



Racial discrimination, cultural processes, and mental health among individuals from Asian backgrounds during COVID-19: a narrative review

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ABSTRACT

Objective: We reviewed literature on racial discrimination and mental health among young adults from Asian backgrounds during COVID-19, and whether cultural processes and coping strategies can play a protective role in mental health.

Background: Since the COVID-19 outbreak in 2019, there has been an increase in discrimination and xenophobia directed towards people from Asian backgrounds. These incidents have been observed most prominently in Western countries and they can have a significant impact on the mental health of those affected.

Methods: Articles were retrieved from Google Scholar, PsycINFO, and PubMed. Research on COVID-19 was examined from 2019-onward. Articles on acculturation, coping, and discrimination were considered from 1999-2021.

Discussion: Since the emergence of the COVID-19 pandemic, there has been a decline in mental health worldwide. Xenophobic attacks and blaming for the pandemic have strongly affected the social and mental health outcomes of Asian individuals. Young adults have also experienced a massive shift in their daily routines, increasing their isolation and, thereby, affecting their mental health. Individuals' coping strategies during times of stress may play a particularly adaptive role against mental health problems, particularly for those at risk for experiencing racial discrimination.

Conclusion: Experiencing COVID-19-related racial discrimination can have implications for significant mental and physical health outcomes among Asian groups. Primary research studies are needed to address specific cultural processes, risk and protective factors that can help mitigate the impact of discrimination on mental health.

RÉSUMÉ

Objectif: Nous avons examiné la littérature sur la discrimination raciale et la santé mentale chez les jeunes adultes d'origine asiatique pendant COVID-19, et si les processus culturels et les stratégies d'adaptation peuvent jouer un rôle protecteur dans la santé mentale.

Contexte: Depuis l'épidémie de COVID-19 en 2019, il y a eu une augmentation de la discrimination et de la xénophobie à l'encontre des personnes d'origine asiatique. Ces incidents ont été observés le plus souvent dans les pays occidentaux et peuvent avoir un impact significatif sur la santé mentale des personnes touchées.

Méthodes: Les articles ont été extraits de Google Scholar, PsycINFO et PubMed. La recherche sur COVID-19 a été examinée à partir de 2019. Les articles sur l'acculturation, l'adaptation et la discrimination ont été examinés de 1999 à 2021.

Discussion: Depuis l'émergence de la pandémie de COVID-19, il y a eu un déclin de la santé mentale dans le monde. Les attaques xénophobes et le blâme pour la pandémie ont fortement affecté les résultats sociaux et de santé mentale des individus asiatiques. Les jeunes adultes ont également connu un changement massif dans leurs routines quotidiennes, augmentant leur isolement et affectant ainsi leur santé mentale. Les stratégies d'adaptation des individus pendant les périodes de stress peuvent jouer un rôle particulièrement adaptatif contre les problèmes de santé mentale, en particulier pour les personnes à risque de subir une discrimination raciale.

Conclusion: Subir une discrimination raciale liée à la COVID-19 peut avoir des conséquences sur la santé mentale et physique des groupes asiatiques. Des études de recherche primaires sont nécessaires pour aborder des processus culturels spécifiques, des facteurs de risque et de protection qui peuvent aider à atténuer l'impact de la discrimination sur la santé mentale.

individuals from Asian backgrounds and Asian cultural practices, along with an increase in xenophobia among individuals living in the United States (US).¹⁻³ Asian populations have been increasingly vulnerable to xenophobia and discrimination, posing a threat to their health.^{2,4,5}

Racial/ethnic discrimination (henceforth referred to as discrimination) refers to covert or overt perceptions of disparate, unjust treatment of racial/ethnic groups or group members based on racial prejudice that may occur at individual, group, or institutional levels.^{6,7} Social media has publicized anti-Asian attacks during COVID-19, targeting Asian groups with xenophobic messages and possibly reinforcing beliefs of racially dominant groups that immigrants pose a threat to the nation.^{1,2,8} Due to the negative connotations assigned regarding the origins and worldwide impact of COVID-19, there have been multiple reports of increased anti-Asian prejudice and discrimination.^{1,2,4,9-11}

According to meta-analytic findings, bias-based discrimination, including racial/ethnic and weight- or gender-based discrimination, can affect health across the lifespan with varying effect sizes observed across racial/ethnic or sexual minority groups.^{12,13} Recent work has examined Canadians' experiences during the COVID-19 pandemic and individuals from Asian backgrounds' experiences of COVID-19-related discrimination, respectively. However, less is known about the mental health of young adults from Asian backgrounds during COVID-19, a population affected not only by COVID-19-related-discrimination but also changes in daily routines due to social distancing regulations.^{4,9,14-16} Accordingly, this review will focus on recent literature on discrimination experiences among young adults from Asian backgrounds during the COVID-19 pandemic and the impact these experiences have had on their mental health. In addition, we will address the importance of cultural processes that might help mitigate the effects of discrimination on mental health.

METHODS

This narrative review focused on North American studies, with some additional sources from the UK. The target population was young adults aged 17-25 years old, living in Canada and the US, primarily from East Asian backgrounds

The Coronavirus (COVID-19) pandemic has been negatively framed as originating from China and associated with Chinese cultural practices.¹ This has resulted in negative attitudes generalized towards

(Chinese, Korean, Japanese, Taiwanese), due to COVID-19 being portrayed in the media as originating in East Asia. The databases searched were Google Scholar, PsycINFO, and PubMed. A specific focus was placed on the literature surrounding the COVID-19 pandemic published between 2019-2021, using keywords including “Asian students” and “racial discrimination.” Within the COVID-19 context, the discrimination experiences and well-being of East Asians were examined to investigate whether cultural processes were associated with perceptions of racial discrimination, coping strategies, and acculturation orientation.

DISCUSSION

Social Determinants of Mental & Physical Health

Social determinants of health include socioeconomic status (SES) and migration.^{17,18} Lower SES is considered as a fundamental correlate of disease and associated with increased morbidity.¹⁹ Groups from low SES backgrounds often lack access to resources, placing them at greater risk of disease and adverse consequences.²⁰ COVID-19 disproportionately affects families from low SES backgrounds who experience health and social inequalities.²¹ During the COVID-19 pandemic, 38.2% of Canadians reported that their mental health deteriorated, with more pronounced effects in individuals with pre-existing mental health conditions, disabilities, and a household income of <\$25,000.²² Moreover, exposure to COVID-19 and experiencing COVID-19-related discrimination can contribute to mental distress.²³⁻²⁶

Xenophobia Towards Individuals from Asian Backgrounds

The COVID-19 pandemic is not the first public health crisis to have instigated poor, discriminatory treatment towards individuals from Asian backgrounds.^{2,27} Similar patterns were also seen during the SARS epidemic in 2002-2004. Hate crimes and xenophobia towards racial/ethnic groups who are perceived as dangerous (e.g., Asians perceived as spreading a virus) can lead to ‘othering’. It describes a phenomenon that is augmented during pandemics where nationwide fear of being infected causes prejudice against racial/ethnic minority groups.^{2,28,29} Placing blame on groups that are different from the perpetrators’ own national, ethnic, or religious identity has been seen in past

pandemics, where fear of morbidity drives the search for a scapegoat.^{2,3,10,27,29-31} Xenophobic comments regarding COVID-19 created an environment in which individuals from Asian backgrounds are vulnerable to discrimination and hate crimes.^{2,3}

Discrimination and Health

Discrimination has a significant impact on health and well-being.^{12,13,32,33} Adverse experiences during adolescence, such as discrimination or a pandemic, might predict early adult physical health, highlighting the importance of investigating the continuation of these effects in vulnerable populations from adolescence to adulthood to prevent later morbidity.³³ The COVID-19 pandemic may be particularly detrimental for East, South, and Southeast Asian individuals who experience higher rates of COVID-19-related discrimination.³⁴ Repeated experiences of discrimination are contributing factors to worse health outcomes and disease.^{11,14,33,35-39} Individuals from Asian backgrounds during COVID-19 may, therefore, be at a heightened vulnerability of health decline.^{1,2,11} Moreover, heterogeneity in characteristics among Asian populations, such as immigrant status and length of residence in Canada, may be differentially associated with mental health outcomes when facing discrimination.^{16,35} Findings from American literature suggest that American- and foreign-born Asian individuals report similar levels of discrimination during COVID-19, but Asian Americans reported worse mental health outcomes than foreign-born Asians. This potentially suggests that rates of discrimination alone may not be sufficient to explain health disparities between these two populations.⁴ Other processes pertinent to cultural and immigration experiences need to be considered.

Discrimination and Mental Health

Discrimination also affects mental health, with increased levels of depression, anxiety, psychological distress, and lower self-esteem reported as the most common outcomes.^{13,33,38,40,41} In the current context, it is important to assess the extent of perceived discrimination among individuals from Asian backgrounds. Meta-analytic findings suggest that recent experiences of discrimination (i.e., within the past year) have a larger negative effect on mental health compared to lifetime experiences.³⁹ These differences may be attributed to lower salience

of a discriminatory experience over time or to individual differences related to coping ability.⁴⁰ The xenophobic framing of the COVID-19 pandemic created an environment in which Asian Canadians have been subjected to more experiences of discrimination than encountered in the past, both online and in-person, which can negatively affect their well-being.^{23,34,42,43}

While these observations have been made in adults, the specific experiences of university students and emerging adults in Canada have not been examined. Emerging adulthood is a period marked by developmental transitions from adolescence to young adulthood.^{44,45} Moreover, for international students, this period reflects an additional layer of cultural transitions acting in conjunction with identity exploration, including ethnic identity, which can still be developing in this age group.⁴⁴⁻⁴⁶ Ethnic identity, a topic discussed later in this paper as a possible buffer between discrimination and mental health, also needs to be considered. Because emerging adults are more likely to be in the process of establishing their identities compared to individuals later in adulthood, a developing ethnic identity may or may not be a protective factor against mental health problems when experiencing discrimination.^{45,47,48} Further, international university students are not only exploring their beliefs and feelings about their ethnicity, but they have the additional adjustment, such as concerns of acculturation, facing discrimination, and loss of identity.^{49,50} This population is also affected by the transition to online schooling and increased isolation during the COVID-19 pandemic.^{4,22,42,51} With much of university students' lives happening online, it is important to understand the vulnerability of being exposed to discrimination, both in-person and online, which can lead to feeling a lack of safety across contexts. Specific aspects of discrimination need to be examined, such as the multiple domains where discrimination can occur (e.g., in-person versus online), taking into account their distinct characteristics and associations.⁵² Online discrimination has been associated with depression and anxiety in 14- to 18-year-old Black and Latinx adolescents before the pandemic.⁵³ The same association has been identified in Chinese American adults and 10- to 18-year-old children/adolescents who experienced online discrimination during the pandemic.⁴³ Additionally, being subject to in-person discrimination is a predictor of increased online discrimination in adolescents.⁵⁴ With the co-occurrence of offline and

online discrimination, examining these experiences both individually and simultaneously is necessary to provide exhaustive evidence regarding ethnic discrimination and its effects on health.¹⁵

Discrimination can be chronic and may, therefore, be a significant determinant of psychological distress (e.g., hopelessness, worthlessness, anxiety).⁵⁵ In a few studies examining psychosocial impacts of the COVID-19 pandemic on Asian American college students, individuals reported significantly greater experiences of discrimination compared to a sample of participants who were surveyed prior to the COVID-19 pandemic.^{9,48,56} Further, physical shunning was positively associated with anxiety symptoms.⁴⁸

The COVID-19 pandemic has exacerbated the relationship between discrimination and anxiety symptoms. Significant distress in the first few months of COVID-19 is evident, but data regarding the stability of COVID-19-related distress throughout the pandemic is lacking.⁵⁷

Although a 'healthy immigrant effect' is often observed among recent immigrants during the first 5-10 years upon resettlement, a phenomenon that refers to lack of mental health problems despite experiencing significant adversity, this advantage tends to dissipate over time.⁵⁸⁻⁶¹ Explanations underlying this apparent paradox are not yet well understood. However, some researchers have found that factors, such as high cost of living, language barriers, and stigma towards mental illness, may relate to initial underreporting of symptoms and lower usage of mental health services.⁶² Regardless, immigrants and refugees from East Asia and West Asia consistently report worse mental health than European Canadians.⁶³ The immigrant paradox is more evident in visible minority groups, including individuals from Black and Filipino backgrounds.^{59-61, 64}

Evidence on the mental health of foreign- and Canadian-born Asian individuals during COVID-19 is still emerging. Irrespective of immigration status, mental health may have deteriorated similarly among these two groups. Although these similarities might also be associated with important cultural processes, such as acculturation factors, that can affect the impact of discrimination on health.

Acculturation

The process of acculturation describes the psychological and cultural accommodation to new cultural contexts, values, and experiences that occur after intercultural contact.^{65,66} The bidimensional model of acculturation is characterized by two components: maintenance of heritage culture and participation in mainstream culture, which yield four acculturation orientations: integration, separation, assimilation and marginalization.⁶⁶ Heritage and mainstream cultures are perceived as orthogonal dimensions, with individuals varying in their endorsement of each culture on a continuum constructed through social interactions.^{65,67-70} Integration, defined as adopting values from, and engaging with, both heritage and mainstream cultures, is supported as the most adaptive acculturation orientation and is associated with higher life satisfaction, better mental health, and less stress among Asian adolescents and adults in Canada.^{66,67,71} In North America, younger age at immigration and increased length of stay predict increased mainstream acculturation among Asian immigrants.^{65,72-74}

Acculturative stressors, including homesickness, financial difficulties, and learning a new language, can affect immigrants' mental and physical health.⁷⁵⁻⁷⁷ The impact of such stressors on individual outcomes can vary based on one's acculturation orientation, immigrant generational level, degree of social support, and age.^{73-75,78} For instance, Asian Americans who are less acculturated to Western values reportedly experience increased social stress, depression, and lower self-esteem, whereas those who are more acculturated to Western values report less psychological distress, suggesting better mental health outcomes.⁷⁷⁻⁸² These health disparities could be linked to associations between degree of acculturation and better awareness of and access to health resources, including cultural barriers, language barriers, or difficulties adapting to the Western health system.^{75,81,83-85} A higher degree of acculturation to Western culture is associated with access to a wider variety of resources, which can be associated with an ability to cope with multiple stressors and cultural transitions.^{67,85-91} In the current context, the impact of COVID-19-related discrimination might have distinctly affected Asian young adults, varying in their acculturation orientation. Individuals, who are more integrated to both mainstream and heritage cultures, may have access to resources from both that can help them cope with the negative experiences of discrimination. Hence, attention should be drawn to newcomer groups who might

experience social isolation and have less access to social support and other resources.^{41,69,70,73,77,88,92,93}

Furthermore, ethnic identity, a principal component of the acculturation process which focuses on the strength of group identification, is associated with cultural behaviours, values, and general attitudes that can be conducive to how individuals respond to negative experiences such as discrimination.⁹⁴⁻⁹⁶ Yet, the role of ethnic identity in the association between discrimination and health for individuals from Asian backgrounds has yielded conflicting results.^{47,97,98} On the one hand, meta-analytic and primary studies consistently indicate that a strong ethnic identity is protective for adolescents' mental health.^{46,56,99-101} For example, a stronger ethnic identity has been found to buffer experiences of discrimination on mental health, such as anxiety and depression.^{50,56,57,99-102} On the other hand, findings within adult populations have been more mixed, with some studies showing associations to worse mental health outcomes.^{47,97,98} As university students develop at a transition from late adolescence to early adulthood, it is important to understand the interaction between acculturation orientation and ethnic identity stage and how these processes are associated with individuals' responses to social stressors that have emerged during the COVID-19 pandemic.

Coping

Individuals across Canada experienced a decline in their ability to cope with stressors and COVID-19 restrictions during the pandemic.^{22,23,51,103,104} Commonly reported coping strategies include both positive and negative behaviours, such as connecting with family and friends, exercise, and alcohol use.^{21,22} Social support is a particularly beneficial strategy associated with better mental health, decreased distress, less loneliness, and less depression.^{105,106,106-108} During the pandemic, youth in Canada faced increased pressure and unstable social support while not always being able to rely on family.^{21,103}

Fig 1: Coping strategies.

	Engagement	Disengagement
Problem-focused	Engagement - problem-focused	Disengagement - problem-focused
Emotion-focused	Engagement - emotion-focused	Disengagement - emotion-focused

Coping can be categorized into engagement and disengagement strategies, which are used to confront and avoid stressors, respectively.¹⁰⁹ Coping goals can be further defined as problem-focused, targeting the cause of stressors, or emotion-focused, managing the emotional response to stressors (Fig. 1).^{109,110} Coping strategies have been shown to vary by gender, context, cultural values, and acculturation level.^{39,111–117} Individuals from Asian backgrounds who are more acculturated to mainstream Western culture tend to use confrontation, an engagement problem-focused coping strategy that is more normative of assertive North American cultural values.^{36,38,57,101,111,118–120} In contrast, Asian individuals who are less acculturated to mainstream Western culture, report using passive or emotion-focused coping strategies, such as emotional self-control and forbearance (i.e., minimizing problems to avoid burdening others), which are more aligned with their heritage cultural values.^{57,111,114,115,121–123} Similarly, Asian university students' coping strategies may vary depending on their degree of acculturation to heritage and mainstream cultures. Although passive coping strategies may be associated with depression symptoms among university students in the general population, for less acculturated or foreign-born Asian students, they may be beneficial when encountering certain situations.^{39,115,116,124,125} For example, confrontation, as a problem-solving coping strategy, is suggested to be generally beneficial but is often not used in incidents of racism, especially since these occurrences often include a public social status imbalance.¹²⁰

Asian culture historically focuses on forbearance and other emotion-focused strategies to reduce the impacts of discrimination, compared to the engagement-focused problem-solving coping strategies observed in North American culture.^{39,57,93,111} For Asian young adults, forbearance has been reported to negatively moderate the relationship between discrimination and mental health, reducing mental health problems associated with experiences of discrimination.¹¹² Furthermore, increased social support might mitigate psychological symptoms when facing discrimination, especially in the COVID-19 context.^{38,112,113,122,126} Social support from co-ethnic group members can help individuals deal with experiences of discrimination and promote coping strategies through socialization processes.^{122,127} The COVID-19 pandemic has presented a multitude of challenges including, discrimination, changes to routines, and other life stressors. Therefore, the efficacy of coping strategies

applied to manage each of these challenges may be distinct for specific stressors.¹²⁸

CONCLUSION

The COVID-19 pandemic has negatively affected the mental health of all populations.¹²⁹ The mental health issues arising due to COVID-19 have been shown to disproportionately affect individuals from cultural minority groups, low SES backgrounds, and those who are systematically oppressed. Individuals from Asian backgrounds are one such group who have the added threat of vulnerability to stigma, discrimination, and violence due to the othering that has occurred during COVID-19. Asian young adults may be managing a multitude of stressors, such as acculturative stress, exploring ethnic identity, changes in school routines, and separation from family. During the pandemic, individuals from Asian backgrounds experience discrimination and report mental health problems, but only a few studies examine how they have coped. A cultural lens can be applied to examine the coping strategies and the cultural processes, negatively moderating the relationship between discrimination and mental health problems.

While substantial rapid research has been conducted on youth mental health, the impact of COVID-19-related discrimination experienced by Asian young adults is limited. As responses to the global pandemic may vary greatly on an individual and political level, generalizing findings across Western countries and different Asian populations may not sufficiently capture the experiences of Asian groups in Canada today.^{130–132} Additionally, most studies have focused on the first few months of the COVID-19 pandemic. Evidently, the association between discrimination and correlates, such as health, acculturation, and coping during COVID-19, is complex and needs to be evaluated holistically. Future research would benefit from investigating the mental health of Asian youth in the Western context, who are having to manage the accumulating factors of both parts of their identity. Furthermore, research into the long-term effects of COVID-19 would be beneficial to guide recommendations to support populations whose health has declined due to COVID-19.

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