

Mental Illness Stigma and Help-Seeking Attitudes of Students With Immigrant Parents

Danna Bismar and Chiachih DC Wang

This study examined the relations among mental illness stigma, parent-child communication about mental health concerns, parent-child acculturation gap, and attitudes toward seeking professional services of college students from immigrant families. Findings from 219 participants indicated significant direct and indirect effects of stigma on negative help-seeking attitudes and supported the moderator effect of the acculturation gap. Implications of the findings and future research directions are discussed from the cultural contexts faced by college students with immigrant parents.

Keywords: immigrants, mental illness stigma, parent-child communication, help-seeking attitudes, acculturation gap

The population of immigrants and their children in the United States was estimated to be 26% in 2015 and is predicted to rise to 36% in 2065 (Pew Research Center, 2015). As a result, the percentage of college students with at least one immigrant parent has sharply increased, and the trend will continue in the coming years (Pew Research Center, 2015).

College students from immigrant families grow up in a unique sociocultural context that is substantively distinct from the ones experienced in nonimmigrant families (Suárez-Orozco et al., 2015). For instance, immigrant parents often strongly endorse cultural orientations associated with their heritage. In contrast, after growing older, children of immigrants tend to endorse the mainstream culture of the United States more strongly than do their parents, which often becomes a source of tension for the parent-child relationship (Costigan & Dokis, 2006).

Although immigrants in the United States come from diverse cultural backgrounds, they share similar experiences of being newcomers and having to acculturate to a new environment (Choi et al., 2019; C. D. Wang et al., 2016). Additionally, because more than two thirds of immigrants in the United States come from countries where collectivistic cultural values are the norm, with a strong emphasis on family loyalty and obligation (Pew Research Center, 2015), college students from immigrant families are likely brought up with different communication and relationship-maintenance patterns from those typically seen in the United States (C. D. Wang et al., 2016). Thus, it is important to better understand the long-term effects of having to navigate different cultural norms on college students from immigrant families.

It has been well documented that compared with their White American peers, immigrants and individuals who grew up in immigrant families tend

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to possess more mental illness (MI) stigma and harbor greater negativity toward seeking professional help (Eisenberg et al., 2009). However, we could not locate any studies that examined the relation of immigrant-origin college students' MI stigma and attitudes toward seeking psychological help, and little research has examined the impact of factors associated with their distinct sociocultural context on this relation. To expand the current literature, this study examined the direct effect of MI stigma on the negative attitudes of seeking mental health services among college students from immigrant families, as well as its indirect effect via communication about mental health concerns (CMHC) with their immigrant parents. On the basis of conceptual reasoning, we also speculated that the parent-child acculturation gap might be a possible moderator for the proposed mediational model.

MI Stigma, Help-Seeking Attitudes, and Communication

MI stigma refers to the negative attitudes people have about those who experience mental disorders and the internalizing of defaming or derogatory ideas held by society regarding mental issues (Corrigan, 2004). MI stigma has been identified as a key factor that deters individuals from seeking mental health services (Clement et al., 2015). According to the modified labeling theory of stigma (Link et al., 1989), adults in the United States often think of both mental health issues and seeking professional help unfavorably through a socialization process. Previous research has supported this socialization path in which public/societal stigma toward MI is internalized by individuals (i.e., self-stigma), which in turn leads to more unfavorable help-seeking attitudes among college students (Bird et al., 2019).

In addition to the explanation offered by the modified labeling theory of stigma, we believe the unique sociocultural context experienced and the different worldviews held by immigrant-origin college students may play a role. Despite the heterogeneity between and within Latinx, Asian, and Middle Eastern cultures, these cultures share common values of collectivism, conformity to societal norms, group/family identity, and recognition through achievement (Abdullah & Brown, 2011). Given these values, the experiencing of MI symptoms by college students from immigrant families may also be seen as a reflection on their families, and these students may feel that seeking treatment for such problems could bring shame or embarrassment to the family (Mendoza et al., 2015). Moreover, receiving individual therapy is fundamentally based on the sharing of personal information with a counselor, which is more acceptable in individualistic cultures than in collectivistic cultures, because sharing such information with a "stranger" could be perceived as a failure of primary community support (e.g., family, church; Choi et al., 2019). All of these sociocultural factors may have contributed to the research findings that college students from immigrant families tend to endorse higher MI stigma,

more negative attitudes toward seeking psychological services, and lower utilization of these services (Bird et al., 2019; Choi et al., 2019).

The constructs of MI stigma and attitudes toward seeking psychological services have strong implications for the college student population. First, most mental disorders have first onset by age 24, which coincides with the age range of the traditional college years (Kessler et al., 2005; P. S. Wang et al., 2005). In addition, research evidence suggests that mental health concerns among college students are associated with a number of negative developmental outcomes, including long-term substance use and poor academic achievement (Nam et al., 2013). Compared with their similar-age peers who do not attend college, college students have greater access to services on campus that can help identify, prevent, and treat mental health concerns. Thus, understanding the unique sociocultural context and implications of MI stigma on help-seeking attitudes among college students, including those from immigrant families, is critically important for administrators and mental health providers working with this population.

Communication as a Mediator

In recent years, some research effort has been made to identify possible mediating factors to understand how stigma is related to help-seeking attitudes among college students. For instance, a study examining college students in the United Arab Emirates found MI stigma to be related to self-disclosure expectations, which in turn were related to help-seeking attitudes (Heath et al., 2016). Following this line of research, we believe CMHC may play a critical role in the relation of MI stigma and help-seeking attitudes among immigrant-origin college students. When facing psychological symptoms of their own, individuals harboring high MI stigma may experience negative emotional reactions such as shame and diminished self-efficacy (Corrigan, 2016). They may attempt to avoid these adverse feelings either by not talking to anyone about their concerns or by not seeking professional mental health care, making both the stigma and avoidance of communication significant barriers to receiving proper professional care and potentially leading to an exacerbation of mental health problems (Corrigan et al., 2014; Elraz, 2018). This reasoning would suggest that college students with greater MI stigma may be more likely to avoid CMHC with significant others as a method to minimize negative emotions and expectations (Link & Phelan, 2001), which in turn may result in more negative attitudes toward seeking mental health services when needed.

Preliminary research findings have provided empirical support to the proposed indirect effect. For example, previous research found a significant negative association between MI stigma and self-disclosure to significant others (Elraz, 2018). In addition, a meta-analysis found self-stigma and self-disclosure to have the largest effect size, among several psychological variables, in predicting college students' attitudes with respect to seeking professional help (Nam et

al., 2013). Thus, we hypothesized that those who endorsed more personal MI stigma would communicate less about their mental health concerns with their immigrant parents, which would in turn result in more negative attitudes toward seeking mental health services.

Acculturation Gap as a Moderator

A recent large-scale cross-cultural study found that although the direct effects of MI stigma on help-seeking attitudes remained cross-culturally, the strength of the indirect paths differed across the 10 countries from which participants were recruited (Vogel et al., 2017). Another study examining college students in South Korea identified loss of face as a critical factor that has an impact on the indirect effect between MI stigma and help-seeking attitudes (Kim & Yon, 2019). These results highlight the importance of identifying specific moderators that particularly pertain to different populations.

Because of more extensive exposure to the mainstream culture in multiple contexts (e.g., school, peers, media) while growing up, children from immigrant families usually adapt to the mainstream culture at a faster pace than do their parents (Bajwa, 2010). The difference between immigrant parents and their children in adapting to mainstream cultural norms is described as an *acculturation gap* (Telzer, 2010). Research suggests that acculturation gaps can increase the risk for communication difficulties between immigrant parents and their children because of cultural differences in expression and communication styles (Hwang et al., 2010). For instance, children from immigrant families who perceive their parents to be less acculturated to the mainstream culture are less open in their communication with their parents for fear of rejection, embarrassment, disappointment, and guilt (Corrigan, 2004; Hwang & Ting, 2008). Given the complexity and nuances involved in acculturation, more research is needed to examine the effects of acculturation gaps on different adjustment outcomes for immigrant families (Hwang et al., 2010).

For college students from immigrant families, we hypothesized that the parent-child acculturation gap (as perceived by the young adults) would moderate the relation between MI stigma and CMHC. Although no empirical studies could be located that directly examined the moderator effect, there appeared to be strong conceptual ground supporting this hypothesis. CMHC with family and close friends is often one of the first steps in seeking support and help to address experienced psychological distress. However, college students from immigrant families who perceive a large acculturation gap may have strong hesitation about CMHC with their immigrant parents because of the perceived cultural differences. That is, MI stigma may interact with the perceived acculturation differences when affecting CMHC. Specifically, a high perceived acculturation gap paired with acute MI stigma may further inhibit CMHC, which may then lead to more negative help-seeking attitudes. On the other hand, a low perceived acculturation gap may buffer the negative effect of MI stigma on CMHC.

The Present Study

The present study aimed at better understanding the relations among MI stigma, CMHC, acculturation gap, and negative help-seeking attitudes of college students with immigrant parents. Specifically, this study considered the possible impact of the perceived acculturation gap. By considering this aspect of the family context and CMHC, we can potentially uncover nuanced aspects of how shared (or lack of shared) cultural values and norms at home while growing up may play a role in the indirect path of personal MI stigma, CMHC, and attitudes toward seeking mental health services for immigrant-origin young adults.

This study examined a moderated mediational model. Personal MI stigma held by young adult college students from immigrant families was hypothesized to have both direct and indirect effects (through CMHC) on negative help-seeking attitudes. In addition, it was hypothesized that the mainstream culture acculturation gap between immigrant-origin young adult college students and their immigrant parents would be a significant moderator for the MI stigma–CMHC path. Specifically, the perception of small acculturation gaps with parents was hypothesized to buffer the negative effect of MI stigma on CMHC, whereas a large acculturation gap was expected to exacerbate the magnitude of this relation.

Method

Participants and Procedure

The final sample included 219 participants recruited from a large public university in the southwestern United States. The mean age of the participants was 19.87 ($SD = 1.62$), with 147 identifying as female (67.1%), 71 as male (32.4%), and one as transgender (0.5%). Regarding participants' immigrant-origin backgrounds, the majority reported Latinx heritage (48.9%), followed by African (17.8%), Asian/Pacific Islander (16.4%), other (6.8%), Middle Eastern (6.4%), and biracial/multiracial (3.2%) heritages. The college year standing of our sample included freshmen (34.7%), sophomores (22.0%), juniors (24.2%), and seniors (17.4%). The socioeconomic status (SES) of their family of origin reported by participants was as follows: middle class (47.0%), lower and lower middle class (33.4%), and upper middle and upper class (19.6%).

Potential participants were recruited from undergraduate students in various psychology courses. The recruitment criteria included being in the age range of 18 to 24, being born in the United States or having moved to the United States before the age of 5, and having at least one immigrant parent (Bleakley & Chin, 2004). From those who participated in this study, 173 (79.0%) reported having both immigrant parents, and 46 (21.0%) had only one immigrant parent. Participation in this study was voluntary, and participants completed the research questionnaires in a designated location on campus either alone or in small groups of up to eight persons. Upon completing the research questionnaires, participants received extra credit toward their psychology courses. The research protocol was approved by the institutional review board of the university at which the data collection took place.

Measures

Demographics. Several items were included in the research questionnaire to gather participants' demographics, including age, gender identity, ethnicity, relationship status, parents' relationship status, SES of family of origin while growing up, primary language(s) spoken at home during childhood, primary caregiver during childhood, generational status, parents' country of origin, and level of parents' education.

MI stigma. Personal MI stigma was measured through a widely used adaptation of the Discrimination-Devaluation scale (Eisenberg et al., 2009; Link et al., 1989). Respondents were asked to rate how much they agree or disagree with each of four statements referring to negative attitudes about people with an MI or receiving mental health treatment on a 6-point Likert scale (0 = *strongly disagree*, 5 = *strongly agree*), with higher scores indicating higher MI stigma. Sample items include "I would think less of someone . . ." and "I would be reluctant to date someone . . ." Previous studies have provided evidence for the scale's factorial validity (Lally et al., 2013) and adequate internal reliability ($\alpha = .78$; Eisenberg et al., 2009). The present sample showed internal consistency reliability to be .72.

Acculturation gap. The Acculturation Toward the Mainstream Culture (AMC) subscale of the Vancouver Index of Acculturation (Ryder et al., 2000) was used to assess the acculturation level of the participants and their parents. The AMC subscale has 10 items (e.g., "I enjoy social activities with typical American people"), and respondents were asked to rate each item on the basis of the degree to which they agree or disagree using a 5-point Likert scale (1 = *strongly disagree*, 5 = *strongly agree*). Higher scores indicate a stronger identification with mainstream American culture. Results from a meta-analysis indicated reliability scores of the Vancouver Index of Acculturation for groups of different cultural backgrounds varied from .66 to .92 (Huynh et al., 2009). In this study, participants were instructed to answer these questions twice, once with reference to themselves, and once with reference to their perception of the parent most involved in their upbringing. The Cronbach's alphas for the participants and their perception of their immigrant parent on the AMC subscale in the current study were .80 and .85, respectively.

The acculturation gap index was calculated by subtracting the perception of the parent's AMC score from the participant's own AMC score. Higher scores represented a larger parent-child acculturation gap as perceived by the participants. Because adult children who grew up in the United States with immigrant parents almost always are more acculturative to the American cultural norms than are their parents (Telzer, 2010), it was expected that most of the participants would have a positive-value acculturation gap index score. Participants with negative-value mainstream culture acculturation gap index scores ($n = 12$) were excluded from analyses.

CMHC. There are no established measures to assess parent-child communication specifically related to mental health concerns. Therefore, CMHC with parents was assessed using four items from the Parent-Adolescent Commu-

nication Scale (PACS; Barnes & Olson, 1985) with slightly modified wordings. The PACS has been used in a variety of studies examining the quality of general communication between parents and children and has demonstrated adequate reliability (ranging between .78 and .91; Bajwa, 2010; Barnes & Olson, 1985). Examples of the modified PACS questions (modified wordings are in italic font, and the original wordings are displayed in brackets) include “I could discuss my *mental health concerns* [beliefs] with my mother/father without feeling restrained or embarrassed” and “I was satisfied with how my mother/father and I talked [together] *about mental health*.” Respondents were asked to rate each item on the basis of how much they agree or disagree using a 5-point Likert scale (1 = *strongly disagree*, 5 = *strongly agree*), with higher scores indicating more open CMHC. The Cronbach’s alpha for the present sample was .88. Exploratory factor analysis was performed to examine whether the four modified PACS items revealed a cohesive factor for young adult college students from immigrant families, and the findings are reported in the Results section.

Negative attitudes toward seeking professional mental health services. The Self-Stigma of Seeking Help scale (SSOSH; Vogel et al., 2006) was used to measure participants’ negative attitudes about seeking professional mental health services. The SSOSH consists of 10 items, which are rated on a 5-point Likert scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*), with higher scores indicating more negative help-seeking attitudes. A sample item from the scale is “I would feel inadequate if I went to a therapist for psychological help.” Vogel et al. (2013) administered the scale to samples from six different countries and found the single-factor construct across all countries and the internal consistencies of the samples to be from .77 to .89. The Cronbach’s alpha for the current sample was .87.

Of note, the current sample’s descriptive statistics for the SSOSH scale are comparable with those of other recent studies with college student samples (Bird et al., 2019). Moreover, the mean of our sample on the SSOSH ($M = 2.39$, $SD = 0.74$) is similar to that from a Korean college student sample ($M = 2.33$, $SD = 0.59$; Kim & Yon, 2019).

Results

Preliminary Analyses

During the data cleaning process, 10 participants who failed to check validity items accurately and another two participants with substantial missing data (>10%; Hair et al., 2010) were identified and excluded from analyses. Examination of univariate and multivariate outliers was also performed, which resulted in removal of another participant. The final sample included 219 participants.

As noted above, because the PACS with modified wordings was used in this study, an exploratory factor analysis was conducted to examine whether the modified PACS items would load well together on a single factor for

the current sample. A principal-components extraction was used to estimate the number of factors, and results revealed one factor, with an eigenvalue of 2.94, that accounted for 73.39% of the variance. Eigenvalues for the remaining factors were all less than 0.5. The scree plot also revealed a visual break after the first factor. Taken together, these findings support a unidimensional factor solution for the CMHC measure used in this study.

Pearson product-moment correlations of all measured variables and age were calculated; the means, standard deviations, and correlation coefficients are presented in Table 1. Results indicated that none of the major variables were significantly correlated with age. In addition, results of a two-way multivariate analysis of variance indicated no significant multivariate effects of gender, $F(4, 187) = 0.33, p = .859$; SES, $F(8, 374) = 1.20, p = .297$; or their interaction, $F(8, 374) = 1.21, p = .292$, on the outcome variables. Findings of another multivariate analysis of variance (with race/ethnicity as the independent variable) suggested a nonsignificant multivariate effect of race/ethnicity on the outcome variables, $F(12, 500.34) = 1.72, p = .060$.

Main Analyses

The direct effect of MI stigma on negative help-seeking attitudes and its indirect effect through CMHC were examined using the PROCESS macro Model 4 (Hayes, 2013); findings are presented in Table 2. As expected, MI stigma was significantly related to negative help-seeking attitudes, $B = 1.53, SE = 0.26$, 95% confidence interval (CI) [1.02, 2.04]. Furthermore, MI stigma was found to have a significant effect on CMHC, $B = 1.05, SE = 0.46$, 95% CI [0.14, 1.97]. When both MI stigma and CMHC were considered as predictors, the effect of CMHC on negative help-seeking attitudes remained significant, $B = -0.12, SE = 0.04$, 95% CI [-0.19, -0.04]. The mediation model with both predictors explained 16% of the variance in negative help-seeking attitudes ($R^2 = .16, p < .001$). Analysis from a bias-corrected bootstrap with 5,000 resamples revealed that the indirect effect of MI stigma on negative help-seeking attitudes via CMHC was significant, $B = -0.12, SE = 0.10$, 95% CI [-0.28, -0.01].

TABLE 1
Descriptive Statistics and Correlations for the Study Variables

Variable	<i>M</i>	<i>SD</i>	1	2	3	4	5
1. Age	19.87	1.62	—				
2. Mental illness stigma	1.08	0.88	.00	—			
3. MC AccGap	0.95	0.74	.08	.02	—		
4. CMHC	2.98	1.24	-.03	.16*	-.15*	—	
5. NHSA	2.38	0.74	-.07	.35**	.01	-.13†	—

Note. MC AccGap = mainstream culture acculturation gap; CMHC = communication about mental health concerns; NHSA = negative help-seeking attitudes.

† $p = .055$. * $p < .05$, two-tailed. ** $p < .01$, two-tailed.

TABLE 2

Results of Analyses for the Direct, Indirect, and Moderator Effects

Predictor Variable	<i>B</i>	<i>SE</i>	<i>t</i>	<i>p</i>	95% CI
Dependent Variable: Negative Help-Seeking Attitudes					
MI stigma	1.53	.26	5.88**	<.001	[1.02, 2.04]
CMHC	-0.12	.04	-2.98**	.003	[-0.19, -0.04]
<i>R</i> ²	.16				
<i>F</i>	19.45***				
Dependent Variable: CMHC					
MI stigma (X)	0.99	.46	2.17*	.031	[0.09, 1.88]
MC AccGap (W)	-1.09	.53	-2.07*	.040	[-2.13, -0.05]
X × W	-6.57	2.79	-2.36*	.019	[-12.07, -1.08]
ΔR^2	.07				
<i>F</i>	5.37				
Conditional Indirect Effect of MI Stigma and CMHC by Levels of Acculturation Gap					
MC AccGap					
-0.16 (low, -1 <i>SD</i>)	-0.24 ^a	.12			[-0.51, -0.05]
0.00 (average, <i>M</i>)	-0.11 ^a	.07			[-0.27, -0.01]
0.16 (high, +1 <i>SD</i>)	0.01 ^a	.09			[-0.16, 0.20]

Note. A bias-corrected bootstrap with 5,000 resamples was used. Mental illness stigma (MI stigma) and mainstream culture acculturation gap (MC AccGap) values were mean centered. CI = confidence interval; CMHC = communication about mental health concerns; X = independent variable; W = moderator.

^aIndirect effect.

p* < .05. *p* < .01. ****p* < .001.

Analyses of Model 7 in PROCESS (Hayes, 2013) were conducted to examine the proposed moderated mediational model in which negative help-seeking attitudes were entered as the outcome variable, MI stigma was entered as the independent variable, CMHC was entered as the mediator variable, and the mainstream culture acculturation gap was entered as the moderator. Findings indicated that the effect of the interaction term (MI Stigma × Mainstream Culture Acculturation Gap) on CMHC was significant, *B* = -6.57, *p* < .05, 95% CI [-12.07, -1.08].

The moderator effect was further analyzed by exploring the conditional indirect effects among the three subgroups by the levels of mainstream culture acculturation gap scores (i.e., low, average, or high). Results shown in Table 2 suggested that the indirect effect of MI stigma on negative help-seeking attitudes via CMHC was significant for those with a low or average parent-child mainstream culture acculturation gap but not significant for those with a high acculturation gap (0.16 standard deviations above the mean). A slope analysis on the directions and strengths of the relations between MI stigma and CMHC with parents by mainstream culture acculturation gap was conducted, and the graphic display of the findings is presented in Figure 1. Specifically, MI stigma was significantly and positively related to CMHC for

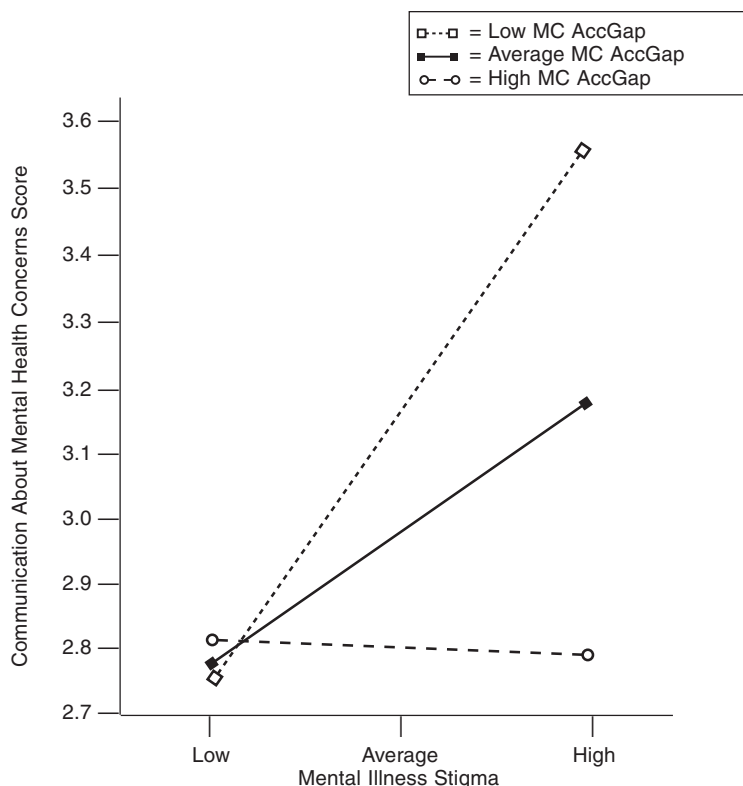


FIGURE 1

The Relationships of Mental Illness Stigma and Communication About Mental Health Concerns by Three Levels of Acculturation Gap

Note. MC AccGap = mainstream culture acculturation gap.

those with low and average mainstream culture acculturation gap with their immigrant parents. However, the strength of the correlation decreased as the acculturation gap increased, and for the subgroup with high mainstream culture acculturation gap, it no longer had a significant impact on the MI stigma–CMHC path.

Discussion

The current study examined the relations among MI stigma, parent-child acculturation gap, CMHC, and negative attitudes about seeking mental health services in college students with immigrant parents. As predicted by our model and conceptual reasoning, we found a significant direct effect of MI stigma on negative help-seeking attitudes and a significant indirect effect via CMHC. The moderator effect analyses indicated that the association be-

tween MI stigma and CMHC for young adults from immigrant families with low or average parent-child mainstream culture acculturation gap scores was positive and significant, but it became nonsignificant for those with a high acculturation gap with their immigrant parents.

The finding that MI stigma was associated with more negative help-seeking attitudes among young adult college students who grew up in immigrant families is consistent with previous studies examining the effect of MI stigma on professional help-seeking attitudes within the general population (Clement et al., 2015). For immigrant-origin young adults, because seeking help for mental health concerns could reinforce the negative images associated with their stigmatized view of MI, the negative correlation may be understood as a way to reduce the possible cognitive dissonance.

Although previous research has demonstrated the negative association of MI stigma and self-disclosure to significant others (Nam et al., 2013), the present study found an unexpected positive association between MI stigma and CMHC in our sample. A possible explanation for this puzzling finding is that it may be a unique phenomenon for the immigrant-origin young adult population related to their cultural-familial contexts. Asian, Latinx, and Middle Eastern participants account for about 72% of our sample. Although there is great diversity among these cultures, in general, the cultural norms of these three ethnic populations all strongly emphasize interdependence and loyalty within the family and discourage disclosing familial or personal issues to outsiders (Han & Pong, 2015). In addition, individuals from collectivist cultural communities are more concerned with how others perceive them, and disclosure of the difficulties one is facing to non-family members may be considered as loss of face, a violation of family pride, and potentially disgraceful to the entire family (Shea & Yeh, 2008). In this unique cultural-familial context, immigrant parents may be one of the very few culturally acceptable resources for adolescent or young adult children to consult about mental health issues, as opposed to individuals outside of the family, such as teachers, peers, or mental health providers (Shelton et al., 2017). This is consistent with previous research findings indicating that Latinx individuals tend to keep “negative” personal information within their families to protect family pride and prefer self-reliance and informal counseling from family members and close friends over professional counseling for psychological problems (Bermúdez et al., 2010; Mendoza et al., 2015). This finding highlights the importance of considering the cultural-familial context when helping immigrant-origin college students address MI stigma and what factors may contribute to their willingness to communicate with their parents about mental health concerns.

Our finding related to the moderator effect of the perceived acculturation gap supports this interpretation. Specifically, as shown in Figure 1, for those who perceived a low or average acculturation gap with their immigrant parent, MI stigma was significantly and positively related to CMHC, whereas the association between MI stigma and CMHC was in a negative direction (although nonsignificant) for those who perceived a high acculturation gap. That is, the match on mainstream culture acculturation appears to have acted as a protective factor on the

relation between MI stigma and CMHC, allowing them to use their parents as a resource for communication and consultation about their mental health concerns. On the other hand, young adults who perceive their parents to be significantly less acculturated than themselves may think that their immigrant parents do not know or understand their daily activities and experience and, thus, do not feel as comfortable in communicating with them about their mental health concerns. This finding is consistent with the literature on the positive relation between greater acculturation gaps and problematic communication patterns/styles (Bajwa, 2010) and the disruptive effects of not sharing cultural beliefs, values, and practices on communication between parents and children (Y. Wang et al., 2012). Overall, for immigrant-origin college students, these cultural differences can ultimately become barriers to access needed and available mental health services.

This study helps provide a better contextual understanding of how the selected variables contribute to help-seeking stigma in college students from immigrant families. However, the results obtained from this study also highlight the complex relations among MI stigma, mainstream culture acculturation gap, CMHC, and help-seeking attitudes for young adult college students who grew up with at least one immigrant parent. More research is needed for a clearer understanding of the relation of MI stigma and CMHC for college students from immigrant families.

Limitations, Implications, and Directions for Future Research

Several limitations of the current study should be noted. First, data were collected using self-report measures and may not be reflective of respondents' true behaviors or affective or cognitive experiences because of response bias (e.g., social desirability). Results from the present study were based on a convenience sample of college students recruited from a university with a large Hispanic student body; therefore, findings may not be generalizable to other immigrant-origin samples. Additionally, only the immigrant parent who was identified as the primary caregiver was used for calculating the mainstream culture acculturation gap index and CMHC. This method may have compromised a more comprehensive understanding, given that the dynamics in each of the parent-child dyads within a family are critical (Y. Wang et al., 2012).

Future research may examine acculturation differences within the same immigrant family among mother, father, and children to better investigate the contextual factors. Researchers may also explore whether length of time in the United States has an effect on the stigma and communication issues. Several qualitative research methods, such as focus groups, in-depth individual interviews, and critical incidents, may be particularly helpful for future research examining the effect of MI stigma on immigrant-origin students. These methods would allow for a more nuanced and comprehensive understanding of the complex family dynamics that often involve multiple psychological and sociocultural factors and their intersectionality without being limited by existing

models and hypotheses. Researchers in future studies may also consider asking students about parental conflict or assessing parent-child relationship quality, because they may also have an impact on the acculturation gap and CMHC.

Results from this study bring to light several implications for mental health providers working with immigrant-origin students at universities. The present findings indicate that the perceived parent-child acculturation gap is important to consider when examining the influence of MI stigma on willingness to communicate about mental health concerns with immigrant parents and subsequent professional help-seeking attitudes. Parent-child communication difficulties are widely recognized as a common and major problem by family members who grow up in different cultural environments; however, perceived difficulties in communicating about specific concerns, beliefs, and values are often not accounted for when children who grew up in an immigrant family seek mental health services or in general acculturation gap assessments (Hwang et al., 2010). Counseling interventions that seek to intentionally integrate knowledge related to the client's familial cultural background may be helpful. This may be as simple as the counselor engaging with and acknowledging the influence that family and cultural values have on help-seeking attitudes and stigma about mental health with respect. It would be beneficial for college counselors to process with their clients from immigrant families the extent to which they perceive that they share similar cultural values with their parents and their willingness to communicate about mental health concerns with their parents. This information is particularly important given the significant conditional indirect effect found in this study. College counselors who work with immigrant-origin college students may promote more open CMHC for those with low or moderate parent-child acculturation gap as a means to counter the negative effect of internalized MI stigma on help-seeking attitudes.

The findings of this study also confirm the direct effect of MI stigma on negative help-seeking attitudes for immigrant-origin college students. University counseling centers can actively implement psychoeducational programs and outreach interventions to reduce stigma, as well as increase awareness of anticipated benefits related to help seeking (Ramos-Sánchez & Atkinson, 2009). A recent study found that MI stigma does not influence attitudes toward video counseling to the same extent as it affects face-to-face counseling (Bird et al., 2019). Thus, college counseling centers may consider offering and advertising the option of video counseling as a way to decrease the barrier that MI stigma poses to mental health service utilization in immigrant-origin college students. College counseling centers may also play an important role for young adults from immigrant families by providing them with a space to express themselves freely without fear of judgment or worries about reflecting poorly on their parents.

As we are living in the era of globalization and global migration, there is an increasing need to consider not only the experiences of immigrants but also those of successive generations (Hwang et al., 2010). The present study highlights the need for more research to continue in the area of acculturation gap, CMHC with parents, and help-seeking attitudes of young adults from immigrant families.

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