this belief creates

a sense of separateness between individuals and the understanding of, or empathy for, mental health concerns. It is important to note that this stigma and its impact on mental health-seeking behaviours extend beyond the Filipino community and are not unique to Filipinos alone. However, Tuliao also brought attention to a deeply ingrained cultural value called *hiya*, roughly translated as shame, which serves as a significant barrier to accessing mental health services exclusively for Filipinos. This concept has been studied using various terms, including *losing face* or *saving face*. *Losing face* is a cultural norm identified by Martinez et al. (2020), which discourages open discussions about mental health. Instead, it favours informal support systems like family and community members over seeking professional help. Tuliao (2014) emphasized that *hiya* drives individuals to conform to social norms and maintain the status quo, avoiding any negative impressions on themselves and their families. Consequently, *hiya* contributes to both social and self-stigma, acting as challenging barriers that prevent Filipinos from seeking essential mental health help (Martinez et al., 2020). The process of acculturation, involving the integration of different cultural values, can influence the perceptions of mental health within a community (Tuliao, 2014). While Western society is open to addressing these issues, it is not a common practice in Filipino culture. This cultural difference, experienced during acculturation, may lead to underestimating the severity of one's mental health concerns. The clash between traditional Filipino beliefs and Western perspectives can discourage individuals from seeking support, even in host countries where discussing mental health is more common. Acculturative stress, an individual's internal conflict manifesting in a negative psychological and emotional state, may be a contributing factor to the clash between traditional Filipino beliefs and Western beliefs (Hilario et al., 2014; Maneze et al, 2014). In this context, this stress may lead to underestimating the

severity of mental health concerns, discouraging individuals from seeking necessary professional support, even in host countries where discussing mental health is more accepted.

Social stigma among Filipinos is defined as the “fear of negative perception of the Filipino community, ruining the family reputation, or fear of social exclusion, discrimination and disapproval” (Martinez et al., 2020, p. 1408). This fear is further influenced by the collectivist nature of Filipino culture, which places a high importance on the family unit. Expressing negative perceptions of one’s family is strongly discouraged, further suppressing open conversations about mental health, and consequently, limiting help-seeking behaviours. Martinez et al. noted that self-stigma is an additional aspect that is characterized by an individual’s worry about losing one’s reputation, feelings of shame, self-criticism, the belief that they are a source of disgrace, fear of negative judgment, and the idea that having a mental illness reflects personal weakness or a failure of character. Notably, the authors emphasized that these stigmatizing beliefs are more prevalent among overseas Filipinos, those residing outside of the Philippines, and those who have not fully embraced the stigma-tolerant culture of their host countries, contributing to their reluctance to seek mental health support. Overseas Filipinos and those who have not fully integrated into their host countries may find themselves grappling with the clash of cultural values, particularly on the topic of mental health and seeking help. This experience suggests that many overseas Filipinos may still hold on to cultural norms and attitudes that are less accepting of mental health issues, which, in turn, affects their willingness to seek help in their host country. Similarly, individuals who have not fully embraced the stigma-tolerant culture of their host countries might still be influenced by the cultural attitudes they grew up with, further discouraging them from accessing mental health services.

While the literature predominantly focuses on Filipino Americans, limiting the research specific to Filipino Canadians, it is worth noting that Filipino Americans utilize mental health services the least among Asian American groups, which highlights the universal challenges related to mental health stigma among Filipinos, regardless of their host country (Abe-Kim et al., 2007). Understanding these cultural values and their impact on mental health-seeking behaviours is crucial for counselling psychologists. It enables them to develop culturally sensitive approaches, effectively supporting individuals from the Filipino immigrant community. These cultural factors will be further explored, along with recommendations for practice in subsequent sections.

Addressing the Barriers to Seeking Mental Health Help

In addition to understanding the cultural factors contributing to mental health stigma, it is essential to recognize and address the broader barriers that affect various Asian communities, including Filipinos. Among these barriers, the model minority myth stands out as a significant obstacle to seeking mental health services (Kim & Kirpalani, 2022; Yeh, 2001). The model minority myth perpetuates the stereotype that Asians excel academically and emotionally, implying that they do not require mental health support (Kim & Kirpalani, 2022). Unfortunately, this misconception often leads to the neglect of the mental health needs of the Asian population, as they are wrongly assumed to be free from difficulties (Kim & Kirpalani, 2022; Shih & Chen, 2019). Such stereotypes of Asians, including Filipinos, lead to their marginalization in both mental health literature and policy considerations. This stereotype is particularly detrimental as it oversimplifies the diverse experiences and challenges faced by Asian Americans and by extension, Filipino Americans. The model minority myth obscures the mental health struggles within these communities, making them less visible in the healthcare system. As a result,

healthcare professionals may lack the necessary knowledge to address the unique challenges faced by these populations (Kim & Kirpalani, 2022).

There are additional barriers that hinder Filipinos' access to mental health services, including cultural factors such as *losing face*, a cultural norm that discourages open discussions about mental health, emotional restraint and maintaining family hierarchy (Lopez & Tram, 2023). Lopez and Tram's study also highlighted that higher acculturation levels were associated with a greater likelihood of seeking mental health services. One reason for this finding is that counselling and mental health align more closely with Western views and values, which Filipinos are more open to during the acculturation process. This openness shown by Filipinos is reflective of the core value of *pakikisama*—the desire to be treated equally. Additionally, an individual's acculturation level is influenced by their sense of belonging to the host country, indicating that creating a mental health culture that is accepting and inclusive is necessary for Filipino immigrants.

As mentioned earlier, Filipinos are often considered “invisible minorities” (Cimarrusti, 1996), which underscores the reason for the scarcity of research on their mental health experiences and acculturation processes. The lack of representation in mental health literature further highlights the difficulties faced by this community in accessing appropriate services and care (Kim & Kirpalani, 2022). To effectively address these barriers, mental health professionals must break down the model minority myth by recognizing the complexities of mental health experiences within Asian communities, including Filipinos. Recognizing cultural factors and challenges linked to mental health stigma appears to be an essential consideration in developing inclusive and effective counselling for ethnocultural groups. Therefore, it is essential to explore

practical recommendations to enhance the quality of care for counsellors in their work with Filipino immigrants.

Recommendations for Practice

After exploring the implications for counselling psychology, and examining the barriers that affect Filipino immigrants, it is evident that culturally sensitive and informed approaches are essential in the mental health field. Recognizing the significance of understanding the immigrant experience, the cultural nuances, and the impact of mental health stigma and barriers provides practical recommendations for counsellors and mental health professionals. These recommendations aim to empower practitioners with the knowledge and strategies necessary to effectively support individuals from diverse cultural backgrounds, particularly those who may face unique challenges due to their immigration status and cultural heritage. By bridging the gap between research and practice, the hope is to promote mental health equity and ensure that every individual, regardless of their background, receives the quality care they deserve.

Incorporating insights from the literature, a recurring theme emphasizes the utilization of cultural competence frameworks (Marsella, 2011). Cultural competence frameworks, exemplified by Sue and Sue's (2015) Multicultural Counselling Approach, guide counsellors in acquiring awareness of cultural differences that may arise in the therapeutic process and relationship. Such frameworks enable counsellors to provide culturally responsive resources and services to their clients. Marsella (2011), however, suggested moving beyond cultural competence to develop cultural partnerships instead. This entails utilizing the clients' communities and redefining power dynamics between service providers and individuals/clients. By combining these perspectives, blending cultural competence with the development of cultural

partnerships offers a comprehensive set of considerations for counselling practices in various settings.

Intake Process

For many clients, the initial counselling session can be an unfamiliar and somewhat daunting experience, encompassing both the counselling process and evaluation (Centre for Substance Abuse Treatment, 2014). The Centre for Substance Abuse Treatment highlighted that clients, especially during the first session, found the evaluation and treatment planning aspects intrusive or potentially overloaded with shame if too much personal information was asked. In addition, the Centre noted that clients may perceive the counsellor as the “expert,” which can discourage their active participation in the therapeutic process. Consequently, it is vital that the collaborative relationship between the client and counsellor begins during this initial encounter. The first meeting serves as the client’s introduction to the treatment system, making it the focus for them to leave feeling hopeful and understood. Building rapport before delving into a series of probing questions is a crucial aspect of the process (Paniagua, 2014). An effective approach involves drawing attention to the presenting problem without overwhelming the client with the need for extensive personal disclosure.

Weiss (2007) offered a comprehensive six-step strategy to enhance cross-cultural communication in therapeutic interactions. These six steps are believed to be beneficial for several reasons. First, slowing down enables both the clinician and the client to process information effectively and to foster a client-centred approach. Second, using plain, non-clinical language ensures that clients can comprehend the information without feeling overwhelmed by technical terminology. Additionally, the use of visual aids, such as showing or drawing pictures, can bridge language barriers and make complex concepts more accessible. Limiting the amount

of information provided at one time, as Weiss suggested in the fourth step, helps clients avoid feeling overwhelmed and improves their retention of key points. It also helps to recall information when it is given in small pieces. The fifth step encourages the clinician to ask the client in a non-threatening manner to explain or show their understanding, fostering two-way communication and confirming the client's understanding of the information conveyed to them. Lastly, Weiss described the sixth step as creating a shame-free environment that encourages questions and active participation from both the client and clinician. Creating a supportive atmosphere not only reduces stigma but also enhances overall communication quality.

In addition to these communication strategies, a multicultural intake checklist has been developed to ensure counsellors address key aspects during the intake process (Centre for Substance Abuse Treatment, 2014). This checklist encompasses various dimensions, including immigration history, language preferences, and collectivist versus individualistic orientations, among others. By systemically exploring such aspects, counsellors can gain valuable insights into how clients perceive and articulate their presenting concerns, allowing for a more culturally informed and effective therapeutic approach.

Incorporating Cultural Factors into Treatment Planning

To develop effective treatment plans that resonate with clients from diverse cultural backgrounds, it is essential to establish a client-counsellor feedback loop (Centre for Substance Abuse Treatment, 2014). This dynamic interaction helps ensure the cultural relevance of proposed plans, creating an environment where clients can actively engage in the therapeutic process. Howard (2003) further highlighted the importance of holistic treatment approaches that extend beyond the traditional clinical models. Culturally responsive services, as Howard suggested, encompass not only the improvement of clients' physical well-being but also their

spiritual health. Contemporary approaches have recognized the significance of utilizing clients' strengths, cultural heritage, identity, and resiliency, and developing culturally responsive treatment plans based on active listening and in-depth understanding of the client's values, beliefs, and expectations (Centre for Substance Abuse Treatment, 2014). Additionally, these plans should account for the clients' health beliefs and preferences, recognizing that some individuals may seek assistance from alternative sources such as clergy, elders, or social support networks.

When working with Filipino immigrants, it is crucial to understand individuals' beliefs while refraining from making assumptions solely based on their cultural background. Instead, considering how culture interplays with their presenting issues should be at the forefront for counsellors. As previously discussed, family and religion hold significant importance within Filipino culture. Therefore, cultural values surrounding these aspects should be thoughtfully integrated into treatment planning. Several recommended strategies guide clinicians in integrating cultural considerations into their treatment planning, highlighting their potential impact on the mental health and well-being of Filipino immigrants.

Considering Biculturalism in Treatment Planning

Navigating the mental health landscape for immigrant populations, especially considering the acculturation challenges they face, requires a comprehensive approach that incorporates cultural considerations. A recurring challenge faced by immigrants is having limited access to mental health services, even when faced with various stressors (Liem et al., 2020; Robertson & Gilkinson, 2012). Acculturation, as a key factor, plays a significant role in this scenario. Schwartz et al. (2010) identified four distinct patterns of acculturation challenges experienced by different migrant groups across various generational stages. Firstly, individuals migrating as

young children tend to exhibit a higher likelihood of adopting the practices, values, and identifications of the host country, in contrast to those who migrate at older ages. Secondly, individuals who migrate as adults often face greater difficulty in adopting the practices, values, and identifications of the host country. The third pattern emerges among second-generation immigrants, in which acculturation becomes a significant concern, with a focus on ethnic identity. Lastly, the fourth pattern pertains to later-generation immigrants residing in ethnic enclaves, which are geographic areas characterized by a high concentration of individuals from the same ethnic group. Schwartz et al. observed that in enclaves, the presence of a large community comprised of one's heritage encourages new immigrants and younger generations to maintain their heritage language, values, and identity. The various generational groups mentioned often exhibit an increased susceptibility to mental health issues, which suggests that the impact of acculturation, extends beyond mental health, affecting various aspects of physical health such as self-esteem, distress, alcohol and drug use, and chronic diseases (Maneze et al., 2014; Schwartz et al., 2010).

While Berry's concept of "acculturation strategy" was initially designed as a universal approach to cope with acculturation (Berry & Hou, 2021), Schwartz et al. (2010) recognized its limitations. The authors advocated for a more inclusive approach that considers six components of acculturation, which include the practices, values, and identifications from both the *heritage* culture and the *receiving* culture (host country). The *heritage* culture represents the values, practices, and beliefs of the migrants, while the *receiving* culture refers to the cultural beliefs, values, and practices of the host country. This comprehensive view acknowledges the dynamic and complex nature of acculturation, emphasizing that it is not a linear process governed by a single strategy. Instead, according to Schwartz et al., it involves negotiations between the two

cultural elements. This negotiation leads individuals to selectively adopt aspects from each culture, modifying their behaviours, beliefs, and values accordingly. Therefore, acculturation is not a one-time event but a continuous, evolving experience as individuals navigate between their *heritage* culture and the *receiving* culture.

Building upon this dynamic understanding of acculturation, Schwartz et al. (2010) introduced the concept of biculturalism as a potential resolution to acculturative stress. *Biculturalism* encourages individuals to embrace both their *heritage* and *receiving* cultural streams, empowering them to make informed choices about which values to embrace or release. According to Schwartz et al., research indicates that individuals who adopt biculturalism tend to exhibit better adjustment, including higher self-esteem, lower depression rates, and increased engagement in prosocial behaviours. Given the common challenge faced by immigrants in maintaining their ethnic identity while adapting to new cultural norms (Balidemaj & Small, 2019), introducing the concept of biculturalism may offer an opportunity to facilitate their dual cultural navigation, promoting improved mental well-being. The complex relationship between ethnic identity and acculturation strategies, particularly the *Bicultural Identity Integration (BII)* framework, provides further insights (Benet-Martinez et al., 2002). Individuals with lower BII may experience internal conflict when compelled to choose one culture over the other, while those with higher BII tend to integrate more effectively.

In the context of Filipino immigrants and their cultural values, the struggle with ethnic identity during acculturation significantly influences their mental health and help-seeking behaviours (Balidemaj & Small, 2019). Colonial mentality, the long-lasting impact of the Philippines' colonial history on modern-day Filipinos, is a well-documented factor shown to influence their ethnic identity (David & Okazaki, 2006). Those with lower levels of colonial

mentality tend to explore and maintain their heritage, whereas those with higher levels are more likely to integrate (Tuazon et al., 2019). For those with a higher colonial mentality, the exploration of their heritage's significance to their identity may be challenging, potentially leading to lower BII scores and increased internal conflicts. Thus, introducing the concept of biculturalism to individuals facing such challenges may offer a way to integrate their dual cultural identities more effectively.

As there is a deeper understanding of the intricate relationship between biculturalism, ethnic identity, and acculturation, this section will explore how the concept of biculturalism can be harnessed as a valuable tool in mental health interventions. By recognizing the importance of bicultural identity integration, mental health practitioners can assist individuals, including Filipino immigrants, in navigating the complexities of maintaining their cultural heritage while adapting to their host country's cultural norms, ultimately contributing to improved mental well-being.

The Role of Spirituality in Treatment Planning

In understanding the acculturation process and mental health-seeking behaviours among Filipino immigrants, it is crucial to consider the cultural values of this specific ethnocultural group and develop culturally sensitive interventions. Filipinos place a high value on religion and spirituality, making it potentially beneficial to integrate these aspects into mental health interventions when working with this community. A study by Lopez and Tram (2023) explored the use of Indigenous Filipino Spirituality (IFS) as a means to promote mental health-seeking behaviours and the application of mental health services within the Filipino community. IFS encompasses the practices and beliefs of Filipinos prior to their colonization and includes the use of medicinal plants and spiritual figures such as shamans. Despite the Philippines being

predominantly Christian, Indigenous Filipino tribes with strong spiritual beliefs still exist today. Lopez and Tram's study highlighted a lack of literature on the use of spirituality in collaboration with professional mental health help-seeking among Filipinos. However, spirituality remains an essential factor and value that influences the ethnic and cultural identity of Filipinos.

Addressing Barriers Related to Spirituality. There are several suggestions for addressing the barriers mentioned earlier, and one of these includes increasing the representation of Filipino mental health professionals (Domingo et al., 2018). According to Domingo et al., this representation can play a key role in providing culturally and linguistically appropriate services to foster a sense of belonging and community. Additionally, since Calgary is home to 33.3% of the immigrant population with almost 3% of the population being Filipino immigrants (City of Calgary, 2021), it may be helpful to establish a community within the city that focuses on promoting mental health and well-being among Filipino immigrants. This source of social support can provide a space where individuals can openly explore and embrace their ethnic and cultural identities, perhaps including Indigenous Filipino Spirituality (IFS) in mental health interventions. By fostering a sense of belonging and representation through culturally sensitive services, this community can play a crucial role in facilitating mental health-seeking behaviours and improving the overall well-being of Filipino immigrants in Calgary (Domingo et al., 2018; Lopez & Tram, 2023). Since Lopez and Tram (2023) emphasized that individuals who value the integration of IFS into mental health treatment are more likely to seek professional services, it suggests that IFS beliefs and practices are not limited to specific Indigenous Filipino tribes but are passed down across various Filipino ethnic groups, including those who have migrated. Mental health professionals should inquire about clients' Indigenous tribal affiliations, which recognizes that some individuals may not be aware of their tribal status due to colonization's

impact or the process of acculturation. Demonstrating cultural sensitivity and humility by asking about the individual's background can lead to integrating IFS into treatment, suggesting a more culturally competent approach.

Domingo et al. (2018) also highlighted the helpfulness of prayer and seeking support from other community professionals, such as pastors, in coping with challenges. Integrating these rituals and practices and engaging other community "natural helpers" can be beneficial for Filipino individuals who view their spirituality and/or religion as vital tools in their healing process. This broader perspective acknowledges that many individuals seek help from sources beyond primary care medicine or traditional mental health professionals, including religious healers and traditional medicine practitioners (Kirmayer et al., 1996). Incorporating spirituality, particularly IFS, into mental health interventions can be an essential and culturally sensitive strategy for supporting the mental well-being of Filipino immigrants. By embracing and respecting the spiritual values and practices of this ethnocultural group, mental health professionals can create more effective and accessible mental health services for Filipino individuals during their acculturation journey.

The Role of Family in Treatment Planning

Family holds a significant cultural value among Filipinos, and harnessing this value can be a valuable strategy in developing interventions for this community during their acculturation process. Acknowledging cultural values and using them as strengths or adapting them as interventions can help individuals navigate their journey of acculturation more effectively. Filipino *familism*, a deeply rooted value of the culture, places a strong emphasis on family cohesion and interdependence (Choi et al., 2018). It is generally considered a protective factor for psychiatric disorders among immigrants, given the collectivistic worldview of immigrant

groups, where family connectedness and obligations are highly valued (Alegria et al., 2017). However, this value of familism can also be a double-edged sword according to Alegria et al., since higher levels of family connection and obligations may lead to additional stresses, such as caregiving responsibilities, exposure to family struggles, and aligning individual goals with family expectations. Mental health professionals need to understand the unique challenges faced by Filipino immigrants, including the pressures of providing for the family or coping with the impact of separation from extended family members. By developing culturally appropriate interventions and support systems, professionals can acknowledge and address these specific concerns effectively.

Kuo (2004) suggested counselling strategies for collectivist groups, where hierarchical and paternalistic social structures are prominent. Taking an expert or authority role as a counsellor, offering advice and suggestions, and engaging clients in problem-solving can be beneficial for traditional Asian clients who prefer a clear directive and structure. Additionally, Kuo advocated that using a team strategy in counselling clients from a collectivist background can be helpful, because it involves the counsellor taking a proactive role in coordinating or referring the client to relevant resources, such as physicians, student peer programs, ethnocultural organizations, and academic advisors. This approach aligns with Asian beliefs in group interdependence and maximizes the client's chances of finding solutions to their problems. Considering family as a resource is strongly recommended when working with individuals from a collectivist culture, and Kuo observed that counsellors should assess the client's individual identity in relation to their immediate and extended families to gain insight into any perceived conflicts or alliances on the client's part. Understanding the role of family and in-group dynamics in the client's life can help conceptualize their presenting problems within their family and social context.

Using family as part of the client's treatment plan and acknowledging the cultural value of familism can be an effective approach to supporting the mental health and well-being of Filipino immigrants. By recognizing the significance of family in the lives of these individuals and incorporating family-focused strategies in counselling, mental health professionals can create culturally sensitive and relevant interventions that empower Filipino immigrants to navigate the challenges of acculturation while preserving their cultural identity and strengthening family bonds.

Research-Informed Practice

As mentioned previously with combining both perspectives of cultural competence frameworks and developing cultural partnerships and in combination with Nadal and Nadal's work (2021), perhaps this knowledge can inform counsellors and their interventions and treatment planning. Nadal and Nadal offered a summary of how both of the concepts mentioned can be applied to the Filipino American community. I suggest that this can also be applied to work with Filipino Canadians. Nadal and Nadal's suggestions included ways in which counsellors and clinicians can increase their multicultural knowledge, awareness, and skills and how this can inform professionals when working with Filipino clients. The authors presented multicultural knowledge as an aspect counsellors should know when working with Filipino-American clients. This included being aware of personal space, Filipinos' reluctance to engage with authority figures, and understanding that family plays a significant role in Filipinos' decision-making process. Understanding such cultural nuances is vital for counsellors as it enables them to provide more effective and culturally sensitive support.

Multicultural awareness is an additional suggestion for counsellors and clinicians to engage in self-awareness, as their own attitudes, beliefs, assumptions, and biases can

significantly impact their interactions with clients from diverse backgrounds (Nadal & Nadal, 2021). Nadal and Nadal observed that it is essential for counsellors to acknowledge their membership in privileged or dominant groups as this can impact the relationship they have with individuals from marginalized or oppressed groups. Specifically, this can impact the therapeutic alliance and rapport with the client, so it is essential that the counsellor takes their time in acknowledging this and being transparent about it in the counselling room. The authors also suggested a consideration of racial dynamics, since this affects the counsellor's relationship with the client. Similarly, counsellors should also be aware of their own identification with clients' racial identity and how these reactions may impact their therapeutic relationships.

Lastly, Nadal and Nadal (2021) emphasized several skills and techniques for counsellors that may garner more willingness from Filipino clients. These included using warmth, a nonjudgmental approach, group counselling, peer counselling, community involvement, art therapy, and holistic health approaches. It should be noted that group counselling, peer counselling, and community involvement align with Marsella's (2011) proposal for developing cultural partnerships. This approach includes utilizing a client's community and redefining the power dynamics between the client and service providers, ultimately recognizing these strategies as sources of strength for the client. Because Filipinos are collectivist in nature, using a range of social supports from those of the same ethnic background can provide normalization of experiences and offer positive mental health role models (Nadal & Nadal, 2021). In addition, counsellors being involved in Filipino community organizations may help to build their rapport with clients and expose themselves to the community (Javier et al., 2018).

Fundamental Next Steps for Research

In light of the considerations highlighted in this paper, it is evident that further research in this area is essential to continue advancing the understanding of mental health care for Filipino immigrants and, by extension, other immigrant communities. The culmination of implications for counselling psychology, insights into mental health stigma and barriers, and practical recommendations for treatment planning and interventions, provide a foundation for future research directions. The suggested research directions will touch on an in-depth exploration of Filipino culture, investigating other underrepresented communities, longitudinal studies for Filipino Canadians, and the efficacy of interventions. Additionally, the research recommendations emphasize the development of culturally responsive interventions and the exploration of community support and access to mental health services (Centre for Substance Abuse Treatment, 2014). Since Filipino immigrants make up a substantial proportion of the growing immigrant population in Canada (Statistics Canada, 2023), understanding their unique challenges and cultural values is essential to providing effective and culturally competent care. Therefore, further exploration of future steps in research should be considered and its contribution to the field of counselling psychology regarding Filipino immigrants.

In-depth Exploration of Filipino Culture

In Nadal and Nadal's (2021) handbook on *Filipino American Psychology*, they highlighted a well-known concern—the lack of comprehensive research on the mental health experiences of Filipino Americans. The authors attributed this issue to several reasons such as the majority of existing studies conducted on either Filipino immigrants or individuals residing in the Philippines. Furthermore, research conducted within the United States often generalizes the diverse experiences of Filipino Americans, assuming their experiences mirror those of

Filipinos living in the Philippines. As a result, a gap exists in the understanding of the unique mental health needs and experiences specific to Filipino Americans. To address this knowledge gap effectively, future research directions must prioritize conducting in-depth explorations of Filipino culture. Nadal and Nadal suggested that this entails further exploring the cultural beliefs, values, and practices that strongly influence overseas Filipinos' perceptions of mental health and their help-seeking behaviours. While the aforementioned literature review has touched upon three fundamental values shaped by acculturation, Nadal and Nadal's work (2021) stressed the significance of considering four core values that are foundational to Filipino identity, family, and society: *kapwa* (fellow being), *utang ng loob* (debt of reciprocity), *hiya* (shame), and *pakikisama* (social acceptance). These core values play a pivotal role in shaping overseas Filipinos' perspectives on mental health, and future research should recognize the dynamic interaction between these core values, an individual's adaptation within the context of the host country's values, and its influence on either intensifying or mitigating acculturative stress, particularly among Filipino immigrants. Additionally, Nadal and Nadal suggested that an exploration of generational differences within the Filipino immigrant community will provide a more comprehensive understanding of how stressors are perceived and managed across different generations. By exploring Filipino culture in-depth, researchers can contribute substantially to addressing these critical knowledge gaps. Not only will this inform counsellors about the intricacies of Filipino Americans' mental health experiences, but it will also empower counsellors and healthcare professionals to create culturally sensitive and tailored conceptualizations and treatment plans for their Filipino American clients.

The insights gained from this recommended future research can also serve as a valuable foundation for conducting studies among Filipino Canadians. Given the limited research

available on Filipino Canadians and their acculturation and immigration experiences, there is a pressing need for more comprehensive and in-depth studies in this area. While the literature review has provided valuable insights into the general dynamics of acculturation and cultural values among Filipinos, it is essential to recognize that the experience of Filipino Canadians may vary significantly from those of Filipinos residing in the Philippines, United States, or other countries. Filipino Canadians represent a unique demographic with their own set of challenges and opportunities related to acculturation, immigration, and mental health. Future research efforts should, therefore, be directed toward longitudinal studies specifically focusing on the experiences of Filipino Canadians. These studies could explore the ways in which acculturation, generation status, and cultural values interact within the Canadian context and how they influence mental health perceptions and help-seeking behaviours in this community. Such research will not only contribute to a more nuanced understanding of Filipino Canadians' experiences but also offer valuable insights for counsellors and healthcare professionals working with this population.

Longitudinal Studies

A recommendation for future research would be to conduct longitudinal studies, as this may be important in understanding the dynamic relationship between the acculturation process and the mental health outcomes of Filipino Canadian immigrants. These studies can provide valuable insight into how the process of cultural adaptation influences the well-being of immigrants. One potential area of focus in these longitudinal studies is identifying specific acculturation strategies or patterns associated with better mental health among Filipino immigrants. As mentioned, acculturation is a multifaceted process involving various strategies, such as integration, assimilation, separation, and marginalization (Berry & Hou, 2021). For

example, if longitudinal research explored individuals who adopt an “integration” approach and found that they exhibit better mental well-being, this information could be applied to counselling. Counsellors may use this information to emphasize the importance of bicultural identity development in their therapeutic work with Filipino immigrants, as one approach. Additionally, examining changes in acculturation levels over time and their impact on mental well-being can provide valuable insights into the challenges immigrants face during their acculturation journey. For example, Lopez and Tram (2023) found a significant increase in acculturation stress is associated with a higher likelihood of individuals experiencing mental health challenges. Counsellors equipped with this knowledge may choose to develop targeted interventions to support individuals during critical periods of adjustment or when facing significant cultural conflicts.

Lastly, longitudinal studies can also highlight factors that mediate the relationship between acculturation and mental health outcomes. For instance, social support from within the ethnic community or the availability of culturally relevant resources may buffer the negative effects of acculturative stress on mental health (Domingo et al., 2018). Identifying such protective factors can guide the development of community-based interventions and support systems for Filipino immigrants. Furthermore, longitudinal research allows for the examination of how mental health outcomes may change over time and across different life stages. This longitudinal perspective can provide a nuanced understanding of the long-term impact of acculturation on mental health, such as its potential cumulative effects or the process behind an individual’s resilience-building.

Research Recommendations for Counselling Practices

Recognizing the pressing need for more research on Filipino Canadians and their unique acculturation experiences, this exploration of research gaps highlights the importance of informed and culturally sensitive counselling practices. By addressing these gaps in knowledge, mental health professionals and counsellors can better serve individuals from underrepresented communities and foster more inclusive, effective, and empathetic approaches to mental health care. Future research should extend the insights gained from studying Filipino Canadians to inform counselling practices for specific underrepresented communities. While research on Filipino Canadians remains limited, it serves as a valuable template for understanding the mental health needs of diverse immigrant populations. This approach can be applied to other underrepresented communities, allowing counsellors and clinicians to tailor their approaches based on cultural values, communication styles, and community dynamics. By conducting further research on various cultural groups, especially those with limited representation in the existing literature, mental health professionals can develop a comprehensive understanding of the unique challenges and strengths of each community. This knowledge will enable them to offer more effective and culturally sensitive support, ultimately promoting mental health equity and well-being among individuals from diverse backgrounds. While there is limited knowledge on how to engage underrepresented communities, Yeh's (2001) study explored how the process of initiating partnerships with communities and integrating community feedback was useful in the research of addressing marginalized communities and their experience with health disparities.

Self-Reflexive Statement

In my research, I explored several aspects of Filipino culture and its profound impact on how individuals perceive mental health. My investigation into the process of acculturation has

revealed that this journey affects each Filipino in a distinct and personal manner. I have discovered that a range of unique cultural elements, particularly intrinsic values inherent in the culture, play a pivotal role in shaping mental health perspectives. As a result of this exploration, I have gained insights into my own acculturation journey and why I was more inclined to seek mental health support. An influential factor in my case was immigrating to Canada at a young age, which made me more receptive to Western culture and values in order to assimilate, as Maneze et al. (2014) suggested in their study. In my experience with this research, I have learned that underlying factors, such as the impact of the colonial mentality deeply ingrained in Filipino culture, contribute to this phenomenon. This influence becomes more pronounced upon migrating to Canada, as the desire to belong or fit in may lead to embracing Western norms. Additionally, the Filipino value of *pakikisama*, emphasizing group harmony, can lead Filipinos to disregard their individual needs in favour of collective needs, especially when they find themselves as a minority in a Western environment.

With this insight, I understand how these factors have shaped my inclination toward adopting more Western values over time. However, I acknowledge that while my experience is valid, some individuals may consciously choose to uphold their cultural values without integrating into the Western context. This brings forth the concept of the biculturalism model, which enables individuals to navigate their identity across a spectrum, allowing them to selectively embrace or distance themselves from cultural and host country values. As I reflect on my role as a future counsellor, I recognize the significance of understanding my own values and position on this spectrum. This awareness is important to acknowledge due to the power and influence inherent in my role and ethical considerations will require careful exploration and discussion. By acknowledging the complexities of cultural influences and personal choices, I aim

to approach counselling with sensitivity, respect, and a deep understanding of the diverse dynamics at play. This allows me to better assist clients who may be navigating cultural and acculturation challenges, as I am better equipped to understand the intricacies of their experiences and values, ultimately promoting more effective culturally sensitive mental health support.

Clinical Ethical Considerations

When it comes to counselling individuals from diverse cultural backgrounds, an important ethical consideration is demonstrating cultural awareness and sensitivity (Sue & Sue, 2015). This is particularly relevant in the context of providing counselling to Filipino immigrants. In order to establish a strong and effective therapeutic relationship, it is crucial for counsellors to genuinely understand and show respect for the various cultural values, beliefs, and norms that are important to Filipinos. Following the guidelines outlined in the Code of Ethics (Canadian Psychological Association, 2017), counsellors are advised to continually educate themselves, especially about cultural groups that might be unfamiliar to them. This involves delving into the specifics of Filipino cultural practices and, when necessary, seeking advice or supervision when working with clients who come from this cultural background.

Another aspect that should be considered is informed consent. This principle is a fundamental aspect of ethical counselling (Canadian Psychological Association, 2017). It is important to acknowledge that there will be situations when language barriers can become challenging. Further, according to the Canadian Psychological Association, it is the responsibility of the counsellor to ensure that their clients, irrespective of their language proficiency, are able to fully comprehend the purpose, nature, and potential benefits and risks associated with counselling. To overcome language barriers, counsellors may need to consider

using consent forms translated into different languages or engaging interpreters or bilingual counsellors (Sue & Sue, 2015). The primary goal is to foster open and transparent communication, allowing clients to make informed choices that align with their individual needs.

As counsellors engage with Filipino immigrants, they might encounter situations where clients are part of the same cultural community or share social circles. This aspect holds particular significance for those, such as me, who share the same cultural background as their clients. Managing these dual relationships requires careful consideration, as they can potentially lead to conflicts of interest and disrupt the counselling process. It is the counsellor's job to uphold the ethical guideline of avoiding conflicts of interest and ensuring that any existing or potential dual relationships are evaluated thoughtfully with the client's well-being to be considered as the top priority (Canadian Psychological Association, 2017). The College of Alberta Psychologists (2019) provided valuable guidance in this regard as well, emphasizing the importance of maintaining professionalism and prioritizing the client and their needs to maximize their benefits in the counselling process.

Lastly, Filipino culture places great importance on upholding privacy and maintaining cultural secrets within families and communities (Martinez et al., 2020). Counsellors need to navigate the fine line between respecting their clients' cultural norms and fulfilling their ethical obligation to maintain confidentiality. It is important to determine when it is appropriate to breach confidentiality to ensure the client's safety and well-being. This may potentially be discussed during the informed consent process and can be revisited with the client at any time in the counselling process. By openly discussing these expectations during the informed consent process, it establishes clear and transparent boundaries for both the counsellor and the client; fulfilling the mutual responsibilities suggested by the Code of Ethics (Canadian Psychological

Association, 2017). When providing counselling to Filipino immigrants, it is essential to integrate an understanding of their cultural nuances, maintain open communication about the counselling process, and manage relationships and confidentiality while keeping the client's best interests at the forefront. This also addresses one of the tenets of the Code of Ethics, which is to maximize the benefit of the client. By putting these principles into practice, counsellors can ensure that their services are both culturally competent and ethically sound.

Methodological Ethical Considerations

There are two key areas when exploring ethical considerations within research focused on Filipino immigrants. These two areas are sampling and representation, and cultural competency in methodological choices. Sampling and representation hold significance when it comes to research on this ethnocultural group. In order to avoid the underrepresentation of certain subgroups within the population, the selection of a diverse and representative sample is crucial. This requires careful attention, particularly when studies like Lopez and Tram's (2023) investigation into Indigenous Filipino Spirituality primarily involve Filipino Americans due to limited literature on Filipino Canadians. Considering variables such as language proficiency, acculturation levels, immigration status, and the host country, it is essential to capture the full spectrum of experiences within the Filipino immigrant community. Lopez and Tram indicated that their study did not include Filipinos who were not fluent in English, which therefore, eliminated this subgroup and presented a bias towards a more highly acculturated sample. This may suggest a lack of representation when it comes to a subgroup of Filipinos who are less acculturated. Using a broader representation of the Filipino community on different levels of acculturation may be helpful when it comes to future research.

Additionally, cultural competency and sensitivity, as highlighted previously, are also pivotal when making methodological choices related to measures and instruments. Researchers must analyze whether these measures align with the cultural context of Filipino immigrants. For instance, adopting the Bicultural Identity Integration (BII) framework as a culturally appropriate tool should be explored in how culturally appropriate it is to apply to individuals. It is essential that researchers carefully evaluate how appropriate a measure or tool is to identify and mitigate potential biases or cultural insensitivity in assessment tools. Adapting or validating measures within the Filipino cultural context is essential to ensure the accuracy and relevance of research outcomes.

It is also worth noting that it is important to consider engaging the Filipino community throughout the research process. Integrating community members as research partners and stakeholders allows researchers to address relevant inquiries of the community. Kennedy and Arthur (2015) emphasized that a multicultural approach to counselling includes giving voice to members of the non-dominant culture. In my case, being an insider of the Filipino group would facilitate engagement with such communities. According to Kennedy and Arthur, this may mean learning about what the community's needs, wishes, strengths, and visions are. This also applies to researchers from different cultural backgrounds, however, ethical considerations surrounding permission and appropriate conduct must be accounted for, especially when entering communities that may view outsiders with caution. Kennedy and Arthur observed that perhaps approaching this community with a "not-knowing" stance and adopting the perspective that these communities are the experts in their experience, is essential to establish mutual trust. Perhaps adopting a "not-knowing" stance in the counselling room may also be helpful to establish trust in the client-counsellor relationship and beneficial in the therapeutic alliance.

In addition, researchers must be mindful of the potential benefits that their research offers to the Filipino immigrant community. Ensuring that research findings contribute to mental health support and interventions is essential. Presenting research outcomes in a culturally sensitive manner is vital to prevent misinterpretation or misrepresentation that could reinforce stereotypes or negatively impact the community. This speaks to the Code of Ethics tenet of Responsibility to Society, where it is the counsellor's responsibility to avoid misinterpretations, misuse or incompetent use of skills and knowledge of psychology (Canadian Psychological Association, 2017). When undertaking research involving Filipino immigrants, methodological ethical considerations encompass diverse sampling, culturally appropriate measures, community engagement, and the potential benefits to the community. By attending to these guidelines, researchers can navigate the complexities of conducting research that respects cultural contexts, ensures inclusivity, and contributes positively to mental health support within the Filipino immigrant community.

Future Takeaways

After conducting this research, one of the key takeaways for my future practice and career as a counsellor is the importance of engaging in cultural sensitivity. Being able to respect the cultural values, beliefs, and practices of clients from diverse backgrounds, such as Filipino immigrants, is essential for building therapeutic relationships and providing culturally appropriate care. This commitment extends beyond just Filipino immigrants to encompass individuals from various cultural backgrounds. A combination of the multicultural counselling approach introduced by Sue and Sue (2015), Marsella's (2011) proposal of developing cultural partnerships, and Nadal and Nadal's framework with Filipino Americans (2021) serve as a valuable framework for addressing cultural differences in therapy. This combined approach

encourages counsellors to learn and remain aware of the cultural nuances that may influence the therapeutic process. It also emphasizes the importance of self-reflection to identify and address personal biases, beliefs, and values that could impact therapy. Ethical considerations, such as maximizing benefits for the client (Canadian Psychological Association, 2017), further emphasize the need for counsellors to integrate concepts from this combined approach into their practice. Additionally, ongoing education, training, and supervision are essential for counsellors to maintain and develop competency in working with diverse populations (College of Alberta Psychologists, 2019).

Another valuable takeaway from this research is the significant role played by the acculturation process in the mental well-being of immigrants. As a counsellor with a personal understanding of the acculturation journey, I can empathize with clients' stressors and emotional struggles, understanding the complexities of the process, the challenges it presents and how these can be helpful in tailoring my approaches to better fit the unique needs of my clients. It is important to realize that individuals undergoing the acculturation process might find themselves wrestling with feelings of displacement, isolation and, even internal conflicts about their identity, which ultimately impact their mental well-being. In understanding this connection, I can implement strategies that acknowledge the emotional toll of acculturation while also celebrating the resilience and unique strengths that immigrants possess. Additionally, my cultural membership as a Filipino immigrant allows me to understand the intricacies involved in the acculturation journey. This awareness provides me with a unique perspective to empathize with potential stressors and emotional struggles that individuals might encounter during this process. Apart from implementing and developing interventions to address these challenges, I believe

creating an environment of understanding and validation for clients is also helpful for clients who share a similar background.

Lastly, addressing mental health disparities and barriers to access, particularly for marginalized communities like Filipino immigrants, is crucial for promoting mental health equity and social justice. The presented recommendations to counter mental health disparities among recent immigrants, emphasizing the importance of community organizations, collaboration between mainstream and immigrant-specific services, cultural competency, and settlement programs align with insights from past literature (Marsella, 2011; Robert & Gilkinson, 2012; Sue & Sue, 2015). These recommendations highlight the counsellor's role in connecting clients with essential resources, advocating for their well-being, and contributing to social justice efforts within their chosen demographic. This commitment aligns with ethical obligations outlined in the Code of Ethics (Canadian Psychological Association, 2017) and reflects a counsellor's dedication to both individual clients and broader societal responsibilities. Incorporating these takeaways into my future practice, I aim to provide culturally competent and sensitive counselling, support clients through the acculturation process, and actively contribute to efforts that promote mental health equity and social justice within underrepresented communities. By doing so, I strive to honor the unique identities and experiences of my clients while working towards a more equitable and inclusive society.

Conclusion

This research has delved into the multifaceted experiences of Filipino immigrants in Canada, shedding light on the challenges they face in the acculturation process and the implications for their mental well-being. Through a comprehensive exploration of cultural values, colonial mentality, family dynamics, and the role of community, there are valuable

insights regarding the factors that influence the mental health perceptions and help-seeking behaviours of Filipino immigrants. One overarching theme that emerges from this research is the critical importance of cultural competence and sensitivity when working with clients from diverse backgrounds. Recognizing and respecting cultural values, beliefs, and practices are fundamental to establishing therapeutic relationships and providing effective care. The incorporation of a multicultural counselling approach (Sue & Sue, 2015) combined with the use of Marsella's (2011) approach of developing cultural partnerships, offers a valuable framework for addressing cultural differences and fostering greater understanding between counsellors and clients. Additionally, the acculturation process plays a pivotal role in shaping the mental well-being of immigrants. Understanding the intricacies of this journey, from feelings of displacement to identity conflicts, enables counsellors to tailor their approaches and create supportive, empathetic environments. Drawing from personal experiences as immigrants themselves, perhaps counsellors can connect with clients on a deeper level, recognizing their resilience and strengths. Lastly, addressing mental health disparities and barriers to access is an important step toward achieving mental health equity and social justice. The recommendations presented by Robert and Gilkinson (2012) highlighted the counsellor's role in advocating for clients, connecting them with essential resources, and actively contributing to social justice efforts within their chosen demographic. This commitment aligns with ethical obligations and reflects a counsellor's dedication to individual clients and broader societal responsibilities (Canadian Psychological Association, 2017).

While this research provides valuable insights into the multifaceted experiences of Filipino immigrants in Canada, it is essential to acknowledge that it represents only a preliminary exploration of the Filipino acculturation experience. Factors such as age, gender, socioeconomic

status, generation status, which was briefly discussed, and other individual differences within the Filipino community may contribute significantly to varying acculturation experiences. This paper highlights the importance of recognizing the diversity within the Filipino immigrant populations and calls for further research that delves into these nuanced factors. Understanding how several factors intersect with the acculturation process may provide a more comprehensive understanding of mental health professionals' work with the Filipino immigrant community in Canada. Moreover, expanding research in this area is crucial given the ever-growing ethnocultural diversity within Canada. As a multicultural society, ongoing investigations into the unique experiences of different immigrant groups, including Filipinos, will contribute to a more comprehensive understanding of the challenges they face and the factors influencing their mental well-being.

As counsellors, we must continue to evolve in our practice, fostering cultural competence, understanding the acculturation journey, and advocating for mental health equity. By doing so, we can honour the unique identities and experiences of our clients while working collaboratively to build a more inclusive and equitable community. Ultimately, this research calls us to be agents of positive change, and promote mental well-being for all individuals, regardless of their cultural background or immigrant status. Through continued exploration and understanding of these complexities, we can foster more inclusive and effective practices that promote the mental well-being of Filipino immigrants and, by extension, contribute to the broader landscape of mental health research in Canada.

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>
- Alampay, L. P., & Jocson, M. R. M. (2011). Attributions and attitudes of mothers and fathers in the Philippines. *Parenting, 11*(2-3), 163–176.
<https://doi.org/10.1080/15295192.2011.585564>
- Alegría, M., Álvarez, K., & DiMarzio, K. (2017). Immigration and mental health. *Current Epidemiology Reports, 4*(2), 145–155. <https://doi.org/10.1007/s40471-017-0111-2>
- Balidemaj, A., & Small, M. (2019). The effects of ethnic identity and acculturation in mental health of immigrants: A literature review. *International Journal of Social Psychiatry, 65*(7-8), 643–655. <https://doi.org/10.1177/0020764019867994>
- Benet-Martínez, V., & Haritatos, J. (2005). Bicultural identity integration (BII): Components and psychosocial antecedents. *Journal of Personality, 73*(4), 1015–1050.
<https://doi.org/10.1111/j.1467-6494.2005.00337.x>
- Benet-Martínez, V., Leu, J., Lee, F., & Morris, M. W. (2002). Negotiating biculturalism: Cultural frame switching in biculturals with oppositional versus compatible cultural identities. *Journal of Cross-Cultural Psychology, 33*(5), 492–516.
<https://doi.org/10.1177/0022022102033005005>

- Berry, J. W., & Hou, F. (2021). Immigrant acculturation and wellbeing across generations and settlement contexts in Canada. *International Review of Psychiatry*, 33(1-2), 140–153. <https://doi.org/10.1080/09540261.2020.1750801>
- Berry, J. W. (2003). Conceptual approaches to acculturation. In K. Chung, P. Balls-Organista, & G. Marin (Eds.), *Acculturation: Advances in theory, measurement, and applied research* (pp. 17–37). American Psychological Association. <https://doi.org/10.1037/10472-004>
- Bulut, E., & Gayman, M. D. (2016). Acculturation and self-rated mental health among Latino and Asian immigrants in the United States: A latent class analysis. *Journal of Immigrant and Minority Health*, 18(4), 836–849. <https://doi.org/10.1007/s10903-015-0258-1>
- Canadian Psychological Association. (2017). *Canadian code of ethics for psychologists* (4th ed.). https://cpa.ca/docs/File/Ethics/CPA_Code_2017_4thEd.pdf
- Center for Substance Abuse Treatment (US). (2014). *Improving cultural competence*. (Treatment Improvement Protocol (TIP) Series, No. 59. HHS Publication No. (SMA) 14-4849.) Substance Abuse and Mental Health Services Administration. <https://www.ncbi.nlm.nih.gov/books/NBK248428/>
- Cervantes, R. C., Gattamorta, K. A., & Berger-Cardoso, J. (2019). Examining difference in immigration stress, acculturation stress and mental health outcomes in six Hispanic/Latino nativity and regional groups. *Journal of Immigrant and Minority Health*, 21(1), 14–20. <https://doi.org/10.1007/s10903-018-0714-9>
- Choi, Y., Kim, T. Y., Noh, S., Lee, J., & Takeuchi, D. (2018). Culture and family process: Measures of familism for Filipino and Korean American parents. *Family Process*, 57(4), 1029–1048. <https://doi.org/10.1111/famp.12322>

- Choy, B., Arunachalam, K., Gupta, S., Taylor, M., & Lee, A. (2021). Systematic review: Acculturation strategies and their impact on the mental health of migrant populations. *Public Health in Practice*, 2, Article 100069. <https://doi.org/10.1016/j.puhip.2020.100069>
- Cimmarusti, R. A. (1996). Exploring aspects of Filipino-American families. *Journal of Marital and Family Therapy*, 22(2), 205–217. <https://doi.org/10.1111/j.1752-0606.1996.tb00199.x>
- City of Calgary. (2021). *Data about Calgary's population*. <https://www.calgary.ca/research/population-profile.html>
- College of Alberta Psychologists. (2019). *Standards of practice*. <https://www.cap.ab.ca/Portals/0/pdfs/StandardsOfPractice.pdf>
- David, E. J. R., & Okazaki, S. (2006). Colonial mentality: A review and recommendation for Filipino American psychology. *Cultural Diversity & Ethnic Minority Psychology*, 12(1), 1–16. <https://doi.org/10.1037/1099-9809.12.1.1>
- David, E. J. R., Sharma, D. K. B., & Petalio, J. (2017). Losing kapwa: Colonial legacies and the Filipino American family. *Asian American Journal of Psychology*, 8(1), 43–55. <https://doi.org/10.1037/aap0000068>
- del Prado, A. M., & Church, A. T. (2010). Development and validation of the enculturation scale for Filipino Americans. *Journal of Counseling Psychology*, 57(4), 469–483. <https://doi.org/10.1037/a0020940>
- dela Cruz, F. A., Yu, C. H., & Vindua, K. I. (2018). The factor structure of a short acculturation scale for Filipino Americans in an adult U.S.-born sample. *Journal of Community Psychology*, 46(5), 535–550. <https://doi.org/10.1002/jcop.21955>

- Domingo, J. B., Gavero, G., & Braun, K. L. (2018). Strategies to increase Filipino American participation in cardiovascular health promotion: A systematic review. *Preventing Chronic Disease, 15*, Article E59. <https://doi.org/10.5888/pcd15.170294>
- Elshahat, S., Moffat, T., Gagnon, O., Charkatli, L., & Gomes-Szoke, E. D. (2023). The relationship between diet/nutrition and the mental health of immigrants in Western societies through a holistic bio-psycho-socio-cultural lens: A scoping review. *Appetite, 183*, Article 106463. <https://doi.org/10.1016/j.appet.2023.106463>
- Gabriel, M. G. (2019). Christian faith in the immigration and acculturation experiences of Filipino American youth. *Journal of Youth Development, 14*(2), 115–129. <https://doi.org/10.5195/jyd.2019.710>
- Government of Canada. (1988). *Canadian multiculturalism act*. <https://laws-lois.justice.gc.ca/eng/acts/c-18.7/page-1.html>
- Harris, K. M., & Hernandez, D. J. (Eds.). (1999). *Children of immigrants: Health, adjustment, and public assistance*. National Academies Press.
- Hilario, C. T., Vo, D. X., Johnson, J. L., & Saewyc, E. M. (2014). Acculturation, gender, and mental health of southeast Asian immigrant youth in Canada. *Journal of Immigrant and Minority Health, 16*(6), 1121–1129. <https://doi.org/10.1007/s10903-014-9978-x>
- Howard D. L. (2003). Are the treatment goals of culturally competent outpatient substance abuse treatment units congruent with their client profile? *Journal of Substance Abuse Treatment, 24*(2), 103–113. [https://doi.org/10.1016/s0740-5472\(02\)00349-5](https://doi.org/10.1016/s0740-5472(02)00349-5)
- Javier, J. R., Galura, K., Aliganga, F. A. P., Supan, J., & Palinkas, L. A. (2018). Voices of the Filipino community describing the importance of family in understanding adolescent

behavioral health needs. *Family & Community Health*, 41(1), 64–71.

<https://doi.org/10.1097/FCH.0000000000000173>

Karasz, A., Gany, F., Escobar, J., Flores, C., Prasad, L., Inman, A., Kalasapudi, V., Kosi, R., Murthy, M., Leng, J., & Diwan, S. (2019). Mental health and stress among South Asians. *Journal of Immigrant and Minority Health*, 21(Suppl 1), S7–S14.

<https://doi.org/10.1007/s10903-016-0501-4>

Kennedy, B. A., & Arthur, N. (2014). Social justice and counselling psychology. *Canadian Journal of Counselling and Psychotherapy*, 48(3), 186–205. [https://cjc-](https://cjc-rcc.ucalgary.ca/article/view/61013)

[rcc.ucalgary.ca/article/view/61013](https://cjc-rcc.ucalgary.ca/article/view/61013)

Kim, B. S., & Omizo, M. M. (2010). Behavioral enculturation and acculturation, psychological functioning, and help-seeking attitudes among Asian American adolescents. *Asian American Journal of Psychology*, 1(3), 175–185. <https://doi.org/10.1037/a0021125>

Kim, S., & Kirpalani, A. (2022). The model minority myth: A threat to Asian Canadians in higher education. *Canadian Medical Education Journal*, 13(3), 79–80.

<https://doi.org/10.36834/cmej.74344>

Kirmayer, L. J., Narasiah, L., Munoz, M., Rashid, M., Ryder, A. G., Guzder, J., Hassan, G., Rousseau, C., Pottie, K., Canadian Collaboration for Immigrant and Refugee Health (CCIRH), & the Canadian Collaboration for Immigrant and Refugee Health (CCIRH). (2011). Common mental health problems in immigrants and refugees: General approach in primary care. *Canadian Medical Association Journal*, 183(12), E959–E967.

<https://doi.org/10.1503/cmaj.090292>

Kirmayer, L. J., Galbaud du Fort, G., Young, A., Weinfeld, M., & Lasry, J. C. (1996). *Pathways and barriers to mental health care in an urban multicultural milieu: An epidemiological*

- and ethnographic study* (Culture and Mental Health Research Unit Report No. 6). McGill University. <https://www.mcgill.ca/tcpsych/files/tcpsych/Report6.pdf>
- Kuo, B. C. (2004). Interdependent and relational tendencies among Asian clients: Infusing collectivistic strategies into counselling. *Guidance & Counselling, 19*(4), 158–162. <https://scholar.uwindsor.ca/psychologypub/23>
- Kwak, K., & Berry, J. W. (2001). Generational differences in acculturation among Asian families in Canada: A comparison of Vietnamese, Korean, and East Indian groups. *International Journal of Psychology, 36*(3), 152–162. <https://doi.org/10.1080/00207590042000119>
- Li, H., & Browne, A. (2000). Defining mental illness and accessing mental health services: Perspectives of Asian Canadians. *Canadian Journal of Community Mental Health, 19*(1), 143–159. <https://doi.org/10.7870/cjcmh-2000-0008>
- Liboro, R. M. (2018). Racial minority immigrant acculturation: Examining Filipino settlement experiences in Canada utilizing a community-focused acculturation framework. *Community Psychology in Global Perspective, 4*(1), 66–84. <https://doi.org/10.1285/i24212113v4i1p66>
- Liem, A., Garabiles, M. R., Pakingan, K. A., Chen, W., Lam, A. I. F., Burchert, S., & Hall, B. J. (2020). A digital mental health intervention to reduce depressive symptoms among overseas Filipino workers: Protocol for a pilot hybrid type 1 effectiveness-implementation randomized controlled trial. *Implementation Science Communications, 1*, Article 96. <https://doi.org/10.1186/s43058-020-00072-y>

- Lopez, J. M., & Tram, J. M. (2023). Falling behind and forgotten: The impact of acculturation and spirituality on the mental health help-seeking behavior of Filipinos in the USA. *Asian American Journal of Psychology, 14*(2), 218–230. <https://doi.org/10.1037/aap0000293>
- Maneze, D., Ramjan, L., DiGiacomo, M., Everett, B., Davidson, P. M., & Salamonson, Y. (2018). Negotiating health and chronic illness in Filipino-Australians: A qualitative study with implications for health promotion. *Ethnicity & Health, 23*(6), 611–628. <https://doi.org/10.1080/13557858.2017.1294656>
- Maneze, D., Salamonson, Y., Attwood, N., & Davidson, P. M. (2014). Acculturative stress in Filipino migrants with functional English: Implications for health promotion. *International Journal of Culture and Mental Health, 7*(4), 357–369.
- Maneze, D., Salamonson, Y., Poudel, C., DiGiacomo, M., Everett, B., & Davidson, P. M. (2016). Health-seeking behaviors of Filipino migrants in Australia: The influence of persisting acculturative stress and depression. *Journal of Immigrant and Minority Health, 18*(4), 779–786. <https://doi.org/10.1007/s10903-015-0233-x>
- Marsella, A. J. (2011). Twelve critical issues for mental health professionals working with ethnoculturally diverse populations. *Psychology International, 22*(3), 6–9. <https://indigenopsych.org/Members/Marsella,%20Anthony/Marsella%20Twelve%20Considerations.pdf>
- Martinez, A. B., Co, M., Lau, J., & Brown, J. S. L. (2020). Filipino help-seeking for mental health problems and associated barriers and facilitators: A systematic review. *Social Psychiatry and Psychiatric Epidemiology, 55*(11), 1397–1413. <https://doi.org/10.1007/s00127-020-01937-2>

- Nadal, K. L., & Nadal, K. L. Y. (2021). *Filipino American psychology: A handbook of theory, research, and clinical practice* (2nd ed.). Wiley. <https://doi.org/10.1002/9781119677109>
- Paniagua, F. A. (2014). *Assessing and treating culturally diverse clients: A practical guide* (4th ed.). SAGE. <https://doi.org/10.4135/9781506335728>
- Patel, S. G., Clarke, A. V., Eltareb, F., Macciomei, E. E., & Wickham, R. E. (2016). Newcomer immigrant adolescents: A mixed-methods examination of family stressors and school outcomes. *School Psychology Quarterly*, *31*(2), 163–180. <https://doi.org/10.1037/spq0000140>
- Pittaway, T., & Dantas, J. A. R. (2021). African youth gangs: The marginalization of South Sudanese young people in Melbourne, Australia. *Journal of Immigrant & Refugee Studies*. <https://doi.org/10.1080/15562948.2021.2017534>
- Redfield, R., Linton, R., & Herskovits, M. J. (1936). Memorandum for the study of acculturation. *American Anthropologist*, *38*(1), 149–152. <https://doi.org/10.1525/aa.1936.38.1.02a00330>
- Robert, A. M., & Gilkinson, T. (2012). *Mental health and well-being of recent immigrants in Canada: Evidence from the longitudinal survey of immigrants to Canada*. Government of Canada. <https://www.canada.ca/content/dam/ircc/migration/ircc/english/pdf/research-stats/mental-health.pdf>
- Sam, D. L. (2006). Acculturation: Conceptual background and core components. In D. L. Sam & J. W. Berry (Eds.), *The Cambridge handbook of acculturation psychology* (pp. 11–26). Cambridge University Press. <https://doi.org/10.1017/CBO9780511489891.005>

- Santos, R. M., Chan, S., Lynch, E. W., & Hanson, M. J. (Eds.). (2011). *Developing cross-cultural competence: A guide for working with children and their families*. Brookes Publishing
- Schwartz, S. J., Unger, J. B., Zamboanga, B. L., & Szapocznik, J. (2010). Rethinking the concept of acculturation: Implications for theory and research. *The American Psychologist*, 65(4), 237–251. <https://doi.org/10.1037/a0019330>
- Shih, K. Y., Chang, T. F., & Chen, S. Y. (2019). Impacts of the model minority myth on Asian American individuals and families: Social justice and critical race feminist perspectives. *Journal of Family Theory & Review*, 11(3), 412–428.
- So, S., Coffey, D. M., & Javier, J. R. (2023). Parental enculturation and youth mental health functioning among Filipino American families. *Cultural Diversity and Ethnic Minority Psychology*, 29(2), 279–288. <https://doi.org/10.1037/cdp0000552>
- Statista Research Department. (2023). *Immigration in Canada: Statistics & facts*. <https://www.statista.com/topics/2917/immigration-in-canada>
- Statistics Canada (2021). *Classification of generation status*. <https://www23.statcan.gc.ca/imdb/p3VD.pl?Function=getVD&TVD=117200&CVD=117200&CLV=0&MLV=1&D=1>
- Statistics Canada (2022). *Immigrants make up the largest share of the population in over 150 years and continue to shape who we are as Canadians*. <https://www150.statcan.gc.ca/n1/daily-quotidien/221026/dq221026a-eng.htm>
- Statistics Canada. (2023). *Canada's population estimates: Record-high population growth in 2022*. <https://www150.statcan.gc.ca/n1/daily-quotidien/230322/dq230322f-eng.htm>

- Sue, D. W., & Sue, D. (2015). *Counseling the culturally diverse: Theory and practice* (7th ed.). Wiley.
- Tuazon, V., Gonzalez, E., Gutierrez, D., & Nelson, L. (2019). Colonial mentality and mental health help-seeking of Filipino Americans. *Journal of Counseling and Development*, 97(4), 352–363. <https://doi.org/10.1002/jcad.12284>
- Tuliao, A. P. (2014). Mental health help seeking among Filipinos: A review of the literature. *Asia Pacific Journal of Counselling and Psychotherapy*, 5(2), 124–136. <https://doi.org/10.1080/21507686.2014.913641>
- Vargas, P., & Jurado, L. (2015). Dietary acculturation among Filipino Americans. *International Journal of Environmental Research and Public Health*, 13(1), Article 16. <https://doi.org/10.3390/ijerph13010016>
- Weiss, B. D. (2007). *Removing barriers to better, safer care—Health literacy and patient safety: Help patients understand manual for clinicians* (2nd ed.). American Medical Association Foundation. http://www.hhvna.com/files/Courses/HealthLiteracy/Health_Literacy_Manual_AMA_Revised.pdf
- Wren-Lewis, S., & Alexandrova, A. (2021). Mental health without well-being. *The Journal of Medicine and Philosophy*, 46(6), 684–703. <https://doi.org/10.1093/jmp/jhab032>
- Yeh, C. J. (2001). An exploratory study of school counselors' experiences with and perceptions of Asian-American students. *Professional School Counseling*, 4(5), 349–356.
- Yoon, E., Chang, C., Kim, S., Clawson, A., Cleary, S. E., Hansen, M., Bruner, J. P., Chan, T. K., & Gomes, A. M. (2013). A meta-analysis of acculturation/enculturation and mental health. *Journal of Counseling Psychology*, 60(1), 15–30. <https://doi.org/10.1037/a0030652>

Appendix A: Methodology

Article	Sample size	Data collection process	Data analysis process	Qual/quant/mixed/case study	Notes on findings
<p>Berry, J. W., & Hou, F. (2021). Immigrant acculturation and wellbeing across generations and settlement contexts in Canada. <i>International Review of Psychiatry</i>, 33(1-2), 140–153. https://doi.org/10.1080/09540261.2020.1750801</p>	<p>The study used immigrants, second-generation immigrants, and third-generation immigrants</p>	<p>Each group was divided into those residing in Quebec and those residing in the rest of Canada. The study assessed acculturation strategies by measuring <i>sense of belonging</i> to the province of residence and/or Canada.</p>	<p>Well-being was assessed using a scale of Life Satisfaction and Mental Health.</p>	<p>Mixed</p>	<p>The study found that later generations saw less <i>sense of belonging</i> with Canada and more towards their province. One of the limitations of this study is that it specifically explored the differences between Quebec and the rest of Canada.</p>
<p>Patel, S. G., Clarke, A. V., Eltareb, F., Macciomei, E. E., & Wickham, R. E. (2016). Newcomer immigrant adolescents: A mixed-methods examination of family stressors and school outcomes. <i>School Psychology Quarterly</i>, 31(2), 163–180. https://doi.org/10.1037/spq0000140</p>	<p>The study was conducted on newcomer adolescent immigrants from a public high school.</p>	<p>Both quantitative and qualitative data were collected during a school semester, analyzed together, and were merged after analysis. Quantitative data came from online questionnaires conducted in the school's</p>	<p>Correlation matrix was used for quantitative analyses and multiple regression for unique predictor variable. Directed content analysis for validating or extending theoretical framework for qualitative analysis.</p>	<p>Mixed</p>	<p>Quantitative results found that more family life events are associated with a lower GPA, while more family conflict was associated with more externalizing symptoms. Their qualitative results showed that being separated from extended family networks was among the most stressful experiences.</p>

		computer room. Achievement data were obtained from official school records after the survey. Qualitative data were gathered through interviews.			
Yeh, C. J. (2001). An exploratory study of school counselors' experiences with and perceptions of Asian-American students. <i>Professional School Counseling, 4</i> (5), 349–356.	The sample size consisted of 154 school counsellors from 113 East Coast schools (74% females, 26% males). Racial backgrounds were predominantly White-American, with small percentages of Asian-American, Hispanic, African America, American Indian and mixed race.	The use of questionnaires was disseminated to school counsellors at a conference in New York City.	Each open-ended question of the questionnaire was read several times by a team of three research assistants and coded for main themes and patterns. Interrater reliability was assessed for the three raters using Cohen's Kappa.	Qualitative	The results indicate that Asian-American students tend to seek help for academic, family, social, and cultural issues. Additionally, counsellors used more creative arts with Asian-American clients compared to White-American clients. The findings also highlight challenges in counselling Asian-American students which include addressing stigmatization, limited parental involvement, cultural barriers, and students' reluctance to disclose emotional concerns.
Tuazon, V., Gonzalez, E., Gutierrez, D., & Nelson, L. (2019). Colonial mentality and mental health	The sample size consisted of an online sample of adults (18 years and older) who	Recruitment of participants were conducted through a panel	Data analysis process used electronic survey research methodology.	Quantitative cross-sectional study	The major results of the study included that colonial mentality had adverse connections with both ethnic identity growth and social support.

<p>help-seeking of Filipino Americans. <i>Journal of Counseling and Development</i>, 97(4), 352–363. https://doi.org/10.1002/jcad.12284</p>	<p>identified as Filipino Americans.</p>	<p>aggregator to take an online survey.</p>			<p>Heightened colonial mentality significantly predicted negative mental health help-seeking attitudes, independent of factors like ethnic identity, acculturation, social support, and demographic variables.</p>
<p>So, S., Coffey, D. M., & Javier, J. R. (2023). Parental enculturation and youth mental health functioning among Filipino American families. <i>Cultural Diversity and Ethnic Minority Psychology</i>, 29(2), 279–288. https://doi.org/10.1037/cdp0000552</p>	<p>The sample size consisted of 144 caregivers. Among the target children, 47.8% were male and 52.5% were female. Among responders, 81.2% identified as the biological mother, while 15.9% identified as the biological father. 2.8% identified as other.</p>	<p>Information was collected on a variety of demographic variables such as income, educational level, profession, birthplace, and insurance status. Outreach was conducted by community partners through announcements, mailed letters, snowball sampling techniques, and social media.</p>	<p>Descriptive and correlational analyses were used on all continuous variables. Simultaneous multiple regression analyses were used to address each hypothesis.</p>	<p>Quantitative</p>	<p>The findings partially supported the hypotheses. Interpersonal norms were positively associated with harsh discipline, conservatism, with appropriate discipline and praise. Connection to homeland was linked to lower youth behavioural symptoms, while higher interpersonal norms were positively associated with behavioural symptoms. The findings highlight the significance of understanding the cultural values and lived experiences of Filipino American parents in clinical and research settings when working with Filipino American children.</p>