

EXAMINING THE CONCEPT OF MENTAL HEALTH
AND MENTAL HEALTH CARE UTILIZATION:
AN EXPLORATORY STUDY OF THE ROLE
OF CULTURE WITHIN THE ASSYRIAN
COMMUNITY

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of Master of Social Work

By
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CERTIFICATION OF APPROVAL

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DEDICATION

This thesis is proudly dedicated to my parents Janeat and Samir Michael, I love you both so much. Thank you for teaching me to believe in God, myself, and my dreams.

I would also like to dedicate this thesis to my guardian angels who could not be here today. Your endearing support and belief in me is something that will forever resonate with me and has always pushed me to persevere. I will always carry you with me on my journey, until the day we are together again.

My fellow Assyrians, through the repeated trauma and tragedies that we have faced as a nation, I hope that we never lose sight of who we are. As we acknowledge the past and experiences that we have faced and still continue to face, I hope that we always recognize the resilience that was built amongst us. May the lessons we learned from our past generations guide us: our faith and community will always be sacred to who we are. I hope that we always have the strength to pick back up again, and when we feel like we are unable to, know that it is normal to seek support. Khayet Ator.

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ABSTRACT

The purpose of this study was to examine the role of culture and its impact on mental health and mental health services within members of the Assyrian community in Central California. A qualitative research design was utilized, and in-depth interviews were conducted with eight Assyrian individuals who attend Assyrian churches in Central California. The design of this study allowed the researcher to capture the lived experiences of participants. The findings indicated that the lived experiences and the role of culture were factors that impacted the way that participants viewed mental health and mental health services. Participants described mental health as overall well-being and described that the role of mental health within their culture was often ignored. Furthermore, the lack of conversation around mental health made participants hesitant to receive services or treatment because of the fear of what others would say. In addition, participants identified external emotional support including faith, religion, family and friends that they would turn to before receiving mental health services. Participants shared traits that they would like to see in providers and in treatment. The findings identified some of the key values of the Assyrian culture; however, more cultural studies are needed to better understand the needs of ethnically diverse populations.

CHAPTER I

INTRODUCTION

Statement of the Problem

The National Institute of Mental Health (NIMH, 2019) states that approximately one in five adults in the U.S. experiences mental illness in a given year, resulting in 46.6 million individuals facing a mental health concern. The prevalence of mental health concerns have continued to rise, and still only 41% of adults in the U.S. with a mental health condition received mental health services in the year 2017 (NIMH, 2019). Every person holds their own set of beliefs that may frame the way they view mental illness. As stated by the American Psychiatric Association (APA, 2018), mental illness can affect anyone regardless of culture, religion, or social status.

While a host of factors contribute to one's attitudes and perceptions related to mental health, one's cultural background might have the greatest impact. Mental health and mental illness are different terms, however, they correlate. Magellan Health Insights (2018) described mental health as "emotional and psychological state, including social well-being and how we feel about ourselves, interact with others, and the world around us." (para. 1). APA (2018) described mental illness as a condition that involves significant changes in an individual's thinking, emotions, and behavior-which can affect daily functioning and the ability to interact with others and the world around us. The U.S. Department of Health and Human Services (2001) highlight the

importance of how an individual's cultural norms, beliefs, and language diversely affect how mental health is perceived and experienced.

Despite the high prevalence of mental illness in the U.S., there are still individuals not receiving mental health services. Factors of underutilization may include diversity in culture and attitudes toward receiving mental health services. In many parts of the world, mental health is considered a taboo topic. Mental health in some communities is viewed as something uncomfortable to talk about and sometimes results in stigma around the topic. Mental health is often misconceptualized as a personal matter directly related to the individual experiencing mental health concerns. Andrade (2017) stated that “Mental illnesses and mental health are affected by the combination of biological and genetic factors, psychology, and society” (para. 1). The author also mentions that societal factors often go ignored. These societal factors include diversity in culture and backgrounds – which are shown to have an impact on mental health related experiences.

The National Association of Mental Illness (NAMI, 2018a) describes the health disparities that diverse communities face as the following: higher levels of stigma, misinformation about mental health, and language that prevent them from receiving care. The U.S. Department of Health and Human Services (2011) describes that diverse communities have experienced greater obstacles in relation to their ethnic group, religion, geographic location, and socioeconomic status. NAMI (2018a) describes these diverse communities often receive poorer quality care due to lack of cultural competence by service providers and inadequate resources. According to

NAMI (2018a) “poorer quality of care results in misdiagnosis, dropping out of treatment, and a longer time to achieve recovery.” (para 2).

Additionally, NAMI (2018a) states that cultural differences can influence whether or not help is sought; what type of intervention, coping styles, and support is needed; along with what treatment modalities benefit specific populations. There are several cultural issues that may impact an individual’s ability and willingness to receive services, including norms, stigma and language barriers. As Holden et al. (2014) states, decades of research has been done on mental illness; however, ethnic minorities are still facing challenges in relation to mental health care. Research has been ongoing and there has been a push for culturally centered integrative care. Holden et al. (2014) discuss ways to approach culturally centered integrative care. Some considerations listed were implementation and tracking of public health policies and culturally-centered intervention approaches. Understanding cultural needs and differences hold high importance in providing effective approaches in services. When a mental health professional does take into account cultural needs and differences, practice and outcomes can be significantly improved.

There are several studies that have shown the differences in mental health care utilization among ethnic minority populations. In a study done by Lukachko, Myer, and Hankerson (2015), factors such as religious beliefs, family, community, and coping were shown to be reliable factors that African Americans utilize when experiencing mental health problems. Lukachko et al. (2015) concluded that individuals who reported religion as highly important, were less likely to use

professional mental health services compared to those who signified religion as a lower level of importance. Andrade (2017) similarly stated that African Americans are shown to handle distress in two ways: on their own or turning to spiritual support. These cultural differences show that clearly culture frames perceptions and values.

Additionally, NAMI (2018b) stated that “African Americans and Hispanic Americans each use mental health services at about one-half the rate of Caucasian Americans; and Asian Americans at about one-third the rate of Caucasian Americans” (para. 2). Culture often shapes and influences beliefs. An individual's values, norms, and beliefs play a huge role in perceiving and experiencing mental health conditions. Unite for Sight (2015) states that understanding individual and cultural beliefs about mental illness is essential for implementation of effective approaches to mental health care. Lack of diversity and cross-cultural skills in professional practice may contribute to continued growth in health disparities in the United States. These differences in cultural factors can also impact the levels of support and willingness to get support. Culture brings upon dynamic values, and cultural studies are needed to improve the current mental health approaches of all ethnic groups.

While research findings have indicated the importance of cultural studies, there has been limited research on the Assyrian culture and their perceptions and usage of mental health services. A review of literature uncovered that there was one project done by Golan (2015) to promote awareness of mental illnesses and gain insight on increasing overall well-being among the elderly Assyrian community. In

addition, a dissertation was done by Badal (2001) that focused on the psychosocial effects of acculturative stress and forced displacement of Assyrian-Iranian refugees living in the U.S. No other studies were found, specifically, on Assyrian culture and mental health. However, similar to the findings of Lukachko et al. (2015), the Assyrian population relies greatly on religion, family, and community; but there has been little to no research on the population regarding mental health care and mental health care utilization.

Assyrians of today are the indigenous Aramaic-speaking Christian descendants of the ancient Assyrian people, one of the earliest civilizations emerging in the Middle East. Assyrians are living all over the world, due to their indigenous homeland being invaded and causing them to flee. Assyrians are trying to maintain their traditional lifestyle, but in a whole new environment. Like many cultures, Assyrians have had to adapt to a new lifestyle, resulting in many changes. Adapting to a new environment can cause many difficulties for an individual. Leong and Kalibatseva (2011) define acculturation as how an individual learns and adapts to a culture that is not their own. Original culture does remain, however it is altered by the new culture's values and practices including differences in all or some aspects of daily living, health care, and even language. Acculturation is something that Assyrians have had to undergo. They have fled their homelands to a land that is not their own. Many have adapted and learned new elements of the majority culture they are in; however, many individuals from the community hold strong cultural values outweighing or completely adapting to the dominant culture. Leong & Lee (2006)

describe assimilation as being absorbed into new culture and environment. Because Assyrians have strong cultural values, they have not completely lost their culture, but they have had to learn to adapt and experience differences in elements of lifestyle.

Statement of Purpose

The purpose of this study was to explore Assyrian individuals' perceptions and attitudes towards the concept of mental health and how culture impacts the way they view mental health services. Due to the taboo nature of mental health, insights on mental health may differ from other groups in the community. Statistics have shown that many Assyrians reside in Central California, but there is very little information known about their lifestyle in terms of mental health. The goal of this study was to gain an understanding of perceptions of mental health among Assyrians and mental health services to meet their needs. The questions guiding this study are: a) What does mental health mean to someone of the Assyrian culture; and b) What are the perceptions Assyrians have regarding utilizing mental health services?

Significance of the Study

Assyrians have experienced displacement and expulsion from their homeland. Such factors can alter not only physical health, but mental health. Due to limited research on the Assyrian population, attitudes and beliefs towards receiving mental health care are unknown which may lead to not receiving the proper mental health care. Conducting this study helped to identify the perceptions and experiences of Assyrians to further assist mental health providers in identifying their needs.

Cultural studies are one way of striving towards culturally-centered integrative care. This study adds to the knowledge base and raises awareness of a culture that is usually not focused on. The research and results of this study provide Assyrians with a voice to explain their experiences and views on mental health. The research conducted also raises awareness and understanding of the importance of culture among mental health. This will provide social workers with cultural awareness to enhance services with Assyrian individuals in Central California. The results of this study are intended to promote the importance of culture and beliefs, so that mental health clinicians, social workers, and policy makers continuously increase their knowledge of cultural competence to shape programs that meet Assyrian individual's needs. As Freire (2000) notes, "Knowledge emerges only through intervention and re-invention, through the restless, impatient, continuing, hopeful inquiry human beings pursue in the world, with the world, and with each other" (p. 72.).

As social workers, we will come into contact with individuals from diverse backgrounds of culture, religion, and socioeconomic status. As stated by the National Association of Social workers (NASW 2017), the social work profession aims to enhance human well-being and help meet the complex basic needs of all people. The NASW Code of Ethics also describes cultural awareness and social diversity as an ethical standard to be followed. The data collected adds to the knowledge base to gain a better understanding of the mental health needs of Assyrian individuals. The NASW Code of Ethics includes several ethical principles, three that I focused on are the core

values of service, social justice, and competency. First, this study seeks to understand cultural differences to better address the social problem of mental health to promote mental health care services. Secondly, this study promotes knowledge of social diversity among a minority population. Lastly, this study increases professional knowledge and cultural awareness to enhance practice. By advocating and offering a voice for this population, we can begin conversations to eliminate disparities. Continued conversations and research is needed to successfully merge knowledge of culture-based attitudes and beliefs into mental health care.

CHAPTER II

LITERATURE REVIEW

Overview

The purpose of this literature review is to examine the role of the Assyrian culture and its relationship to the utilization of mental health care. In order to understand how an Assyrian individual defines mental health, understanding the nuances of the culture is crucial. A review of Assyrian migration is explored to gain insight into resettlement patterns and a connection to mental health. Although minimal research exists on mental health care utilization among Assyrians, this chapter highlights the values, traditions, and barriers that may impact treatment seeking. Parallel literature is presented to further elucidate the role of culture and its impact on mental health services.

Historical Context of the Assyrian Culture

This section highlights critical points of Assyrian history, as it relates factors that may impact mental health care and utilization. In order to enhance the culture of Assyrians, it is crucial to understand the history of the culture, beliefs, and traditions that still stand strong today. The Assyrian Arts Institute (AAI, 2018) describes Assyrians as the indigenous Christian people of ancient Mesopotamia, known currently as Iraq, Iran, Syria, Lebanon, and Turkey. Every April 1st, Assyrians celebrate their existence on Resha'd Nissan, and in 2019 they will be celebrating 6,769 years of their existence. Resha'd Nissan in translation means *the beginning of*

spring, the celebration of the Assyrian New Year. The celebration is also often times called Akitu and Kha b' Nissan. The Assyrian New Year is one of the most important national holidays in the Assyrian culture. According to the Assyrian Universal Alliance Foundation (AUAF, 2017), the New Year is a connection between ancient and modern Assyrians. Assyrians throughout history, and in current times, have faced forced displacement out of their homeland of Iraq and surrounding countries, due to persecution, discrimination and economic constraints (Benjamin, 1996). The New Year is one way that Assyrians connect to their roots in culture, religion, identity, and resiliency.

The American Psychological Association (2019) describes resilience as the “process of adapting well in the face of adversity, trauma tragedy, threats, or significant sources of stress” (para. 4). One way that the APA (2019) describes building resiliency is by making connections, which can enhance positive mental health. The Assyrian New Year is a connection in building up resilience and protective factors by remembering the past and striving for revival and renewal.

According to AAI (2018), some Assyrians still reside in their ancestral hometown, however, many have fled. AAI (2018) highlights that Assyrians have experienced a series of events leading to the expulsion and displacement from the late 19th century to the present day. Of the series of events, AAI (2018) discusses that Assyrians were one of the targeted populations in the form of a genocide by the Ottomans at the time of World War I in 1915, resulting in hundreds of thousands killed, the taking over of land, and the force of migration. Travis (2006) describes the

genocide that occurred as the systematic targeting and extermination of Assyrian Christians. While Assyrians strived to keep peace, the Simele Massacre occurred in 1993. The Simele Massacre was a massacre carried out by the armed Iraqi army, where roughly 3,000 Assyrians were murdered and villages were burned (AAI, 2018). The violent experiences Assyrians have faced has taken a toll on the population and culture, resulting in a survival mode of living.

Current Issues Faced by Assyrians

Saddam Hussein's regime in 2003 caused Assyrians to flee their homes in Iraq and surrounding countries due to political instability (UNPO, 2018). The Unrepresented Nations and Peoples Organization (UNPO, 2018) reported that there were 1.4 million Assyrian Christians before the invasion in 2003; and now only about 300,000 Assyrian Christians remain in Iraq. In 2014, the Islamic State of Iraq and Syria (ISIS) takeover of Mosul, a major city in northern Iraq, resulted in forced displacement, human rights violations, and targeted persecution of Christian Assyrians. UNPO (2018) describes the takeover as the largest wave of displacement and a humanitarian crisis.

According to the U.S. Bureau of the Census (2017), the total population of Assyrians in the United States is 101,135. However, there may be a discrepancy of the estimated population. A factor that may impact these numbers is that demographic questionnaires differ. Some ethnicities, including Assyrian, are not properly represented on surveys. On many demographic questionnaires, Assyrians may be

identified as Caucasian, causing an unknown estimated population (C. Morad, personal communication, Feb 21, 2019).

Many Assyrians found refuge and resettled in the United States. The Census portrays the areas that Assyrians are residing in as, primarily, California, Illinois, and Michigan. “Though dispersed and living distant from each other, Assyrians are united by their shared culture, ancestral homeland, and language, which are among the oldest in the Middle East. Assyrians integrate well in these new communities, but are eager to preserve their culture, language, and ties to ancestral homeland” (AAI, 2018, para. 2 and para. 5).

Culture and Mental Health

The U.S. Department of Health and Human Services (2001) states that “culture is a group’s shared set of beliefs, norms, and values. Culture can influence views of mental health, mental illness, and health care utilization” (U.S. Department of Health and Human Services 2001, para. 8). Aspects of culture can impact symptoms, presentation, and the meaning of mental illness. Additionally, culture can impact coping styles and treatment seeking behaviors. The U.S. Department of Health and Human Services (2001) highlights the importance of culturally competent services when working with individuals from varying cultures.

As stated by the U.S. Department of Health and Human Services (2001), “migration is a stressful life event that can influence mental health” (para. 38). There are several studies that have focused on migration and the impacts it has on mental health. Shishehgar, Gholizadeh, DiGiacomo, and Davidson (2015) state that

immigration, whether it is voluntary or forced is driven by three factors: social, political, and economic factors. Specifically in this study, Shishehgar et al. (2015) examined the impact of migration on Iranian immigrants through an integrative literature review and presented a conceptual framework to explore supports and services directed specifically to the population. One of the findings concluded that Iranian's views differ from the Western concepts of health. The study added that it is important to consider the socio-cultural values and beliefs when treating health concerns.

A study done by Taylor et al. (2014) examined Iraqi refugees' access and utilization of health care services, as well as the assessment of their physical and mental health in an eight-month post-arrival period. Through the study, it was found that half of the Iraqi refugees who were surveyed reported emotional stress, chronic health conditions, and depression; it was also found that one in three were at risk for post-traumatic stress disorder (PTSD). Other factors linked to depression and PTSD in studies of Iraqi refugees and immigrants include exposure to wartime stressors, such as, violence, trauma, and displacement (Taylor et al., 2014). The study concluded that in order to provide for Iraqi clients, culturally appropriate methods should be adopted.

The views and attitudes of mental health and mental health utilization can vary depending on cultural and religious beliefs. Specifically, immigrants may be less likely to seek mental health treatment for several reasons. One of the reasons is that these individuals may turn to family, faith, and community for support networks. A

second reason is the way in which an individual describes their symptoms can impact help-seeking and treatment. Lastly, there can be a stigma or lack of education around mental health (NAMI, 2018a). Abdullah and Brown (2011) describe mental health stigma as the devaluing, disgracing, and disfavoring of individuals with mental illness by the general public. The previous views can influence an individual's overall well-being, as well as their willingness to seek treatment. Unite for Sight (2015) highlights the importance of culture and religion and the ways in which they shape attitudes toward mental health. Understanding individuals and their cultural and religious beliefs is one of the key factors in implementing effective approaches in mental health care.

To develop more appropriate and culturally competent services for refugees, Agic, McKenzie, Tuck, Antwi (2016) focused on research and services supporting the mental health of refugees who are in Canada through the Mental Health Commission of Canada. Agic et al. (2016) describe that “mental health response for incoming refugees should focus on fostering people’s wellness and recognizing the resilience of refugee populations” (p. 2). In order to foster wellness and recognize wellness, the research suggested a concentration on each individual refugee’s experiences including trauma, separation from family and friends, and hopes and goals for the future (Agić et al., 2016). Agic et. al (2016) describes that “over-treating and over-pathologizing refugee populations is counterproductive to their mental health needs and the focus should always be on promoting resilience and increasing the individual, family, and community's ability to self-manage” (p. 9).

A similar structure of providing culturally competent services resides in the central valley of California. One way that the local Assyrian culture in the central valley of California is working to reduce stigma is within the Assyrian Wellness Collaborative. The goals of the Assyrian Wellness Collaborative are the following: mental health awareness, stigma reduction, and the facilitation of leadership through community capacity building (Morad, 2019). The Wellness Collaborative understands that Assyrians have witnessed unpleasant experiences and works to decrease barriers of stigma by providing support to each and every individual's needs and circumstances to enhance their wellness (Morad, 2019).

Assyrian Resiliency

Through all the circumstances Assyrians have faced, they stand united in their culture, faith, ancestral homeland, and language. Betyaghoub, Morad, Purto (2016) identified common threads that keep the Assyrian community together including faith, family, and cultural preservation. Additionally, Benjamin (1996) describes the historical and demographic study of the Chicago Assyrian community and how those Assyrians have settled into the environment. Benjamin focuses on several key factors that Assyrians rely on including church, cultural activities, customs and attitudes, and language. Benjamin (1996) states "most Assyrians have a strong ethnic identity and have been unwilling to surrender their distinctiveness, feeling a deeply rooted emotional attachment to traditional ideals and practices" (p. 46). Assyrians take pride in their customs and attitudes. As Benjamin (1996) mentions, despite changes and displacement, Assyrians have retained their traditional ideals and practices.

In order to understand how an Assyrian individual defines mental health, it is important to understand the experiences they have faced and the ways that they continue to cope with events that occur. As stated by the U.S. Department of Health and Human Services (2001), culture can impact the way that an individual copes with everyday problems. Additionally, understanding the coping styles of cultures can serve to better understand mental health and mental illness (U.S. Department of Health and Human Services, 2001).

Summary

The literature presented above examined elements of Assyrian history and highlighted key points of culture and its impact on mental health and mental health care utilization. Despite the lack of existing literature on Assyrian norms and mores, this literature review captured the relevance of culture to Assyrian people. Through the use of continued cultural studies, cultural competency can be expanded among professionals to better serve diverse populations. Cultural differences have shown to impact willingness to receive help, and every individual has their own set of beliefs and values that is unique to them. Exploring the set of beliefs and values, and highlighting each individual story, allows individuals to share lived experiences that may impact their mental health and their willingness to receive mental health services. Exploring Assyrians' descriptions of mental health enhances the empirical database, offers support to service providers, and promotes the importance culture has on overall wellness

CHAPTER III

METHODOLOGY

Overview

Research has shown that culture impacts how mental health is perceived and experienced. There has been a void in the knowledge base on the population of Assyrians in regards to mental health. The purpose of the study was to gain an understanding of how an Assyrian individual perceives mental health and mental health services and explore mental health needs to enhance the current mental health care system. Due to the taboo nature of mental health among some cultures, their mental health needs go unmet. The questions that guided my study were:

1. What does mental health mean to someone of the Assyrian culture?
2. What are the perceptions Assyrians have regarding utilizing mental health services?

Research Design

Past research has focused on the impacts that culture has on mental health. A qualitative exploratory research design was used to conduct a study focused specifically on the Assyrian population in Central California. This design was used since there has been little to no research done on mental health in regards to the Assyrian culture. Specifically, a phenomenological design was used for understanding experiences of the individuals. A phenomenology, as described by Faulkner (2014), is a research design that aims to examine lived experiences of

participants in a study. For the purpose of this study, this design was chosen to gain increased understanding of the population, including thoughts, ideas, and experiences that may impact views on mental health. As stated by Faulkner (2014) qualitative and exploratory studies aim to explore understudied topics when there is little to no research found on a topic. By choosing an exploratory study, the researcher was able to observe and inquire information on what Assyrians are experiencing. This provided the researcher with expanded knowledge on the population, including how culture has impacted mental health experiences.

Sampling

A non-probability sampling plan, specifically, purposive sampling was utilized in this research study. Purposive sampling as described by Faulkner (2014) is the act of selecting a population with set characteristics based on the knowledge of the population. Purposive sampling was used to answer the researcher's guiding questions. The specific region of focus in the study was Central California. The requirements of participants of the study included the following: 1.) Participant identifies themselves as Assyrian, 2.) Participant is 18 years or older of age, and 3.) Lives in Central California. The criteria was used to gain participants that would relate to the guiding research questions.

Participants included individuals who attend Assyrian churches in Central California. Churches were chosen as a location to gain participants because they are a common area and also a main resource to the Assyrian population. The recruitment of participants included the researcher's close connection to the culture and population.

Participants were found through the use of dialogue leading to word of mouth also known as the snowball effect. Faulkner (2014) describes snowball sampling as the process of gaining one or more members to participate in the study which then leads to more based off a referral system.

The researcher interviewed a total of 8 participants. The number chosen provided the researcher with a manageable sample size in order to be able to collect and transcribe data in a timely manner. One of the strengths of the sample size was that the researcher was able to collect in depth data because of the limited amount of participants. Central California was chosen because the researcher has connections to the population in different counties. Varying locations of the population may portray different views.

Instrumentation

The researcher utilized personal experiences and professional knowledge as well as supporting research on culture in relation to mental health and mental health care utilization to develop guiding questions. In addition, the researcher used existing literature on culture and mental health to develop interview questions. Specifically, the researcher utilized interview questions from past theses that were done at California State University, Stanislaus, such as one done by Navarro (2016) that focused on Asian Americans perspectives of mental health and treatment.

The researcher asked basic demographic questions including participants age and ethnicity. A total of nine questions were asked that focused on the perceptions and life experiences of Assyrians in relation to their views on mental health and

mental health utilization. The interview questions were semi-structured meaning there was room for flexibility and dialogue with the use of additional probing questions. Participants were able to follow along with questions that are located in the appendix (See Appendix B). In depth interviews including open-ended questions were utilized to allow the participant to share their attitudes and perceptions freely. The participant was able to answer in their own words, rather than a “yes” or “no” response. Open-ended questions are useful in developing themes that relate to the environment.

Data Collection

The researcher gained approval from the Institutional Review Board (IRB) prior to collecting data to ensure that the rights of human subjects were protected. The researcher collected all data for this study. Face-to-face interviews were held lasting from forty-five minutes to one hour. Data were recorded by taking notes and audio recording the participant with their permission.

Once participants were gathered, interviews were held separately in a private space. The private space included either a private room that is located in church, or a private room borrowed from California State University Stanislaus’ library. Participants were given several different selections of dates and times for interviews. Written consent was given prior to an interview. Also, the participant was able to have a copy of interview questions to follow along with the researcher.

Plan for Data Analysis

Once data were collected, it was analyzed through the Neuman’s 5-step process. This is utilized to convert qualitative data into results. The first step of

Neuman's plan includes sorting and classifying. The data were organized around the researcher's interview questions. The second step included the process of open coding, involving the researcher locating themes and assign initial codes or labels to condense mass data into categories. The third step included axial coding, meaning the researcher organized themes and identified axis of key concepts. In this step, the researcher looked for categories or concepts that clustered together. Through axial coding, the researcher defined the themes and categories to answer the research questions. The fourth step included selective coding known as the last pass through the data which involves looking selectively for cases that illustrate themes, and scanning data and previous codes. The last step in the process was interpreting and elaborating. Step five allowed the researcher to explain findings, organize concepts, formulate explanations, and compare/contrast. Step five also allowed the researcher to compare major themes and categories to the existing knowledge base (Neuman, 2003).

Protection of Human Subjects

As Faulkner (2014) mentions, there are laws set in place that human subjects must be treated with dignity and respect. The researcher took all measures to assure that these laws were abided. Prior to gathering data, the researcher ensured that the study was ethical by gaining a review and approval from the Institutional Review Board (IRB). In additional efforts to ensure dignity and respect, the researcher provided participants with an overview of the study. The researcher provided the participant with the purpose of the study, and explained that participation was

voluntary. Voluntary participation indicated that the participant had the choice to decide whether or not to participate in the study. Participants were informed that they are able to withdraw from the study at any time without penalty. Informed consent was obtained prior to gathering data. Informed consent included what the study is designed to discover, the total length of study, how data will be in a secure location, and voluntary participation. Lastly, it included the research project contact information including faculty sponsor if a participant had any questions regarding their rights and participation.

Participants were informed how the data will be protected from inappropriate disclosure. Confidentiality was assured by making sure there are no identifying factors to an individual by using anonymity. Minimal demographic information was gathered from participants, including age and ethnicity. Permission was obtained prior to obtaining audio recording and written records. The researcher informed participants that the information will be protected in secure storage that is only accessible to the researcher. Upon the completion of the study, data including records and notes were erased and shredded.

Sharing lived experiences and beliefs may either cause comfort or distress to individuals. Since the study is qualitative in nature and aims to understand lived experiences and beliefs to expand cultural awareness, there may be individuals that have discomfort. The researcher disclosed any risks in the informed consent (see Appendix A). The participant had the ability to debrief with the researcher if needed. If any discomfort remained after debriefing, the researcher made sure to provide

participants with resources such as the Assyrian Wellness Collaborative. The researcher also provided participants with their contact information as well as their faculty sponsors information if any concerns arise.

CHAPTER IV

RESULTS

Overview

This study explored how Assyrian participants define mental health and their perceptions of mental health and the utilization of services through open ended questions in interviews. Interviews were held with Assyrian individuals within Central California. The design of this study aimed to gain perceptions and lived experiences of Assyrian individuals to better understand and provide the most culturally appropriate mental health services. Outlined in this chapter are: an overview of the sample, major themes, guiding research questions, and major points of the study. The guiding research questions of the study were:

1. What does mental health mean to someone of the Assyrian culture?
2. What are the perceptions Assyrians have regarding utilizing mental health services?

Sample Overview

The participants of the study included eight Assyrian individuals who reside in Central California. All of the participants were recruited from churches of the holy Apostolic Assyrian Church of the East. Participants' ages ranged from 18-64, though most of the participants were in the range of 25-44. Of the eight participants, two participants had employment history in the mental health field. The remaining six

participants relied on personal life experiences to articulate their perceptions on mental health.

Mental Health Defined

The first guiding question gained responses of the meaning of mental health within the Assyrian culture. The common theme was that participants described mental health as well-being. The participants defined mental health as an important factor of daily functioning. For instance, one of the participants described mental health as the following: “Mental Health is our well-being and can alter a person’s thinking and ability to live daily normal life.” Additional participant responses are listed in the table below.

Table 1.
Participants’ Definitions of Mental Health

Participant 1	Someone’s overall well-being. How you feel about your life on a daily basis, and how you view yourself and others. How comfortable you are with your inner self.
Participant 4	Mental health to me is your well-being; emotionally, cognitively, behaviorally. It is how we behave, think, and feel. To me, there is nothing more important than your mental health. We must be aware of it, take care of it, and cherish it in order to live life in our fullest potential and be happy. Happiness is key.
Participant 5	A person’s psychological and emotional well-being. It is a state of mind that is interchangeable. It is interchangeable depending on what it is in life that you are going through. Many factors can impact mental health causing someone to feel a certain way. Factors can include high stress levels due to work, general life decisions, family problems.

Table 1 continued

Participant 8	I define mental health as any factors that would affect my emotions or mood. My mentality and the way I think, the way I perceive things impacting my overall well-being.
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Factors that Impact Perceptions of Mental Health

After participants described how they defined mental health, participants then discussed influences that impact their perceptions of mental health. The first theme that arose was that mental health was not spoken about enough. All participants shared their thoughts and experiences of the lack of conversation on mental health within the community. One participant stated, “There is some type of stigma around it and although it is very much alive, it is brushed under the carpet like it does not exist.” Another participant added, “growing up...mental health was never discussed, it was more of a taboo topic.” A third participant mentioned, “We downplay issues of mental health. We’ve grown up not feeling comfortable talking about mental health or even consider it being a real thing.” Another participant shared, “Whenever we had problems growing up, and if I wanted to talk or express my feelings, it wasn’t talked about and we were told to look past it because it was a normal thing people go through.” A final participant replied, “Back when I was young, I never talked about mental health with my family. We never thought it was an issue.”

It was clear participants were aware that mental health often goes ignored and there was a lack of discussion around the topic of mental health. Several participants spoke about the impact of ignoring mental health within their families. Responses related to the impact of ignoring mental health included: “I was always taught to

remain strong, not cry, or not be scared of anything. It impacted my mental health in ways because I always had bottled up my emotions and mental health, even though I wanted to express myself. As I grew older I learned how to express my emotions and realized the importance of expressing emotions.” Another participant stated, “I recall being told not to be sad and should be grateful for what I have. I am supposed to be strong and not be weak.” Similarly, another participant stated, “I feel like family doesn’t want you to be emotional or in your feelings all the time, because essentially it’s a sign of weakness to them.”

One participant specifically focused on aspects of migrating and its impact on mental health by stating, “Through all the trauma that Assyrians have faced, they continue to move forward. My parents have talked to me about the experiences they faced, migrating, adapting, and language barriers, but never the feelings that arose from those [challenges]. They also didn’t have time to focus on their mental health while migrating. They picked up and settled in a new area and had to make a life for themselves.”

Other factors that impacted participants’ perceptions of mental health were their experiences through life, through education, and work. In general, the participants all spoke about life circumstances and experiences that have increased their awareness of mental health. One participant stated, “It wasn’t until I went into the field of mental health where I learned more about it. It opened my eyes that mental health is not talked about enough.” Another participant shared, “My experiences around mental health come from my educational background and

employment which is where I learned about mental health and mental health diagnoses”.

Additional Factors Related to Culture

Participants identified the concept of mental health as having importance, and continued to describe the aspects of their culture that they rely on and turn to when experiencing any form of mental health concerns. Common themes among participants included turning to faith, religion, family, and friends. Participants described that these factors impacted their ability and willingness to receive mental health services, since they had something that was already accessible to them. In general, all participants emphasized that they would turn to their family and friends or friends at church before turning to mental health services and treatment. Examples of this finding are indicated as follows:

- “I would turn to church, friends, family, and religion when experiencing mental health concerns.”
- “ I would speak to friends and family and spend time with them to be able to talk about it and vent to them.”
- “I would talk to my close friends, family, especially my siblings. Getting someone else’s opinion like close friends or family helps me out a lot.”

A theme that was common among all participants, and was one that was repeated in several questions, was the importance of faith and religion in the participants’ lives. Participants spoke about faith as a main resource to turn to, especially when their well-being is altered. One participant stated, “In our culture,

one tradition is our faith and it is our biggest resource. I was always taught that when you have your faith you have nothing to be afraid of, so I would say my faith is a big influence of how I view mental health.” Several other participant views on faith are listed in the table below:

Table 2.

Participants' Views on Faith as a Resource.

Participant 2	I have found healing through God and faith, and although some wounds will never be healed, I know that those resources are always available to me.
Participant 3	The culture that we lived in, as I grew up they were very religious people and almost all health-related issues that a person was experiencing, they depended on their faith and Jesus Christ. Assyrians would turn to the bishops of church if problems were to arise. Going to church every Sunday and taking communion makes me a whole new person every Sunday. If I skip church on a Sunday, I feel lost the whole week. So I feel as if I were to experience anything that impacts my mental health, I would go to church and pray so that God can guide me through whatever I am going through.
Participant 4	When one is facing a difficult time, prayer is emphasized in our community, and I strongly believe in prayer and faith, but I do think with prayer must come action. It's like praying to be a millionaire, but not working towards it. We can pray for our mental health/well-being, but we must educate ourselves, become aware of it, and work towards our well-being through treatment and interventions.
Participant 5	Traditionally in our culture, when one is thinking or feeling a certain type of way you're told to pray about it.
Participant 8	For cultural traditions, we always turn to religion, for any form of physical or mental health help. If I was ever afraid or felt depressed I would turn to religion. Culturally, that's what I was taught to do. Because of culture, I found out I was never truly alone because I was taught God was always with us so religion played an important aspect in finding solace.

Seeking Mental Health Services

Participants expressed varying reasons as to why they would personally seek mental health services or why other Assyrians would seek services. Several participants stated that stress would be a common reason to seek mental health services. For example, one stated “I would seek mental health services if I noticed my stress was piling up and I need help managing it,” while another participant added, “a reason for me to seek mental health services would be too much stress. I think we all stress about things but when it becomes too much it can make you sick and trigger other emotions.” Another reason that a participant stated they would seek mental health services was for “changes in thinking, and memory. Changes in daily functioning.” Some other participants stated some reasons to receive treatment would be for anger, grief, or addiction.

When asking participants why other Assyrians would seek mental health services, all participants shared that they would probably seek services for the same reasons as they had already stated, but some shared more. One participant stated, “Other Assyrians might seek mental health services for the same reasons as me and more. Most of the Assyrian culture in the central valley are elderly people and have faced horrible scenes in front of their eyes in their homeland including murder and war. Most Assyrians were told to change their religion or face death. That has stuck with them until this day. Seeing such horrific days can impact their mental health and they might seek services for PTSD, stress, anxiety, or depression.” While another participant similarly shared, “Other Assyrians may seek mental health services for the

same reasons and/or not feeling themselves/happy. Many Assyrians come from their homeland (Iraq/Iran/Syria) and have witnessed/experienced some very traumatic events and may seek mental health services for depression, post-traumatic stress disorder or anxiety.”

Participants then spoke about receiving mental health services and treatment, the qualities they wanted in treatment, and the qualities they did not want in treatment. The common theme that participants wanted in treatment was interventions and coping skills. One participant stated, “I would like to work on different interventions and coping skills in treatment.” Another participant replied, “I would want different interventions and strategies to deal with my mental health.” Another added, “I would not want a uniform treatment plan but more so a customized and personalized one based on my specific needs.”

Additional themes emerged when discussing perceptions regarding utilizing mental health services. One of the themes was that participants stated they were fearful of receiving mental health services because of what others may think, specifically within the Assyrian community. This theme was expressed in all of the participants’ responses. The table below includes the participants’ responses.

Table 3.
Participants Fear of Receiving Services due to Stigma within the Culture

Participant 1	I would avoid it because I don't want to seem weak. I don't want to feel like I'm incapable of dealing with my issues on my own. I also might be afraid to see that maybe there is something wrong that I didn't know or see before. Other Assyrians might not want to because they don't want to seem weak. Or if other Assyrians hear that you [sought] services, they'll talk about you because Assyrians are always worried about their reputation and what others are going to say about them.
Participant 2	I have to think of my culture before doing something. For example I always think of how they would take it. If I do something and it doesn't look or sound good, everyone will talk about it, and I might end up feeling worse. I always have to take care of the culture aspect first, and if not, then I have to think of something else. I am always keeping my culture in mind.
Participant 3	Other Assyrians might not seek mental health services because they might be afraid of what other will say and others might call them crazy or that they have lost their mind. Most Assyrians care what other people think about them.
Participant 4	Assyrians may not feel comfortable to seek services because they are scared that others will find out. Assyrians are very private/hesitant in this aspect of life as they feel a sense of embarrassment and do not want to be labeled negatively or have a difficult time trusting government agencies. They came from a country where mental health was never talked about to them-which resulted in not speaking with their children about it. It is difficult for the older generation to understand what it really means and how much it really matters.
Participant 5	Assyrians might not seek mental health services because they might not know what it is that they are experiencing, needing, or they may feel embarrassed. They also might be fearful of other Assyrians perceptions of them.”

Table 3 continued.

Participant 6	I would not seek mental health services because I would not want other people to find out. Other Assyrians may feel the same way, they may feel like they are putting their ego down by seeking help from others and they may not want other Assyrians to find out. That person might feel more isolated and embarrassed in the Assyrian community if other Assyrians were to know.
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Some participants focused on the access and cost to mental health services and stated, “I think that other Assyrians might feel shameful, possibly not having access to services or the money to receive mental health services. Or they might not believe that they may be helped if they were to seek mental health services.” While another participant shared, “I think that I would be fearful of cost and I do think that other Assyrians might not know what it is that they are experiencing, needing, they may feel embarrassed, maybe they do not have insurance or the financial assistance needed.” One participant explained, “I think that cost may be a barrier in seeking mental health treatment among many individuals. However, I think other Assyrians might feel shameful, possibly not having access to services or the money to receive mental health services so they may not reach out to services. Or they might not believe that they may be helped if they were to seek mental health services.”

Additionally, participants described what qualities they wanted to see in a provider. A common theme among the participants was that they wanted someone who was understanding and showed empathy. A participant stated they wanted a

provider who would “understand what I am going through, and understand my feelings.” Another stated, “I would want someone who is a good listener, who shows empathy, is culturally competent, and is non-judgmental.” Several participants stated that they would want someone who would maintain confidentiality in services. One participant specifically focused on the culture of the provider, and stated “I would want someone who understands different cultures, so that they would understand the cultural background that I come from and how we typically don’t deal with feelings or emotions.” Below is a table with participants’ additional responses:

Table 4.

Qualities Desired in Providers

Participant 1	I would want them to be open and understanding of my issues. I would want them to make me comfortable enough to open up to them, someone who is easy to talk to. Someone who understands different cultures.
Participant 2	I would want a provider to show empathy. If someone were to help me, I would want them to get down to where I am. If you don’t feel what I feel, you can never help me.
Participant 4	I would like someone who shows patience, empathy, trust, listening skills, and social and communication skills.
Participant 6	I would want someone to keep our information private, make it unknown. I would want it to be kept confidential. Someone who is trustworthy and humble. Someone who doesn’t criticize or judge and listens. I would want someone to be uplifting, focusing on my strengths and positive factors.
Participant 7	I would want someone who is caring, compassionate, accepting, non judgmental, a safe zone where confidentiality is held to the highest standard.

Table 4 continued.

Participant 8	I would like someone who shows empathy, is reassuring, is professional and respects confidentiality. I think that empathy is a big quality I would like to have in a provider because I would want someone who feels with me instead of for me.
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One major theme that was described among participants for something they did not want to see in treatment was medication. Participants shared that they would only turn to medication if they have already exhausted all their options and it was a last resort. The participants' responses are provided in the following table.

Table 5.

Qualities Not Desired in Treatment

Participant 1	I wouldn't want any medicine or anything like that. I don't think that's a way to treat someone's problems, just by medicating them. You're not really understanding what their problem is and fixing it, you're just solving it temporarily. I don't consider medicine to be a mental health treatment. If you have to take a pill to feel a certain way, it's not affecting your mental health in the long run. Just a current state of being. Maybe someone who can help me figure out what I can do to cope with stress as opposed to taking a pill for stress.
Participant 3	If talking and following what the provider is telling me to do does not improve my situation, then my last resort would be to take medication to help me cope with my situation.
Participant 5	I would like medication as a last resort and would like to see other options presented first, of course depending on the issue that I am having.

Table 5 continued.

Participant 7	I personally feel like treatment in mental health is not where it should be, we see this often in the over medicating of those with mental health and often times the wrong prescribed medications that tend to completely change a person from being able to function normally. I'd like to see a treatment plan that doesn't over medicate and prescribes the correct treatment based on mental health conditions of the specific person.
Participant 8	I would want to just have treatment without medication first. I guess I would say that if everything else does not work for me, I would rely on medication as almost a last resort assistance.

The aforementioned table articulates the qualities that the participants did not want while receiving mental health treatment. However, the participants also shared desired or preferred mental health treatment options:

- I would like to work on different interventions and coping skills in treatment.
- I would want interventions and strategies so that I can deal with my mental health.
- A treatment that is supported by statistics, facts and data and that is effective. I would like treatment starting at a lower level if possible. Lower level to me would mean group counseling and individual counseling as opposed to going straight to medicating one.
- Treatment that focuses on positive reinforcement, and reminders of self care.

- I would want treatment that is relatable to me, but also one that is shown to have successful results to others.

This research allowed an opportunity to gain perceptions of Assyrian individuals in regards to mental health care and mental health care utilization to enhance the knowledge base of identified needs among the population. The participants clearly articulated a definition of mental health as one that is anchored by the concept of well-being. It was shown that though mental health may not be talked about enough in the culture, it still was an important factor of daily life and functioning among participants. In addition, participants added varying reasons why they would receive services. All participants wanted a provider that was understanding and showed empathy. One aspect that prevented participants from receiving mental health services was the fear of other individuals within their culture finding out. Additionally, all of the participants raised concerns around the western views of mental health and its reliance on medication. All participants viewed medication as a last resort in treating mental health concerns, and had varying qualities that they would like to see in treatment. Lastly, faith was shown as a common theme among participants that impacted the way they described mental health and mental health services.

CHAPTER V

DISCUSSION

Overview

The purpose of this study was to explore Assyrian individuals' perceptions and attitudes towards the concept of mental health and how culture impacts the way they view mental health services. In depth interviews were utilized to examine life experiences and cultural traditions that may impact views of mental health and willingness to receive mental health services. The study was guided by the following research questions:

1) What does mental health mean to someone of the Assyrian culture? 2) What are the perceptions Assyrians have regarding utilizing mental health services? This chapter highlights the major findings of the study in relation to the guiding questions and existing literature. Additionally, this chapter discusses limitations, implications for social work practice and policy, and recommendations for future research.

Overview of Major Findings

In relation to the questions that guided this study, there were four major themes identified from the data that were collected. The first major theme encompassed well-being. Questions were asked to gain views and perceptions of what mental health means to someone of the Assyrian culture. The participants of the study defined mental health as *well-being*, and an important part of daily functioning. The participants spoke about life and job experiences that have impacted their perceptions

of mental health. All participants were able to identify life experiences that have impacted their views on mental health. Some of these lived experiences were described as personal moments where they had experienced mental health concerns; or a friend or family member dealing with mental health issues; and coming from a conservative upbringing and closed/private family structure as a coping mechanism of mental health.

The second major finding was “stigma” surrounding mental health service utilization. Though all participants described mental health as important, they also shared that mental health often goes ignored within their culture. The participants shared their thoughts and experiences around the lack of conversation of mental health within their culture. The cultural lack of conversation led some participants to hold in their emotions. Additionally, participants shared their fear of receiving mental health services because of what others may think, specifically within the Assyrian community. This was something that was expressed in all of the participants’ responses. A few participants also focused on the access and cost to mental health services adding to the perceived stigma of mental health services. One participant specifically stated that, “I think that I would be fearful of cost and I do think that other Assyrians might not know what it is that they are experiencing, needing, they may feel embarrassed, maybe they do not have insurance or the financial assistance needed.”

The third major finding was the external emotional support that participants identified. The common theme among participants was turning to faith, religion,

family, and friends when facing an alteration in their mental health. This theme was common among all participants and one that was repeated by participants when answering other interview questions. Participants described that these factors impacted their ability and willingness to receive mental health services, since they had something that was already accessible to them.

The fourth theme was the qualities that participants wanted to see within mental health care providers and in treatment. Participants had varying reasons as to what they wanted to see in treatment, including different coping strategies and interventions that are backed up by empirical evidence. A part of the rationale for seeking mental health services included stress and changes in daily functioning. Some participants even spoke about receiving mental health services because of the impact of migration on their emotional health. Participants shared that they would want their provider to be understanding and show empathy within mental health services. Participants also highlighted that they would want things to be kept confidential, because they did not want others to find out. All participants stated they did not want prescribed medicine within their treatment, unless it was used more as a “last resort.”

The four themes highlighted the way that Assyrian individuals describe mental health and their perceptions around mental health services. The findings coincide with what the U.S. Department of Health and Human Services (2001) states: cultural influences play an important role on mental health and mental health services. Some of the key elements that the U.S. Department of Health and Human Services (2001) state include: that to promote success within services is to have an

understanding of a client's "cultural identity, social support system, and reticence about treatment due to societal stigma" (p. 36). Though the findings are exclusively about the Assyrian culture, they provide pertinent information to be able to promote services for Assyrian clients and others. Additionally, the findings provided insight into improving services among other cultures where a history of forced migration and strong cultural values are apparent.

Findings Related to the Existing Knowledge Base

Cultural Views and Perceptions of Mental Health

Participants provided detail about how their culture guided them in developing perceptions of mental health. They shared that mental health was something that was not talked about enough within the Assyrian culture, leading the participants to feel discomfort in speaking about mental health. Participants shared the ways in which the Assyrian culture still does not fully acknowledge mental health as an illness or a disorder. This is congruent with what the U.S. Department of Health and Human Services (2001, para. 8) states, "Culture can influence views of mental health, mental illness, and health care utilization." Participants identified that their increased knowledge around mental health was gained through life experiences that they had personally faced or a family member/friend faced. Additionally, their respective levels of formal education and employment work histories helped raise their awareness and understanding of mental health and mental health services.

Stigma around Mental Health

Participants identified two factors within the Assyrian culture that had an impact on their views of mental health. One of the factors was that mental health was not openly discussed. All participants shared their thoughts and experiences on the lack of conversation about mental health within the Assyrian community. As participants mentioned, the views that they were taught within the Assyrian culture impacted their overall views of mental health. In addition, some participants shared that they would not seek mental health services because they would not want other individuals within their community to find out. Abdullah and Brown (2011) describe this as the devaluing of individuals with mental illness by the general public, also known as stigma.

The findings of this study align with the research that has been done on diverse cultures and factors of underutilization of services. NAMI (2018a) describes the health disparities that diverse communities face as the following: higher levels of stigma, misinformation about mental health, and language that prevent them from receiving care. The U.S. Department of Health and Human Services (2011) describes that diverse communities have experienced greater obstacles in relation to their ethnic group, religion, geographic location, and socioeconomic status. Difference in these varying backgrounds can impact mental health care utilization. Research has shown the differences in culture impact the willingness to receive mental health services (NAMI, 2018a). Additionally, Unite for Sight (2015) also highlights that mental health stigma can impact willingness to seek treatment. Each culture has differences

in reasons for stigmatization; however, stigma is something that is universal (Unite for Sight, 2015).

Difference in these varying backgrounds can impact mental health care utilization. Research has shown the differences in culture impact the willingness to receive mental health services (NAMI, 2018a). Additionally, Unite for Sight (2015) also highlights that mental health stigma can impact willingness to seek treatment. Each culture has differences in reasons for stigmatization; however, stigma is something that is universal (Unite for Sight, 2015).

Cultural Resources

Participants identified resources that they utilized when facing a mental health concern. The resources included faith, religion, family and friends. Participants in the study shared that they would turn to these sources before turning to formalized mental health resources and services. Similarly to a study done by Lukachko et al. (2015) factors such as religious beliefs, family, community, and coping were shown to be reliable factors that African Americans utilize when experiencing mental health problems. Lukachko et al. (2015) concluded that individuals who reported religion as highly important, were less likely to use professional mental health services compared to those who signified religion as a lower level of importance. Andrade (2017) similarly stated that African Americans are shown to handle distress in two ways: on their own or turning to spiritual support. These ethnic differences demonstrate that one's culture frames perceptions and values. As Holden et al. (2014) states, the way to reach culturally appropriate care is to apply culturally-centered intervention

approaches and to understand the difference in cultural needs and values. The lack of diversity and cross-cultural skills in professional practice may contribute to continued growth in health disparities in the U.S. These differences in cultural factors can also impact the levels of support, and willingness to seek support.

Qualities in Mental Health Providers and Mental Health Treatment

Though participants shared varying views on what they would like to see in treatment, they all shared a general view of the preferred traits for a service provider. One participant specifically stated that they would want a provider who understands the differences in cultures. Identifying what participants wanted in providers and services allowed space to recognize the identified needs of a sample of the Assyrian population. This finding is similar to what research has shown (U.S. Department of Health and Human Services, 2001).

Limitations

The in-depth interviews were held in English due to no equivalent translation into the Assyrian language. Conducting the interviews in Assyrian with participants whose main language is Assyrian may have transmitted different responses. Additionally, the researcher did not ask about participants' sex/gender in the demographics of the questionnaire, which may have provided a deeper context for the responses. Participants spoke about their support systems when asked how they deal with mental health concerns; however, additional research questions that addressed participants' access to family and community support systems may have elucidate more extensive responses. This would provide the researcher with the ability to

further describe the impact of family and support systems has on mental health and mental health care utilization. Lastly, the study did not examine the impact that migration can have on participants. The degree to which a participant assimilates to new customs may impact their mental health views, experiences, and willingness to receive services.

Implications for Social Work Practice

The findings of this study provide social workers with insight and knowledge of the Assyrian culture and the ways that mental health and mental health services are perceived. By reviewing the findings, social workers will be able to identify qualities that Assyrians would like to see in providers and treatment. Additional insight can be gathered in micro level work, by way of these findings, that allow a foundation for understanding mental health needs within the Assyrian culture. This study's findings highlight values and resources that the Assyrian culture utilizes, including faith, religion, family, and friends. As the American Psychiatric Association (2018) describes, mental illness can alter a person's ability to interact with friends, family, and community. As the NASW Code of Ethics (2017) specifies, one of the responsibilities of a social worker is to promote well-being of clients. To promote the well-being of clients, social workers can strive to understand cultural differences that may impact the way mental health is perceived and experienced.

Implications for Social Work Policy

As the NASW Code of Ethics (2017) highlights in their ethical standards, social workers should have a knowledge of client's cultures and demonstrate their

competency within services. At the macro level, more actions can be taken to increase knowledge and advance services. First, agencies can encourage their staff to attend relevant trainings on culture to expand their knowledge of the differences in culture that may impact services. In addition, there can be an expansion in policies that allocate funding for more cultural resources and programs. Social workers can advocate for the policy changes to reduce the amount of oppression that exists and to promote culturally competent mental health services. To address the current delivery of services, agencies can work to gain client feedback of the delivery of services to make improvements. Lastly, there can be an expansion of hiring more culturally diverse clinicians to better serve client populations.

Recommendations for Future Research

The findings from this study indicate the importance culture has on mental health and mental health services. This researcher recommends that further cultural studies are needed within, not only the Assyrian culture, but other cultures as well to better understand the respective needs of ethnically diverse populations. This researcher also suggests several ways that culturally-based studies can be conducted. Future research should increase the focus on demographic information that is collected. This would include inquiring about the participants' level of education achieved, sex/gender, nuclear family composition, and occupation. As Faulkner (2014) mentions, demographic questions are control variables. Examining differences in control variables may yield more useful findings. In addition, further research should seek participants from varying age backgrounds so that there is generational

data that can be examined. This will allow the researcher the ability to identify if there are any differences in generational views that impact opinion of mental health and mental health service utilization. Future research could explore participants' access to external community support systems. Lastly, research studies should concentrate on migration patterns and levels of assimilation/acclimation that may impact life experiences and one's mental health status.

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APPENDICES

APPENDIX A

INFORMED CONSENT

Dear Participant:

You are being asked to participate in a research project that is being done to fulfill requirements for a Master's degree in Social Work at CSU Stanislaus. We hope to better understand the perceptions and beliefs of Assyrian individuals in regards to mental health and mental health services. If you decide to volunteer, you will be asked a series of open ended questions in a one-time interview with the researcher. Conducting this study will identify the perceptions and experiences of Assyrians to further assist mental health providers in identifying the needs of members of the Assyrian community. The results of this study will be used to provide social workers with cultural awareness to enhance services among Assyrian individuals. The interview will take approximately take forty-five minutes to an hour.

There are no known risks to you for your participation in this study. If any discomfort arises, you may decline to answer questions or withdraw at any time without penalty or loss of benefits of any kind. If any discomfort arises, you may contact me and I will connect you to support through the Assyrian Wellness Collaborative.

It is possible that you will not benefit directly by participating in this study. The information collected will be protected from all inappropriate disclosure under the law. All data will be kept in a secure storage only accessible to the researcher. Confidentiality will also be assured by having no identifying information revealed in the results of the study. Data will be maintained until the completion of the study when the thesis is filed with the Graduate School. There is no cost to you beyond the time and effort required to complete the procedure(s) described above. Your participation is voluntary. Refusal to participate in this study will involve no penalty or loss of benefits. You may withdraw at any time without penalty or loss of benefits.

If you agree to participate, please indicate this decision by signing below. If you have any questions about this research project please contact me, Nahrain Michael, at 209-679-1692 or my faculty sponsor, Dr. Kilolo Brodie at (209) 667-3126. If you have any questions regarding your rights and participation as a research participant, please contact the IRB Administrator by phone (209)667-3493 or IRBAdmin@csustan.edu. Your time and input is greatly appreciated.

Sincerely,
Nahrain Michael

Master of Social Work Student

I have read and understand the information provided above. All of my questions, if any, have been answered to my satisfaction. I consent to take part in this study. I have been given a copy of this form.

Participant Signature: _____

Date: _____

In addition to agreeing to participate, I also consent to having the interview

Participant Signature: _____

Date: _____

APPENDIX B
INTERVIEW QUESTIONS

1. How do you define mental health?
2. How do you think your Assyrian culture impacts your perceptions of mental health?
3. What experiences and/or cultural traditions (including examples) influence your opinions of mental health?
4. What would be some reasons for you to seek mental health services? Why might other Assyrians seek mental health services?
5. What would be some reasons for you to avoid seeking mental health treatment? Why might other Assyrians not seek mental health services?
6. If you are going through mental health concerns, what steps would you take to address the concerns?
7. If you or a family member decided to receive mental health services, what qualities would you like to see in a provider?
8. If you or a family member decided to receive mental health services, what qualities would you like to see in treatment?
9. What is your age range?
18-24, 25-34, 35-44, 45-54, 55-64, 65-74, 75 years or older.