Telling the untold stories: Disrupting racism in children's mental health resources through the narratives of East Asian parents

by

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Abstract

Background: Evidence suggests that anti-Asian racism has a distinct impact on the mental health of East Asian children. There is a pressing need to develop child mental health resources for East Asian parents within the Canadian context. While health equity and anti-racism scholars across the globe have advanced our understanding of anti-Asian racism, exploring experiences of East Asian parents in Canada and their perspectives of anti-Asian racism and anti-racism strategies within the field of knowledge translation (KT) remains limited. Telling the untold stories of East Asian parents may help forge an anti-racist mental health future and act as a site of resistance for East Asian diasporas in Canada.

Purpose: The present dissertation simultaneously deconstructs racism while working towards reconstruction through anti-racism strategies as a way to promote racial justice for East Asian diasporas in child health research. The objectives of my multi-phase dissertation are to: a) engage nursing and healthcare theoretical foundations toward a moral commitment in anti-racism, b) document the impact of racism and the mental health of East Asian diasporas, and c) develop anti-racism strategies for child mental health knowledge translation resources specific for East Asian parents.

Methods: This multi-phase dissertation was conducted using three studies. The multi-phase studies included: a) a theoretical exploration to examine the extent to which nursing's theoretical foundation (in)advertently advances racism, b) a scoping review to systematically synthesize existing literature on racism and the mental health of East Asian populations, and c) a narrative inquiry study to collect East Asian parents' counter-narratives and perspectives of racism and anti-racism strategies in mental health.

Findings: The theoretical exploration found the importance for future nursing and healthcare scholarship to avoid using existing theoretical underpinnings that lack a focus on racism as the foundation for developing anti-racism solutions. The scoping review identified several gaps in the literature, including the limited articles within the Canadian context, within the children population, utilizing a qualitative approach, targeting mental healthcare resources and services, and addressing anti-racism solutions. The narrative inquiry study found that the concept of otherness across time and space was a significant component to East Asian parents' stories of racism. East Asian parents were labelled as a 'perpetual foreigner,' a label that was unconsciously accepted within society, in addition to having their reality linked to a set of conditional principles governed by the system of white supremacy. It was recommended that anti-racism solutions need to address power imbalances and *how* child mental health KT resources are developed. The findings highlighted that despite good intentions, a researcher without lived experiences may lack the capacity to fully understand East Asian situations, and therefore, underscoring notions of epistemic racism and silencing of East Asian voices.

Conclusion: This dissertation fostered a space of empowerment for East Asian people to reclaim their narratives as a strategy to promote racial justice within the child mental healthcare system. Intentionally creating a space to amplify these systemically oppressed narratives actively challenges dominant conditions sustaining anti-Asian racism and its impacts on mental health. This dissertation provided as another gateway into the collective healing and liberation of East Asian people against centuries of anti-Asian racism in Canada.

Preface

This thesis is an original work by Samantha Louie-Poon. Dr. Shannon Scott (supervisor), Dr. Solina Richter (committee member), and Dr. Diane Kunyk (committee member) supervised this thesis. Ethics approval was obtained from the University of Alberta Research Ethics Board 1 (Pro00120408) on July 8, 2022 for the following empirical study, title: "Telling the untold stories: disrupting racism in children's mental health resources through the narratives of East Asian parents".

Chapter two of this thesis is published as: Louie-Poon, S., Hilario, C., Scott, S. D., & Olson, J. (2022). Toward a moral commitment: Exposing the covert mechanisms of racism in the nursing discipline. *Nursing Inquiry, 29*, e12449. https://doi.org/10.1111/nin.12449. I was responsible for the conceptualization, writing, and submission of this manuscript. All authors made substantial contributions and approved the final manuscript.

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Dedication

For my family

May this work lend you the vocabularies you have been searching for;

May these words carry your tender heart forward.

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To all the East Asian parents from coast to coast—thank you for your time, energy, and emotional labour in sharing this space with me. Your stories are powerful.

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Falling leaves return to its roots

Thank you to all the people who allowed me to come *home*

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Chapter 1: Introduction

Racism and the Healthcare System

In a society underpinned by neoliberalism, racial capitalism, and white supremacy, the structural violence of racism remains a lingering and inescapable force for racialized communities in Canada. Racism is the outcome of the process of racialization—the ideological framing that deems one race (white people) as superior while categorizing non-white people as inferior (Racine, 2021). The consequences of racism are multidimensional, interconnected, structurally embedded. Particularly, racism produces and reinforces a myriad of social and health inequities (Cobbinah & Lewis, 2018; Louie-Poon et al., 2021; Racine, 2021), including poorer mental wellbeing, diminishing the body's physiological stress response, delayed healthcare access and treatment (Hilario et al., 2023; Paradies et al., 2015; Williams et al., 2019).

The concept of racism has been slowly developing across the healthcare literature for child health populations within the past three decades (Hilario et al., 2023). Multiple studies have examined that racism affects the quality of healthcare for racialized children (Barcelos, 2018; Lewis et al., 1979; Lewis et al., 2016; Nguyen-Truong et al., 2021; Paine et al., 2018; Sharif et al., 2022), such as racialized children receiving misdiagnoses (Lewis et al., 1979; Lewis et al., 2016). Moreover, it has been well documented that racism prevents children from receiving timely care and treatment within the healthcare system through delaying referrals (DeNard et al., 2017; Lewis et al., 1979), healthcare providers minimizing racialized children's needs (DeNard et al., 2017; Lewis et al., 1979; Nguyen-Truong et al., 2021), and experiencing longer wait times for diagnostic services (Broder-Fingert et al., 2020; Lewis et al., 1979). Racial bias in healthcare access and utilization has been well developed within the child health population (Barcelos, 2018; DeNard et al., 2017; Goyal et al., 2015; Lewis et al., 1979; Lewis et al., 2016; Nguyen-

Truong et al., 2021). For example, Nguyen-Truong et al. (2021) describes that racialized children and families experience racism in the healthcare system when healthcare providers assume parents exaggerate pathologies.

While our understanding of the effects racism has on racialized children within and beyond the Canadian healthcare context has expanded, the current literature base does not disaggregate for Asian Canadian children within combined population studies and lacks specific studies comprehensively exploring the impacts for this population. Therefore, our current conceptualization and understanding of Asian Canadian children remains incomplete and inaccurately portrays Asian diasporas as a monolithic group within the literature base (Louie-Poon et al., 2022).

Impact of Anti-Asian Racism in Canada

In order to address this evidence and data gaps, two grassroots Canadian organizations—Chinese Canadian National Council Toronto Chapter (CCNCTC) and Project 1907—collected website-based data in 2020 on victims' self-reported and witness-reported incidences of anti-Asian and xenophobia in Canada. The purpose of this project was to document, report, and amplify the experiences of the Asian diasporas across Canada during the COVID-19 pandemic, given the continued silence and erasure of these communities across Canadian history. Verbal harassment, shunning, coughed at/spat on, and physical force/unwanted physical contact were documented as the top four types of discrimination reported across victims' self-reported and witness-reported incidences in Canada (Chinese Canadian National Council Toronto Chapter, 2022).

East Asian Experience. Asian diasporas are heterogenous (Litam, 2020) with East Asian communities facing timely challenges when compared to the pan-Asian experience. The

racialization of COVID-19 using Sinophobic (i.e., the hatred and fear of China and Chinese diaspora) media coverage has stimulated anti-Asian racism directed towards East Asian populations in recent times (Litam, 2020; Misra et al., 2020). According to the CCNCTC survey, East Asian ethnicity made up the largest ethnic subgroup with 79% and 51% of all self-reported and witness-reported incidences in 2020 and 2021, respectively (Chinese Canadian National Council Toronto Chapter, 2022). Other recent evidence suggests that Chinese and other East Asian peoples were inaccurately depicted as the spreaders of COVID-19 and account for over half of the COVID-19-related racism incidents reported within North America (Choi et al., 2020; Woo & Jun, 2021).

East Asian Children and Mental Health. Importantly, the heightened anti-Asian racism has been documented to adversely affect mental health and impact Asian children. The CCNCTC survey reports that mental health distress and emotional harm was the top victims' self-reported and witness-reported harm caused, at 74% and 71% in 2020 and 2021, respectively (Chinese Canadian National Council Toronto Chapter, 2022). Additionally, the CCNCTC survey stated that children and adolescents under 18 years made up 8% of all self-reported and witness-reported incidents in 2020, rising to 29% by 2021 (Chinese Canadian National Council Toronto Chapter, 2022). The combination of these findings is supported in a recent study that found children's anxiety symptoms were positivity associated with COVID-19 racial discrimination and Sinophobia (Cheah et al., 2020). These findings are supported by another study from the American context revealing Asian Americans (mean score of 0.75) and Asian immigrants (mean score of 0.68) report significantly more instances of COVID-19-related acute discrimination than white Americans (mean score of 0.31), and that the rise in anti-Asian hate and racism during the

COVID-19 pandemic explain Asian American's higher levels of mental health symptoms when compared to white Americans (Wu et al., 2021).

However, COVID-19-related anti-Asian racism represents only the resurgence of a long history of racism that distinctively impact the mental health of East Asian children. Past studies within the larger North American context have documented that racial discrimination towards young East Asian populations is related to increased mental illnesses (e.g., anxiety, depression) (Juang & Alvarez, 2010), heightened adverse mental health traits (e.g., somatization, loneliness) (Juang & Alvarez, 2010; Rivas-Drake et al., 2008), negative psychological adjustment (e.g., self-esteem) (Niwa et al., 2014; Rivas-Drake et al., 2008; Shrake & Rhee, 2004), and externalizing mental health behaviors (e.g., aggressive behaviors) (Shrake & Rhee, 2004).

Knowledge Gaps in Racism and Mental Health

Despite this emerging evidence base exploring racism and the mental health of East Asian populations, there remains critical gaps in the literature. First, primary studies in this field are dominated by quantitative research. Qualitative studies remain limited within the field of racism and mental health, which limits the ability for the current evidence base to reflect a thick, detailed and nuance understanding of the complexity of racism on the mental health of East Asian populations (Louie-Poon et al., 2022). Second, the majority of existing literature examining racism and the mental health of East Asian populations are situated in the United States context. There remains a dearth of literature from the perspective of East Asian communities in Canada. This knowledge gap is concerning given the significant priorities between the United States and Canadian contexts. For example, Canada provides an outwards view as a progressive nation underpinned by egalitarian and multicultural values, while upholding racist ideologies and systemic injustices, referred to as democratic racism (Hilario et

al., 2018). Therefore, a limited perspective from the Canadian context impacts our ability to understand how racism operates through Canadian multicultural ideologies and how it influences the unique mental health needs of East Asian diasporas in Canada (Louie-Poon et al., 2022). Third, current literature strongly focuses on the adult population with limited literature exploring the impact on children and young populations. Given the cognitive and psychosocial development of children, filling this gap is paramount for the future healthy development of young East Asian populations (Louie-Poon et al., 2022). Parents and caregivers act as advocates and decision-makers in the pediatric healthcare setting (Boland et al., 2019); therefore, addressing the gap in children and young populations may meet the needs of parents navigating the complexities of caring and advocating for their children (O'Connor et al., 2019). Fourth, addressing mental healthcare access and utilization, such as mental healthcare resources and treatments, remain lacking within the current evidence base. The majority of studies in this field solely focus on mental health outcomes, given the strong attention on examining the effects of interpersonal racism (Louie-Poon et al., 2022). Fifth, existing literature on racism and the mental health of East Asian populations explored impacts of racism without accounting for anti-racism solutions (Louie-Poon et al., 2022). Therefore, there remains a strong focus on deconstructing racism, warranting greater attention towards finding anti-racism solutions to pave a way for reconstruction and restoration.

Epistemic Silencing in Racism and Mental Health Research

Across these research gaps, one critical yet overlooked area is *how* this knowledge is produced within the healthcare disciplines (Dillard-Wright, 2022; Louie-Poon et al., 2021; Petteway, 2023), and more specifically, within the mental health and racism literature. The evidence base that selectively explores East Asian experiences on racism and mental health from

the white gaze is not unintentional. Rather, it is a result of epistemic silencing that fails to interrogate how knowledge is underpinned by, and reproduces, whiteness (Petteway, 2023), to (un)intentionally story racialized populations from a negative standpoint and often speaking for systemically oppressed populations (Spivak, 2010). For example, literature exploring the mental health service utilization of East Asian populations have historically taken a singular culturalist approach by studying the impact of East Asian cultures on the mental health attitudes of its people. Outcomes of this research approach highlight that Asian parents' attitudes towards mental health is a significant barrier for children receiving appropriate, timely, and effective mental healthcare (Liu et al., 2020). In other words, a singular culturalist approach to research points to East Asian cultural factors (e.g., parenting styles, way of life, tradition) as the source of negative mental health attitudes, and subsequently, the mental health decline of East Asian people. Specifically, past and present literature explains that mental health concerns are taboo within many Asian cultures, which leads to the underutilization of mental health services (Augsberger et al., 2015; Hails et al., 2018; Kim et al., 2021; Kim et al., 2018; Ng, 1997). While cultural contexts may be one critical component to understand the mental health needs of East Asian people, a singular culturalist approach overlooks that some cultural factors are situated within, and influenced by, racism and structural violence.

These approaches to knowledge development neglect telling the East Asian narrative through a standpoint beyond the white gaze, and contributes to the denial and erasure of the East Asian experience detached from whiteness. To re-envision the future for East Asian diasporas in Canada, we require unique approaches to dismantle anti-Asian racism that support East Asian parents in adopting positive mental health attitudes and to gain essential mental health knowledge. Shifting the structures of anti-Asian racism within the mental health field is therefore

critical to support East Asian parents in determining when and how to seek mental healthcare services for their children.

Research Aims and Current Study

> This is an intervention. A message from that space in the margin that is a site of creativity and power, that inclusive space where we recover ourselves, where we move in solidarity (…). Marginality as site of resistance. Enter that space. Let us meet there. Enter that space. We greet you as liberators. Spaces can be real and imagined. Spaces can tell stories and unfold histories (Hooks, 1989, p. 24).

Racialized people and scholars are often devalued and pushed to the margins within these knowledge production spaces, despite their unique perspectives in addressing issues related to matters of racism (Dillard-Wright et al., 2023). This dissertation considers Dillard-Wright's (2022) articulation and signal for a radical imagination—to envision a space beyond nursing and healthcare's normative values which are rooted in a legacy of exclusionary practices of people and knowledges outside white cisheteronormativity. A radical imagination embedded in the collective works of racialized and/or queer activist, scholars, abolitionists, and critical race and intersectional feminists such as Angela Davis, bell hooks, Adrien Wing, and Mariame Kaba.

In this dissertation, I use the calls for a radical imagination to consider what child mental health research and the field of knowledge translation may look like if released from the system of white supremacy and ways to depart from the racist legacies underpinning our discourses that reinforce dominant narratives and racial inequities. Grounded in critical race theory, this dissertation seeks to confront epistemic racism through the counter-storytelling of East Asian narratives from the perspectives of East Asian parents who have been strategically and

systemically silenced[1]. Furthermore, the impact of anti-Asian racism on the mental health of East Asian children has been explicitly identified within Canadian grassroots surveys and other supporting literature (Chinese Canadian National Council Toronto Chapter, 2022; Juang & Alvarez, 2010; Niwa et al., 2014; Rivas-Drake et al., 2008). This precariousness of East Asian children's mental health supports to need to increase mental health resources to support parents' healthcare decision making. However, further research is needed that re-envisions mental health resources for East Asian families that effectively responds to the consequences of anti-Asian racism and that amplifies the voices of East Asian families within the development of these resources. There remains minimal scholarly attention that draws on our existing understanding of racist practices in research (e.g., exclusion of Asian families in resource development) to shape and inform anti-racist strategies for the development of health resources. This lack of commitment for racial justice limits East Asian parents' the ability to receive appropriate child mental health resources and services, which is currently needed at an unprecedented rate. Evidently, a focus on racial justice, which refers to promoting the rights of racialized groups to resist and challenge the system of racism (Killen et al., 2021), is warranted to enhance child health knowledge translation research.

The present dissertation simultaneously deconstructs racism while working towards reconstruction through anti-racism strategies as a way to promote racial justice for East Asian diasporas in child health research. Telling the untold stories of East Asian parents may help forge an anti-racist mental health future and act as a site of empowerment and resistance for East Asian diasporas in Canada. The overall objectives of my multi-phase dissertation are to:

[1] The state of *being silenced* is a position enforced upon an individual or group by a dominant group; this is not to be confused with the state of *being silent*.

1. engage nursing and healthcare theoretical foundations toward a moral commitment in anti-racism,
2. document the impact of racism and the mental health of East Asian diasporas, and
3. develop anti-racism strategies for child mental health knowledge translation resources specific for East Asian parents.

Philosophical and Theoretical Tenets

A philosophical tradition is located in the researcher's position about ontology, epistemology, and axiology (Houghton et al., 2012; Spencer et al., 2014). While a spectrum of philosophical stances informs nursing inquiry, this dissertation will be rooted within a critical theory (CT) philosophical orientation and further guided by the theoretical tenets of critical race theory (CRT).

Philosophical Tradition: Critical Theory

Ontology. Critical Theory (CT) begins with the ontology based on power and subordination. Hierarchies of power are fundamentally linked to reality and how society is materialized (Clark & Saleh, 2019; Dahnke & Dreher, 2016; Forbes et al., 1999; Wing, 2014). The historical realist ontology of CT claims that reality is constructed within the historical, socio-political, racial, and gender-based forces of society (Campbell & Bunting, 1991). Where race is concerned, the truth about reality requires a contextualization within the historical and sociopolitical milieu of society (Delgado & Stefancic, 2017; Wing, 2014). Moreover, human experiences become fundamental to the nature of human existence within these historical and sociopolitical contexts. Accordingly, narratives provide a natural approach to story the realities of subordination for racialized populations (Delgado & Stefancic, 2017; Wing, 2014).

Epistemology. To gather what is known about reality, a transactional and subjective epistemological stance must be generated (Bell, 2002; Kim, 2016; Spencer et al., 2014). Through the transactional process to uncover reality, CT privileges the unique, yet historically silenced, voices from racialized people (Campbell & Bunting, 1991; Lessard et al., 2018). The subjective approach allows CT to account for the diverse situatedness and the multiplicative effect of intersectional oppression racialized populations endure. By exercising these transactional and subjective epistemological stances, knowledge production under CT strives to emancipate systemically oppressed groups through the construction and dissemination of narratives (Campbell & Bunting, 1991; Forbes et al., 1999; Wing, 2014).

Axiology. Values located in the sociopolitical and historical contexts of society are influential within CT. In fact, CT invites researchers to consider how emancipation might take shape and presuppose that the researchers' values in social justice helps direct inquiry towards liberation (Campbell & Bunting, 1991; Delgado & Stefancic, 2013; Wing, 2014). Since CT is invested in overturning unequal power relations, values serve to transform the conditions of oppression by calling attention to an unequivocal social justice mandate (Clark & Saleh, 2019; Wing, 2014). Therefore, the axiological tenets of CT reflect a value-laden position in social justice to protect the human rights of systemically oppressed populations.

Theoretical Guidance: Critical Race Theory

Critical Race Theory (CRT) examines the precarious status of racialized populations by acknowledging the multiplicative experiences of racism at the nexus of other forms of oppression such as gender and class (Wing, 2014). Originating from critical legal scholarship, CRT is considered a set of worldviews to theorize, analyze, and attend to issues concerning race and racism (Delgado & Stefancic, 2013). CRT functions to question the principles of justice by

disrupting the prevailing hegemonic narratives governing society (Wing, 2014). Using seminal theoretical guidance from legal scholarship, therefore, offers a robust theorizing space to navigate the historical contexts of racism endured by East Asian populations.

Racism generates disproportionate disadvantages for racialized populations compared to their white counterparts. Accordingly, the anti-essentialist assumptions of CRT challenge the oversimplification of a global human experience (Delgado & Stefancic, 2017; Wing, 2014). Using tenets of CRT, racism requires an exploration and analysis into the individual context of the individual or group being liberated (Delgado & Stefancic, 2017). The principles of intersectionality are inherently embedded within CRT to account for the interlocking and multiplicity of systems of oppression, while bringing issues of racism to the forefront (Delgado & Stefancic, 2017; Sulé, 2014; Wing, 2014). Finally, CRT utilizes emancipatory tenets to prompt social discourses that liberate racialized voices (Delgado & Stefancic, 2013; Wing, 2014). Key propositions of CRT are outlined below (Delgado & Stefancic, 2013, 2017):

1. Racism is ordinary: racism is ordinary and unacknowledged throughout society, making it difficult to address and dismantle.
2. Racial realism and interest convergence: race is a social construct constituted historically to meet the demands of the dominant white-over color hierarchy. Racial hierarchies enact tangible benefits and struggles for different groups based on race. Currently, there remains little incentive to dismantle racism given the benefits for both elite white people (materially) and working-class white people (physically/mentally).
3. Revisionist history: CRT aims to re-examine and unearth neglected histories of racial struggles to more accurately document the experiences of racial minorities.

4. Critique of liberalism: CRT critiques the neutrality, equality, and 'color-blind' principles upheld by many liberals. CRT posits that equal treatment of individuals regardless of histories and contextual situations upholds the subordination of racialized people. CRT promotes color-conscious and radical efforts to overturn existing racial struggles.
5. Differential racialization: dominant groups in society racialize people in different ways and at different times, according to the shifts in interests (e.g., labor market) over time. CRT acknowledges that each race has different origins, struggles, and histories.
6. Counter-narratives: racialized people experience a different reality as a result of their marginalization. The standpoint of racially oppressed individuals have a competence to speak about racism through counter-narratives. Counter-narratives challenge master-narratives of dominant white groups that are often normalized and uncritically accepted in society.

Philosophical and Theoretical Rationale

The principles of social justice are embedded as a key value within the Code of Ethics for Registered Nurses (Canadian Nurses Association, 2017). Despite these ethical guidelines, the Canadian nursing discipline inadequately maintains anti-racism as a key moral commitment. The multicultural foundations of Canadian society often obfuscate the existence of racism (Clark & Saleh, 2019; Louie-Poon et al., 2021). Consequently, Canadian society justifies an uncritical acceptance of complacent practices upholding racism. This complacency is further complicated in the context of nursing inquiry. Nursing's moral obligation for a care ethic tends to generate the logic that racism cannot exist within the egalitarian nature of nursing, and singularly focuses on gender-centered oppression (Clark & Saleh, 2019; Louie-Poon et al., 2021). Thus, the Canadian

nursing's discipline ironically masks racism within its moral obligations and feminist discourses that inaptly captures the experiences of racialized people.

CT reforms these covertly destructive conditions by promoting an unequivocal social justice mandate examining racism (Sulé, 2014; Wing, 2014). Particularly, adopting a philosophical tradition rooted in CT helps unearth existing societal structures that render racialized populations as voiceless (Wing, 2014). Drawing from CT and CRT provides the philosophical and theoretical guidance to disrupt the persistent social injustices East Asian populations face in Canada (Delgado & Stefancic, 2017). Therefore, the core tenets of CT and CRT uniquely position this dissertation with a platform to explore the multiplicative and historical issues concerning racism distinctly affecting East Asian populations. Furthermore, documenting these complex East Asian stories amplifies their voices and provides a richer understanding of their realities (Solórzano & Yosso, 2002). Given that counter-narratives are a key tenet of CRT, documenting the complexity of East Asian stories is a way to come into solidarity with East Asian parents through research, and importantly, provides theoretical, philosophical, and methodology congruence to achieve the research objectives. In social justice and anti-racism movements, solidarity can also be used to mean in community or learning in empathy for others (Freire et al., 2014). In this dissertation, solidarity is used to come in understanding, in respect, and in support of others (Freire et al., 2014). Furthermore, solidarity is used to emphasize our commitment in amplifying systemically silenced voices due to racism by telling, re-telling, storying and re-storying their narratives of racism and anti-racism from the East Asian perspective.

Dissertation Phases and Research Questions

This paper-based dissertation aims to develop anti-racism strategies for child mental health resources for East Asian parents in Canada. To achieve this goal, a multi-phase research project was developed with the research questions, objectives, and papers outlined below. The results from each phase informed the subsequent phases.

Phase 1: Theoretical Exploration

- Research Question: how does the nursing discipline enact racism within its theoretical foundations?
- Research Objectives: a) to critically examine the extent to which nursing's theoretical foundation (in)advertently advances racism, and b) to argue that the discipline requires an explicit moral commitment to anti-racism.

Phase 2: Scoping Review

- Research Questions: a) what are the features and foci of existing literature on racism and the mental health of East Asian populations? b) what are the gaps in the literature on racism and the mental health of East Asian populations? c) to what extent does the existing literature explore racism and anti-racism in relation to the metal health of East Asian populations in North America?
- Research Objectives: to map the range and foci of literature on racism and the mental health of East Asian diasporas in North America.

Phase 3: Narrative Inquiry Study

- Research Question: what are anti-racism strategies for mental health KT tools for East Asian children?

- Research Objectives: a) explore how to engage East Asian parents in an anti-racist research environment, b) uncover East Asian parents experiences of racism and the impacts on mental health resource utilizations, and c) develop anti-racism strategies for future mental health KT tool development.

Dissertation Overview by Paper

My paper-based dissertation consists of a total of four distinct papers that build on subsequent topics related to racism, anti-racism, mental health, knowledge translation, and East Asian children in Canada. Phase 1 (Theoretical Exploration) is linked with paper 1 (Chapter 2) and was published prior to the development of my research proposal. Similarly, phase 2 (Scoping Review) is linked with paper 2 (Chapter 3) and was published prior to the development of my research proposal. Phase 3 (Narrative Inquiry Study), a primary qualitative research study, is linked with papers 3 (Chapter 4) and 4 (Chapter 5) and was developed following the completion of ethical approval. The below section provides an overview of my dissertation by paper.

Paper 1

Overview: A theoretical foundations paper was undertaken to examine issues of racism within nursing's concepts and theories. The outcomes of this theoretical paper highlighted two distinct arguments. First, it was emphasized that theorizing from an apolitical space is used to enter the discussion about racial phenomenon, while being consistent with egalitarian values that deny racism. Therefore, apolitical concepts, such as culture, multiculturalism, transcultural theory, provide racism the tangible mechanisms to covertly advance among nursing's theoretical foundation (Louie-Poon et al., 2021). Second, this paper described how racism has expanded within nursing's theoretical foundation using critical theories devoid of a focus on racism and racial power hierarchies (Louie-Poon et al., 2021).

Contributions to overall dissertation objectives: Paper 1 sets the philosophical and theoretical groundworks for the following stages of this dissertation by outlining why guidance from CRT is necessary. We identify a critical need to study racism and anti-racism in nursing and healthcare research. More specifically, this paper highlighted the importance for future nursing and healthcare scholarship to avoid using existing theoretical underpinnings that lack a focus on racism as the foundation for developing anti-racism solutions.

Publication: Louie-Poon, S., Hilario, C., Scott, S. D., & Olson, J. (2022). Toward a moral commitment: Exposing the covert mechanisms of racism in the nursing discipline. *Nursing Inquiry, 29*, e12449. https://doi.org/10.1111/nin.12449

Paper 2

Overview: A scoping review was undertaken following Arksey and O'Malley's (2005) methodology, with a total of 35 records included. The aim of this scoping review was to map the range and foci of literature on racism and the mental health of East Asian diasporas in North America and to identify gaps in the current literature. This paper found that the expanding knowledge base on COVID-19-related racial discrimination is reminiscent of previous literature examining the history of anti-Asian racism in North America. However, these findings from this scoping review document that greater attention is still needed to navigate impactful anti-racism solutions for East Asian populations' mental healthcare resources and services in North America.

Contributions to overall dissertation objectives: Paper 2 identifies gaps in the current literature on racism and the mental health of East Asian populations. By determining these gaps in the evidence base, we were able to guide the breadth, depth, and foci of the subsequent phase of the dissertation research project. Specifically, this paper documents the need to improve the mental health status of East Asian children in North America, while identifying the need to focus

on the mental health resource development for East Asian children. This paper provides a rationale for why this dissertation topic is a pressing healthcare matter by synthesizing the literature documenting the negative impact of anti-Asian racism on the mental health of East Asian children in North America. Moreover, this paper identifies a need to focus on anti-racism strategies and move beyond solely focusing on research that deconstructs racism.

Publication: Louie-Poon, S., Idrees, S., Plesuk, T., Hilario, C., Scott, S. (2022). Racism and the mental health of East Asian diasporas in North America: A scoping review. *Journal of Mental Health.* https://doi.org/10.1080/09638237.2022.2069715

Paper 3

Overview: Paper 3 reports on part of the larger narrative inquiry study in phase 3. The purpose of paper 3 in phase 3 is to report on the East Asian parent narratives of racism. CRT framed the philosophical framework for this study. Riessman's (2008) narrative approach to narrative inquiry guided this study. Riessman (2008) describes their work as part of the larger field of narrative inquiry, where narrative analysis refers to a family of methods for interpreting texts in storied form. Riessman's (2008) narrative approach to narrative inquiry is similarly used in combination with critical theory within other nursing and health scholarship (Hilario et al., 2018; Saleh et al., 2022). This dissertation adopts Riessman's (2008) contemporary convention of using the terms 'story' and 'narrative' interchangeably. In the human sciences, narratives overlap at several layers and including stories told by research participants, interpretive accounts created by researchers, or stories constructed by readers following their interpretation of the data (Riessman, 2008). Dialogic narrative analysis was utilized as the narrative analysis method for data analysis. Semi-structured online interviews were conducted, with a total of two interviews completed with each participant. The findings consist of three composite counter-narratives: 1)

Navigating Between Two Stereotypes: The ‘Foreigner’ and the ‘Model’, 2) Storying ‘Otherness’ Across Generations and Within Different Levels of Racism, and 3) Losing Culture, the Journey of Embracing East Asian Identity, and Hearing Our Voices. The composite narratives weave together six storylines: a) The ‘perpetual foreigner’; b) Tensions with the ‘model minority myth’; c) Otherness through systemic and covert racism; d) Otherness through interpersonal and overt racism; e) Losing culture and identity; f) A *turn*: rebuilding histories.

Contributions to overall dissertation objectives: Paper 3 documents the narratives of racism from East Asian parents in Canada. It contextualizes their perspectives of racism across time and space, and how East Asian parents have navigated through notions of otherness and an ontological ambiguity—the consistent shifting in narratives according to how their identity is being used as a tool of white supremacy. These findings are used in the subsequent paper (paper 4) to contextualize the complexities of ‘working with’ East Asian parents in an anti-racist research environment and exploring epistemic racism.

Being prepared for publication: Louie-Poon, S., Richter, S., Kunyk, D., Scott, S. (2023). Telling the untold stories: A narrative inquiry of East Asian parents and anti-Asian racism across generations in Canada. *Development and Change.*

Paper 4

Overview: Paper 4 is part of a larger narrative inquiry study in phase 3 exploring the narratives of East Asian parents at the intersection of racism, anti-racism, and mental health. Paper 4 reports on the East Asian parent narratives on anti-racism strategies for child mental health resources. This study was grounded in a CRT philosophical foundation and followed the same methods as reported above in Chapter 4 (see paper 3). The findings consisted of three composite counter-narratives: 1) Storying issues of access within child mental health KT; 2)

Seeking understanding and solidarity for the East Asian identity and story; and 3) Unlearning, breaking barriers, and storying resistance. The composite narratives weave together seven storylines: a) Availability and affordability, b) language and vocabulary barriers, c) lack of representation, d) issues of representation: power and whiteness, e) East Asian standpoint epistemology, f) breaking cycles, and g) culture as a source of strength.

Contributions to overall dissertation objectives: Paper 4 develops anti-racism strategies for future child mental health KT resources and reports on ways to engage East Asian parents in an anti-racist research environment. This paper achieves the overall dissertation objectives by drawing on the foundations and findings developed from papers one, two, and three. Furthermore, paper 4 offers insights and further dialogue for future areas of inquiry in the area of anti-racism and East Asian diasporas.

Being prepared for publication: Louie-Poon, S., Richter, S., Kunyk, D., Scott, S. (2023). A narrative inquiry of East Asian parents and mental health in Canada: Strategies for anti-racism in knowledge translation. *Canadian Journal of Nursing Research.*

Positionality

I identify as a settler and uninvited guest of Chinese ancestry, on this stolen land, colonially known as Canada. My ancestors immigrated from a small village near Guangzhou, China and Hong Kong in the 1960s. While I am privy to the effects of gendered racism, I have immense privileges which stem from living and working on this stolen land. I have formal post-secondary education in nursing and clinical experience as a pediatric Registered Nurse. Given my positionality, I hold dual identities as both an insider and outsider of this dissertation. My racial identity as an East Asian person grants me access into the lived experiences of anti-Asian racism and its links to mental health. I remain an outsider to the parental and/or caregiver

dimension explored within this dissertation. While these insider and outsider spaces exist, my positionality is neither fully the same nor different from my participants (Acker, 2001; Dwyer & Buckle, 2009). Thus, this insider-outsider binary limits the nuanced, multiplicity, and fluid positionality of my relation to the study participants (Acker, 2001; Dwyer & Buckle, 2009; Kerr & Sturm, 2019). My positionality and role in this dissertation is therefore not to resolve the insider-outsider tensions (Kerr & Sturm, 2019); rather, I aimed to navigate my positionality by considering myself an *active voice* (Riessman, 2008) by acknowledging my positionality and by employing a critical self-reflexivity on my shared and unique social location throughout this dissertation (Acker, 2001; Kerr & Sturm, 2019).

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Chapter 2 (Paper 1): Towards a moral commitment: Exposing the covert mechanisms of racism in the nursing discipline

Abstract

Recent Canadian and international events have sparked dialogue and action to address racism within the nursing discipline. While the urgency to seek and implement anti-racist solutions demands the attention of nurses, we contend that a contemporary analysis of the mechanisms that continue to perpetuate racism within nursing's theoretical foundation is required first. This paper reconsiders the perceived functions of racism within the current state of nursing concepts and theories. In particular, we expose the role that covert racism plays by inadvertently sustaining racism through nursing's theoretical foundation, and how this process strengthens white supremacy. We argue that, in the absence of exposing these covert mechanisms, the development of solutions will be futile in dismantling racism. By making visible the covert mechanisms of racism within nursing's theoretical foundation, we attempt to establish an opportunity for the nursing discipline to dismantle its racist foundation and engage in sustained anti-racist action. Lastly, this paper demonstrates the need to equip the discipline with a moral commitment to anti-racism in an effort to emancipate nursing from its racist legacies.

Keywords: racism, racial justice, moral commitments, nursing theory development, Canada

Background

Moral commitments of the nursing discipline have been central in the development of purposeful nursing knowledge (Meleis, 1992, 1998). In Canada, these moral commitments are described by the Code of Ethics for Registered Nurses (hereinafter the Code of Ethics), which provides the nursing discipline with an ethical guideline for scholarly development (Canadian Nurses Association [CNA], 2017a). Theory development through moral commitments ensures scholars develop a knowledge base congruent with the assumptions and mandate of the nursing discipline (Meleis, 1992). Despite these guidelines, however, the nursing discipline continues to lack an unequivocal moral commitment toward antiracism.

Racism and the structural violence from racialization are not new insights gleaned only in recent years. Scholars within the nursing discipline have long analyzed the injustices experienced by racialized populations (Anderson et al., 2009; Blanchet Garneau et al., 2018; Browne et al., 2005; Hall & Field, 2012; Hilario et al., 2018; Racine, 2003, 2021; Racine & Petrucka, 2011). However, the structural injustices exposed in light of the Black Lives Matter protests in response to overt police brutality across the United States and the recent wave of COVID-19-related anti-Asian hate crimes across North America, both fueled by racism and xenophobia, have brought unprecedented attention in the past year to the need to implement antiracism solutions (Cheng & Conca- Cheng, 2020; Misra et al., 2020; Thorne, 2020, 2021). These recent national and international events provide the nursing discipline with an opportunity to assert its moral commitment to antiracism. To capitalize on this restored awareness around racial justice, national organizations such as the Canadian Association of Schools of Nursing and the CNA are publicly denouncing acts of racism and demanding nursing be equipped with a commitment to antiracism (Canadian Association of Schools of Nursing, n.d.; CNA, 2020). Given that we are

living in an era with increased acceptance of the exposure of social injustices (Thorne, 2021), these statements from national nursing organizations have applied pressure to the Canadian nursing discipline to develop a knowledge base that can rapidly meet the needs of its diverse clients.

Yet, the Canadian nursing discipline's quick response to this restored vision for social justice (Thorne, 2020, 2021) comes with the risk of implementing analyses and actions that overlook the pervasive functions of racism. As Mapedzahama et al. (2012) highlight, the nursing discipline ought to critically reflect on the ways in which racism is normalized within its foundation to circumvent the hegemonic agenda of whiteness. To prevent perpetuating the functions of racism amid and despite renewed commitments to antiracism, we contend the discipline requires an ongoing critical analysis using antiracist perspectives. In particular, the nursing discipline warrants a robust analysis to unpack how the mechanisms of racism have been covertly re-defined in its theoretical foundation. Considerations necessitate not only disrupting the racism inherently embedded in the structure of nursing's theoretical foundation, but also determining how to integrate antiracism as a key moral commitment required to emancipate nursing from its racist legacies. Thus, a re-established exploration of racism within nursing's theoretical foundation demands our attention, and linking this analysis to the core of the discipline's moral commitments is critical to seize the attention of Canadian nursing scholars.

The purposes of this study are to critically examine the extent to which nursing's theoretical foundation (in)advertently advances racism and to argue that the discipline requires an explicit moral commitment to antiracism. While we recognize the urgency to seek and implement antiracist solutions to mitigate the effects of racism on health outcomes, our discipline first needs to acknowledge the pervasive mechanisms of racism. Without recognizing the

insidious undercurrents of racism operating at the foundation of our theoretical knowledge base, any antiracist solutions developed would be futile in dismantling racism.

To contextualize our analysis, we provide an overview of racism and moral commitments within the Canadian and nursing contexts. Our analysis draws attention to how the Canadian nursing discipline demonstrates its limited moral commitment when theorizing about racial phenomena, which allows racism to covertly advance through nursing concepts and its theoretical basis. Our aim with this analysis is to deconstruct the mechanisms maintaining and reproducing these covert forms of racism. Making visible these covert mechanisms by which racism operates, we establish an opportunity for the nursing discipline to engage in sustained antiracist action. Hence, this study strives to catalyze a change in the way the discipline conceptualizes the mechanisms of racism and to propel Canadian nursing scholars toward an antiracist and anti-oppressive knowledge base.

Racism in the Canadian Context

Racism is a powerful interconnected system of oppression among institutional, interpersonal, and internalized levels (Hall & Field, 2012; Jones, 2000; Racine, 2021). Operating within this multi-level system, racism has overt and covert characteristics that are deeply engrained within the structures of Canadian society (Henry & Tator, 2006).

Overt Racism

Overt racism is rooted in blatantly hostile objectives through the obvious discriminatory actions toward racialized populations (Jones, 2000). This includes hate crimes, openly racist policies, and hostile behaviors directed toward racialized groups (Henry & Tator, 2006; Jones, 2000; McKay, 2019). Given the obvious and apparent features of racism, antiracism pursuits mainly target overt forms of racism within the Canadian healthcare sector. However, explicitly

focusing on overt racism presents an incomplete and often problematic approach to dismantling racism, particularly within the Canadian context. This is because overt forms of racism compel us toward antiracist resolutions that do not redress the structurally recursive mechanisms of white supremacy often masked by the Canadian identity of egalitarianism (Mueller, 2017; Pon, 2000). To refrain from adding to such a discourse, this study focuses on exposing and disrupting the covert mechanism deeply embedded within the theoretical foundation of Canadian nursing.

Whiteness, White Supremacy, and Covert Racism

Within the scope of this study, we discuss racism at the level of institutional manifestations that have been "normative [... and] codified in our institutions of custom, practice, and law" (Jones, 2000, p. 1212). Institutional racism controls the unjust access and opportunity to agency, power, and material conditions including adequate housing, equitable healthcare, or safe living environments free of toxins (Jones, 2000; McGibbon et al., 2014; Priest et al., 2013). Racism operating at the institutional level is the root cause for the unjust distribution of health and well-being that disproportionately and inter-generationally disadvantages racialized populations. However, institutional racism is often rendered invisible by the dominant white gaze upheld in Canada, and legitimized by the dominance of whiteness and white supremacy (Hardeman & Karbeah, 2020; Iheduru-Anderson, 2021; McGibbon et al., 2014; Thorne, 2020).

Whiteness renders white norms, values, and cultures as the ideal standard against which all other races are found inferior (Henry & Tator, 2006; Racine, 2021). The implication of socializing whiteness among historical, sociopolitical, and cultural spheres is that it privileges white people to occupy neutral positions, while categorizing non-white people within the social construction of race (Henry & Tator, 2006; McGibbon et al., 2014). This cultural dominance of whiteness leads to the unquestioned, unearned, and taken-for-granted set of privileges that

benefit white people, referred to as white privilege (Bell, 2021; McGibbon et al., 2014). In the nursing discipline, whiteness remains deeply entrenched through the uncritical acceptance of the white racial domination evident among nursing leadership positions, as white privilege exercised in nursing's governance and policy-making, and in the Eurocentric agenda that dictates nursing pedagogy and scholarship (Bell, 2021; McGibbon et al., 2014).

Furthermore, white supremacy is the mechanism through which whiteness is validated and is the ideology that sustains the structure of racism (Henry & Tator, 2006). The nursing discipline has examined white supremacy by analyzing the white privilege inherent within the culture of nursing (McGibbon et al., 2014), addressing racism as a social determinant of health (Waite et al., 2020), and acknowledging the persistent examination of racialized populations from the perspective of whiteness (McGibbon et al., 2014; Racine, 2021). Despite this, the institutional structures sustaining white supremacy through nursing's racist theoretical foundations remain overshadowed by the current social justice discourse centering on overt racism. This lack of focus on disrupting and dismantling the theoretical basis of nursing reproduces and reinforces covert racism, rendering the nursing discipline complicit in sustaining white supremacy.

Central to covert racism are racial discrimination and oppression that operate through evasive and seemingly passive mechanisms (Henry & Tator, 2006; McKay, 2019; Mueller, 2017; Pon, 2000). The most salient instances of covert racism include the development of knowledge from the perspective of whiteness and the widespread exclusion of practices challenging the deep structures of racism (Jones, 2000; Kubota, 2020; McKay, 2019; Mueller, 2017). Consequently, covert racism further legitimizes the foundation of white supremacy by permitting institutional structures to appear egalitarian in the absence of committing to the foundational work of re-

structuring institutions that ensure just outcomes for racialized populations (Henry & Tator, 2006).

In Canada, covert racism continues to thrive as a product of our reluctance to recognize the existence of racism within our democratic society (Clark & Saleh, 2019; Hilario et al., 2018). Hilario et al.'s (2018) analysis of democratic racism within the Canadian context posits that:

> Through a range of strategic discursive responses, Canadian society is able to justify holding two sets of contradictory values: one that espouses tolerance and respect for diversity and another that enables them to support or be complicit in practices and processes that sustain systemic inequities based on race and racism. (p. 3)

The presence of these democratic racist discourses in Canada and the nursing discipline's reluctance to disrupt these conditions means we risk inadequately addressing social injustices within our theoretical foundation, while claiming to uphold nursing's moral commitments. The contradiction faced by the Canadian nursing discipline, in terms of espousing egalitarian values that serve to strengthen racism, is of critical importance. Therefore, demystifying the covert mechanisms of racism that continue to sustain white supremacy is necessary before impactful antiracist solutions can be identified. In the following sections, we explore how nursing's limited moral commitment to antiracism influences this discordance of an egalitarian society advancing racism through disciplinary inquiry.

Nursing's Moral Commitments

A national Code of Ethics outlines Canadian nursing's commitments to ethical responsibilities and acts as a regulatory guide to serve and protect the public (CNA, 2017a). The moral commitments highlighted in the Code of Ethics are grounded in seven primary values, including the principle of promoting justice to safeguard the broader societal endeavors of social

justice and human rights (CNA, 2017a). While these moral commitments are often linked exclusively to clinical nursing practice, the Code of Ethics is "intended for nurses in all contexts and domains of nursing practice [including] clinical practice, education, administration, research and policy" (CNA, 2017a, p. 2). Thus, the moral commitments of Canadian nurses include the area of theory development within the nursing discipline.

In addition to the Code of Ethics, contemporary nursing inquiry has been shaped by Meleis' seminal work on deepening the moral commitments of the discipline (Meleis, 1992, 1998; Meleis & Im, 1999). Among these works, Meleis (1992) defines nursing characteristics with a mission to "develop theories to empower nurses [... and] to empower clients" (p. 113). This moral commitment of the Canadian nursing discipline has been illustrated through the ongoing development of a knowledge base to inform harm reduction policy and action (CNA, 2017b). The nursing discipline exemplifies its moral commitments toward harm reduction by destigmatizing substance use including illicit drugs, alcohol, and cannabis (CNA, 2017b). Knowledge pursuits in the area of harm reduction are framed within health equity, human rights, and social justice frameworks, wherein building a non-judgemental, ethical, and non-discriminatory evidence base is fundamental (CNA, 2017b). This underscores nursing's recognition of its role in promoting justice and the human rights of Canada's diverse population (CNA, 2017a, 2017b).

Despite ethical guidelines to promote social justice, we argue the Canadian nursing discipline has yet to demonstrate the kind of moral commitment to antiracism that has been shown in other areas of promoting justice, such as harm reduction. This reluctance to recognize racism among the nursing discipline's moral commitments often remains unchecked under the guise of Canadian neoliberal values. Clark and Saleh (2019) explain that:

> Nursing's moral obligation for developing a care ethic continues to be challenged by [Canadian] neoliberalism, whereby the existence of racism is frequently obfuscated on the premise that racism could not continue within the neoliberal values of the society and the egalitarian nature of nursing. (p. 162)

Building on this assertion, the nursing discipline (in)advertently contends that their moral commitments are fulfilled by protecting social justice in other areas, such as harm reduction, while upholding racism. As a result, racism in the Canadian nursing discipline transforms from overt to covert forms and mechanisms (Clark & Saleh, 2019). This process makes racism more challenging to disrupt and dismantle as it constructs the narrative that racism is non-existent within the Canadian nursing context. Therefore, Meleis' (1992) vision to empower racialized populations has been severely compromised by nursing's lack of explicit moral commitment to antiracism. Here, the authors are not implying that matters of racism are defined by nursing's intentionality. A grave misconception about racism is the belief that “caring” attributes disprove the presence of racism. Invalidating racism by virtue of nursing's caring image overlooks how racism manifests through systems operated by well-intentioned individuals and disciplines as well as downplays the structural violence of white supremacy. Accordingly, nursing must unmask racist legacies concealed within the discipline's caring trope. Disrupting these structural conditions of racism then requires a moral reckoning of individual nurses to sustain antiracism within the structures of the nursing discipline. Therefore, this paper draws attention to the collective moral commitments required of the discipline, and the implication of these commitments in relation to the individual accountabilities of nurses, with the aim to fulfill our nursing mandate and uphold our ethical principle of promoting justice with the highest distinction (CNA, 2017a).

The Case of Nursing Concepts

Nursing theorists have long argued that an integral component in defining the ontology of a phenomenon is the contextualization of concepts (Korhonen et al., 2014; Risjord, 2009a, 2009b). Risjord (2009a) argues for a moderate realist ontology, where concepts are only used if they add value to the particular context in which they are applied. In support of these claims, a commitment to contextualization is critical in theories that explore racialized groups because a moderate realist ontology has substantial political consequences beyond being value-laden (Risjord, 2009a); it is necessary to avoid further perpetuating a covertly racist agenda in nursing inquiry.

In the case of theories targeting issues related to racialized populations, concepts must be contextualized to the health and social inequities faced by racialized groups, as well as to the reasons why the focus on racialization and racism is still necessary. However, as inquiry exists within the broader sociopolitical and historical context of society (Hilario et al., 2018; Phelan, 2011), the mechanisms operating throughout society become embedded within an apolitical theoretical foundation in the Canadian nursing discipline. In particular, the contemporary Canadian nursing discipline often inappropriately distills socially undesirable concepts by replacing them with liberally acceptable ideas (Browne, 2001; Gustafson, 2005). The apolitical theoretical foundation is exemplified through the concepts attending to cultural differences that dominate theories related to racialized populations (Blanchet Garneau et al., 2018; Gustafson, 2005; Hall & Field, 2012).

While multiple definitions of culture exist, current conceptualizations commonly refer to groups of people with shared beliefs, values, and customs (Azzopardi & McNeill, 2016). Madeleine Leininger is often cited as a prominent scholar pioneering the field of transcultural

nursing (Leininger, 1988; Vandenberg, 2010). Her work in this field inspired the development of multiple cultural concepts (e.g., cultural competence, cultural safety, cultural knowledge) that remain the prevailing approach to navigate diversities among nursing knowledge (Felsenstein, 2019; Im & Lee, 2018; Leininger, 1988; Vandenberg, 2010). Among these seminal contributions to the nursing discipline, the concept of culture has been framed as the acceptable and comfortable means to attend to social differences (Hall & Field, 2012). For example, Leininger's seminal sunrise model provides a backdrop for the nursing discipline to examine diversities and universalities present within the increasingly global and transcultural realities of nursing (Leininger, 2002). Within the context of cross-cultural dynamics, the use of culturally based concepts provides an appropriate approach to promote cultural inclusion and diversity. However, exploring cultural diversity is not to be conflated with dismantling racism.

Disrupting Nursing's Use of Cultural Concepts

The prevailing use of cultural concepts in theory development politically condemns the concept of racism as socially undesirable, provocative, and taboo (Gustafson, 2005; Hall & Field, 2012; Hilario et al., 2018). This leads nursing scholars to refrain from exploring racism within our theoretical foundation, and alternatively emphasizes the value of analyzing cultural diversity. However, these cultural analyses abide by the white etiquette of race discourses (Gustafson, 2005), where racism is made palatable by reconceptualizing it through apolitical concepts. Notably, the apolitical cultural concepts originally developed for transcultural nursing have evolved into the desirable approach for theorizing about racialized populations in the absence of concepts promoting antiracism (e.g., racism, whiteness, white supremacy, racial justice) (Gustafson, 2005).

Promoting the acceptance of cultural diversity in place of—and not in addition to—antiracism permits racism to continue to operate covertly within Canadian nursing inquiry. This is particularly salient as cultural analyses alone do not sufficiently address issues of white privilege or oppose the imbalance of power that produces and reinforces white supremacy (Bell, 2021). For example, to engage in theory development related to Chinese populations without acknowledging their race is to conflate examining racial phenomena with a cultural exploration. A cultural analysis will highlight the customary practices of this population, such as receiving health information in the Chinese language and engagement in Chinese traditional health practices of seeking balance between yin and yang forces (Cannon & Tsang, 2018). Although these cultural dynamics are a critical consideration when developing and applying appropriate nursing theories, fully acknowledging the distinctness of this population requires the additional exploration of race and racism. For this population, identifying as Asian will influence their unique health outcomes due to experiences with, and explicit impact of, racism. Specifically, society's view of this population's racial identity may have inflicted racial trauma that substantially affects their mental health or (mis)trust of the healthcare system (Cannon & Tsang, 2018; Cheah et al., 2020; Corneau & Stergiopoulos, 2012; Misra et al., 2020). The racial identity of Asian populations in Canada may additionally produce racial trauma from the structural oppression upheld by the model minority myth, which creates problematic narratives claiming Asian people as markers of "success" (A. W. Cheng et al., 2017; Pon, 2000). Thus, the use of apolitical concepts such as culture dilutes analyses that consider the unique systemic effects of racism on specific racialized groups (Gustafson, 2005; Kubota, 2020).

Concepts Upholding White Supremacy

Explicitly utilizing concepts that are deemed acceptable in an inherently racist society is an attempt to assert nursing's moral commitment to promote justice while theorizing from an apolitical space. Theorizing from the epistemological standpoint of apoliticism with the concept of culture renders race and racialization irrelevant to health outcomes (Tang & Browne, 2008). While this invisibility of race might at first seem productive, it serves to disguise the complex issues of racialization and social suffering under white supremacy (Hilario et al., 2018; McKay, 2019; Milner, 2007). Thus, this apolitical stance produces knowledge consistent with the egalitarian values that deny the confrontation of racism (Browne, 2001; Hilario et al., 2018), and fuels the advancement of covert racism through concepts in nursing's theoretical foundation.

The lens of cultural diversity obfuscates antiracism and permits racism to be redefined within existing concepts that insufficiently attend to white privilege and advocate for racial justice. Through this persistent exploration of racial phenomena with cultural concepts (Gustafson, 2005; Vandenberg, 2010), racism gains the tangible mechanisms (i.e., cultural concepts) required to covertly proliferate in nursing's theoretical foundations. Drawing from the aforementioned example with Asian populations, exploring cultural differences allowed racism to persist through the concept of culture that claimed to be addressing the health inequities of this racialized group. In this case, exploring cultural phenomena failed to change the undercurrents of white privilege and generated the mode through which white supremacy is covertly sustained.

The Case of Nursing Theories

Nursing theories are constructed from a set of concepts that guide the conceptualization of a phenomenon and build the foundation for disciplinary knowledge (Meleis, 2018; Reed & Lawrence, 2008; Salas, 2005). However, we must transcend the taken-for-granted assumption

that the process of theory development is derived from a neutral space (Blanchet Garneau et al., 2018). The external context of an individual influences their perception of the world and their ways of knowing, and these social conditions impact the lens through which they perceive priorities and phenomena of interest (Phelan, 2011).

Despite modern narratives promoting an era of social justice, the social order impacting the lens of inquiry is shaped by the legacies of settler colonialism, capitalism, heteronormativity, white supremacy, and the patriarchy that continue to thrive in present-day Canada (Anderson, 2000; Anderson et al., 2009; Carrier & Piché, 2018; Kubota, 2020; Mayorga-Gallo et al., 2019; McKay, 2019; Patil, 2013). Yet, the conditioning of contemporary worldviews by these oppressive systems are not confined to social and political spaces. In the case of nursing's theoretical foundation in Canada, the social conditions influencing our perspectives serve to protect these interconnected systems of oppression (Blanchet Garneau et al., 2018; Iheduru-Anderson, 2021; Kubota, 2020).

Interrogating Nursing's Use of Critical Theories

As a tactic to challenge the struggles and issues upheld by colonial capitalist and patriarchal systems, the nursing discipline widely employs critical theories. The philosophical roots of critical theories aim to provide emancipatory purposes by revealing and disrupting the sociocultural, political, and historical injustices experienced by groups experiencing marginalization (Campbell & Bunting, 1991; Forbes et al., 1999; Ryan, 2018). This distinct emphasis on analyzing and critiquing the systems that create and support oppression has gained a key place within the nursing discipline (Forbes et al., 1999; Mill et al., 2001; Mosqueda-Díaz et al., 2014; Swartz, 2014; Vandenberg, 2010). A particular example where the nursing discipline applies critical theories is when unmasking gender-centered oppression embedded within

historical and structural contexts of society (Campbell & Bunting, 1991; Dahnke & Dreher, 2016; Forbes et al., 1999; Stevens, 1989). However, efforts to unmask oppression within critical theories, such as feminist theory drawing from first- and second-wave feminism, lack an explicit emphasis on matters of racism and white supremacy. Critical theories, such as critical race feminism and intersectionality (Collins & Bilge, 2020; Crenshaw, 1991; Van Herk et al., 2011; Wing, 2014), provide a key point of access to comprehensively examine the interlocking dynamics of racism at the intersection of other hierarchies of social marginalization and oppression (Clark & Saleh, 2019). However, the nursing discipline remains limited in its development and application of critical theories that focus on matters of racism. We do not discredit the central momentum critical theories—inclusive of feminist theory, queer theory, and postmodernism—have with respect to providing context for issues of subjugation and oppression within the nursing discipline. We contend that these dominant critical theories lack an unequivocal focus related to antiracism and thus limits the ways in which the nursing discipline can address racism.

Theories Upholding White Supremacy

Given nursing's perception that critical theories adequately attend to matters of social injustices, the discipline becomes reluctant to recognize that critical theories lacking a sufficient focus on antiracism inadequately disrupts systems of racism and the ideology of white supremacy. As the nursing discipline more widely applies critical theories as a lens to challenge inequities (Forbes et al., 1999; Mill et al., 2001; Mosqueda-Díaz et al., 2014; Swartz, 2014), it covertly upholds racist undertones and the racist contexts of some feminist theories and theorists. For example, using feminist theories as the entry point to explore the subjugation of Asian women will expose and locate the personal and social spheres of gender oppression. However, a

significant limitation of this approach is neglecting the “interlocking systems of oppression experienced by women of color” (Clark & Saleh, 2019, p. 162). While utilizing a critical theory aimed at examining the conditions of oppression, the emphasis of gender subordination without accounting for experiences of racism fails to attend to the structural oppression upheld by the model minority myth for Asian populations (A. W. Cheng et al., 2017; Pon, 2000).

The limitation of such critical theories has been widely exposed and addressed in other contexts beyond the Canadian nursing discipline (Cho et al., 2013; Collins & Bilge, 2020; Crenshaw, 1991; Few, 2007; Gillborn, 2015; Hankivsky, 2014; Wing, 2014). By neglecting an explicit focus on antiracism, the current state of nursing theories fails to provide an analytical entry point into matters of racism, and limits the responsibilities of non-racialized groups in the work to address injustices and contribute to antiracism. In the absence of tangibly disrupting covert forms of racism, nursing's use of critical theories to promote social justice has overlooked how covert racism permits the roots of white supremacy to strengthen. Critical theories provide an optimal environment for racism to covertly exist by supporting the narrative that Canadian nursing scholars are tackling matters affecting racialized groups through the use of critical theories, even while simultaneously and insidiously upholding white supremacy (Mayorga-Gallo et al., 2019; Milner, 2007). In particular, antiracism requires an unwavering moral commitment toward actions that disrupt and abolish the structures upholding white supremacy (Barceló & Shadravan, 2021; Jones, 2000). In the context of nursing's theoretical basis, antiracism demands us to challenge the covert mechanisms of racism with antiracist theories. However, white supremacy disguised within critical theories has become the method by which racism thrives undetected among nursing's knowledge base. Without tangible antiracism action in nursing's theoretical basis, the discipline is at risk of inadvertently grounding antiracist solutions in these

covertly racist conditions, which will only serve to further strengthen the system of white supremacy.

Nursing's Complacency Towards White Supremacy

The political myth associating Canada with egalitarianism masks the extent to which racialized communities endure racial violence and suffering; it also supports the narrative that Canadians are free of racial discrimination and oppression (Augoustinos et al., 2005; Hilario et al., 2018), thereby diminishing demands by Canadian nurses to disrupt the conditions of racism. The reluctance of the Canadian nursing discipline to tangibly dismantle the racism upheld through nursing concepts and theories showcases nursing's lack of moral commitment to antiracism. The nursing discipline has been deceived under the false notion that matters of racism are rectified solely with the uprise in cultural concepts and critical theories and, consequently, has permitted itself a clear conscience. Problematic proclamations of achieving nursing's moral commitment are heightened through the continued use of apolitical concepts and critical theories, yet this has allowed the discipline to become complacent on matters of racial injustices (Barceló & Shadravan, 2021; Mayorga-Gallo et al., 2019). This complacency in the face of racism has shattered the urgency required to integrate antiracist concepts and theories into theoretical foundations. This interplay between nurses' lack of moral commitments to antiracism and complacency toward white supremacy inadvertently further oppresses racialized groups within nursing's knowledge base. Therefore, the nursing discipline's current pursuit to fulfill the moral commitment of promoting justice strengthens the roots of racism and has become a covert tool of violence under white supremacy.

Conclusion

This paper explicitly analyzed covert racism within the context of Canadian nursing's theoretical foundation, with implications that may be relevant to other similar contexts across the global north. The purpose of this paper was to demonstrate that the roots of white supremacy extend beyond nursing's narrow conceptualization of racism. This is linked to the nursing discipline's limited moral commitment needed to disrupt these conditions. Two problems in particular were exposed. The first emphasized that theorizing from an apolitical space is used to enter the discussion about racial phenomenon, while being consistent with egalitarian values that deny racism. Therefore, apolitical concepts provide racism the tangible mechanisms to covertly advance among our theoretical foundation. The second described how racism has expanded within nursing's theoretical foundation through the use of critical theories devoid of an antiracist focus. This is attributed to the nursing discipline's limited moral commitment to recognize and challenge covert racism.

Despite the efforts of the Canadian nursing discipline to maintain moral commitments in nursing inquiry, our current theoretical foundation further perpetuates racism and white supremacy. This is intrinsically due to the insidiousness of covert racism in Canada, and the nursing discipline's reluctance to expose and disrupt it. The points raised in this study underscore the need to rectify our inadvertent preservation of, and complicity in, white supremacy, which remains masked within our current theoretical foundation. The future of antiracism in the nursing discipline necessitates re-examining the assumptions and conditions outlined in this study and moving beyond merely targeting overt forms of racism. By recognizing the pervasive mechanisms of racism, future nursing scholarship can begin to strive toward strategies that abolish covert racism within nursing inquiry. Of critical importance is that future scholarship not

use existing theoretical underpinnings that lack a focus on racism as the foundation for developing antiracism solutions. As discussed, this would further embed and strengthen white supremacy within the fabric of the nursing discipline. We assert that the current nursing discipline requires significant re-envisioning. With a clear articulation of its moral commitment to antiracism, the nursing discipline can rebuild itself beyond the racist confines within which we currently exist. Only then can the Canadian nursing discipline fulfill our moral commitments to protect social justice and foster the development of an antiracist and anti-oppressive knowledge base.

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Chapter 3 (Paper 2): Racism and the Mental Health of East Asian Diasporas in North America: A Scoping Review

Abstract

Background: The COVID-19 pandemic heightened anti-Asian racism towards East Asian diasporas in North America. Experiences of racism encountered by East Asian communities have been documented to negatively impact their mental health.

Methods: A scoping review was undertaken following Arksey and O'Malley's (2005) methodology to (a) map the foci of literature on racism and the mental health of East Asian diasporas in North America and (b) identify gaps in the current literature.

Results: A total of 1309 articles were identified in May 2021. Based on the inclusion criteria, 35 records were included. Two distinct mental health foci were found: mental health outcomes and mental healthcare access and utilization. Majority (n=22) of the articles focused on racism at the interpersonal level. Six articles provided anti-racism solutions at the personal level such as overcoming biases. Five articles targeted anti-racism solutions from both the personal and institutional levels, while 1 article addressed barriers at the institutional level such as dismantling sanctioned power hierarchies.

Conclusion: The expanding knowledge base on COVID-19-related racial discrimination is reminiscent of previous literature examining the history of anti-Asian racism in North America. Greater attention is needed to navigate impactful anti-racism solutions for East Asian populations' mental health in North America.

Key words: anti-Asian racism, racial justice, anti-racism, mental health, East Asian populations, North America

Background

Racism is a system of structural oppression based on race that conditions unjust disadvantages for individuals through power, privilege, and opportunity (Cobbinah & Lewis, 2018; Gee et al., 2009). Racial discrimination is considered a component of racism centered on the behaviours granting differential treatment based on race (Gee et al., 2009). Racism and racial discrimination significantly impact health in various forms including at the institutional level, interpersonal level, and internalized level (Cheah et al., 2020; Cobbinah & Lewis, 2018), and are known contributors to physical and mental health disparities (Priest et al., 2013; Wu et al., 2020). For instance, institutional racism reflects the legalized and structural systems that result in differential access to healthcare opportunities, services, and resources that have been normalized across policies, cultures, and laws (Cheah et al., 2020; Cobbinah & Lewis, 2018). Interpersonal racism is the persistence of racial stereotypes and prejudices operating between individuals within the healthcare institution, whereas internalized racism is the acceptance of racist practices or beliefs by racialized individuals (Cheah et al., 2020; Cobbinah & Lewis, 2018). Racism and racial discrimination perpetuate physical and mental health inequalities for racialized individuals and groups at all levels.

The coronavirus (COVID-19) pandemic has particularly refueled racist tropes. Asian populations worldwide have become targets of anti-Asian racist attacks at an alarming rate (Cheah et al., 2020; Johnson et al., 2021; Wu et al., 2020). This upsurge in COVID-19-related race-based discrimination has been shown to target Asian groups compared to other racialized communities (Wu et al., 2020). However, Asian populations are significantly heterogeneous and encompass more than 40 distinct subgroups and ethnicities (Litam, 2020). Several distinct languages, cultures, migration histories, and mental health beliefs are practiced under the

umbrella categorization of Asian populations (Litam, 2020). Given this heterogeneity within the pan-Asian population, COVID-19-related racism impacts sub-groups differently. Exploring the impact of anti-Asian racism directed towards East Asian populations is critical given their unique and timely challenges within the North American context when compared to the pan-Asian experience. In the climate of COVID-19, the racially charged and Sinophobic media coverage has led to anti-Asian racism and hate crimes specifically towards the Chinese diaspora and people who are seen as Chinese, such as those of East Asian descent, within North America (Litam, 2020; Misra et al., 2020; Tessler et al., 2020). East Asian populations include individuals from East Asian countries including China, Japan, South Korea, North Korea, and Taiwan, or those who are ethnically East Asian (Kim, 2017). According to recent studies from the North America context, nearly half of COVID- 19-related racism incident reports were from Chinese people, followed by other East Asian groups (Woo & Jun, 2022), and Chinese and other East Asian populations are erroneously portrayed as the spreaders of COVID-19 (Choi et al., 2020; Tessler et al., 2020).

Experiences of racism and racial discrimination encountered by East Asian communities in North America have been shown to negatively impact their mental health, in addition to increase their risk of trauma-based disorders, such as racial trauma (Cheah et al., 2020; Litam, 2020). In a recent study by Cheah et al. (2020), the authors found that COVID-19-related racial discrimination experienced by Chinese American families was associated with higher levels of reported generalized anxiety and depressive symptoms. These findings are also supported by other recent studies revealing that higher incidences of acute discrimination were encountered by East Asian Canadians during COVID- 19 and explain their higher levels of mental health symptoms when compared to white Canadians (Wu et al., 2020).

The precarious mental health status and racial positionality of East Asian diasporas in North America spark an urgency to explore the most up-to-date evidence on the state of racism and the mental health of East Asian populations. This is particularly salient given the current climate of COVID-19-related anti-Asian racism directed towards East Asian diasporas and to account for the distinct experiences and needs across the pan-Asian population. However, to date, there remains limited literature that systematically synthesizes the characteristics of the literature on racism and the mental health of East Asian populations specific to the North American context. Systematically and comprehensively mapping the current state of characteristics of racism and the mental health of East Asian populations is therefore critical to uncover the unique experiences of East Asian diasporic communities within the North America context (Arksey & O'Malley, 2005; Levac et al., 2010; Pollock et al., 2021). The purposes of this review were to map the range and foci of literature on racism and the mental health of East Asian diasporas in North America and to identify gaps in the current literature. The following research questions guided this review:

1. What are the features and foci of existing literature on racism and the mental health of East Asian populations?
2. What are the gaps in the literature on racism and the mental health of East Asian populations in North America?
3. To what extent does the existing literature explore racism and anti-racism in relation to the mental health of East Asian populations in North America?

Methods

A scoping review was undertaken following Arksey and O'Malley's (2005) methodology. This review was reported in accordance with the Preferred Reporting Items for

Systematic Reviews and Meta-Analyses Extension for Scoping Reviews (PRISMA-ScR) statement to ensure review transparency and reproducibility. The review protocol was registered on Open Science Framework on 13 May 2021, given that scoping review protocols are currently not accepted for registration on PROSPERO. Due to the limited evidence regarding when to consult community stakeholders (i.e., patients, policymakers) or how to integrate their findings into data analysis, the optional sixth stage (consulting with relevant stakeholders) proposed by the Arksey and O'Malley (2005) framework was not conducted. However, consultation with a health sciences librarian (TP) occurred throughout the review (Arksey & O'Malley, 2005; Levac et al., 2010).

Data sources and search strategy

A comprehensive search strategy was conducted by an experienced health sciences librarian (TP) to identify all relevant published literature. Relevant studies were retrieved by systematically searching electronic library databases including Medline, EMBASE, and PsycINFO via Ovid, ERIC, CINAHL Plus with Full Text, SocINDEX, and Anthropology Plus via EBSCOhost, Sociological Abstracts via ProQuest, and Scopus via Elsevier (Appendix A). A targeted grey literature search was conducted on Dissertations and Theses Global via ProQuest. The primary author (SLP) supplemented the electronic database search by backward citation mining all reference lists of included studies. This assisted in locating additional studies which were not captured through the search strategy due to database limitations, such as indexing complications from unspecific titles or unstructured abstracts (Levac et al., 2010) and a delay in time between depositing and cataloging articles.

The databases were searched using subject headings and natural vocabulary language derived from the combination of search terms in three main categories: (1) East Asian

populations, (2) racism, and (3) mental health. A combination of related synonym search terms and free-text terms were utilized. To increase search specificity and sensitivity, search limits were not restricted to the year of publication. The merit of this decision was to provide data pointing to the evolvement of mental health and racism among East Asian diasporas. The search strategy was restricted to studies available in English due to the recent evidence suggesting that excluding literature written in languages other than English does not produce empirical biases (Morrison et al., 2009). The search strategy was restricted to geographical locations of Canada and the United States of America to explore the impacts of racism within the North American context.

All studies retrieved from the search were directly imported into the Endnote reference citation management program. Following the removal of duplicate records in Endnote, the remaining records were exported into Microsoft Excel (2019) spreadsheet in tabular format for data management for four reasons: (1) balancing the minimization of data entry errors through data validation features while providing the ability to enter narrative text data, (2) requiring low resources for effective data storing, sharing, and collation compared with data systems (i.e. Covidence, Doctor Evidence) necessitating investments of resources to set up and train reviewers (Li et al., 2020), (3) ensuring consistency of the depth and breadth of vocabularies used across data extraction, and (4) minimizing errors when calculating frequencies during data analysis.

Study selection

Articles were included if they were available in the English language, were in the North American context, were focused on East Asian populations, addressed any type of racism (i.e., internalized racism, interpersonal racism, institutional racism), and focused on any aspect of mental health including mental health symptoms, general psychological wellness, mental

illnesses or diagnoses, and mental healthcare access or utilization. Primary research articles and grey literature sources were included except conference abstracts and papers given the limited data in those source types. Pan-Asian populations and populations of multiple races were included provided the article disaggregated data for East Asian populations.

Before the screening process, two reviewers (SLP and SI) screened a random sample of the same 50 records and discussed discrepancies to increase consistency and understanding among reviewers (Arksey & O'Malley, 2005; Levac et al., 2010). During the primary screening, all retrieved titles and abstracts were independently screened by two reviewers (SLP and SI) against the a-priori inclusion criteria. All articles were classified as either "include", "unclear", or "exclude". Any records classified as "include" or "unclear" by one or both reviewers were included for secondary screening. During the secondary screening, all full-text articles were assessed for relevancy by two independent reviewers (SLP and SI) against the a-priori inclusion criteria. Disagreements arising from primary or secondary screening were reviewed a second time by the same reviewers. If further disagreements persisted, the study eligibility was resolved through a discussion until full consensus was achieved. Records excluded during secondary screening were recorded to ensure review transparency and reproducibility (see Figure 3.1).

Data extraction

For all records fulfilling the eligibility criteria for inclusion, data were extracted using a data extraction tool adapted from Arksey and O'Malley's (2005) recommended data charting items. The data extraction forms were trialed independently by two reviewers (SLP and SI) on the same 10 records. Reviewers iteratively modified the data extraction form to ensure the charted data optimally answered the review question. The data extraction process was conducted by the primary author (SLP). Following completion of all extracted data, the accuracy and

completeness of the charted data were independently validated by the second reviewer (SI). Any discrepancies between the reviewers were resolved through a discussion until full agreement was achieved.

The primary objective of conducting this scoping review was to map the range of evidence where previous knowledge syntheses were limited (Arksey & O'Malley, 2005; Levac et al., 2010). Accordingly, the aggregated findings from this scoping review mapped mental health and racism characteristics regardless of research quality. Given that this review is not proposing future recommendations based on the effectiveness of identified characteristics nor generalizing the primary research findings, a critical appraisal to assess the methodological rigor of the primary research was not per- formed (Arksey & O'Malley, 2005; Pollock et al., 2021).

Data analysis and synthesis

Conventional content analysis was used to analyze data to avoid interpreting or imposing inferences about themes, trends, or discourses by classifying the coded data into broader categories representing similar meanings (Hsieh & Shannon, 2005). Mental health outcomes were grouped into four distinct categories: mental health disorders, mental health symptoms, general psychological well-being and distress, and racism-related stress. Mental health disorders were defined by reporting a clinical diagnosis or categorical measure of psychiatric disorders (e.g., generalized anxiety disorder) (Gong, 2005), whereas mental health symptoms were defined by symptoms of mental health without a clinical diagnosis (e.g., feelings of anxiety) and subclinical stress responses (e.g., sleep disturbances) (Misra et al., 2020). General psychological well-being and distress were categorized by non-specific psychological disorders and symptoms (Liu, 2013) and general psychological health (e.g., psychological adjustment, self-esteem) (Lam, 2008). Racism-related stress included stress or trauma explicitly measured as a result of

perceived or actual experiences of racism (Michael, 2019; Nadal, 2008). Content analysis of anti-racism solutions was provided for articles describing recommendations or solutions to address racism at the internalized, interpersonal, or institutional levels (Cobbinah & Lewis, 2018; Gee et al., 2009). Frequency counts were calculated for the categories. Synthesizing this body of research through both descriptive statistics and content analysis captured both the breadth and depth of existing literature.

Results

Study Characteristics

A total of 1309 articles were identified through the database searches in May 2021, with 2 additional articles identified through citation mining reference lists. After removing 294 duplicates, a total of 1015 records were screened on title and abstracts and 270 records were retrieved for full-text screening. Based on the a-priori inclusion criteria, 35 records were included in the scoping review (see Figure 3.1). Of those 35 included articles, the year of publication ranged from 1981 to 2021, with nearly half (n=16, 46%) of the records published within the last 5 years (see Table 3.1). Thirty-two (91%) articles were primary research studies, 2 (6%) were book chapters, with 1 (3%) record being a discussion paper. The majority (n=24, 65%) of primary research articles were quantitative studies, with 7 (19%) articles being qualitative studies. The majority (n=33, 94%) of the included articles were from the United States of America, while only 2 (6%) were from Canada.

Study Findings

Population foci. In regards to the population foci, 23 records focused only on East Asian populations, 10 records targeted pan-Asian populations, while 2 records were East Asian populations in combination with other races (Table 3.1). Of the records only targeting East Asian

populations, the ethnicities were as follows: Chinese (n=19, 54%), Japanese (n=1, 3%), and 10 (29%) records of mixed East Asian ethnicities including Chinese and Korean (n=3), Chinese, Japanese, and Korean (n=3), Chinese, Japanese, Korean, and Taiwanese (n=2), and Chinese, Korean, and Chinese-Japanese (n=1).

Over half (n=21, 60%) of the included articles focused on the adult age category, while 5 (14%) articles targeted children and adolescents, and 5 (14%) articles were aimed at families. Four (11%) articles did not state their targeted age category. The majority (n=29, 83%) of the included articles were aimed at both genders (men and women) and sexes (males and females), while 3 (9%) of the articles focused on the gendered identities of East Asian women. Three (9%) records did not state their targeted gender or sex. Lastly, the targeted generational statuses were as follows: first-generation (n=2, 6%), multiple generations (n=13, 37%), and not stated (n=20, 57%).

Mental health characteristics. Of the total included studies, two distinct mental health foci were found (see Table 3.2). The majority of articles (n=28, 80%) focused on mental health outcomes (Chau et al., 2018; Cheah et al., 2019; Chin, 1981; Choi et al., 2020; Fang, 2014; Gee, 2002; Grossman & Liang, 2008; Haft & Zhou, 2021; Juang & Alvarez, 2010; Kim, 2016; Kim, 2017; Lam, 2008; Li, 2014; Li et al., 2018; Liu, 2014; Michel, 2019; Misra et al., 2020; Nadal, 2008; Niwa et al., 2014; Noh, 2018; Noh et al., 2007; Rivas-Drake et al., 2008; Schires et al., 2020; Shrake & Rhee, 2004; Sun et al., 2021; Syed & Juan, 2012; Woo & Jun, 2021; Wu et al., 2020), 5 (14%) studies articles addressed mental healthcare access and utilization (Chan, 2012; Noh, 2007; Spencer & Chen, 2004; Weng et al., 2017; Yang et al., 2014), while 2 (6%) articles targeted both mental health outcomes and mental healthcare access and utilization (Clemon, 2019; Kim et al., 2017). Of the 28 articles addressing mental health outcomes, general

psychological well-being and distress were most frequently addressed (n=17) (Cheah et al., 2020; Chin, 1981; Choi et al., 2020; Grossman & Liang, 2008; Juang & Alvarez, 2010; Kim, 2017; Kim et al., 2017; Lam, 2008; Liu, 2014; Michel, 2019; Niwa et al., 2014; Noh et al., 2007; Rivas-Drake et al., 2008; Shrake & Rhee, 2004; Sun et al., 2021; Syed & Juan, 2012; Wu et al., 2020), while mental health disorders were addressed in 12 articles (Choi et al., 2020; Fang, 2014; Haft & Zhou, 2021; Juang & Alvarez, 2010; Li, 2014; Li et al., 2018; Misra et al., 2020; Noh, 2018; Schires et al., 2020; Shrake & Rhee, 2004; Sun et al., 2021) (see Figure 3.2). Mental health symptoms were less frequently reported (n=9) (Cheah et al., 2020; Chau et al., 2018; Grossman & Liang, 2008; Kim, 2016; Misra et al., 2020; Noh et al., 2007; Rivas-Drake et al., 2008; Shrake & Rhee, 2004; Woo & Jun, 2021), while only 3 articles focused on racism-related stress (Lam, 2008; Michel, 2019; Nadal, 2008).

Mental health findings. Of the articles focusing on mental health outcomes, the majority of the article (n=29; 97%) documented that real or perceived experiences of racism negatively impacted mental health outcomes including: adverse general psychological well-being (Cheah et al., 2020; Chin, 1981; Choi et al., 2020; Gee, 2002; Grossman & Liang, 2008; Juang & Alvarez, 2010; Kim, 2017; Kim et al., 2017; Lam, 2008; Liu, 2014; Michel, 2019; Niwa et al., 2014; Noh et al., 2007; Rivas-Drake et al., 2008; Shrake & Rhee, 2004; Sun et al., 2021; Syed & Juan, 2012; Wu et al., 2020), mental health disorders such as anxiety, depression, posttraumatic stress disorder, and suicidality (Choi et al., 2020; Fang, 2014; Haft & Zhou, 2021; Juang & Alvarez, 2010; Li et al., 2018; Misra et al., 2020; Noh, 2018; Schires et al., 2020; Shrake & Rhee, 2004; Sun et al., 2021), mental health symptoms such as lower self-esteem, sadness, frustration, and depressive symptoms (Cheah et al., 2020; Chau et al., 2018; Clemon, 2019; Grossman & Liang, 2008; Kim, 2016; Misra et al., 2020; Noh et al., 2007; Rivas-Drake et al., 2008; Shrake & Rhee,

2004; Woo & Jun, 2021), and led to racism-related stress and trauma (Lam, 2008; Michel, 2019; Nadal, 2008) (see Table 3.2). Only 1 (3%) article in our review identified that experiences of anti-Asian racism had no impact on mental health; however, this may be due to the quantitative nature of this study which found that racial discrimination was not significantly associated with mental health disorders (Li, 2014). All articles (n=7; 100%) addressing mental healthcare access and utilization documented that racism adversely impacted mental healthcare access and utilization including: creating barriers to access services (Kim et al., 2017; Spencer & Chen, 2004; Yang et al., 2014; Weng et al., 2017), negatively influencing perceptions of care (Kim et al., 2017; Yang et al., 2014), impacting the treatment received such as microaggressions (Chan, 2012; Clemon, 2019), and hindering the context of effective healing (Noh, 2007).

Racism foci. While 12 (34%) of all included studies analyzed racism across multiple levels (internalized, interpersonal, and institutional) (Chin, 1981; Clemons, 2019; Gee, 2002; Kim et al., 2017; Lam, 2008; Liu, 2014; Michel, 2019; Noh, 2007; Noh, 2018; Spencer & Chen, 2004;Yang et al., 2014; Weng et al., 2017) , the majority of studies (n=22, 63%) focused on racism at the interpersonal level (Chan, 2012; Chau et al., 2018; Cheah et al., 2020; Choi et al., 2020; Fang, 2014; Grossman & Liang, 2008; Haft & Zhou, 2021; Juang & Alvarez, 2010; Kim, 2016; Li, 2014; Li et al., 2018; Misra et al., 2020; Nadal, 2008; Niwa et al., 2014; Noh et al., 2007; Rivas-Drake et al., 2008; Schires et al., 2020; Shrake & Rhee, 2004; Sun et al., 2021; Syed & Juan, 2012; Woo & Jun, 2021; Wu et al., 2020) (see Table 3.2). Only 1 (3%) article focus on internalized racism (Kim, 2017), and no article solely focused on institutional racism. Additionally, only 3 (9%) articles addressed racism through an intersectional lens (Kim, 2016; Noh, 2007; Noh, 2018), while the remaining (n=32, 91%) articles solely focused on racism.

***Anti-racism characteristics*.** Twelve (34%) of the included articles addressed anti-racism solutions (see Table 3.3). Of these 12 articles, half (n=6, 50%) were aimed at changes at the personal level within which healthcare professionals, mental health clinicians, or educators can tangibly enact (Clemons, 2019; Grossman & Liang, 2008; Kim, 2017; Li et al., 2018; Liu, 2014; Michel, 2019). These personal level changes included awareness and education (Clemons, 2019; Kim, 2017; Liu, 2014), professional development training (Grossman & Liang, 2008), overcoming stereotypes and biases (Li et al., 2018; Misra et al., 2020), and providing services such as community networks, bilingual services (Spencer & Chen, 2004), and advocacy services (Noh, 2007). Only 1 (8%) article suggested addressing barriers at the institutional level such as policies (Weng et al., 2017). It is pertinent to note that this study additionally reported on changes at the personal level; however, these changes were from a cultural competence lens (i.e., addressing cultural barriers) (Weng et al., 2017). Five (42%) studies targeted anti-racism solutions from both the personal and institutional levels (Chin, 1981; Misra et al., 2020; Noh, 2007; Noh, 2018; Spencer & Chen, 2004). For the studies focusing on both levels of change, the personal level changes echoed the aforementioned solutions. The institutional level changes included dismantling sanctioned power hierarchies (Noh, 2007; Noh, 2018), promoting a radical critical race approach to address structural competence in policies and institutions (Noh, 2018), the re-distribution of resources such as providing targeted health, economic, and social assistance (Misra et al., 2020), general changes to institutional policies (Chin, 1981), enacting healthcare reform to increase funding for community-based agencies (Spencer & Chen, 2004), and making changes to the current sociopolitical climate and environments (Noh, 2007).

Discussion

As anti-Asian racism and COVID-19-related racial discrimination targeted toward East Asian diasporas continue to unfold, we have presented a timely review of the literature that mapped the foci of racism and mental health of East Asian diasporas in North America. To the best of our knowledge, this scoping review is the first to systematically map the literature at the intersection of anti-Asian racism and the mental health of East Asian populations within the North American context. The findings from this scoping review add to the discussion on anti-Asian racism by establishing the foci and gaps in the extant literature specific to the mental health of East Asian diasporas.

From Past to Present

Since the start of the COVID-19 pandemic, several studies and opinion papers have been published examining the links between the mental health of East Asian populations within the context of COVID-19-related anti-Asian racism (Cheah et al., 2020; Choi et al., 2020; Haft & Zhou, 2021; Misra et al., 2020; Woo & Jun, 2022; Wu et al., 2020). The current rise in the literature on anti-Asian racism and the mental health of East Asian communities demonstrates the importance of exploring the mental health impact of COVID-19- related racial discrimination on East Asian populations in North America (Cheah et al., 2020; Wu et al., 2020). Yet, this current rise in anti-Asian racism is not the beginning of racism against East Asian diasporas, but the resurgence of a long history of antecedent anti-Asian sentiments existing within the underbelly of North American society, such as the Yellow Peril and the model minority myth (Litam, 2020; Tran, 2017). This knowledge synthesis illuminated that anti-Asian racism against East Asian diasporas in North America has existed within the literature for the last four decades. Nevertheless, the mental health of East Asian populations within the context of anti-Asian racism

remains outside mainstream knowledge and is explored with minimal depth. This significantly points to the implications of the history of anti-Asian racism in North America on the development, dissemination, and integration of literature focused on East Asian populations.

History of anti-Asian racism. Before the COVID-19 context, Li (2014) found that experiences of racism are prominent for East Asian diasporas in the United States and are particularly highest among people of Chinese descent. Another study found that ethnic discrimination is salient among the experiences of Chinese American youth (Rivas-Drake et al., 2008). This historical backdrop of anti-Asian racism is a result of the legacy of Sinophobia in North America, which is the distinct fear and hatred of China and its people (Cheah et al., 2020; Litam, 2020; Tessler et al., 2020). The racial positionality of the East Asian diaspora in North America situates them with a conditional and perceived proximity to whiteness. That is, the foundation of anti-Asian racism is to inaccurately deem East Asian diaspora, when convenient, as "model minorities" and "honorary white people", while simultaneously vilifying them as "perpetual foreigners" under distorted threats of a "Yellow Peril" uprising (Cheah et al., 2020; Litam, 2020; Tessler et al., 2020). Both the perpetual foreigner and the model minority stereotypes have significant implications on the scope of literature documented within this review.

First, the perpetual foreigner trope was introduced during the late 19th century, when North American capitalist desires called for cheap labor from Chinese workers (Godon-Decotaeu, 2018; Litam, 2020). This influx of Chinese workers to North America provoked the perceived threat of the Yellow Peril. Under the Yellow Peril, East Asian groups, particularly those of Chinese descent, were demonized as a threat to the employment and economic security of white people in Western societies (Godon-Decotaeu, 2018; Litam, 2020). Given these

"perpetual foreigner" accusations, the Chinese Exclusion Act of 1882 in the United States of America, followed by the Chinese head tax and Chinese Immigration Act of 1923 in Canada, effectively restricted the migration of Chinese people to North America (Litam, 2020). Scapegoating East Asian diasporas as perpetual foreigners in the current COVID-19 landscape echoes this backdrop of anti-Asian racism (Cheah et al., 2020; Litam, 2020). Moreover, the perpetual foreigner stereotype helps to explain the dearth of consistent literature exploring the impact of racism on East Asian populations. Particularly, the portrayal of East Asian people as perpetual foreigners weakens the demand for scholars to explore and amplify the experiences of this population who are persistently demonized and feared.

Second, the evidence base spanning a substantial time- frame (i.e., 40years) with limited literature (i.e., 35 articles) may be further explained by the model minority myth. Since East Asian diasporas in North America are more likely to be portrayed as model minorities than other racialized groups (Nadal, 2008), racism experienced by East Asian diasporas is structurally silenced. The model minority stereotype is a political mechanism rooted in the inaccurate portrayal of Asian populations as markers of academic, financial, and occupational success when compared to other racialized populations (Ang, 2012; Park, 2008; Pon, 2000; Tran, 2017). These successes are attributed to their supposedly cultural values of perseverance and discipline to sustain the meritocratic ideology upheld in North American societies. However, these erroneous stereotypes function to discredit the demands for social justice aimed at East Asian populations and seek to justify the anti-Asian hate crimes, violence, and exclusionary practices in North America (Tran, 2017). The implications of the model minority myth extend to the process of knowledge creation and implementation. Given the inaccurate portrayal as "model minorities", it minimizes scholars' moral commitments to explore the needs of East Asian populations within

the literature base. Within the context of this knowledge synthesis, rendering anti-Asian racism as nearly non-existent through the model minority myth illuminates why there remains a lack of mainstream attention demanding for anti-racism and mental health strategies specific for East Asian populations. Given the limited number of articles published over the past 40 years, there remain significant gaps in the current evidence base as highlighted in the following sections.

Gaps in the Literature

Methodology foci. The strong focus on quantitative studies included in this review illuminates existing gaps in the literature. The impact of racism is an individualized and collective experience, making it hard to quantify (Cobbinah & Lewis, 2018). The focus on quantitative studies neglects the contextual and nuanced factors in how anti-Asian racism intersects with mental health. Based on the findings from this review, more qualitative studies are required to further anti-racism knowledge that allows for nuance and complexity. Additionally, qualitative studies may provide a more powerful account that encapsulates the depth of impact racism has on the mental health of East Asian diasporas in North America.

Age foci. Given the unique cognitive and psychosocial development of children and adolescents, experiences of racism have the potential to severely impact the healthy development of young populations (Pachter & Coll, 2009; Priest et al., 2013; Sanders-Phillips, 2009). However, the included articles in this review strongly focused on the adult population. The field is currently limited in its evidence based on racism and the mental health of East Asian children, adolescents, and families. Future research requires filling this gap in the literature to comprehensively examine the mental health implications of racism in younger populations.

Context foci. Despite the growing conversation on anti-Asian racism on international stages, there remains a dearth of literature specific to the Canadian context. Within the Canadian

context, racism is often obfuscated and disguised by claims of multicultural and egalitarian values (Hilario et al., 2018; Louie- Poon et al., 2021). Thus, the function of racism is distinct between the United States and Canadian contexts. This review illuminates the lack of literature specific to the Canadian context, limiting our existing understanding of how anti-Asian racism operates subtly and covertly through the means of Canadian values. Understanding the unique dynamic of anti-Asian racism within the Canadian context and how this type of racism impacts the mental health of East Asian diasporas is critical for future research. The focus of future research may explore anti-Asian racism within the Canadian context to adequately attend to the specific needs of East Asian people living in Canada.

Mental health and racism foci. The findings from our review highlight the need for a stronger focus on mental healthcare access and utilization, inclusive of mental healthcare resources and treatments. The lack of focus on mental healthcare access and utilization within the extant literature may be linked with the substantial focus on exploring racism at the interpersonal level. From our findings, it was documented that exploring racism at the institutional level remains limited. The dearth of literature navigating systemic barriers, such as access to services and resources point to the need for future research exploring institutional injustices when linked to mental healthcare for East Asian populations.

Documenting sustained anti-racism solutions additionally remains an existing gap in the literature. Of the articles that addressed anti-racism solutions, all but one targeted change at the individual level for frontline practitioners. However, in relation to anti-racism solutions at the institutional level, very few articles attended to dismantling racial power hierarchies. The lack of anti-racism solutions at the institutional level is particularly concerning given that this review documented the significant impact anti-Asian racism has on mental health outcomes (Cheah et

al., 2020; Choi et al., 2020; Haft & Zhou, 2021; Michael, 2019; Misra et al., 2020; Schires et al., 2020; Sun et al., 2021; Woo & Jun, 2022; Wu et al., 2020). Other research within this field also suggests that encounters with anti-Asian racism and racial discrimination experienced by Asian communities increase their risk of trauma-based disorders (Litam, 2020). Healing from negative mental health outcomes and trauma-based disorders as a result of racism is unrealistic for racialized populations who are often devoid of accessing appropriate mental healthcare services and resources. These findings call for a renewed commitment toward mental health resources and services that are designed specifically for East Asian populations across North America to attend to the mental health outcomes identified in this review. Moreover, developing mental health resources and services using an anti-racist lens is paramount to address the access and utilization barriers documented in this review. It will be critical for future research to consider anti-racism solutions that account for the systemic and institutionalized oppression faced by East Asian populations in North America and move beyond a narrow culturalist focus.

Anti-racism solutions which attend to power imbalances are particularly salient within the context of anti-Asian racism given how racism operates among structures and institutions. The current state of literature that over-emphasizes cultural competence as a solution for interpersonal racism while neglecting how racism operates through structural injustices and violence weakens the future of anti- racism solutions. The findings from this review suggest that future research should explore mechanisms that tangibly and sustainably tackle anti-Asian racism across all levels while expanding institutional solutions that re-distribute and develop mental healthcare resources for East Asian diasporas.

Limitations and Future Considerations

First, this review did not conduct forward citation mining in the search strategy. Future research may expand the search results by identifying articles that have cited the included articles. Second, this review did not examine the methodological quality of included studies. Given that a quality appraisal of the primary research articles was not conducted, the study findings on mental health outcomes and mental healthcare access and utilization reported in this review should be considered with caution. Future research would benefit from extracting data and conducting quality appraisals on the effectiveness of mental health interventions specific to East Asian diasporas within North America. Identifying and documenting both effective and ineffective mental health interventions for East Asian populations will be critical for developing future anti-racism solutions within the mental health field. Additionally, conducting a quality appraisal may assist in exploring the direction and strength of the relationship between racism and mental health out- comes of the East Asian diaspora, which was beyond the scope of this review. Based on these limitations and the results of this review, future research may consider conducting a systematic review to more comprehensively examine mental health outcomes in relation to mental health service access and utilization within the context of racism and anti-racist practices. Third, the sixth stage of the Arksey and O'Malley (2005) methodology was not conducted. Future reviews may consult community members to integrate their perspectives within the context of these findings and consult key stakeholders and policymakers to support future mental health policy.

Conclusion

This scoping review responded to national and international calls to action on dismantling anti-Asian racism in light of the rise in COVID-19-related anti-Asian racism. The purpose of this

review was to map the foci and gaps in the existing literature. This review found that several articles were published since the inception of the COVID-19 pandemic to respond to the upsurge in anti-Asian racism. Yet, the expanding knowledge base is reminiscent of previous literature that examined the history of anti-Asian racism baked into the fabric of North American societies. The his- tory of anti-Asian racism within North America, such as the "perpetual foreigner" trope and the model minority myth, may explain the dearth of attention linking racism and the mental health of East Asian populations to date. Greater attention is still required to navigate tangible and impactful anti-racism solutions for the mental health of East Asian populations in North America. Responding with anti-racism solutions for mental healthcare access and utilization may be the first step in dismantling racial injustices for East Asian populations in North America.

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Table 3.1: Summary of Findings

Author	Record Type/ Approach	Aim	Population (East Asian Ethnicity)	Age & Age category	Gender or sex	Country
Chau et al., 2018	Primary research; Quantitative	Identified if depressive symptoms and perceived discrimination differ by Asian ethnicity, and if perceived discrimination is associated with depressive symptoms among foreign-born Chinese, Korean, and Vietnamese Americans.	Pan-Asian (Chinese, Korean)	*Mean*: 47.3 *Range*: not stated Adult	Males and females	United States
Cheah et al., 2020	Primary research; Quantitative	Examined the rates of 6 types of COVID-19 racism and racial discrimination experienced by Chinese American parents and youth and the associations with their mental health.	East Asian (Chinese)	*Mean*: 43.44 (parents); 13.83 (children) *Range*: not stated Both (Families)	Males and females; boys and girls	United States
Choi et al., 2020	Primary research; Quantitative	Explored the effects of discrimination and coping mechanisms on Korean immigrants' psychological	East Asian (Korean)	*Mean*: not stated *Range*: 20 to 81 Adult	Males and females	United States

		distress amid the COVID-19 pandemic.				
Gee, 2002	Primary research; Quantitative	Examined whether individual (self-perceived) and institutional (segregation and redlining) racial discrimination was associated with poor health status.	East Asian (Chinese)	*Mean*: not stated *Range*: 18 to 65 Adult	Males and females	United States
Grossman & Liang, 2008	Primary research; Quantitative	Examined Chinese American early adolescents' distress from experiences of discrimination, and its relationship with mental health and social functioning.	East Asian (Chinese)	*Mean*: 13 *Range*: not stated Children and Adolescents	Boys and girls	United States
Haft & Zhou, 2021	Primary research; Quantitative	Examined links among perceived discrimination, negative Chinese media exposure and anxiety symptoms in Chinese American (CA) college students in the context of COVID-19 pandemic.	East Asian (Chinese)	*Mean*: not stated *Range*: 18 to 25 Adult	Males and females	United States

Juang & Alvarez, 2010	Primary research; Quantitative	Examined racial-ethnic discrimination experiences of Chinese American adolescents to determine how discrimination is linked to poor adjustment and how the context of the family can buffer or exacerbate these links.	East Asian (Chinese)	*Mean*: not stated *Range*: 13 to 17 (youth); parents age not stated Both (Families)	Males and females	United States
Li, 2014	Primary research; Quantitative	Examined differentiating mental health effects of three different forms of race-related discrimination among immigrants in the United States.	Pan-Asian (Chinese)	*Mean*: 41.44 *Range*: not stated Adult	Males and females	United States
Li et al., 2018	Primary research; Quantitative	Examined self-reported racial discrimination, unfair treatment related to one's racial/ethnic group membership, as a potential novel risk factor for suicide ideation among older Chinese Americans.	East Asian (Chinese)	*Mean*: 72.3 *Range*: not stated Adult	Men and women	United States

Niwa et al., 2014	Primary research; Quantitative	Assess Dominican, Chinese, and African American adolescents to determine patterns of perceived ethnic-racial discrimination from adults and peers.	East Asian (Chinese)	*Mean*: 11.83 *Range*: 10 to 14 Children and Adolescents	Boys and girls	United States
Noh et al., 2007	Primary research; Quantitative	Examined differential effects of overt and subtle forms of racial discrimination on 2 dimensions of mental health—positive affect and depressive symptoms.	East Asian (Korean)	*Mean*: not stated *Range*: not stated Both (Families)	Men and women	Canada
Shrake & Rhee, 2004	Primary research; Quantitative	Examined dimensions of ethnic identity as predictors of adolescent problem behaviors among Korean American adolescents.	East Asian (Korean)	*Mean*: 15.8 *Range*: 13 to 18 Children and Adolescents	Males and females	United States
Spencer & Chen, 2004	Primary research; Quantitative	Examined the association between discrimination and mental health service utilization.	East Asian (Chinese)	*Mean*: not stated *Range*: 18 to 65 Adult	Males and females	United States
Sun et al., 2021	Primary research; Quantitative	Investigated the effects of race-and-	East Asian (Chinese)	*Mean*: 20.65	Males and females	United States

		language-based discrimination on anxiety and depression symptoms and the potential moderating role of social connectedness with ethnic and host community members.		*Range*: 17 to 29 Adult		
Syed & Juan, 2012	Primary research; Quantitative	Identify factors that may mitigate the negative impact of discrimination on the mental health of Asian Americans.	Pan-Asian (Chinese)	*Mean*: 41.13 *Range*: 18 to 85 Adult	Males and females	United States
Rivas-Drake et al., 2008	Primary research; Quantitative	Examined the frequency and correlates of perceived ethnic discrimination from peers among Chinese American early adolescents, and the extent aspects of ethnic identity may serve in a protective capacity.	East Asian (Chinese)	*Mean*: not stated *Range*: not stated Children and Adolescents	Boys and girls	United States
Woo & Jun, 2021	Primary research; Quantitative	Investigated how COVID-19 related racial discrimination	Pan-Asian (Chinese, Korean, Japanese)	*Mean*: 31.13 *Range*: not stated	Males and females	United States

		is associated with depressive symptoms and the role of communicatio n about the incident in moderating the negative mental health effects of discrimination.		Adult		
Wu et al., 2020	Primary research; Quantitative	Examined Chinese and Chinese-looking East Asian Canadians experiences of racism and discrimination during COVID-19.	East Asian (Chinese, Japanese, Korean)	*Mean*: not stated *Range*: not stated Not stated	Not stated	Canada
Noh, 2007	Primary research; Qualitative	To examine suicide narratives and demonstrate how racism and sexism influence Asian American women's suicides.	Pan-Asian (Chinese, Korean, Chinese-Japanese)	*Mean*: not stated *Range*: College-age to 50s Adult	Women	United States
Noh, 2018	Primary research; Qualitative	Examined the influence of the model minority myth on the formation of suicidal tendencies among Asian American women.	Pan-Asian (Chinese, Korean, Japanese)	*Mean*: not stated *Range*: 18 to 60 Adult	Women	United States

Weng et al., 2017	Primary research; Qualitative	To explore how their experiences and recommendations can inform policy making to address mental health disparities among Asian Americans in the United States.	Pan-Asian (Chinese, Korean)	*Mean*: not stated *Range*: not stated Not stated	Males and females	United States
Yang et al., 2014	Primary research; Qualitative	To identify how interaction between structural discrimination and cultural engagements might shape Chinese immigrants' stigma.	East Asian (Chinese)	*Mean*: 35.1 *Range*: not stated Adult	Males and females	United States
Schires et al., 2020	Primary research; Mixed	Examined how discrimination relates to adjustment outcomes in a sample of internationally, transracially adopted Korean Americans	East Asian (Korean)	*Mean*: 14.9 (intake): 18.3 (first follow-up): 22.3 (second follow-up) *Range*: not stated Children and Adolescents	Males and females	United States
Fang, 2014	Primary research; dissertation/ theses; Quantitative	Examined the relative contributions of personality traits (neuroticism	East Asian (Chinese)	*Mean*: 35.88 *Range*: 18 to 71 Adult	Men and women	United States

		and extraversion), cultural factors (acculturation, enculturation and perceived English fluency), and perceived racial discrimination to social anxiety.				
Kim, 2017	Primary research; dissertation/ Theses; Quantitative	Examined the negative impact of racism experiences on the mental health of East Asians and the mediating role of internalized racism, operationalized as internalized stereotypes and perceived stigmatization, in the relationship between experiences of racism and psychological outcomes.	Pan-Asian (Chinese, Korean, Japanese, Taiwanese)	*Mean*: 28.17 *Range*: 18 to 82 Adult	Men and women	United States
Kim, 2016	Primary research; dissertation; theses; Quantitative	Examined how perceived racial discrimination influences depressive symptoms and school outcomes among	Pan-Asian (Korean)	*Mean*: 12.97 (youth); 46.3 (parents) *Range*: not stated Both (Families)	Males and females	United States

		subgroups of Asian American adolescents.				
Lam, 2008	Primary research; dissertation; theses; Quantitative	Investigated Chinese Americans' perceptions and behaviors related to their race, ethnicity, overall quality of life, racism-related stress, and coping strategies.	East Asian (Chinese)	*Mean*: not stated *Range*: 18 to 60 Adult	Men and women	United States
Liu, 2014	Primary research: dissertation; theses; Quantitative	Examine the intersections among experiences of anti-Asian racism, racial identity, and physical and mental health symptoms.	East Asian (Chinese, Korean)	*Mean*: 28.13 *Range*: not stated Adult	Men and women	United States
Nadal, 2008	Primary research; dissertation; theses; Quantitative	Examined differences in the perceptions of racial microaggressions and race-related stress between one East Asian American group (Chinese Americans) and one marginalized Asian American group (Filipino Americans).	Pan-Asian (Chinese)	*Mean*: 27.6 *Range*: not stated Adult	Males and females	United States

Chan, 2012	Primary research; dissertation; theses; Qualitative	Explored the racial microaggressions experienced by Chinese Americans during therapy with white mental health professionals.	East Asian (Chinese)	*Mean*: not stated *Range*: 25 to 44 Adult	Males and females	United States
Clemons, 2019	Primary research; dissertation; theses; Qualitative	Explored the lived experiences of Chinese-American college-aged students regarding their experiences of, coping with, and meaning-making about model minority expectations.	East Asian (Chinese, Taiwanese)	*Mean*: not stated *Range*: 21 to 35 Adult	Males and females	United States
Michel, 2019	Primary research; dissertation; theses; Qualitative	Explored the multidimensional constructs of race induced injustice and its subsequent trauma, race related discrimination endured by Japanese Americans	East Asian (Japanese)	*Mean*: not stated *Range*: >18 Adult	Men and women	United States
Chin, 1981	Book chapter	Chapter highlights the experience of Chinese Americans, focusing on their immigration history,	East Asian (Chinese)	*Mean*: not stated *Range*: not stated Both (Families)	Not stated	United States

		cultural foundations, and acculturation experiences.				
Kim et al., 2017	Book Chapter	Departs from a pan-Asian focus and focused primarily on the mental health of East Asian American women.	East Asian (Chinese, Japanese, Korean, Taiwanese)	*Mean*: not stated *Range*: not stated Not stated	Women	United States
Misra et al., 2020	Opinion/ discussion paper	Understanding the intersection of current mental health needs, COVID-related drivers of distress, and anti-Asian stigma to address mental health issues, promote well-being, and achieve community recovery.	East Asian (Chinese)	*Mean*: not stated *Range*: not stated Not stated	Not stated	United States

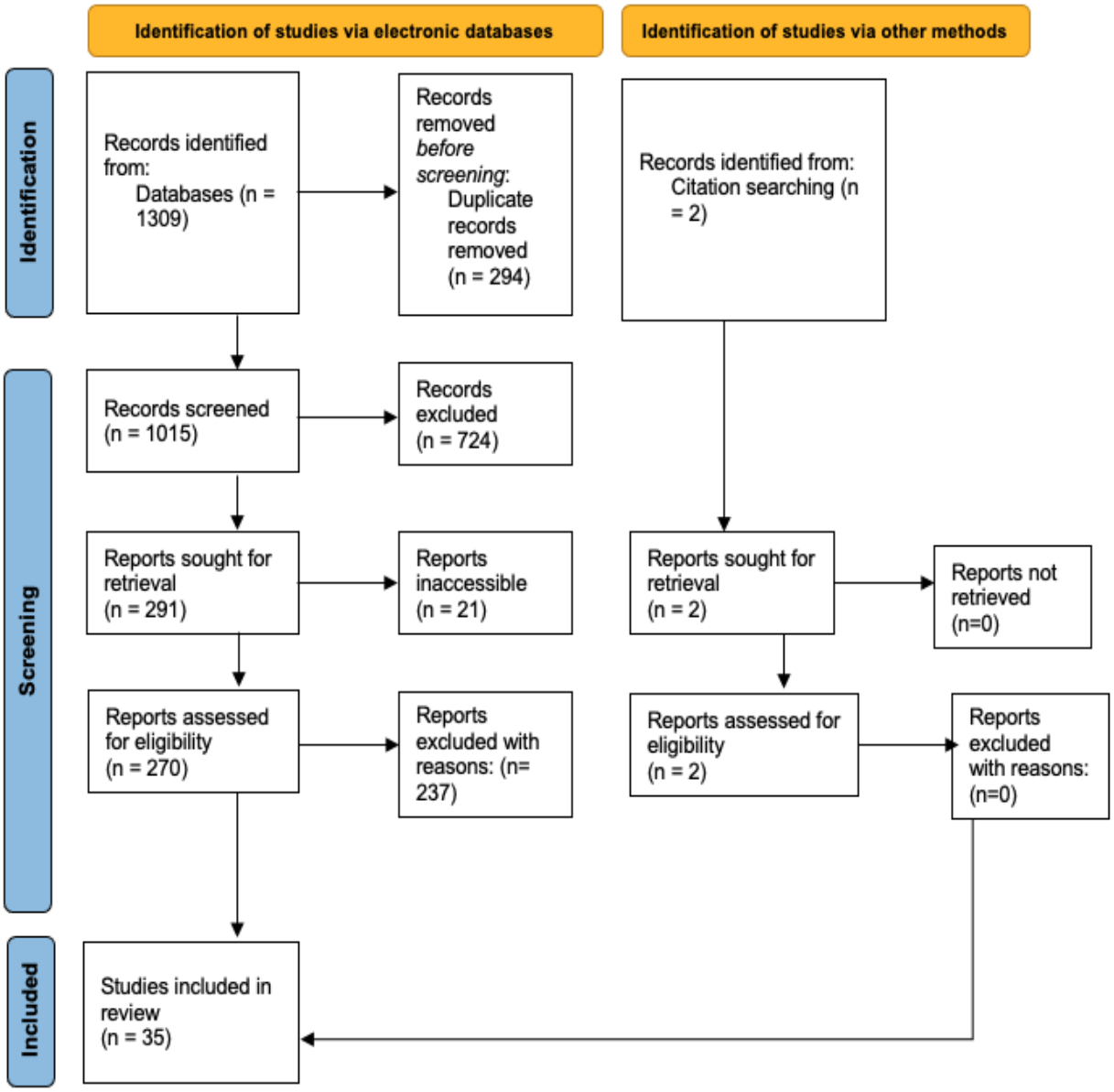
Table 3.2: Mental Health and Racism Characteristics

Mental Health Focus	Count (n)	Racism on Mental Health	Count (n)	Type of Racism	Count (n)	Inter-sectional lens	Count (n)
Mental health outcomes	28 (80%)	Negative impact on mental health outcomes	27 (77%)	Internalized	1 (3%)	Inter-sectional lens	3 (9%)
		No impact on mental health outcomes	1 (3%)				
Mental health care access and utilization	5 (14%)	Negative impact on mental health care access and utilization	5 (14%)	Interpersonal	22 (63%)	Singular focus on racism	32 (91%)
Both	2 (6%)	Negative impact on mental health outcomes and mental health care access and utilization	2 (6%)	Institutional	0 (0%)		
				Internalize, interpersonal	1 (3%)		
				Internalize, institutional	2 (6%)		
				Interpersonal, institutional	3 (9%)		
				Internalize, interpersonal, institutional	6 (17%)		
Total	**35 (100 %)**	**Total**	**35 (100%)**	**Total**	**35 (100%)**	**Total**	**35 (100%)**

Table 3.3: Anti-Racism Characteristics

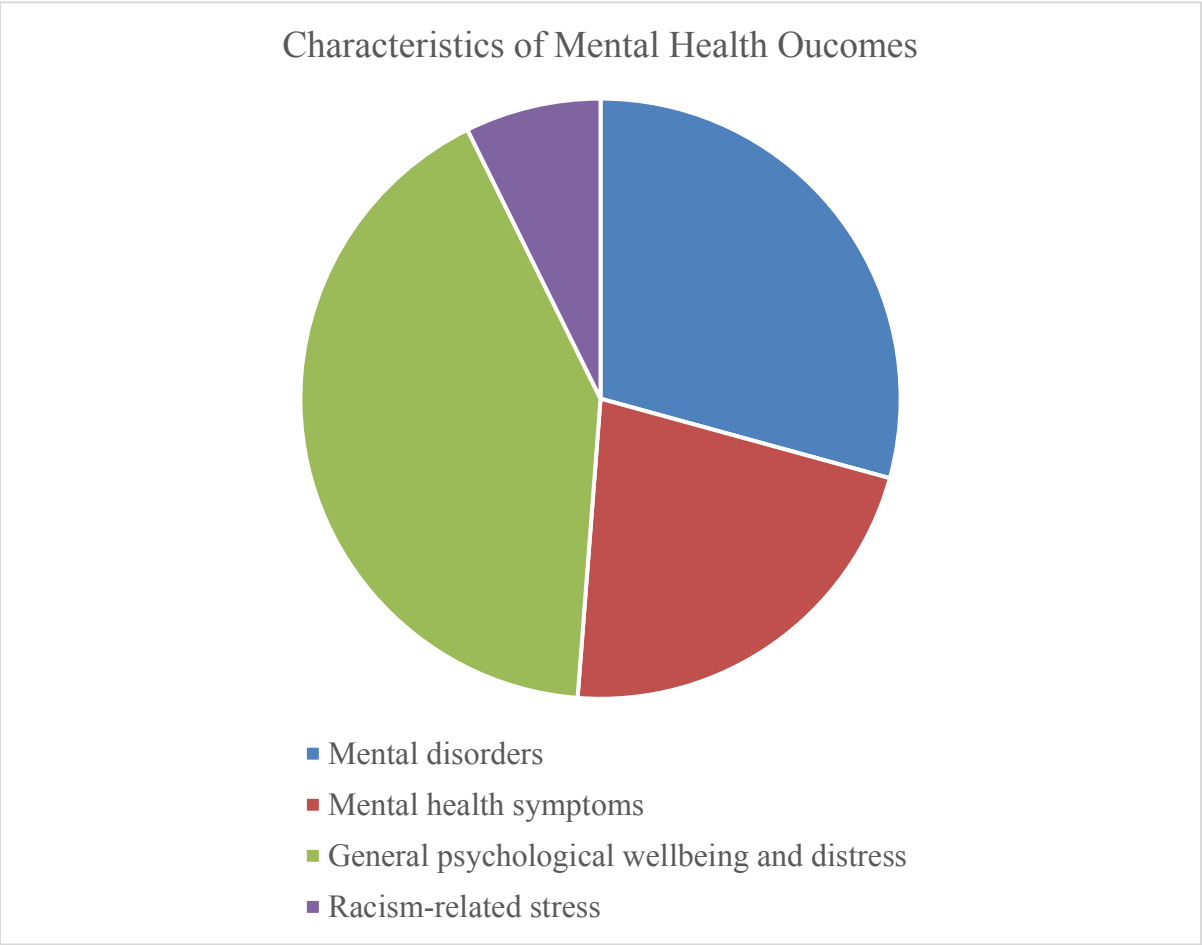
Anti-racism solutions		**Count (n)**
Yes		
	Personal level	*6*
	Institutional level	*1*
	Both levels	*5*
	Subtotal	12 (34%)
No		23 (66%)
Total		**35 (100%)**

Figure 3.1: PRISMA Flow Diagram



Adapted From: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. BMJ 2021;372:n71. doi: 10.1136/bmj.n71.

Figure 3.2: Characteristics of Mental Health Outcomes



Note: This figure represents the frequency that each characteristic occurred in the articles addressing mental health outcomes. This does not reflect the total number of articles included in this review. Multiple articles addressed more than one mental health outcome category.

Chapter 4 (Paper 3): Telling the untold stories: A narrative inquiry of East Asian parents and anti-Asian racism across generations in Canada

Abstract

Background: In recent years, social justice activists, scholars, and organizations have rallied together to prioritize anti-racism efforts with the central goal of fostering a more just Canada for East Asian groups. While progress within the East Asian community is emerging, voices within the community have not been amplified equitably. The distinct perspective of East Asian parents remains untold. Developing a greater understanding of the parent perspective within the Canadian context lends opportunities to reframe histories and rebuild the futures of East Asian children.

Purpose: The aim of this study was to story and re-story the narratives of East Asian parents regarding their experiences of racism in Canada reflected across their own lives and the lives of their children.

Methods: A narrative inquiry study was conducted to collect East Asian parent stories on racism. A total of eight East Asian parent participants across Canada. Data were collected using virtual (i.e., Zoom) semi-structured interviews between August 2022 to October 2022. One interviewer, who self-identifies as East Asian, conducted all interviews. A total of two interviews were conducted with each participant. Dialogic/performance analysis was used to inductively analyze the narrative data.

Findings: The findings consist of three composite counter-narratives: 1) Navigating Between Two Stereotypes: The ‘Foreigner’ and the ‘Model’, 2) Storying ‘Otherness’ Across Generations and Within Different Levels of Racism, and 3) Losing Culture, the Journey of Embracing East Asian Identity, and Hearing Our Voices. The composite narratives weave together six storylines:

a) The ‘perpetual foreigner’; b) Tensions with the ‘model minority myth’; c) Otherness through systemic and covert racism; d) Otherness through interpersonal and overt racism; e) Losing culture and identity; f) A turn: rebuilding histories.

Conclusion: This study suggests that East Asian parents embodied otherness across time and space. However, the notion of foreignness across participant stories evoked a complexity. East Asian parents expressed notions of foreignness as expected as part of their identity—that being labeled as a ‘perpetual foreigner’ was unconsciously accepted within society. Importantly, East Asian parent stories conveyed that their identities were governed by the system of white supremacy. These counter-narratives bring to light the possibilities for East Asian parents to story their realities into existence beyond centuries of whiteness that have stolen their narratives from generations past to present.

Background

The racialization of the coronavirus (COVID-19) pandemic highlighted the depth of anti-Asian racism hidden within the underbelly of Canadian society. Some North American news media outlets and politicians coined this global pandemic with racialized terms such as the 'China virus and 'kung flu', with the purpose of othering and vilifying Asian communities (Chae et al., 2021; Cheah et al., 2020; Gover et al., 2020; Hswen et al., 2021). Shortly after, elders and other vulnerable members from Asian communities began experiencing an increase in hate motivated crimes (Lei & Guo, 2022). Starting in 2020, the Chinese Canadian National Council Toronto Chapter and Project 1907, two grassroots Canadian organizations, collected victims' self-reported and witness-reported incidents of anti-Asian racism in Canada with the aim of filling the data gap of racism experienced by Asian Canadians. According to this survey, nearly half of self-reported incidents of anti-Asian hate crimes occurred in public spaces (e.g., streets, sidewalks) with verbal harassment, shunning, coughed at/spat on, and physical force/aggression being the top four types of discrimination reported, respectively (Chinese Canadian National Council Toronto Chapter, 2022).

While the Asian diasporas share some collective experiences, Asian communities resettled within Canada reflect several groups, ethnicities, and cultures with distinct experiences, marginalities, and privileges. In certain advocacy and activism spaces, working from a place of commonalities by grouping Asian communities together may present some benefits to influence change. However, in a report collecting data on victims' self-reports of hate crimes, more than half of the reports were from East Asian people (Chinese Canadian National Council Toronto Chapter, 2022). Therefore, it is imperative to recognize the unique histories and realities of racism East Asian people have experienced in Canada. Namely, East Asian diasporic

communities within Canada have experienced a long history of ‘perpetual foreigner’ accounts at the systemic and interpersonal levels (Louie-Poon et al., 2022). In the mid to late 1800s, Chinese laborers who were integral in building components of Canadian society (e.g., Canadian Pacific Railway), were later segregated physically and socially within enclaves known as ‘Chinatowns’ (Anderson, 1987; Government of Canada, 2021; Leung, 1991; Yee, 2005). Due to the continued racism against Chinese people in Canada, the Canadian government enacted the Chinese Head Tax in 1885 intending to discourage Chinese people from entering Canada by imposing a heavy financial burden (Government of Canada, 2021; Winter, 2008). This was during a time when East Asian people in Canada experienced significant exclusion in socioeconomic environments including segregated schools, being prohibited to become professionals such as lawyers and doctors, being denied voting rights, and being prohibited to enter some businesses or enter certain areas of public spaces (Government of Canada, 2021; Leung, 1991; The Canadian Encyclopedia, 2018). Between 1923 to 1937, the federal government passed the Chinese Exclusion Act prohibiting all people of Chinese origin to enter Canada, followed by federal laws that limited immigration from Japan to 150 people per year in 1928 (Government of Canada, 2021; The Canadian Encyclopedia, 2017; Winter, 2008). These aforementioned laws set the racist precedent for the eventual forced removal, incarceration, expulsion, and detention of Japanese Canadians in 1942, being stripped of their property, and pressured to accept mass deportation following the Second World War (Government of Canada, 2021; Winter, 2008). This systemic and legalized discrimination that targeted East Asian communities as ‘perpetual foreigners’ or the ‘Yellow Peril’ granted the agency for white citizens to enact anti-Asian violence among Chinese and Japanese neighborhoods, as witnessed in Vancouver’s Chinatown riots in 1907 (Gilmour, 2012; Sugimoto, 1973; Wynne, 1966).

In later years, ‘model minority’ discourses that initially began at the height of the civil rights movement in the American context, emerged in Canada. Supporters of the ‘model minority’ myth used Japanese Americans as a symbol of hard-working successful people, which was later imported within the context of Japanese Canadians (Ang, 2011; Gover et al., 2020; Pon, 2000). Under this ‘model minority’ myth, East Asian people in Canada soon became an inaccurate depiction as a token of minority success when compared to other racialized groups and used as a tool to uphold white supremacy (Pon, 2000).

Responses to the widespread, overt, and brutal attacks on East Asian bodies in the wake of the COVID-19 pandemic, promoted activism and progress toward improving the human rights of East Asian communities alongside other racialized groups (Chinese Canadian National Council Toronto Chapter, 2022; Darling-Hammond et al., 2020; Gover et al., 2020). A racial reckoning for East Asian diasporas has marked a critical crossroads in Canadian history. Social justice activists, scholars, and organizations have rallied together to prioritize anti-racism efforts with the central goal of fostering a more just Canada for East Asian groups. Organizations continue to invest in East Asian cultures and people including The Action Chinese Canadians Together (ACCT) Foundation, the National Association of Japanese Canadians, and the Korean Canadian Cultural Association, while exhibits and museums continue to provide advocacy through storytelling including the Chinatown Storytelling Centre and A Seat at the Table Museum of Vancouver.

While progress within the East Asian community is emerging, voices within the community have not been amplified equitably. Specifically, the distinct perspective of East Asian parents remains untold. Research within the American context has explored the East Asian parent perspective of acculturation and anti-Asian racism (Kayama & Haight, 2022). However,

perspectives within the Canadian context remain lacking. This is concerning given that East Asian parents may provide a unique role in their children's lives when navigating racism by providing a foundational role in developing self-identity and shaping their children's futures from their personal experiences. Developing a greater understanding of the parent perspective within the Canadian context lends opportunities to reframe histories and rebuild the futures of East Asian children. In response, it is important to empower East Asian parent narratives within these anti-racism spaces to invite an understanding and solidarity for these unheard voices. Intentionally creating a space to amplify the stories from the perspective of East Asian parents may serve to center previously silenced voices (Delgado & Stefancic, 2013, 2017). Therefore, the objective of this study was to story and re-story the narratives of East Asian parents regarding their experiences of racism in Canada reflected across their own lives and the lives of their children.

Methods

This study was part of a larger study using Riessman's (2008) approach to narrative inquiry to collect East Asian parent stories at the intersection of racism, anti-racism, and mental health. This paper reports on East Asian parent narratives of racism. Critical Race Theory (CRT) framed the philosophical approach for this study (Delgado & Stefancic, 2013, 2017). Table 4.1 describes and justifies how CRT was used as a philosophical guide for this study. Given that narratives have the capacity to promote social justice (Riessman, 2008), the narratives in this study may serve as collective counter-narratives told by East Asian participants to disrupt the dominant narrative about East Asian people produced and reproduced by whiteness.

Recruitment

Given that the East Asian populations have both shared (i.e., Asian) and unique (e.g., Chinese, Japanese, Korean, and Taiwanese ethnicities) experiences, purposive sampling was undertaken to identify East Asian participants from diverse ethnicities to explore common patterns and diverse variations on the phenomenon of anti-Asian racism (Barglowski, 2018; Palinkas et al., 2015). Participants were recruited through a combination of online social media strategies and community word-of-mouth. Digital graphic materials were shared using two strategies: a) distributed to the social media platforms (i.e., Facebook, Twitter, Instagram) of a child health research program, and b) circulated to the social media platforms of community partners in the area of anti-racism (i.e., Canadian Race Relations Foundation, Asian Gold Ribbon, Centre for Race and Culture). Interested participants were included if they met the following inclusion criteria: self-identify as East Asian (Chinese, Japanese, Korean, Taiwanese), live in Canada, a parent of a caregiver of a child of East Asian descent, fluent in English, over 18 years old, having access to Zoom, and self-identifying as having experience(s) of racism.

Data collection

Narrative interviewing combines ongoing observation, relationships, and conversation to develop a comprehensive narrative account. Thus, multiple interviews with the same participant were undertaken to forge dialogic relationships and conversations with participants to elicit in-depth narratives (Riessman, 2008). Data were collected using virtual (i.e., Zoom) interviews between August 2022 to October 2022. One interviewer (SLP), who self-identifies as East Asian, conducted all interviews. A total of two interviews were conducted with each participant. The duration of the interviews were approximately 50-60 minutes each. The second interview

allowed the research team to further explore participant narratives following the preliminary analysis.

The interviewing process followed the natural flow of the participants' narratives (Riessman, 2008). Initial interview questions were general, open-ended, and straightforward to elicit longer and more detailed narrative accounts with a focus on participants' encounters with racism (e.g., can you recall a particular moment when you experienced something racist?). Focusing on specific events, times, or places provides opportunities for respondents to provide a detailed narrative account (Riessman, 2008). The general interview guide is attached (see Appendix B). Follow-up probing questions inquired about specific events to invite an extended narrative account including questions such as: "can you tell me what happened in this moment" or "can you tell me why that particular moment stands out".

Reflexive field notes were recorded after each interview to document impressions, context, and changes in attitudes or behaviors from the previous interview for follow-up interviews (Riessman, 2008). Interviews were audio recorded, professionally transcribed verbatim, and cleaned for accuracy.

Data analysis

Dialogic/performance analysis was used to inductively analyze the narrative data (Riessman, 2008). Dialogic/performance analysis is an interpretive approach to analyzing oral narratives that combine features of thematic and structural analysis while adding important analytical dimensions. Within this analytic approach, stories are understood as social artifacts that uncover key phenomena about individuals, groups, cultures, and society (Riessman, 2008). The composition and dissemination of stories occur within social, political, historical, and discursive contexts. Dialogic/performance data analysis answers how these contexts enter into

the storying experiences of participants (Riessman, 2008). Opposed to thematic narrative analysis answering *what* is spoken or written, and structural narrative analysis focusing on *how* narratives are conveyed or told, dialogic/performance analysis extends its inquiry into who the narrative is directed at, when in time is this narrative occurring, and for what purposes (i.e., why) (Riessman, 2008).

Fundamental within narrative research is how stories are performed with and for a particular audience. Therefore, the local conversational context in which the interviews occurred were considered within the data analysis process (Riessman, 2008). The construction and performance of the participant stories were created for an East Asian audience (i.e., the interviewer, see data collection). In this local interview context, the interviewer (SLP) inherently brought their positioned identities into the interviewing process and interpretation of the text by explicating their East Asian identity (Riessman, 2008). For example, their positioned identity as an East Asian person was utilized to determine follow-up questions, when to probe (i.e., the sensitivity of the interviewing process), and as a basis to understand the analysis process. The first author (SLP) also acknowledged their active role in the retelling of the participants' stories by interpreting meaning from the data and the construction of collective composite narratives. Moreover, data analysis considered how the broader social contexts of power and privilege shaped personal accounts or reinforced dominant discourses (Riessman, 2008). Importantly, the historical context and the local interview context of the participants shaped data analysis (Riessman, 2008). Historical and structural inequalities of power dynamics using critical race theory were used as an entry-point for reading and interpreting the interview text. Considerable attention was given to how the social contexts of race and racism were embedded overtly and covertly within the text.

The first author conducted a close reading and re-reading across all participants' first interviews while being situated within the aforementioned contexts (i.e., historical contexts of race and racism, and local interview context) and using the research objective to guide the process. The beginning and end of narrative blocks were determined by following the sequential and temporal ordering of participants' narratives. Narrative blocks are extended accounts that preserves participants' stories as the unit of analysis (Riessman, 2008). Preliminary storylines were coded in NVivo software by grouping narrative blocks with similarities and parallels. Decisions, reflections, and refinement of preliminary storylines were discussed with the research team. The first author then conducted a close reading of all participants' second interviews and re-read participants' interviews chronologically (i.e., participant 1 interview 1, participant 1 interview 2). Storylines were refined based on the new data.

Data were presented using composite narratives following Willis' (2018b) methodology. The composite narratives are a collection of participant verbatim quotes from the narrative blocks grouped within each storyline. Each composite narrative weaves together the voices of all 8 participants to tell a single story while simultaneously uncovering the richness of data of individual accounts (Willis, 2018a, 2018b). While narrative data offers a detailed account of participant stories, there is a risk of compromising the identities or safety of individuals experiencing certain systemic marginalization such as racism (Patton & Catching, 2009; Saleh et al., 2022). Therefore, developing composite narratives is a strategy to protect the identities of individuals while allowing for the presentation of detailed stories (Willis, 2018a, 2018b). This aligns with CRT foundations to convey a collective counter-narrative that challenges the master-narrative uncritically accepted in society (Delgado & Stefancic, 2017).

Rigour

A detailed audit trail was used to record all analytical and process decisions (Denzin & Lincoln, 2018). Critical self-reflexivity was practiced by analyzing how power and positionality are inherently embedded within the research process (Crosschild et al., 2021). The research team critically analyzed our own ontological, epistemological, and axiological assumptions (Crosschild et al., 2021; Mills & Lee, 2015). Reflexive notes were maintained throughout the study. Prolonged engagement with the participants was maintained through multiple in-depth interviews with the same interviewer and participants. Investigator triangulation was utilized to enhance the breadth, depth, and confirmation of findings (Carter et al., 2014) by holding meeting with members of the research team to debrief and discuss each interview (SLP, SS), and discuss the methodological and analytical process.

Ethics

Ethics approval was obtained from the University of Alberta Research Ethics Board 1 (Pro00120408). Participation in this study was completely voluntary. Informed consent was obtained prior to beginning each interview. Study information sheet and consent forms are provided in Appendix C. Each participant was provided a list of external resources and supports following the interview given the nature of the topic. Maintaining confidentiality was critically important in this study to ensure the safety of the participant who may experience further discrimination for sharing their narratives on racism. To keep the participant identities confidential, we removed all identifying information in the composite narratives except for the ethnicities of the participants for contextualization between different East Asian ethnicities.

Findings

Participants

A total of 8 East Asian parents across Canada were included in this study. Of the 8 participants, four were Chinese, three were Japanese and one was Taiwanese. Of the Chinese participants, three self-identified as being Canadian born and one self-identified as being an immigrant to Canada. Of the Japanese participants, one self-identified as being Canadian born and two self-identified as being an immigrant to Canada. The participants of Taiwanese descent self-identified as being an immigrant to Canada. Of the 8 participants, they ranged from having 1-3 children. Other demographic characteristics of the participants are not provided to protect their identities.

Storylines

These findings consist of 3 composite narratives— *Navigating Between Two Stereotypes: The 'Foreigner'* and the *'Model'*, *Storying 'Otherness' Across Generations and Within Different Levels of Racism*, and *Losing Culture, the Journey of Embracing East Asian Identity, and Hearing Our Voices*. The storylines embedded within each composite narrative are outlined in table 4.2. See the Appendix D for a detailed breakdown of participant quotes for each storyline. The following 3 composite narratives are the collection of East Asian parent voices through time and space. Each composite narrative merges verbatim participant narratives from all 8 participants and are grouped by parallel storylines.

Composite narrative 1: Navigating Between Two Stereotypes: The 'Foreigner' and the 'Model'

The first composite narrative reports on the storylines, *the 'perpetual foreigner'* and *tensions with the 'model minority myth'*. Participants story their 'foreignness' based on their

appearances, language, and within the context of the COVID-19 pandemic. These narratives of the 'perpetual foreigner' are brought into tension with narratives of navigating the 'model minority myth', which the participants express as the expectation for East Asian parents to be quiet, submission, and invisible.

> I am an East Asian parent pulled between two different worlds in order to navigate, function, and thrive in the society here (2)[2]. I do not feel a sense of belonging in either world. It is the feeling of otherness. It is that feeling of being different. The feeling that I am not fully East Asian but not fully Canadian because there is always the assumption that I was born somewhere else (4). People say that my family is 'fresh off the boat', that we do not understand society here. I have to navigate a fine line to balance two identities (6).
>
> Growing up, I knew I was different. I looked different and people would make comments about my flat nose; about my eyes (1). People would pull at their eyes to say that my eyes were slanted (5); say, those 'chinky' eyes (1). I would look at the way my features were and ask: *What is wrong with me? Why am I like this? Why do I look like this?* I would look at myself and I felt that I was ugly because I am East Asian (1). But growing up it was okay to hate on your own self and on your own people[3] (3). My parents used to talk to me in a different language, and I'm like, oh, no, no, no, don't talk to me. I was very embarrassed. I did not want people to see my grandparents because they were East Asian. I wanted to avoid anything about being Asian. I tried to hide being East Asian. I tried to be white (1).
>
> For me, racism is just something that I have lived with my entire life (4). The racism that I have encountered is both casual and overt, but it is considered completely normal. I experience people saying, get out of my country, to the tiny little comments that make me feel different, the constant asking where I am really from (3). When I walk into a shop, everyone discerns, turns, and stares at me because I'm the one East Asian that has walked in there, or I am confused for another Asian in town (4). Friends exclude other Asian people and tell me, we have enough Asians in our group. To say something like that is considered okay. It isn't considered racist (3). It just pains me to see all the internalized racism that is so casually peppered into our East Asian experience. Friends casually throw problematic racist comments all the time and just laugh it off and no one even bats an eye. That is just part of life and we move on (1), but I am left with these emotions to navigate and process (3).
>
> There is a worry and fear in people's eyes when they see me and not know how to engage. People are standoffish and so afraid to talk to me because they think I do not know English (6). My parents wanted me to be fluent in English by the time I started school because they believed the advantage to succeeding in this society was to be fluent in English and not have an accent. To be 'Canadianized' (2). On a daily basis, I have to

[2] Numbers denote participant identifiers.

[3] Participant referring to the context of internalizing racism. The idea of disliking East Asian cultures, peoples, and traditions because of the pressures from society.

extend an olive branch—be the first one to talk to people, just to break the ice. When I speak English, the tension breaks (6). So, if I say something right away, then obviously yes, I can speak English and I can actually see people relax and then they speak to me 'normally', whatever that means. When I speak English, it makes people feel that they can relate to me (2). It is interesting because I found that when it is direct slurs, I could react better than the polite racism, of people saying, oh, you speak such good English (6).

I used to take such pride in being really 'whitewashed'. But I lost so much of my culture and my identity, especially my own language (3). Even though I do not have a foreign accent, people comment, what kind of last name is that? People do not just mispronounce my name, but get my name wrong, as though it is my fault that I have this name. When I go to medical appointments, I have to prove and validate my identity, to prove that I was born here (6). But I bite the bullet because I risk being ostracized, and no longer have access (to healthcare) (8).

I also experience systemic racism in terms of being excluded. At work, they are all white and the dynamic is very different. They are able to talk so fluidly amongst themselves about the things that they participate in every day. They talk about their upbringing, which were very different from mine. They don't go out of their way to include me (5). I am excluded from team functions but not in the obvious ways; everyone seems to know the details of team activities except me. I try to clarify with my supervisor who is also a visible minority, but they would just brush it off like a joke. They are not one of us and it seems like what I am experiencing is being limited to as an outsider (7).

I know that I am not offered certain opportunities just because of who I am and what I look like (6). There are assumptions that because of the color of my skin, my pronunciation of certain words, that I have a very distinctive outwards categorization of me (8). I am told I am not a good fit when I am applying for positions to advocate for racialized people even when I have all the qualifications. I feel that East Asian people are not even given a second thought[4]. We are supposed to be invisible, supposed to be submissive. I am told I am supposed to not be loud and assertive. When I do speak up, I am told to stay in my lane, to be quiet and meek, that it is not my right to talk. Colleagues tell me that East Asian people don't need any help because we are all rich and successful. That we have it easy, but we don't (5). I want to rebel against it because I am not the 'model minority'; I want to break the stereotype. How dare people insinuate and expect me to be obedient, compliant, and submissive (6).

There is a stereotype of East Asian parents pushing their kids at school, a tiger mom (6), and that East Asian students are supposed to be smart (1), hard-working, and always going to get A's. I have to explain to my kid's teachers that their individual education plan is to accommodate their stress and anxiety, and not to get a perfect score (6).

I remember when the COVID-19 pandemic first started, I saw newspapers with a virus photo and it said 'China flu'. I saw stores with signs saying, 'No Chinese', like no Chinese people were allowed. Every time I go out, I am just constantly on alert (3), and I only go out in broad daylight (5). I worry*: is someone going to make a comment? Is someone going to attack me? Is something going to happen to my family?* (3). My mom, in her 70s, was walking one day and a man started spitting at her. She was not sure what

[4] Participant stated this in reference to advocacy work that is done for racialized people.

> was going on and I had to explain that he was attacking you and probably thought that you were responsible for COVID-19 (5). I started to question whether every interaction I have with someone who is not East Asian has an undertone of racism underneath it. COVID-19 made me much more hyper aware, paranoid, and anxious person because of how often this comes up and just constant from everywhere, from people who are supposed to be the good ones, from your own family, friends (3).
>
> Things are getting violent and I don't know what someone is capable of. The amount of unnecessary hate towards others is just scary. It is hard to live in a world where I am constantly in fight or flight mode because I can't always be in a safe space (3). I don't feel safe knowing that certain people just out in the open distinguish me by my appearance, my ethnic appearance (8). I'm actually afraid in the sense of feeling unsettled whenever I am around a predominantly white community. I google anti-Asian violence before I go anywhere[5] (4).
>
> These are the little things that just chisel away at me (3).

Composite narrative 2: Storying 'Otherness' Across Generations and Within Different Levels of Racism

This composite narrative reports on the storylines, *otherness through systemic and covert racism*, and *otherness through interpersonal and overt racism*. In *otherness through systemic and covert racism*, participants storied the seemingly passive mechanisms of racism experienced across generations. Importantly, these forms of racism occurred at the institution and systemic levels, including stories of segregation and forced deportation. Participant stories of *otherness through interpersonal and overt racism* highlight the instances of racism between themselves or their children and other individuals, including getting called racist slurs or receiving racist expressions.

> My parents and grandparents were involved with the Japanese internment in Canada during World War II, you know, the 'death camps'. They all lost their property, they were interned, and they lost their rights. They lost everything. They couldn't form community. They were not allowed to meet and they had to spread out[6]. This was a force of lost culture—they couldn't celebrate their own culture. So, because of their experience, my parents would tell me to lay low, keep your head down, nod yes, and don't rock the boat. To work hard, to prove that I am a worthy citizen (6).

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[5] Participant stated this in the context of travelling anywhere outside of their home.
[6] Participant stated the idea of not allowing the meet and needing to spread out in the context of after the Second World War.

I visited an exhibit called, "A Seat at the Table", which is about the Chinese immigration experience and it seemed to center around the time that my parents were in Canada. It is a display of pictures of 50s, 60s, and early 70s, and these pictures look exactly like out of my parent's collection. Seeing some of the stories in that exhibit that were attached to those pictures of what racism meant to people at the time made me realize that my parents were actually trying to protect me by only speaking to me in English at home. To prove that I am from here. It was an eye opener that my parents never really talked about their negative experience in Canada. They didn't want me to think, well everyone is bad out there (2).

Since I was a kid, I was aware of racism. But I really didn't understand racism. It was just so weird to be insulted and picked on (6), and I experienced explicit racism (5). This is the story of every immigrant child—the whole, *why does your food stink; why are you eating that* (3). I was called names and racist slurs, and I didn't even know what the names meant, but I know it was meant to hurt me. When I told my mom, she just gave me 'the talk'[7]. As a kid, I would feel awful (6), it would make me feel ashamed of my identity. It would make me feel displaced. It would make me wish that I was white. As a child when things happened to me, I internalized it (4).

Now, as an adult, my experiences have been more covert and systemic (5). When I walk into a predominantly white place, I am on guard because my body notices that it's different (4). My abilities are questioned when I enter into a pretty distinct white space, and questioned if I can do my job because I do not sound like them. I can still see a very clear divide in terms of how I am categorized by the way I sound, my tone, and the way I look. Sometimes I get comments like, oh, the 'Chinaman' (8).

As an adult, these experiences just make me angry that I am being made to feel like that. As I became more educated on the topic of racism, I understood how systemic and how historical it is. It is not a me problem. It is a you problem. That shifted my feeling and my attention away from me and more the society as a whole. Suddenly, it didn't feel like it was my fault (4). I am going to use my voice (6). But I feel super helpless. I feel incredibly frustrated because the thought of combatting this seems completely overwhelming and pointless because there is always going to be another racist around the corner (4).

(Racism) is scary because I have children. There is a fear that they will experience racism and there is a helplessness knowing that I can't do anything about it (4). I went through it, but to see your kids go through it is hard (1). It makes me question: *What would entail for my child? Does that mean they will be bullied? Does that mean they will be, you know, ostracized socially?* (8). The school that my children go to was pressuring me to consent to a respite parent service. They wanted to do an assessment of our home. It made me feel alerted and worry, *what if the risk is that they seem I am not suitable, that I am putting my child at risk, or my child is taken away or something like that.* It certainly was underhanded how I am being evaluated as a parent (6)[8].

My children experience overt racism. My child works a service job and they had a customer come in. The customer denied my child's help and my child was very sensitive

[7] This participant is referring to the discussion as part of racial socialization where racialized parents teach their children about racism often at a young age.

[8] This participant discussed this experience in the context of being visibly minoritized

> of the fact that as soon as a white co-worker comes up beside them, that customer asks to be served by that white person right in front of them. I didn't know what to do – how to guide them through that (2). My child also told me that their teacher made a comment about 'chinks', not just once, but twice. The teacher called them the 'Triad'. I didn't even know what the 'Triad' is, so of course I googled it. It's a Chinese gang. It made me very upset (1). My children tell me that other kids make fun of East Asian people. Make fun of China (5). They tell me that other kids make racial expressions at them, like pulling their eyes back (7). My children tell me that these incidents happen all the time and it is hard to hear that they go through it (1). I was very emotional and very offended to hear this, and I think all parents would be the same (7).

Composite narrative 3: Losing Culture, the Journey of Embracing East Asian Identity, and Hearing Our Voices

Composite narrative three reports on the storylines, *losing culture and identity* and *a turn: rebuilding histories*. Through the storyline *losing culture and identity*, participants story the loss of their family languages and the inability to voice their experiences as an East Asian person. *A turn: rebuilding histories* storyline highlights how East Asian parents are reclaiming their culture and identities through embracing their cultures, providing opportunities for their children to learn their ancestral languages, creating space to talk about anti-Asian racism with their children, and amplifying their stories to help the next generation.

> When I experienced racism growing up, there was no one (to turn to). There was no support. I wasn't able to voice my experience and I didn't want to put more focus that I am the minority (1). I was always on guard (4). I was definitely battling a lot of internalized racism. I had so much hate towards myself (3). But I am East Asian (and) last thing I want is for my children to go through the experiences that I had. I have an anger that my children are going to be subjected to this (4).
>
> At my family get-togethers, we all speak English and almost never hear any other languages. Our languages have been diluted out (2). I remember talking to a friend, and they still speak Chinese. They can read and write in Chinese. They retained so much of their heritage that I lost. I was so upset because I know I did this to myself in trying to repress that part of me. I lost so much of my own culture and identity, and I am trying hard to get it back (3). As time goes on and having my own kids, I now embrace being East Asian and I make sure my kids know that they should never feel the way I did (1). In raising my children, I swore I could make changes (5). In regards to my children's wellbeing, I commit to it one hundred percent (6). I decided that I am not going to allow it to happen to my children. They need to know and retain as much as possible of their culture because I can't let them lose it (3). I put my children through Mandarin bilingual

school. I don't speak it, but I wanted them to have the opportunity to learn the language (1).

As a parent, I don't want my kids to experience racism (1). It was a big shock for me to hear my child being subjected to racist attitudes in their workplace. Like for someone their age (2). I was really upset and hurt (7). I want to protect them. I want to shield it from them, but that is not reality. I know that they will experience racism. They (should) be aware that racism is not acceptable, that they don't have to take this, that there is support out there, and that they can voice it. I will hopefully give them coping mechanisms to be able to talk about it instead of internally take it in. As a family, we watched the news about anti-Asian racism and used that as a springboard to talk about what is going on. As a parent, I just want to make sure that our kids know that they can talk about it (1). As East Asian parents, we need to create opportunities for our children who are not the same as everybody else; we need to be an advocate (7). So, I became the advocate for my children (6). I am trying to change it for my children (5).

Giving that voice and being heard is so important and I think that people shouldn't be afraid. My children deserve to be proud of who they are (1). I want to see East Asian people in normal situations. Where we don't have to explain what we are doing, explain why we do something during Lunar New Year. Where we can just do it. Where we don't have to see the world through a white lens (2).

Hopefully that every little step we make will get better. I know it will get better. We need to hear stories of what we can do to help the next generation so that they don't experience what I did (1).

Discussion

This study was a narrative inquiry into the voices of eight East Asian parents and their narratives of racism across time and space. During data analysis, the research team acknowledged that these narratives were constructed within the local interview context with a particular audience (i.e., East Asian) at a specific time (Riessman, 2008). That is, the participant narratives were originally developed and shared with an audience (first author) that identifies as East Asian. The interpretation and re-storying of these narratives were therefore done through an East Asian perspective. We acknowledge that the re-storying and interpretation of this same dataset may shift in response to a different local context and with a different audience or investigative team (Riessman, 2008). The following sections report on the East Asian parent narratives of racism in Canada. Insights gained from these unique perspectives will be used to

develop anti-racism strategies for child mental health knowledge translation resources reported in a forthcoming paper (Chapter 5).

Conceptualization of Otherness Across Time and Space

For the participants in our study, the notion of otherness emerged across time and space. Participants' narrative accounts described navigating exclusion and marginality in Canada, existing through both insecurity and distance. The notion of social exclusion has been supported by other literature within and beyond the East Asian population in Canada, particularly as it relates to newcomer and racialized populations (Al-Salem, 2020; Hynie et al., 2011; Oxman-Martinez et al., 2012; Salma & Salami, 2020). Importantly, previously analyses of Canadian immigration laws and policies identify how marking immigrant ethnic and racialized groups as medically inadmissible are based in the logics of racism and ableism, which set patterns of systemic exclusion (Fernando & Rinaldi, 2017). While our study did not have a particular focus on newcomer populations, these trends of racist immigration laws in Canadian society may help to explain why our participants expressed narratives of social exclusion as racialized diasporas within the Canadian context, and particularly as it relates to their family stories of racist immigration laws and policies Chinese and Japanese diasporas faced (Government of Canada, 2021; Winter, 2008).

Yet, participants' sense of otherness was not limited to feelings of exclusion. Participants describe their otherness as a fear or threat from others. This fear parallels the history of the 'yellow peril' designed to characterize East Asian people with expressions such as the 'alien', 'people with "yellow" skin', and 'the enemy' (Yasui Estacio, 2022). Several past studies within and beyond the Canadian context support this narrative of East Asian diasporas being characterized with the 'yellow peril' trope (Cheah et al., 2020; Gover et al., 2020; Huynh et al.,

2011; Keisuke, 2021; Tessler et al., 2020). This study adds to this existing literature base by the distinct perspective from which the 'yellow peril' narrative was being told. Existing literature interviewing East Asian communities on their experiences of racism reports 'yellow peril' narratives through notions of other people depicting East Asian diasporas as 'yellow perils' (Leung, 2008; Shang et al., 2021). It is interesting to note that through the narrative accounts in our study, the participants positioned themselves as 'perpetual foreigners' due to their outward appearance. Importantly, these 'perpetual foreigner' narratives that participants self-described were rooted in an unconscious depiction of historical images of the 'yellow peril'. While unsurprising, connecting their physical appearances with the racist depictions of the 'yellow peril' illuminates how unconsciously entrenched East Asian parents in this study associated their bodies to 'perpetual foreigner' narratives, and the extent to which they may have been pressured to internalize this identity. This notion is similarly supported by other literature from the American context demonstrating that Asian American bodies are weaponized as the 'yellow peril' on micro and macro levels, particularly in response to the COVID-19 pandemic (Keisuke, 2021).

For the participants in our study, these notions of otherness were linked with specific events in time. For some participants, they described feelings of being in danger, paranoid, and hyper-aware during the COVID-19 pandemic. Feelings of otherness and a lack of safety during COVID-19 align with the emerging literature on anti-Asian racism during the COVID-19 pandemic (Cheah et al., 2020; Cheng & Conca-Cheng, 2020; Darling-Hammond et al., 2020; Gover et al., 2020; Haft & Zhou, 2021; Hswen et al., 2021; Shang et al., 2021; Tessler et al., 2020), and literature exploring otherness during the SARS pandemic (Leung, 2008).

While COVID-19 was highlighted as a recent and specific event in which their otherness was associated with, this concept also transferred across generations. Participants recalled 'perpetual foreigner' narratives from their parents' adulthood in covert and systemic forms of racism. These findings make sense given the history of systemic racism within Canadian history including the Chinese immigration experience and the forced deportation of Japanese Canadians (Government of Canada, 2021; Leung, 1991; Winter, 2008). These narratives run parallel to their adulthood narratives; however, participants storied their otherness through instances such as lack of opportunities in work environments, which reflect the change in the types of anti-Asian racism enacted across time when compared to the narrative accounts from the participants' parents (Kayama & Haight, 2022; Nguyen et al., 2019; Pon, 2000; Yasui Estacio, 2022). While these instances of otherness do not exactly mirror the Canadian history of forced deportation and exclusion solely based on ethnicity, participants' narratives provide patterns of how East Asian people continue to be systemically disadvantaged and covertly segregated in the present day. Covert racism continues to exist given our widespread active denial that Canada's egalitarian, multicultural, and neoliberal commitment does not absolve racism (Louie-Poon et al., 2021). The participant narratives of being covertly segregated in present day provides tangible examples of how this covert racism plays out in the fabric of Canadian society. Canada's reluctance to disrupt these conditions is further reinforced when aimed toward East Asian diasporas. With the combination of the 'model minority' and 'yellow peril' narratives through which East Asian diasporas in Canada continue to inaccurately oscillate it functions to discredit the demands for social justice and anti-racism actions for East Asian populations by minimizing scholars' moral commitments to explore their needs (Louie-Poon et al., 2022). This interplay between Canada's reluctance to expose covert racism in the name of upholding its democratic narratives with the

lack of moral commitment to addressing the civil rights of East Asian diasporas helps to explain why the participants' storied narratives of covert segregation across generations.

Through the participants' childhood narratives, they recall interpersonal and overt otherness that engendered notions of being displaced. The participants' childhood narratives run parallel to the journey their children are currently navigating with overt and interpersonal otherness. These findings are supported by other literature focused on racialized children's narratives of racism emphasizing occurrences of interpersonal otherness (Evans & Gusmano, 2021; Nguyen-Truong et al., 2021; Paine et al., 2018; Venable & Guada, 2014). In this study, the encounters of explicit racism in the parents' childhood are critical as they became the passageways for which the harms of present-day and covert racism of the parents sustained and may be significant predictors of their children's well-being. The impact of racism and East Asian children's mental well-being has been previously studied within the American context which found that parents and children perceived racism at the interpersonal level are associated with poorer mental health (Cheah et al., 2020). Other literature in this area has identified a relationship between distress and mental health with experiences of perceived interpersonal and institutional discrimination in East Asian children (Grossman & Liang, 2008), and highlights the negative impact racism has on the well-being of racialized children by drawing attention to structural, interpersonal, and internalized forms of racism (Trent et al., 2019). Additionally, literature examining the impact of anti-Asian racism and mental healthcare access and utilization highlights the multi-layered barriers Asian diasporas encounter including culture, language, transportation, and the 'model minority' myth (Weng & Spaulding-Givens, 2017). This study aligns with this existing literature base by illuminating the combination of systemic and interpersonal racism East Asian parents face when accessing or utilizing healthcare for

themselves or their children (see composite narrative 1 for barriers including: perceived feelings of proving identity when accessing healthcare, mispronunciation of names, perceived feelings of losing culture or identity in healthcare system).

Complexities within the East Asian Narrative

Within the area of anti-racism, a combination of peer-reviewed literature and institutions have called on the need to challenge racism with tangible action and resistance (American Nurses Association, 2022; Canadian Nurses Association, 2022; Hassen et al., 2021; Johnson-Agbakwu et al., 2022; Lee & Kim, 2022; Lemire et al., 2021). Nonetheless, the journey of resisting racism has always been interspersed with significant nuance for East Asian diasporas. Therefore, these participant narratives may help unfold the complexities as to why East Asian diasporas in Canada have historically been storied with certain identities over others, and how East Asian diasporas may begin navigating healing and resistance.

Double violence: Perpetuality and normality of 'foreignness'

Existing literature draws attention to the perpetuality of Asian diasporas, including East Asian communities, as 'foreigners' (Darling-Hammond et al., 2020; Haft & Zhou, 2021; R. Hwang, 2021; Tessler et al., 2020). In this study, the notion of foreignness transcends beyond the idea of perpetuality by illuminating that otherness was also significantly normalized within the East Asian experience. Participants expressed notions of foreignness as expected as part of their identity—that being labeled as a 'perpetual foreigner' was unconsciously accepted within society. These findings are similarly supported by a recent study within the North American context suggesting that participants experienced a surge in racial microaggression related to COVID-19 (i.e., 'perpetual foreigner' narratives) with a lack of institutional and public acknowledgment of their struggles (i.e., normalization) (Shang et al., 2021). This double effect

of society enforcing the normality of the 'perpetual foreigner' stereotype and East Asian parents perpetually proving their belonging and citizenship may have influenced participants to internalize racism. Literature in the area of racism describes internalized racism with notions of eroding self-perception or confirming negative stereotypes of one's race (W. Hwang, 2021; Pyke, 2010; Trent et al., 2019; Willis et al., 2021). However, participants in this study describe their process of internalized racism as a desire to adopt a white identity, which may highlight the severity of racism they may have experienced or the trauma in which they may have endured. These narrative accounts align with the findings of a recent study indicating that Asian Americans have higher levels of internalized racism when compared to Latinx populations during COVID-19, which may be due to the frequency of the 'yellow peril' stereotype during the pandemic that has contributed to an inferior sense of self and community (Wong-Padoongpatt et al., 2022). While our study did not have a specific focus on the COVID-19 pandemic, the internalizing of this anti-Asian messaging may likewise influence our participant narratives given the time at which the interviews were conducted.

The ontological ambiguity

Furthermore, the participant narratives were consistently shifting according to how their identity was being utilized as a tool of white supremacy. For many individuals who migrate and resettle in cross-cultural contexts, stories of being marginalized between two worlds are common, depending on their rate of acculturation[9] (Nguyen & Benet-Martínez, 2012). However, unlike the idea of dual identities and biculturalism, East Asian parent participants had to navigate more than identity within a space (i.e., between countries; between cultures; between groups)

[9] The process of learning and adapting to a new culture while maintaining a culture of origin

(Fleischmann & Verkuyten, 2016; Nguyen & Benet-Martínez, 2012), and therefore, required processing beyond acculturation.

The reality of the participants' identities storied two points of tension. For example, East Asian parents in this study were included within white friend groups, but the amount of East Asian people in the social groups were limited; participants experienced overt racism because of their features, but received comments of how well they spoke English which became the entry point for their inclusion into spaces; for their children, the classroom was a space where they were expected to be 'model minorities', while simultaneously a space where emerging narratives of teachers calling East Asian children racist slurs (composite narrative 1). These narratives do not suggest a relativism whereby East Asian parents' truth are subjectively perceived in relation to local and specific contexts (Hirani et al., 2018; Weaver & Olson, 2006). Rather, East Asian parents' realities are set in a space of equivocality and uncertainty in which the authors refer to this as an ontological ambiguity. This notion is supported in previous literature suggesting that East Asian diasporas in North America navigate between two contradicting and uncertain stereotypes of the 'perpetual foreigner' and the 'model minority' (Ang, 2011; Gover et al., 2020; Louie-Poon et al., 2022; Nguyen et al., 2019; Shang et al., 2021). However, these findings add to this existing literature base by further explaining that the East Asian parent identity is one bound to temporality and a value-system; that their reality is rooted in a set of conditional principles governed by the system of white supremacy. The system of white supremacy has power over East Asian parents in tangible ways by means of their day-to-day realities. Yet, given these subtle shifts in reality that often remain unquestioned, the East Asian parents in this study remained 'easy' subjects to control. These findings mirror the trends in Canadian history of the

collective East Asian forced silencing, expulsion, and erasure (Government of Canada, 2021; Leung, 1991; The Canadian Encyclopedia, 2018; Winter, 2008; Yee, 2005).

On Healing and Resistance

In the context of these complexities of double violence and ontological ambiguity, it may explain why participants storied the struggles of healing, fear, and helplessness. In the narrative accounts and through the local interviewing context developed between the first author and the participants (Riessman, 2008), these East Asian parents storied notions of self-blame for internalizing racism. Previous literature exploring the concept of racial trauma identifies that feelings of guilt, helplessness, and lowered self-esteem may arise (Cénat, 2022; Roberson & Pieterse, 2021; Tummala-Narra, 2023). However, others have identified racialized communities experience a form of racial trauma from living within white supremacist cultures that influence them to adapt themselves into these spaces (Liu et al., 2019). Using Liu et al.'s (2019) understanding of the impact of white supremacist cultures on racial trauma, helps to explain the participants' narratives of self-blame given their lack of control over storying their narratives while being silenced in the face of racist narratives.

Through the participants' narratives, the author reflects on the meaning of healing and resistance for East Asian parents. Based on the content of participants' narrative accounts, hearing these voices and stories through the lens of East Asian people is the first step towards reclaiming their narratives. By storying and re-storying their narratives through the lens of an East Asian author (SLP), these participants are doing the work of healing and resistance. Therefore, reclaiming meant that these participants storied and re-storied their narratives through the East Asian lens and departed from their narratives being told for and on them through whiteness. This process of liberating the East Asian narrative overcomes the otherness

participants storied across time and spaces (i.e., feelings of exclusion, ‘yellow peril’ narratives, and otherness across generations) and neglects their double violence and ontological ambiguity by reclaiming their counter-narratives. These findings are similarly explored through the racial-spatial framework that conceptualizes how racialized populations experience displacement, exploitation, and dispossession in space and time as a result of systemic racism, and the need for counter-narratives told through the perspective of racialized populations as a form of reclaiming time and space beyond the white gaze (Liu et al., 2023).

In the face of this understanding, a space is opened for two opportunities. First, there may be opportunities for East Asian parents in Canada to turn toward the work of healing through their stories. Healing in the face of racial trauma through counter-narratives is supported by literature across other racialized populations given the transformative and political capacities of storytelling to amplify strategically silenced voices, tell previously untold histories, and challenge the master-narrative which continues to oppress (Delgado & Stefancic, 2017; Liu et al., 2022; Liu et al., 2023; McNeil-Young et al., 2023; Muriithi, 2022). Second, it lends opportunities for non-East Asian communities to come in solidarity with East Asian parent voices by amplifying the complexities of their struggles while providing space for their healing and resistance (composite narrative 3). CRT highlights the importance of amplifying voices that are historically silenced narratives due to racism (Delgado & Stefancic, 2013, 2017), while pedagogy of solidarity is an educational approach that emphasizes a commitment to community and empathy through the process of challenging social injustice during learning (Freire et al., 2014). Taken together, these positionings provide the basis to support systemically oppressed populations, in this case, East Asian parents, by amplifying their voices and counter-narratives to gain a deeper understanding of the racism they encountered across their lives.

Limitations

There are a few limitations in this study. First, all interviews were conducted virtually to purposively achieve a sample across Canada. This may pose limitations with regard to the depth of data collected on sensitive topics, such as racism when compared to face-to-face interviews due to issues in the interpretation of non-verbal communication, rapport building, and contextual environments (Khan & MacEachen, 2022; Lo Iacono et al., 2016; Lobe et al., 2022). Second, while the first author identifies as East Asian, all other investigators are non-East Asian. Therefore, the East Asian lens was only brought through the first author throughout the research process and during the process of investigator triangulation. However, throughout the research process, all members of the research team continuously interrogated their situatedness and unique sociohistorical positionings, centered critical race theory as their philosophical foundation lens for which knowledge was analyzed, developed and actively worked to disrupt power hierarchies in a collaborative research environment (Boveda & Annamma, 2023). Third, the second interview recording for one of the participants was audio recorded; however, recording data were lost due to technical problems with the software. The interviewer recorded detailed reflexive notes for this interview directly following but was unable to utilize direct quotes for the composite narratives. The participant's first interview was utilized throughout all composite narratives. Fourth, while utilizing purposive sampling to attempt to achieve a sample with diverse East Asian ethnicities, no Korean parent participants were recruited into our study which limits the unique Korean perspectives of anti-Asian racism. The majority of our sample were of Chinese ethnicity and this may limit the diverse variations of anti-Asian racism.

Future directions

Previous approaches to research call upon the need to socialize East Asian people into western society as solutions for protective factors against racism. While this individualistic lens has been the approach to research on and with East Asian diasporas in Canada for decades, we suggest we ought to critically assess our approaches as this may problematically add to the narratives which get storied for and on East Asian diasporas. Future research must move beyond the individualistic level and account for how structural violence is embedded within these issues. The East Asian narratives cannot be extracted from the system of white supremacy. Therefore, future research requires a greater focus on systemic change instead of relying on preparing East Asian people to assimilate into these systems through more 'effective' socialization.

Through these participant narratives, there is an urgency and necessity to resist the racist systems they have endured. However, in the process of doing so, it ought not to come at the personal cost of East Asian parents and requires navigating the complexities and nuances of the East Asian narratives explored within this study. We must depart from the idea that East Asian people are 'perpetual foreigners' or 'model minorities' and create spaces in society where East Asian parents can heal–we must turn to the work of community care.

Conclusion

Through the storying and re-storying of East Asian parent narratives on racism across time and space, the first author witnessed how 8 participants' stories were woven from a constellation of their ancestors. Each participant extended an invitation inward to embrace their own truths to tell and retell their untold stories that have been historically silenced. Through each collective-counter narrative told by the shared participant voice and re-told by the researcher, this study reaches out to the larger East Asian diasporic community in Canada. We bring to light a

critical crossroads and imagined futurities for Canada: the possibilities for East Asian parents to story their realities into existence beyond centuries of whiteness that have stolen their narratives from generations past to present.

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Table 4.1: CRT Foundations

CRT Tenet	Description and Relation to Study
1. Differential racialization	• Each race has different origins, struggles, and histories (Delgado & Stefancic, 2013, 2017) • Rationale as to why the East Asian experience is unique and the importance of highlighting the context and boundaries of racism against East Asian people
2. Anti-essentialism	• Challenging the oversimplification of a global human experience. This requires an exploration and analysis into the individual context of the individual or group being liberated (Delgado & Stefancic, 2013, 2017) • The East Asian experience ought to not be told by being grouped into the pan-Asian experience and thereby resisting the stereotype that Asian groups are a monolith
3. Racial Realism and Interest Convergence	• Race is a social construct constituted historically to meet the demands of the dominant hierarchy. Racial hierarchies enact tangible benefits and struggles for different groups based on race (Delgado & Stefancic, 2013, 2017) • Demonstrates the tangible struggles the racial hierarchy has for East Asian groups materially and physically
4. Revisionist history	• Unearth neglected history of racial struggles (Delgado & Stefancic, 2013, 2017) • Providing accurate documentation of the experiences of East Asian people
5. Critique of Liberalism	• Critiquing the neutrality and equality principles of liberalism (Delgado & Stefancic, 2013, 2017) • Need for color-conscious and radical efforts to overturn existing racial struggles
6. Counter-narrative	• The standpoint of racially oppressed individuals has competence to speak about racism (Delgado & Stefancic, 2013, 2017) • Counter-narratives and hearing the voices of East Asian people will challenge the master-narrative that are uncritically accepted in society

Table 4.2: Composite narratives and storylines

Composite Narratives	Storylines
Composite narrative 1: Navigating Between Two Stereotypes: The 'Foreigner' and the 'Model'	The 'perpetual foreigner'
	Tensions with the 'model minority myth'
Composite narrative 2: Storying 'Otherness' Across Generations and Within Different Levels of Racism	Otherness through systemic and covert racism
	Otherness through interpersonal and overt racism
Composite narrative 3: Losing Culture, the Journey of Embracing East Asian Identity, and Hearing Our Voices	Losing culture and identity
	A *turn*: rebuilding histories

Chapter 5 (Paper 4): A narrative inquiry of East Asian parents and mental health in Canada: Strategies for anti-racism in knowledge translation

Abstract

Background: The surge in COVID-19-related anti-Asian racism has intensified the negative mental health impact on East Asian children. There is a need to explore how to develop mental health resources for East Asian parents, yet minimal research explores the anti-racism strategies. There is a need to shift the focus of our research to explore the impact of racism with child mental health resources and how racism influences the access and utilization of these resources for East Asian parents.

Purpose: The objectives of this study were to: a) explore how to engage East Asian parents in a research environment, and b) develop anti-racism strategies for future mental health KT resources development.

Methods: A narrative inquiry study was conducted to collect East Asian parent stories on anti-racism strategies and mental health. Eight East Asian parents across Canada were engaged in virtual semi-structured interviews between August 2022 to October 2022. One East Asian interviewer conducted all interviews. A total of two interviews were conducted with each participant. Dialogic/performance analysis was used to inductively analyze the narrative data.

Findings: Three composite counter-narratives emerged from the data: 1) Storying issues of access within child mental health KT; 2) Seeking understanding and solidarity for the East Asian identity and story; and 3) Unlearning, breaking barriers, and storying resistance. The composite narratives weave together seven storylines: a) availability and affordability, b) language and vocabulary barriers, c) lack of representation, d) issues of representation: power and whiteness, e) East Asian standpoint epistemology, f) breaking cycles, and g) culture as a source of strength.

Conclusion: This study highlighted the complexities of working with East Asian parents. The participants stories underscored how epistemic racism and the silencing of East Asian voices may emerge within the research environment despite best intention of researchers. This study recommends the need for an East Asian standpoint epistemology when developing child mental health resources. Moreover, the East Asian parents in this study highlighted the need for East Asian counter-spaces as a way to situate and facilitate the centrality of East Asian standpoint epistemologies. The combination of these anti-racism strategies may promote a solidarity for shared experiences beyond the white gaze and spaces.

Background

The mental health of children is a national healthcare issue. Nearly one in five children require mental health services in Canada with mental illnesses shown to impair the healthy development of children (Fante-Coleman & Jackson-Best, 2020; Nearchou et al., 2020; Priest et al., 2013). Stressful events such as pandemics further impair the mental health of children due to factors including the disruption of normal routines (Dalton et al., 2020; Guessoum et al., 2020; Meherali et al., 2021). In the case of East Asian children in Canada, their mental health is particularly salient as they face unique challenges.

The surge in COVID-19-related anti-Asian racism has intensified the negative mental health impact on East Asian children (Cheah & Wang, 2020; Johnson et al., 2021; Wu et al., 2021). Experiences of anti-Asian racism have been linked with affecting trauma-based mental injury, such as racial trauma, for Asian families (Michel, 2019; Wu et al., 2021). Additionally, a North American study found that in Chinese children and youth, COVID-19 racial discrimination and Sinophobia (fearing Chinese people as a health threat) were positively associated with anxiety symptoms and internalizing problems (Cheah & Wang, 2020). These findings are supported by other recent studies collecting victims' self-reports of hate crimes revealing that East Asian diasporas in Canada made up more than half of reports in 2021, with 71% of all reported harm causing mental distress or emotional harm (Chinese Canadian National Council Toronto Chapter, 2022).

However, COVID-19-related anti-Asian racism is the resurgence of a long history of racism affecting the mental health of Asian children. Previous studies have documented that racial discrimination towards young East Asian populations is related to increased mental illnesses (e.g., anxiety) (Juang & Alvarez, 2010), heightened adverse mental health traits (e.g.,

somatization) (Juang & Alvarez, 2010; Rivas-Drake, 2008), negative psychological adjustment (e.g., self-esteem) (Niwa et al., 2014; Rivas-Drake, 2008; Shrake & Rhee, 2004), and externalizing mental health behaviors (e.g., aggressive behaviors) (Shrake & Rhee, 2004). Despite the widespread past and present demands to address the mental health of East Asian children, evidence also suggests that a scarcity of East Asian parents currently seek mental health services for their children (Liu et al., 2020; Nguyen-Truong et al., 2021).

While the underutilization of mental health resources has previously been framed within an individualistic and culturalist understanding such as pointing to East Asian cultures or individual behaviors as the source or reason for underutilization of resources and services (Augsberger et al., 2015; Hails et al., 2018; Kim et al., 2021; Kim et al., 2018; Ng, 1997), we contend this reasoning further propels white supremacy ideologies. Particularly, these approaches lack an understanding of the impact of racism and East Asian parents' perception and utilization of mental health resources for their children (Louie-Poon et al., 2022). With this understanding, there is a need to shift the focus of our research to explore the impact of racism with child mental health resources and how racism influences the access and utilization of these resources for East Asian parents.

Critical analyses of racism have recently emerged within knowledge translation (KT) scholarship, a field dedicated to understanding how to move evidence-based research into the hands of end-users (Graham et al., 2006; Straus et al., 2013). Recent literature calls into question the dominating Western-centric ontological and epistemological underpinnings of KT to highlight that power dynamics within KT practices require further attention (Crosschild et al., 2021). Others within the field have taken a specific focus on racial power dynamics by highlighting the need to address structural racism and utilize an anti-racism lens in the field of

implementation science by centering lived experiences, interrogating what ‘counts’ as evidence, and facilitating reflection and accountability (Shelton et al., 2021a; Shelton et al., 2021b). Similarly, others have written about embedding intersectionality frameworks within KT research (Etherington et al., 2020; Sibley et al., 2022), and the tensions and divides of utilizing an intersectionality lens within a KT framework (Kelly et al., 2021). For example, scholars have illuminated how many KT theories, models, and frameworks decontextualize behavior change, use deductive application of theoretical frameworks and predetermined coding structures (e.g., Consolidated Framework for Implementation Research) lacking factors like racism that affect change, and exclude qualitative or lived experiences as evidence (Allen et al., 2021; Kelly et al., 2021). While tensions between the field of KT and intersectionality have been documented, the shift towards integrated knowledge translation (iKT) aligns with an intersectionality framework given the focus on lived experiences of end-users (Kelly et al., 2021). The iKT approach is defined by the process in which researchers share power with knowledge users to identify research problems and implement outputs generated from the research (Beckett et al., 2018; Nguyen et al., 2020). In the development of patient decision aids specifically, tenets of iKT suggest the use of power sharing by inviting patient partners in the development and dissemination of such resources (Brouwers et al., 2013; Straus, 2013). The iKT approach presupposes that research outputs are more likely to produce positive results (e.g., knowledge users utilizing KT resources) when knowledge users are actively involved in the research process (Nguyen et al., 2020; Sibley et al., 2022; Straus, 2013). Moreover, an emerging body of KT theories, models, and frameworks promote collaborative, user-centered KT approaches (Baumann & Cabassa, 2020; Jenkins et al., 2016; Kitson et al., 2013; Shelton et al., 2021b). KT process models, including the Co-KT Framework (Kitson et al., 2013) and the CollaboraKTion

Framework (Jenkins et al., 2016), are centered within community environments, underscore the shifting nature of collaborative work, and acknowledge the diverse contexts within which KT interventions occur (Jenkins et al., 2016).

These collaborative approaches among some KT theories, models, and frameworks have the potential to produce contextually relevant and anti-racist KT interventions as the focus remains on the unique community needs. While this emerging research is promising for the field of KT, there remains minimal empirical research on the complexities and nuances when working with East Asian populations that explores our understanding of their racial positioning within the context of white supremacy and KT research. Gaining a deeper understanding of the specific complexities of how racism shapes the East Asian perspective is critical to further illuminate how KT resources and implementations may be changed based on their unique contexts (Woodward et al., 2021). In the absence of anti-racism strategies within the KT process, it may limit East Asian parents' perceived acceptability of prospective child mental health KT tools, thus, further limiting their engagement and utilization of these patient decision aids (Sekhon et al., 2017). Moreover, the limited guidance specific to the East Asian population poses critical questions into the safety of health research environments and healthcare systems for this population.

Given the need to support mental health topics with the East Asian community from an anti-racist perspective, qualitative approaches that seek the perspectives of racialized populations may help deepen our understanding by gaining an in-depth perspective on the complex, nuanced, and specific conditions from communities with lived experiences without inadvertently reinforcing inequities (Shelton et al., 2021a; Shelton et al., 2021b). Therefore, a narrative study into the stories of East Asian populations will be guided by the following research question: *How*

can researchers utilize anti-racism strategies when developing mental health KT resources for East Asian children? The objectives of this study were to:

a) explore how to engage East Asian parents in a research environment,

b) develop anti-racism strategies for future mental health KT resources development.

Methods

The current study was part of a larger narrative inquiry study exploring the narratives of East Asian parents at the intersection of racism, anti-racism, and mental health. This paper reports on East Asian parent narratives on anti-racism strategies for child mental health resources. This study was philosophically framed by Critical Race Theory (CRT), aligning with Riessman's (2008) assertion that narrative methods have the capacity to promote social justice when systemically oppressed communities retell their stories to a larger audience. When rooted in CRT, the collective counter-narratives told by participants serve to challenge the status quo (Clark & Saleh, 2019). Refer to Table 4.1 in Chapter 4 (paper 3) to see how we framed CRT for East Asian populations.

Sample

East Asian parents across Canada were purposively selected to participate in this study. Multiple recruitment strategies were employed including word-of-mouth and online social media strategies using standardized digital graphic materials. Participants were included if they: self-identify as East Asian (Chinese, Japanese, Korean, Taiwanese), live in Canada, a parent or a caregiver of a child of East Asian descent, are fluent in English, are over 18 years old, have access to Zoom, and self-identify as having experience(s) of racism.

Data collection

Riessman's (2008) narrative interviewing guided the data collection methods. A total of 16 interviews were conducted with 8 participants between August 2022 to October 2022. All 16 interviews were conducted by the first author (SLP) for consistency. The purpose of conducting multiple interviews with a smaller sample size was to develop a comprehensive narrative account (Riessman, 2008). The general interview guide is presented in Appendix B. Interviews were audio recorded, professionally transcribed verbatim, and cleaned for accuracy. Refer to Chapter 4 (paper 3) for the detailed reporting of data collection methods.

Data analysis

To inductively analyze the data, dialogic/performance analysis was undertaken (Riessman, 2008). Critical race theory was used as an entry-point for reading and interpreting the interview text, and how contexts of racism are inscribed overtly and covertly within the text. The first author brought their positioned identities as an East Asian person into the interviewing process and interpretation of the data (Riessman, 2008). Refer to Chapter 4 (paper 3) for the detailed reporting of the data analysis process and description of narrative blocks. Preliminary storylines were coded in NVivo software by grouping narrative blocks with similarities. Decisions, reflections, and refinement of preliminary storylines were discussed with the research team (SLP, SS, SR, DK).

Composite narratives were developed to present the findings following the guidance developed by Willis (2018b). The composite narratives are a collection of participant verbatim quotes from the narrative blocks grouped within each storyline. Each composite narrative weaves together the voices of all eight participants. Given that narrative data develops rich, detailed accounts of individual stories, this may pose safety when presenting data, particularly in areas

where participants experience systemic oppression (Patton & Catching, 2009; Saleh et al., 2022). Therefore, constructing a composite narrative offers a strategy to re-tell a collective story while illuminating detailed accounts of individual stories that protect the identities of systemically vulnerable populations (Solórzano & Yosso, 2002; Willis, 2018a, 2018b).

Rigour

Reflexive notes were maintained throughout the study. Prolonged engagement with the participants was maintained through multiple in-depth interviews with the same interviewer and participants. Investigator triangulation was utilized by holding meetings to debrief and discuss each interview, the methodological and analytical process, and enhance and confirm findings (Carter et al., 2014). A detailed audit trail was used to document all analytical and process decisions (Denzin & Lincoln, 2018). Critical self-reflexivity was practiced by analyzing our philosophical assumptions, bringing to the forefront our fluid insider-outsider identities, and how power and positionality are inherently embedded within the research process (Crosschild et al., 2021; Mills & Lee, 2015).

Ethics

Ethics approval was obtained from the University of Alberta Research Ethics Board (REB 1). Participation in this study was completely voluntary. Study information sheet and consent forms are presented in Appendix C. Informed consent was obtained at the start of the first interview, and each subsequent interview. All participants were provided a list of external resources and information given the nature of the topic. Given the topic of racism, participants may experience further discrimination if confidentiality and privacy were not maintained. Therefore, to ensure the safety of all participants, all identifying information, except participant ethnicities, were removed from the composite narratives.

Findings

Participants

A total of 8 participants were included in this study. Of the 8 participants, four were Chinese, three were Japanese, and one was Taiwanese. Of the Chinese participants, three self-identified as being Canadian born and one self-identified as being an immigrant to Canada. Of the Japanese participants, one self-identified as being Canadian born and two self-identified as being an immigrant to Canada. The participants of Taiwanese descent self-identified as being an immigrant to Canada. Of the 8 participants, they ranged from having 1-3 children. Other demographic characteristics of the participants are not provided to protect their identities.

Storylines

The following sections report on the collective-counter narratives from the 8 parent participants. Each counter narrative includes verbatim quotes from all participant interviews woven together to form a collective voice. Narratives were grouped and re-storied as three composite narratives with parallel storylines: *Storying issues of access within child mental health KT; Seeking understanding and solidarity for the East Asian identity and story;* and *Unlearning, breaking barriers, and storying resistance*. The storylines within each composite narrative are outlined in table 5.1. See Appendix E for detailed participant quotes for each storyline.

Composite narrative 1: Storying issues of access within child mental health KT

Composite narrative one reports on three storylines: *availability and affordability*; *language and vocabulary (terminologies) barriers*; and *lack of representation*. *Availability and affordability* highlight the need for child mental health resources to be easily accessible, free of cost, and offered in a location East Asian parents have access to, such as public schools. Participants describe *language and vocabulary barriers* as the lack of language options presented

in resources, difficulties to arrange interpreters and translators, how details for their child's concerns may become missed if language barriers are present, and the potential for having limited knowledge of the terminologies to discuss mental health matters. *Lack of representation* describes the participants' desire for the representation of East Asian experiences in child mental health resources, which may bring about a sense of belonging.

> If my children needed mental healthcare, I wouldn't even know where to look (1). I have no idea because this is never brought up (2). I think that mental health resources should be available in public schools (7). If mental healthcare were more affordable, it would be more accessible to East Asian communities (4). When I previously was exploring different mental health options, the main thing was that I needed it to not cost anything because I couldn't afford anything (5).
>
> For healthcare providers, they are in the system, and it is easier to navigate than someone who is completely unfamiliar with healthcare. From the inside, they know which resources they could access. But most people don't have that kind of advocacy within the healthcare system. In the healthcare system, nothing is done in a systematic way in terms of cultural and racial issues. It is always discussed in a fairly superficial way (2). There is no centralized system for East Asian people to go to (3).
>
> I see how mental health resources are presented in mostly just English and French. If people don't have those two languages, it is awful. How do they access that information (6)? People who do not have English skills have a harder time making it known what their issues are exactly (2). The language barrier can have some effects (3), and is an integral part of what East Asian people might experience (6). Interpreters and translators are not always there and it is a bit of trouble to arrange (2). I can do the research, but if there are no websites that translate back to the language I prefer to operate in, it is very frustrating. I don't have the energy supply to really look for multiple resources or services that offer translation. Google translate has word limits and limits on how much can be translated. It is taxing to use, and even though these are options, somebody who is less digital savvy, in a new environment, and in more social economic stress will have a shorter of a fuse or attention span to go through translating word by word, phrase by phrase (8).
>
> With mental health, it is so important to be able to be specific when I am describing my child's concerns and conditions. Even for one problem, there might be a checklist of ten different things that I have to be asked about. If my child's concern is very specific, very detailed, and the more I am able to describe and express that, I think the better the chances are that I will know appropriate services to treat their problem. Whereas, if I can't describe what they are feeling in English and the less detail I am able to put out, then the much more difficult it is to try and get help for the problem (2). So, making communication material more available in different languages can make things more equitable for other people (6).
>
> There is also a language barrier in the sense that I don't even know the language or the vocabulary to talk about mental health; to know what to search. In the household

> where I grew up, we didn't talk about mental health. A lot of my fellow friends with the same background don't have the vocabulary to talk about mental health. This is compounded when people are new to Canada and can't speak English well (8).
>
> The language barrier has a lot to do with having representation and a sense of community (6). The lack of suitable East Asian mental health experts is a barrier. No matter how great a white person is, they cannot understand (3). A white person would not know any part of the cultural or racial challenges (5). It would feel more relatable if there was a sheet or resource with certain East Asian experiences. Right now, a family member is in desperate need of some mental health help. But they will not seek it out despite having all the current resources available to them (3). So, it would help to have more representation and have more options available with a deep understanding of our culture and background. When there is more representation, it is a sense of belonging. It is almost like visceral—I feel my body relax. It is a comfort (4).
>
> To access mental health resources for my children, the first step would be to reach out to people I know that I feel safe with, who have similar experiences, similar backgrounds. Finding the right mental health resource is so important. It could do damage if I picked the wrong one, like a resource that doesn't understand the dynamics of the East Asian experience. I want somewhere, someone, a service, that I feel comfortable with. That I feel safe with. I don't want to just pick one. I would really look for one that meets my needs; that understands East Asian people. I would find this through my community networks because trust is a *huge, huge* thing (1). To get more representation, would bring more access to communities where maybe English is the second language and where there is a cultural barrier. Parents and children would feel assured that it is safe and secure. That kind of access would be a better outcome for everybody (6).

Composite narrative 2: Seeking understanding and solidarity for the East Asian identity and story

Composite narrative two reports on storylines: *issues of representation: power and whiteness*, and *East Asian standpoint epistemology*. Through *issues of representation: power and whiteness*, participants identify how child mental health resources are predominately developed through whiteness and without an understanding of their East Asian identity. *East Asian standpoint epistemology* stories the indescribable components of the East Asian identity including the immigrant experience (e.g., parents owning restaurants), filial piety, losing face, 'whitewashing', experiences of racism, and COVID-19-related anti-Asian violence. Participants identify that these narratives cannot be fully understood by those without lived experiences.

There are so many mental health studies and research that have a very predominately white audience (6), and I battle what to say. I don't know what to say. I know if I try to explain (to white people) that they should be happy the next generation of East Asian people are going to grow up in a world where (we) see people who look like (us), they wouldn't understand (…) because their perspective has always been there (3).

This matters because of the additional challenges of dealing with race-related issues is lost. It is the experience from non-East Asian or non-ethnically diverse audiences (6). It is about knowing the indescribable, non-language understanding of how things are. The unspoken rules. The unwritten background. I can try to explain this. And others can try to understand it but they will only know to the degree of the stereotypical ideas; the things that they see on TV (7). When I am surrounded by an entire circle of people who are East Asian, I am able to relate and be comfortable (2). It is just so nice to see people who aren't just white. I feel like I belong. I am not different; and I am not othered. It is helpful to be able to share experiences and feel validated (3). I feel normal with people who all have similar backgrounds, circumstances, and upbringings. We don't have to explain anything. Everybody just understands. Nobody has to teach someone else what something is. Everyone knows what you are talking about. We all understand and that's the biggest thing (2).

Getting mental health care and resources specifically targeted towards East Asian people is a challenge because there are not too many mental health experts that understand the East Asian experience, and definitely not enough for children. It is important that we have options available that we can relate to (4). When I was growing up, I was just different and there wasn't the support. I never had the chance to have resources available for me. It was always hush hush. (Racism and the mental health impact) were never talked about. It was something that I just kept inside. I just learned to keep quiet. It was something that you just went through. I just had to go through it. And it wasn't easy (1).

But when I see resources and services from people who understand what I am going through, it helps so much. It is a gamechanger (7). So, this lack of suitable East Asian mental health experts is a barrier (3). In the healthcare system, I don't want to (have to) use my voice to validate who I am, my identity, proving who I am, proving that I was born here (6). No matter how great of an ally a white person is, they cannot understand our experience. No matter how much I try to explain it to someone, they don't understand what it's like, the pressures that you face as an immigrant child, the family dynamics. It is exhausting to try to explain this to someone. It is hard for white people to understand growing up in a 'two cultural world'; it is just so different (3). The challenge of being East Asian and Canadian, and experiencing racism and the mental trauma of it. It is exhausting explaining to (mental health experts) the narrative behind a feeling that I am having when I say, *I don't feel like I ever lived up to my parent's expectations*. It sounds stereotypical for me to say this and on the surface, non-East Asian people will say they get it. But they don't get it unless they are in it. They just bypass all of the background history (4). It is hard to explain the context and sometimes it is traumatizing in its own to have to explain it (3).

There are many layers of understanding East Asian culture (1), our background (7), the immigrant experience (8), and experiences of racism. It is hard to make people understand that (1). For example, my parents have a saying, *bad news travels*. It is a

Chinese saying. For Chinese people, at least my family and the majority of my friends' family, we never discuss the bad. Everything's swept under the rug and you just deal with it (3). I understand where they are coming from. They are trying to protect you. The intentions are great. As first- or second-generation immigrant children, we face pressures to succeed. The immeasurable amount of pressure to succeed, to be seen a certain way, to not disappoint your family because they have given up so much; they have given you their life (3). The pressure to make your parents proud and be that perfect child, just like in the movie *Turning Red* (7). And within the Japanese culture, the belief of 'losing face' is a big thing (6). You don't complain and you have to be respectful. You do everything for your family. And so, there is no such thing as mental health—it is called, suck it up. I was not able to talk about it with anybody as a child because my parents were also processing their experiences being immigrants to this country, the racism they probably felt. I was told to keep my head down, don't cause trouble, and don't cause a scene (4). If I have to explain this to someone who hasn't lived it, who do not understand the context, they end up seeing my parents and family as villains (3). It is easy to point to East Asian cultures (4). But it is way more complex than that (3). So, we have to look through the East Asian lens rather than the white lens (2). Without the cultural context, a lot of our parents are monsters, but they are not (3). These experiences can't be through a white lens or white experience. It will not resonate with me if it has been 'whitewashed'. The thing with 'whitewashing' is this concept of having to explain myself or the East Asian experience, to explain aspects of my cultural background. Other people then tend to think, *oh, isn't that quaint, isn't that exotic* (2).

Understanding racism also plays a huge part of understanding the East Asian experience. I can't really connect with someone in terms of racism if they've never experienced it. Growing up, racism pretty much defined almost everything that I did (4). It is hard because I look different from everyone else. People make comments about my nose, about my eyes. Being East Asian, I looked at myself and ask: *What is wrong with me? Why do I look like that? Why can't I be white?* I felt I was ugly. I am very emotional just to bring it up because I don't want my kids to go through that; go through the question of *what is wrong with me*. Even with Lunar New Year being such a big thing, I didn't want to do it. I tried to hide it (1). All the East Asian things; like the stigma where East Asian people are known to own restaurants and grocery stores. My parents own a restaurant. Growing up, I had to work in the restaurant, and other kids didn't do that. I remember thinking, *why am I so different, why do I have to work at the restaurant while other kids can do activities.* Growing up I never did activities or sports. I worked. I had to. I never had those opportunities. It was always push, push, push. But I look back, and I don't resent or blame my parents. Because at least I have something now. I see where they are coming from back then. They were able to support me in the ways they could and I am grateful for that (1). Recently, I spoke with my therapist about feeling really anxious about anti-Asian violence as it relates to COVID-19. They said I have to try to not focus on it. But I feel like if you had been in my position, if you had experienced racism the way I have growing up, they wouldn't have been so quick to say that. I don't want to explain to (mental health experts) what racism feels like. As a parent, I would never go to a parenting expert that did not have children. It's sort of that same rationale (4).

> At the same time, I remember growing up that I talked to an Asian counsellor who might as well have been a white person. The information that was coming back at me, the advice they gave, was not helpful in terms of dealing with East Asian cultural dynamics. I remember being really disappointed. I thought, *someone is going to finally understand me*. It didn't work out that way and I just couldn't understand why they couldn't understand being an East Asian person themselves (5). So, the important thing is the relatability (6).

Composite narrative 3: Unlearning, breaking barriers, and storying resistance

Composite narrative three reports on storylines: *breaking cycles*, and *culture as a source of strength*. *Breaking cycles* describes participant narratives seeking to unlearn their own biases towards mental health, make changes in the area of racism for their children, and amplify their voices and stories for the next generation. Participants use *culture as a source of strength* through their narrative by neglecting the 'model minority' myth and releasing suffering as a source of strength and instead turning to their cultural roots of the family as a source of healing.

> It is hard to talk about racism and mental health. It brings up all these emotions. It is hurtful. But I am okay and I am more concerned with my kids; I try not to let them experience what I went through. During my childhood, I didn't want to be East Asian. I wanted to be like everyone else. I resented being East Asian. I wanted to be white. I didn't think there was mental health support for me because I didn't know any better. I just thought this was just what life was (1). I think I try really, really hard to not have my children go through what I went through in having to be in two different cultures and having to navigate that (5).
>
> Now, we need to normalize the whole process of taking care of our mental health and speaking about our mental health. I never grew up with that, never had space for that. Now, I am (…) unlearning my own biases towards the mental health process (…) to be like *medications are okay*, *mental health support is okay*. It is a process because I have to write that in my mind first, then have to go and seek it out, go through the process when I am feeling uncomfortable with it but I do it for the benefit of my child. Then there is the process of having to then educate and walk my own parents and community through it. I have to deal with the triggers that come out of having to educate my parents. I almost resent my parents for not educating me about mental health. It is not a blame. I do not blame them because I understand they were only capable of knowing what they knew and passed on to the best of their knowledge. So, I have to do the work to teach myself and educate my parents. It is exhausting, but the end result is necessary (4). As East Asian parents, we have to create these opportunities for our children (7).
>
> East Asian culture has a focus on family as a whole over the individual. If one person in the family is not doing well, we tend to hide it (3). We take care of each other. We have more of an internal system, be it physical illness or mental illness, even though

> we don't talk about it as mental illness. If we see someone in our family is ill or suffering, we tend to take care of them in our household as opposed to thinking we need to go seek medical help (8). We do not have to let go of the family first mentality. But the family first mentality should also include healing (3), and taking time to grieve the vulnerabilities and the weaknesses (6). We also have to navigate the stereotype that East Asian people are supposed to be invisible, supposed to be submissive (5). To be obedient, compliant, and submissive (6). That East Asian people don't need any help. That we have it easy, but we don't (5). Being tough is not a strength and all it does is continue the trauma to the next generation (3). I am not the 'model minority'; I want to break the stereotype (6). It[10] should not override your own children's mental health and wellbeing. There are a lot of East Asian people in our generation in Canada that are determined to break these[11] cycles. We are determined to get help for our children if they need it, and create a mentally healthier next generation. It is maddening and heartbreaking the pressure to keep up appearances (3).
>
> As time goes on, I want my children to know there are services out there if they need them. I want them to know that there is support and that they should never feel ashamed of who they are. I really want them to kind of embrace their culture and being East Asian. There is more attention on racism now and that it is not acceptable. Where in the past, racism was acceptable. Nothing was done. There was no support. It is not right and we have to speak up. I feel that there is still racism. There will always be racism. It is just the way people are. But we need to hear our stories. To get them out there. To bring up our stories to educate. There will always be racism but hopefully that every little step we make will get better for the next generation (1).

Discussion

This study sheds light on the untold stories of East Asian parents and their experiences of mental health in Canada. While the purpose of a narrative study is to explore the complexities and nuances of East Asian stories, rather than seek tangible solutions, this study offers some key insights into anti-racism strategies for future child mental health resource development which can have important consequences for the field of KT.

Accessibility, Acceptability, and Representation

In congruence with other child health KT literature, participant narrative accounts described the need for resources to be accessible (Campbell et al., 2019; McBain et al., 2022;

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[10] Referring to the 'model minority' myth

[11] Referring to breaking the cycle of family first mentality that does not include healing and upholding appearances of the 'model minority'

Thompson et al., 2020). Specifically, accessibility meant mental health resources were available in spaces such as their children's schools and were affordable. These findings are unsurprising given the extent of implementation science research dedicated to health equity in recent years (Baumann & Cabassa, 2020; Kelly et al., 2021; Woodward et al., 2021). Language barriers and translation services were additionally highlighted as barriers to accessing child mental health resources, which aligns with other health KT literature focused on racialized or other systemically minoritized populations (Al-Sharifi et al., 2019; Poureslami et al., 2011). Furthermore, this study adds to the existing evidence base with specific East Asian parent accessibility needs. Participant narrative accounts highlighted that their language barrier posed additional concerns within the area of mental health. Language barriers were compounded by the lack of vocabulary in mental health for parents to identify certain mental health concerns in their children. Participants explained that in their East Asian cultural contexts, they may not have congruent terms or words in English to describe the same mental health symptoms or concerns. The awareness that all populations in Canada will not begin from the same cultural understanding is critically important when developing child mental health KT resources.

Moreover, East Asian parents portrayed the need to 'see' themselves represented and reflected in the mental health resources. Their narrative accounts described that the process of representation may be the first step towards feeling safe, included, and understood within the mental healthcare system. These findings align with research on the use of storybooks as a KT resource for parents of children diagnosed with croup where parents felt receiving information that mirrors similar situations and emotions to their own validates their experiences and helps manage their children's situation (Hartling et al., 2010; Scott et al., 2012). Scott et al. (2012) found that storybooks as a child health KT resource may form both emotional and cognitive

impacts for parents by offering reassurance and normalizing experiences, respectively. These insights provide opportunities for the use of storybooks as a KT approach for East Asian parents of children needing mental health research-based information by offering avenues to promote the representation of the East Asian experience while advancing acceptability. Within the context of KT and intervention research, the theory of acceptability describes the extent to which an end-user considers an intervention appropriate based on anticipated or experienced cognitive and emotional responses (Sekhon et al., 2017). Successful interventions require prospective, concurrent, and retrospective acceptability from recipients. A major component of prospective acceptability includes the affective attitudes, or individual feelings, about an intervention (Sekhon et al., 2017). In the case of East Asian parents, the representation may become an entry point to which the perceived acceptability of their child's mental health resources is influenced. These insights highlight the need to utilize approaches to KT resources that explain and describe and hold nuance and complexity for language, vocabulary, and representation needs.

Complexities of 'Working With' East Asian Parents

Epistemic Racism

While representation acted as an initial barrier in seeking child mental health resources, East Asian parents' narratives exposed tensions of solely focusing on representation. Participants storied the realities that despite having all the aforementioned accessibility barriers eliminated, some East Asian parents would still not access child mental health resources. Existing literature exploring Asian diasporas' mental health resource utilization has identified cultural or individual reasons, such as mental health stigma, as a barrier to seeking resources (Abdullah & Brown, 2011; Fung et al., 2022; Fung & Wong, 2007; Kim & Lee, 2014; Sadavoy et al., 2004). This study extends this area of inquiry by highlighting that participants denied utilizing mental health

resources because in many cases, the resources did not appreciate the complexities facing East Asian peoples. Specifically, participants storied how a lack of fully grasping the East Asian experience may fail to attend to the unspoken rules, the indescribable understandings, and the ways of knowing and being that must be lived through rather than explained and interpreted. Our study findings align with a recent study from American populations supporting that the home, school, and family contexts of participants lacked a critical consciousness and engagement about the unique racial positioning of Asian diasporas (Lee et al., 2022). This highlights the deep-rooted impact white supremacy culture has on storying nuance and complexity about the East Asian understanding within society (Liu et al., 2023; Tummala-Narra, 2023), and why drawing attention to the East Asian racial position in the development of KT resources is critical.

Participants further described that whiteness is the taken-for-granted perspective in knowledge creation and the default audience resources are developed for. These findings make sense given the extent of covert racism within the theoretical foundations of nursing and other healthcare disciplines, and the egalitarian values within the Canadian context that allows knowledge subtly sustaining white supremacy to run rampant (Louie-Poon et al., 2021). As explained elsewhere, a limited perspective of whiteness will produce knowledge only within the confines of whiteness (Louie-Poon et al., 2021), ultimately further propagating the goals of white supremacy through KT resources. Given that participant stories were developed and told through whiteness, East Asian parents described that explaining and re-explaining their stories were exhausting and traumatizing. These findings are congruent with the philosophical tenets of CRT which explain that racism works by re-storying racialize groups through whiteness that maintains their subordinate racial positioning (Delgado & Stefancic, 2017; Liu et al., 2019; Liu et al., 2023; Solórzano & Yosso, 2002). Moreover, given the pervasiveness of anti-Asian racism within

Canadian society, the persistent exposure to painful encounters of being re-storied through whiteness is consistent with the literature on racial trauma (Carter & Muchow, 2017; Cénat, 2022; Liu et al., 2019).

These findings storying the impact of exhaustion and racial trauma provide critical insights and lessons for KT approaches particularly when engaging with East Asian populations. Aligned with concepts of transcending whiteness and moving towards solidarity for racialized voices (Liu et al., 2023; Solórzano & Yosso, 2002), and in this context with East Asian voices, participants outlined the tensions and implications with notions of allyship and partnership. East Asian parent narratives described that despite 'good intentions' and work being done towards allyship, a person who has not lived through their situations may lack the capacity to understand their situations fully. As storied by participants, this lack of understanding of the complexities of the East Asian situation has consequences when researchers or health professionals use this limited standpoint to develop evidence, and thus, (in)advertently furthering reinforcing harmful stereotypes. These findings are congruent with the existing anti-racism recommendation within the implementation science literature calling for the need to critically reflect on who is 'invited to the table' and if the evidence adequately reflects lived experiences of racism (Shelton et al., 2021b). Within the context of our findings, the lack of contextual and situational knowledge of the East Asian experience inhibits the accurate interpretation of events. For example, participant narrative accounts outline that without a deep cultural understanding, mental health professionals and researchers may misconstrue their families as 'monsters' or 'villains', or misunderstand the nuances of succeeding academically and financially or pressures to honor their family name. These misinterpretations, which may be re-storied through whiteness to blame East Asian cultures or place East Asian diasporas in a negative standpoint, reproduce white supremacy

narratives by not implicating the structural violence causing the harm (see Chapter 4: concepts of 'model minority' myth, 'normalized foreigner', 'perpetual foreigner', and ontological ambiguity).

Silencing East Asian Voices

Furthermore, the participant narratives do not suggest voicelessness; rather, East Asian parents' narratives evoke the contrary. These narratives warrant a need to resist and dismantle the very system that situated them as voiceless, and to reject the need for saviorism (Spivak, 2010). To locate these findings within the philosophical foundations of Spivak (2010), we must be critical of violent structures looking to 'save'. The uncritical notions of benevolence within a system that is designed to enact voicelessness only further restores the very silencing it promises to eliminate (Spivak, 2010). In the context of Spivak's (2010) work, subaltern refers to those without power. As Spivak (2010) asserts, western academic knowledge often commits epistemic violence by speaking for and on behalf of subalterns. If applying Spivak's (2010) notions to our findings within the context of child mental health KT, subalterns are the East Asian 'patient partners' who continue in the subordinate position when compared to the researchers who continue holding institutional power. The voices of the East Asian parent partners are represented through the researchers—who are often white within the current Canadian research contexts—as a way for East Asian people to speak or story their truths in research. While this can be seen as an attempt to liberate the voices and share power with East Asian people as a partner within the academic institution, this very process is enacting epistemic violence and racism.

East Asian peoples as research 'partners' have always existed outside the realm of power within research without holding true power. As members of society, East Asian parents are used

as tools of white supremacy, where their Asianness permits them as holding privilege by their closeness to whiteness (i.e., 'model minority' myth), while always being threatened with notions of being a 'foreigner' (see Chapter 4) (Ang, 2011; Gover et al., 2020; Nguyen et al., 2019). Given that the institutions of academia or research cannot be extracted from the larger conditions of society (Louie-Poon et al., 2021), this threat was layered in our findings when East Asian parents shared stories of navigating their racial positioning and silenced perspective (composite narrative 2). Furthermore, participants storied how these encounters maintain the 'perpetual and normalized foreigner' tropes (see Chapter 4) (Shang et al., 2021), by lacking an awareness of the complexity of the East Asian identity. These findings make sense within Spivak's (2010) notion of romanticizing the 'other'—the idea that dominant cultures perpetuate power imbalances through stereotypes of systemically minoritized populations. These findings have significant implications for the notion of meaningful patient engagement given that East Asian parents may not have full agency under our current conceptualization of 'power sharing' in research (Nguyen et al., 2020) due to the larger conditions of white supremacy, and thus, limiting their ability to become true research 'partners'.

Therefore, our participant narratives provide KT research with critical insights into committing epistemic racism and the further silencing of East Asian voices. That is, in the pursuit of amplifying and sharing power with East Asian parents, our participants storied how these processes have inflicted more harm by inviting them into systems without researchers, mental health professionals, or institutions critically self-reflecting about the violence and unsafety espoused from these spaces. Instead, East Asian parents have been expected to adapt to a system built on the foundations of white supremacy to benefit and uplift the 'greater good' of their communities. These findings align with literature critiquing traditional patient engagement

strategies given the essentialization of patient identities while lacking an intersectional understanding of how systemic barriers, such as racism, sexism, colonialism, ableism, and heterosexism, prevent individuals from meaningful inclusion and engagement (Shimmin et al., 2017). As stated by Shimmin et al. (2017), without addressing these complexities and contexts of systemically oppressed individuals, patient engagement approaches will remain problematic by lacking an understanding of the intricate multitude of ways (i.e., unable to access, stigma, unsafety) individuals may or may not engage with health research or the healthcare system. Our findings further contextualize this area of inquiry by highlighting that this process impacts East Asian parents by associating harm, racial trauma, and violence on their bodies. Nonetheless, the participants in our study offered insights and solutions into ways these narratives may shift for future research.

Toward A Solution

Inviting East Asian Standpoint Epistemology and Counter-Spaces

The participants in this study explain that their layered East Asian narratives included matters of exoticization (e.g., others thinking they are exotic), whitewashing (e.g., storied through a white lens), filial piety (e.g., pressures to play a certain role, being respectful and not complaining), losing face (e.g., bad news travels, pressures to make family and parents proud, pressures to succeed and be the perfect child, to not disappoint the family), the immigrant experience (e.g., working at restaurants and grocery stores), and racism (e.g., overt racism about features such as eyes and nose, physical aggression and otherness during COVID-19) (composite narrative 2). Based on our findings, beginning with the social location of East Asian parents may amplify their socially relevant issues, which would be limited or obscured from the positionality of white people. These findings make sense when we situate these findings within the

philosophical notion of feminist standpoint theory (FST). FST raises the epistemological question of how power contributes to the relation of the knower from the known. FST's principal claim highlights the relation between power and knowledge (Harding, 1997). According to FST, marginalized groups are situated in ways that allow them to gain perspective which dominant groups lack, whereby knowledge development ought to begin with the standpoint of systemically oppressed groups (Harding, 1997; Swigonski, 1994). The idea that knowledge is socially situated transcends the epistemological and ontological assumptions of logical positivism that separates the knower from the known and enforces a universal reality, respectively (Harding, 1997; Swigonski, 1994). Knowledge development cannot be decontextualized from larger influencing forces of sociocultural structures on knowledge, nor the social identity of a knower. Thus, one's social relation to power acts as both an enabler and a limiter of knowledge (Harding, 1997; Swigonski, 1994). Specifically, FST claims that oppressed groups experience a different reality as a result of their marginalization. To adequately navigate society, therefore, oppressed groups obtain an awareness of both the dominant worldview and their own, affording them with less partial and distorted knowledge. This standpoint of the oppressed is referred to as having a double vision; a more complete and objectively superior account of reality, which holds an epistemological advantage (Harding, 1997; Swigonski, 1994; van Wormer, 2009), and enables inquiry to begin with the standpoint of oppressed groups. Therefore, developing knowledge through an East Asian standpoint epistemology may permit a better understanding of the complexities of the East Asian narrative without diluting their stories. For example, an East Asian standpoint epistemology may develop information on the concept of 'losing face' (composite narrative 2) from the East Asian perspective or standpoint. This approach may center the complexities of East Asian lived experiences of the pressures to honor the family name,

while avoiding reinforcing harmful stereotypes of East Asian cultures or losing the historical, social, cultural, and racial context of the narratives. Based on our findings and rooted in FST (Harding, 1997), the East Asian standpoint epistemology redistributes power towards East Asian peoples as a site and location of knowledge building.

These findings are congruent with literature from the development of critical race methodologies for research practices in the education discipline (Solórzano & Yosso, 2002). Solorzano and Yosso (2002) highlight how telling stories through the standpoint of racialized people in critical race methodologies in education works to amplify groups who are epistemologically silenced. Additionally, literature from counseling psychology similarly supports these findings through the use of counter-spaces in counseling context of Black and non-Black people of color by beginning with, and centering, racial-social affirming groups outside white spaces (Liu et al., 2023).

Moreover, the participants further situated their East Asian standpoints within the context of a "shared experience" and "seeing" other East Asian people (composite narrative 2). Participants story the tensions of navigating the mental healthcare spaces that are predominately white, where their East Asian experiences were overlooked. Within the context of CRT, these findings are further explained given that master-narratives are strategically utilized to produce and reinforce whiteness (Delgado & Stefancic, 2013, 2017; Solórzano & Yosso, 2002). Existing literature within CRT has negotiated these spaces with racial counter-spaces, or spaces where racialized populations navigate healing and solidarity within the shared experiences of their racial positioning beyond the white gaze or space (Liu et al., 2023; Solórzano & Yosso, 2002). Rooted in this understanding, participants storied the critical importance of an East Asian

counter-space as a way to situate and facilitate the centrality of their East Asian standpoint epistemologies.

These insights may be useful for the field of KT by developing child mental health resources through an East Asian standpoint epistemology (i.e., what knowledge is developed) and within an East Asian counter-space (i.e., how and where the knowledge is developed). Based on our participant narratives, an East Asian standpoint epistemology may benefit East Asian parents by not having their narratives re-storied through whiteness or requiring their explanation of East Asian standpoints, both of which participants described as traumatizing. Furthermore, developing this knowledge within an East Asian counter-space may overcome the participant narratives of exhaustion and racial trauma by ensuring their safety, lived realities, and counter-stories are honored, centered, and understood. These findings align with the emerging literature focused on user-centered designs (Baumann & Cabassa, 2020; Shelton et al., 2021b), and critically analyzing whose voices are heard, valued, and reflecting on who benefits within research spaces (Shelton et al., 2021b). We understand these approaches to be different from the frameworks historically centered in KT and iKT given the philosophical underpinnnings from which knowledge is conceptualized and developed that begins with and amplifies alternative ways of knowing, while decentering whiteness. To further contextualize our East Asian standpoint epistemology and counter-spaces within Shimmin et al.'s (2017) proposed trauma-informed intersectional analysis, these findings align with the practice of continuously examining contexts of power and negotiating social locations. Particularly, East Asian standpoint epistemology is congruent with determining how the perspectives of people with lived experiences are centered in research (e.g., understanding roles, including people with lived experiences, avoiding reinforcing existing stereotypes), while an East Asian counter-space

supports the need to ensure the safety (e.g., interpersonal setting, physical spaces) of all members involved in research (Shimmin et al., 2017).

Shifting Narratives to Recenter the Counter-Narratives and Counter-Spaces

Embedding East Asian standpoint epistemology and counter-spaces as the philosophical underpinnings for child mental health KT may re-envision how we amplify and develop resources 'for us, by us'. The idea of 'for us, by us' is not novel within the area of anti-racism and social justice, and have been well-developed and utilized by postcolonial and critical race theorist critiquing issues of power and whiteness in scholarship (Delgado & Stefancic, 2013, 2017; Liu et al., 2022; Liu et al., 2019; Liu et al., 2023; Patton & Catching, 2009; Spivak, 2006, 2010). More recently, this concept has been illuminated within the field of patient engagement by shifting the lens towards a health equity and social justice framing (Shimmin et al., 2017). Within the context of this study, 'for us, by us' provides us with new dimensions and solutions for East Asian parents. Particularly, beginning resource development with East Asian standpoint epistemology and from an East Asian counter-space allows East Asian parents the agency to story their narratives and actively challenge the master narratives often constructed to benefit and sustain whiteness (Delgado & Stefancic, 2017; Liu et al., 2019; Liu et al., 2023). It calls into question what meaningful inclusion of East Asian parent partners may look like: What does it mean to commit to anti-racism principles in KT and iKT? Do we enact silencing of East Asian parents by inadvertently 'speaking for' our patient partners within the academy? How do partnerships within KT and iKT re-story East Asian people through whiteness and cause the furthering of their racial trauma?

Through these questions, it is imperative to acknowledge an additional dimension. Congruent with the points raised above that were critical of the hegemonic notions of

voicelessness, East Asian parents were reclaiming their stories beyond the white gaze through their counter-narratives (Delgado & Stefancic, 2017; Liu et al., 2023; Solórzano & Yosso, 2002). Contrary to mainstream narratives, East Asian parents in our study storied narratives of already 'doing the work' of unlearning their internalized racism, re-learning that mental health help and wellness is necessary, that their cultural focus on family first ought to include healing and ought not to hide the suffering, and resisting and releasing pressures of the 'model minority' stereotypes (composite narrative 3). These often-untold stories demonstrate their resistance and resilience in the face of white supremacy. These findings differ from the narratives found in previous literature from the past decade in the American context stating that Asian diasporas may internalize 'model minority' stereotypes that may negatively impact their mental health (Gupta et al., 2011; Kim & Lee, 2014). However, these narratives of resisting racism with counter-narratives and showing resilience to counteract racism are supported in another recent study from the Asian American context (Liu et al., 2022). Liu et al. (2022) found that despite participants being subjected to 'foreigner' stereotypes that escalated during the COVID-19 pandemic, participants utilized their communities and resilience to counteract racism. Our findings in the context of this recent study suggest the potential shift in narratives and how East Asian parents have negotiated and resisted epistemic silence within their counter-spaces (Liu et al., 2023).

While participants storied determination to break cycles of oppression and racism for the next generation, East Asian parents grounded their narratives in a reality that "there will always be racism" (composite narrative 3). This effect of structural racism and white supremacy culture is supported in other literature within and beyond the field of KT (Liu et al., 2019; Liu et al., 2023; Louie-Poon et al., 2021; Shelton et al., 2021a; Shelton et al., 2021b). Given that dominant cultural values and discourses are embedded with white supremacist ideologies, racialized

individuals learn to accommodate white people's needs and status (Liu et al., 2019). This understanding calls on the need for the field of KT to commit to an anti-racist principle (Shelton et al., 2021a; Shelton et al., 2021b), and why it is imperative to center East Asian parents' counter-narratives and counter-spaces in the development of resources they may engage with in the future. These findings open opportunities and dialogues for academic institutions to reconceptualize how an East Asian standpoint epistemology may be shaped, how counter-spaces for East Asian parents may be fostered, and how East Asian counter-narratives may be utilized within the field of KT.

Future Considerations and Limitations

The current study provides philosophical openings and dialogue within child health KT. Researchers need to scrutinize what resources are currently being offered in terms of child mental health resources, and from these findings, critically question if adapting previous resources or redeveloping new ones is necessary. Drawing from abolitionist thought and a radical philosophy for the nursing discipline (Hopkins-Walsh et al., 2023), attempting to reform a white supremacist system will never eliminate racism given its unjust foundation of structural violence and exploitation. Similarly, adapting a resource developed from the lens of whiteness will not eliminate racism, and may only solve the accessibility barriers as explained in composite narrative 1, without attending to the other critical factors of subalternity, epistemic racism, silencing, and racial trauma. Under a social justice framework purview, if we are committed to an anti-racist principle with East Asian standpoint epistemologies and counter-spaces at the forefront, the redevelopment of child mental health resources is necessary by means of centering East Asian complexities led by East Asian peoples. Based on these insights and the findings from our study, future research should consider addressing structural violence and injustices that

prevent East Asian parents from entering into academic institutions. This can be an entry-point for which we start to develop child mental health KT resources for East Asian populations with East Asian parents within academic institutions; *for us, by us*. Further dialogue and research are required to determine how to navigate these types of recommendations rooted in a social justice framework within a time of fiscal restraint. However, given the large population of East Asian diasporic communities living in Canada, this work is more pressing than ever.

There are some limitations to this study. While East Asian voices are highlighted as an integral outcome of this study, only the first author (SLP) identifies as East Asian. Investigator triangulation through the lens of East Asian experiences with the research team may be limited due to this. However, all research members utilized critical race theory as the philosophical assumption to ground the analysis and interpretation of data, acknowledged their situatedness and positions of power, and worked to center East Asian perspectives within the research environment (Boveda & Annamma, 2023). All participant interviews were audio recorded, transcribed verbatim, and data were used for the development of composite narratives; however, a participant's second interview recording data were lost due to technical issues during recording. Detailed reflexive notes were documented following the interview and used for the analysis and interpretation of data. Verbatim quotes for the composite narratives were only integrated from this participant's first interview. The majority of the participants self-identified as Chinese, and thus, may have limited the diverse variation in the perspectives of anti-Asian racism.

Conclusion

This study attempts to bring new perspectives and dialogue into the field of child health mental health KT. Through the narratives of 8 East Asian parents, opportunities for alternative

ways of knowing when developing resources with East Asian diasporas in Canada are opened. This study calls into question the conditions within KT that (in)advertently reinforce harmful stereotypes of East Asian diasporas as a weapon of epistemic racism. We also explored how covert whiteness framed within the idea of partnership may be a form of strategic silencing. With these new dimensions in KT illuminated, the authors explore anti-racism strategies in KT through East Asian standpoint epistemology, East Asian counter-spaces, and East Asian counter-stories. These insights open future dialogues into ways power may be shifted to permit East Asian parents to develop child mental health resources in partnership with East Asian mental health professionals for their people as an anti-racism strategy within child mental health KT.

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Table 5.1: Composite narratives and storylines

Composite Narratives	Storylines
Composite narrative 1: *Storying issues of access within child mental health KT*	Availability and affordability
	Language and vocabulary[12] (i.e., terminologies) barriers
	Lack of representation
Composite narrative 2: *Seeking understanding and solidarity for the East Asian identity and story*	Issues of representation: power and whiteness
	East Asian standpoint epistemology
Composite narrative 3: *Unlearning, breaking barriers, and storying resistance*	Breaking cycles
	Culture as a source of strength

[12] Historically, the term used to describe this concept was labelled as 'mental health literacy'. In this study, we are purposefully using the term 'vocabulary' to avoid further perpetuating ableism and racism through our language. To state that East Asian peoples are 'illiterate' in mental health words due to their culture, unconsciously promotes whiteness and normalizes the dominant Western view of mental health as the correct way of viewing health and wellbeing.

Chapter 6: Conclusion

Summary

The overall aim of my dissertation was to envision a radical imagination for child mental health research and child mental health knowledge translation resources; a space within nursing and healthcare disciplines uprooted from the system of white supremacy and exclusionary practices. More specifically, this dissertation seeks to liberate East Asian voices from the dominant narratives and racial inequities in child mental health research and the field of knowledge translation through counter-storytelling. Storying the narratives of East Asian parents supports their agency to construct their own perspective and contest the structures sustaining their unique experiences of racism as it relates to mental health (Clark & Saleh, 2019; Delgado & Stefancic, 2017; Kim, 2016). By shifting the lens through which discourses of anti-Asian racism are constructed, this dissertation documents the untold stories faced by East Asian parents—a population facing persistent erasure from discourses on race and racism in the nursing and healthcare disciplines.

Significance of Dissertation by Paper

My dissertation project makes several contributions to anti-racism, knowledge translation, mental health research, and nursing. This last section of my dissertation outlines how these findings advance these areas for the nursing and healthcare disciplines.

Paper 1

Understanding nursing's theoretical foundation in relation to racialized populations is critical for this dissertation. Therefore, in this paper, I conducted a theoretical exploration to draw attention to the uncritical acceptance of racist practices entrenched within the nursing discipline (Louie-Poon et al., 2021). Exploring strengths and weaknesses of nursing's

disciplinary theoretical foundation was necessary to guide the philosophical-methodological congruence of this dissertation and to ensure alignment with the population under investigation.

In this paper, I explored how racism is covertly entrenched within nursing's concepts and theories, and (in)advertently sustaining white supremacy. Namely, I interrogate and make visible nursing's problematic use of cultural concepts and critical theories that lack an explicit emphasis on matters of racism and white supremacy (Louie-Poon et al., 2021).

Through these critical points raise, this paper recommends the importance for future nursing and healthcare scholarship to avoid using existing theoretical underpinnings that lack a focus on racism as the foundation for developing anti-racism solutions. I argue that this approach requires a clear articulation and significant re-envisioning for nursing's moral commitment toward anti-racism in order to rebuild the discipline beyond the racist confines within which it current exits (Louie-Poon et al., 2021). I conclude by stating that only then will nursing and other healthcare disciplines be able to foster and project its social just mandate they promise to uphold (Louie-Poon et al., 2021).

Paper 2

In this paper, I conducted the first scoping review to systemically and comprehensively map the current state of characteristics on racism and the mental health of East Asian populations (Arksey & O'Malley, 2005; Levac et al., 2010; Pollock et al., 2021). In alignments with envisioning a radical imagination for the mental healthcare system and attending this dissertation's moral commitments articulated in paper 1, the purpose of this chapter was to identity the features literature on racism and the mental health of East Asian populations and the extent this literature base explores racism and anti-racism for this population.

I identified that evidence base spanning a substantial time- frame (i.e., 40 years) with limited literature (i.e., only 35 articles located) may be explained by both the 'perpetual foreigner' and 'model minority myth' stereotypes. First, the portrayal of East Asian people as perpetual foreigners weakens the demand for scholars to explore and amplify the experiences of this population who are persistently demonized and feared (Louie-Poon et al., 2022). Second, the 'model minority myth' functions to discredit the demands for social justice aimed at East Asian populations and seek to justify the anti-Asian hate crimes, violence, and exclusionary practices in North America (Tran, 2017), thereby, minimizing scholars' moral commitments to explore the needs of East Asian populations within the literature base (Louie-Poon et al., 2022).

Our study also identified several other gaps: only 19% of the articles were qualitative studies; 14% of articles focused on children and adolescent populations; 6% were from the Canadian context; 5% addressed mental healthcare access and utilization such as resources and services; and less than half (34%) of the articles addressed anti-racism solutions. Based on these insights, I recommended that future research in this area requires a qualitative approach to fully encapsulate the depth of impact racism has on the mental health of East Asian diasporas, particularly within the children and adolescent populations (Louie-Poon et al., 2022).

I recommended a renewed commitment toward mental health resources that are designed specifically for East Asian populations to attend to the mental health needs identified in this review. Specifically, I suggested developing mental health resources using an anti-racism lens as a foundation is paramount to address the access and utilization barriers and to move beyond a narrow culturalist focus (Louie-Poon et al., 2022). I suggested that anti-racism solutions should attend to power imbalances given how anti-Asian racism operates among structures and institutions.

Paper 3

Rooted in the anti-racism moral commitment in chapter 2 (paper 1), and using the recommendations and foci outlined in chapter 4 (paper 3), this paper was an empirical study which focused on storying East Asian parent narratives of racism in Canada reflection across their own lives and the lives of their children. Through these narratives, I found that the concept of otherness across time and space was a significant component to their stories of racism. Otherness was described through complex and nuanced perspectives including: navigating exclusion and marginality; pressures to internalize and embody the 'perpetual foreigner' stereotype by connecting their physical appearance to the racist depiction of the 'yellow peril'; feelings of hypervigilance and unsafety during the COVID-19 pandemic; narratives of being systemically disadvantaged and covertly segregated throughout history including the Chinese immigration experience and the forced deportation of Japanese Canadians and in present day such as the lack of opportunities in work environments; and overt and interpersonal otherness such as experiences of being labelled as a 'Triad', 'Chink, or 'Chinaman'.

A major finding was that this foreignness, described above, transcending beyond the idea of perpetuality, as previously highlighted in the existing literature base (Darling-Hammond et al., 2020; Haft & Zhou, 2021; Tessler et al., 2020). Rather, this study found that foreignness was both perpetual and normalized within the East Asian experience. The implication of this finding suggests that East Asian diaspora's identity of being labelled as a 'perpetual foreigner' was unconsciously accepted within society.

This paper also highlighted that East Asian parents' realities are set in a space of uncertainty in which I referred to this as an ontological ambiguity. This notion is similar to the idea that East Asian people navigate between two contradicting stereotypes: the 'perpetual

foreigner' and the 'model minority' (Ang, 2011; Gover et al., 2020; Louie-Poon et al., 2022; Nguyen et al., 2019; Shang et al., 2021). My findings add novel insights to this existing literature base by explaining that East Asian parents' reality are linked to a set of conditional principles governed by the system of white supremacy. The concept of ontological ambiguity expands and further contextualizes the reasons for the structural silencing experienced by East Asian diasporas in North America initially identified in the literature in chapter 3 (paper 2).

Paper 4

Building on the radical imagination articulated in paper 3, this paper documented East Asian parent narratives of anti-racism for child mental health resources. In this empirical study, I highlighted important considerations for the field of child health knowledge translation (KT). Specifically, I found that similar to the existing KT literature (Al-Sharifi et al., 2019; Campbell et al., 2019; McBain et al., 2022; Poureslami et al., 2011; Scott et al., 2012; Thompson et al., 2020), affordability, availability, translation services, and representation are important consideration for East Asian parents. This study also found that East Asian parents may not have congruent terms in English to describe the mental health concerns, conveying an awareness that not all populations in Canada will begin from the same cultural understanding when developing child mental health KT resources.

This study highlights notions of epistemic racism and silencing of East Asian voices. Specifically, the findings underscored important notions that despite good intentions, a researcher without lived experiences may lack the capacity to fully understand East Asian situations. The minimal contextual and situational knowledge of the East Asian experience inhibits the accurate interpretation of events. This lack of understanding has consequences when researchers use this limited standpoint to develop evidence as it may (in)advertently reinforce

harmful stereotypes and highlight the deep-rooted impact of white supremacy culture on storying East Asian people without nuance or complexity. These findings are further informed and supported from the theoretical foundations developed in chapter 2 (paper 1) and from concepts developed in chapter 4 (paper 3).

Moreover, I drew upon the recommendations from chapter 3 (paper 2) that anti-racism solutions need to address power imbalances. A novel finding from this paper is *how* child mental health KT resources ought to be developed. Rooted in Feminist Standpoint Theory (Harding, 1997), I recommended an East Asian standpoint epistemology for the development of the content for child mental health KT resources. The East Asian standpoint epistemology redistributes power towards East Asian peoples as a site and location of knowledge building. Additionally, rooted in Critical Race Theory (Liu et al., 2023; Solórzano & Yosso, 2002), I recommended an East Asian counter-space to situate and facilitate the centrality of the East Asian standpoint epistemologies. The counter-spaces are meant to evoke a solidarity for shared experiences beyond the white gaze or space.

Significance and Implications for the Nursing Discipline

This dissertation makes several key contributions to the nursing discipline.

1) Exclusively focusing on cultural concepts (e.g., cultural diversity, multiculturalism) within nursing's theoretical foundations provides an incomplete approach. Nursing requires a commitment towards anti-racism within the discipline's philosophical and theoretical foundations to provide a knowledge base that understands the East Asian experience.
2) The ontological, epistemological, and axiological tenets of Critical Race Theory provide a gateway to theorize about the multiplicative and complex issues

encountered by East Asian parents within the mental healthcare system. Exploring these subjugated stories directly leads nursing inquiry towards impactful solutions to overcome the health inequities experienced by East Asian children.

3) East Asian families within the mental healthcare system highlighted the need to consider translation services, availability of services, affordability, and representation in resources. Nurses working in the child mental healthcare system may consider these aforementioned factors and work to navigate these barriers with East Asian families during patient care.
4) Despite the legacy of being a caring profession, it is critical the profession of nursing to maintain our ethical commitments in social justice. A nurse without lived experience within the context of East Asian situations may lack the capacity to fully understand the East Asian standpoint. This limited standpoint may (in)advertently cause harm when it is used to reinforce harmful stereotype or inaccurately interpret East Asian experiences.
5) Findings from this dissertation may help nurses commit to practicing safer spaces and shift power in their environments by considering the following:
    a) Involving East Asian perspectives throughout the process of knowledge creation and development. This involves having their viewpoints included, in addition to considering East Asian cultural and racial identities throughout knowledge development.
    b) Nurses should consistently consider the environment where research and knowledge development take place. Ensuring the space is safe by having other East Asian people present for support, having a focus on healing, and ensuring

East Asian parent partners feel empowered within the environment. Nurses should continuously check in with East Asian parents to ensure the research space is safe. When researching topics focusing on East Asian diasporas, East Asian parents have the right to determine what is a safe research environment.

c) Nurses may prioritize de-centering whiteness when disseminating knowledge on topics regarding East Asian families within the child mental healthcare system. Nurses may consider involving East Asian parents in dissemination activities as collaborators and partners. The two aforementioned points (5a and 5b) should occur to ensure East Asian parents are partners during dissemination: East Asian parent ideas should be considered at the outset of the project and their safety within the research environment should be consistently considered. Tangible dissemination ideas nurses may use to shift power include: co-ownership of data, co-presentation of research, and introduction of authors without using professional titles.

Anti-Racism Strategies for Child Mental Health Knowledge Translation Resources

This dissertation identified the following anti-racism strategies specific for East Asian parents:

1) East Asian epistemologies: the perspective and standpoint from which knowledge is developed.
2) East Asian counter-space: the site (environment) knowledge is developed; creating a sense of safety to facilitate East Asian epistemologies during knowledge creation.
3) East Asian counter-narratives: how East Asian perspectives are told in knowledge translation resources.

Next Steps

The outcomes of this dissertation will pave a way to re-envision how East Asian parents participate in the research process and the ways in which mental health resources are developed. Through the one-page graphic developed as part of the end-of-grant knowledge translation plan (KT), Appendix F this project may provide implications for the work of an existing parent advisory group, Pediatric Parents' Advisory Group (P-PAG), developed in collaboration with Dr. Shannon Scott's (supervisor) research program, ECHO. The P-PAG members are active collaborators in the research process to co-identify research priorities, research outcomes, and the KT plan. The P-PAG plays a leading role in informing the development and operations of several award- winning parental tools (e.g., videos, infographics) co-developed by ECHO. This advisory group provides guidance and knowledge from a parent and caregiver perspective to inform child health research and are instrumental in the creation and evaluation of several KT tools for families. The insights gained from my dissertation may provide ECHO with guidance for the meaningful inclusion of East Asian parents in the P- PAG using anti-racism principles.

The anti-racism strategies and meaningful inclusion of East Asian parents developed from this dissertation will be extended during my Postdoctoral Fellowship within the Department of Psychology and Neuroscience, Faculty of Science at Dalhousie University. This position will provide me with a top-tier training environment to continue building the work of anti-racism strategies for Asian populations within the area of children's pain.

Concluding Thoughts

> I am located in the margin. I make a definite distinction between that marginality which is imposed by oppressive structures and that marginality one chooses as site of resistance – as location of radical openness and possibility (Hooks, 1989, p. 24).

My dissertation provides an instrumental philosophical and methodological entry-point to advance racial justice knowledge for East Asian diasporas within the nursing discipline and beyond. The ontological, epistemological, and axiological tenets of critical race theory (CRT) provide a gateway for this dissertation to theorize about the precarious, multiplicative, and complex issues (Clark & Saleh, 2019) encountered by East Asian parents within the mental healthcare system. Exploring these strategically silenced stories directly leads nursing and knowledge translation inquiry towards impactful solutions to overcome the racial injustices experienced by East Asian children in the mental healthcare system. Particularly, this dissertation presents philosophical beginnings and methodological openings to transform nursing and other healthcare discourses that often privileges class and gender oppression (Louie-Poon et al., 2021).

Importantly, this point of access simultaneously fostered as a space of resistance for East Asian people to reclaim their narratives. Intentionally designing a space to amplify these systemically oppressed narratives actively challenged dominant conditions sustaining anti-Asian racism and its impacts on mental health (Clark & Saleh, 2019; Delgado & Stefancic, 2017; Liu et al., 2023; Wing, 2014). By grounding my research in CRT, this dissertation provided as a gateway into the collective healing and liberation of East Asian people against centuries of anti-Asian racism in Canada (Ang, 2011; Litam, 2020; Liu et al., 2020; Liu et al., 2023; Wu et al., 2021).

Through this radical imagination, envisioned and enacted upon, my dissertation brings to light how racism is an omnipresent factor shaping child mental health knowledge resource development. Intentionally promoting these counter-narratives fostered a powerful space for the East Asian community to re-write the legacy of anti-Asian racism in Canada. Telling these

untold stories emboldened East Asian parents to shatter the dominant narrative silencing their experiences of anti-Asian racism in the Canadian mental healthcare system.

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Appendix A: Search Strategy

Search Titles: RacismMentalHealthEastAsians_Search_XXDatabase_XXX_2021May0X
Searcher: TP
Date Completed: 28 May 2021
Search Summary

Database and Search Platform	**Date Searched**	**Number Retrieved**	**After Duplicate Removal**
MEDLINE via Ovid 1946 to May 24, 2021	May 26, 2021	117	
PsychINFO via Ovid 1806 to Week 3 of 2021	May 26, 2021	244	
EMBASE via Ovid (1974- May 24, 2021)	May 26, 2021	164	
CINAHL Plus with Full Text via EBSCOhost 1937 to Present	May 27, 2021	152	
ERIC via EBSCOhost 1966 to Present	May 27, 2021	58	
SocINDEX via EBSCOhost (1881 to Present)	May 27, 2021	362	
Anthropology Plus via EBSCOhost (19th C.to Present)	May 27, 2021	6	
Sociological Abstracts (1952-Present) via ProQuest	May 28, 2021	103	
Dissertations and Theses Global via ProQuest	May 28, 2021	80	
Scopus (1976-Present) via Elsevier.	May 28, 2021	23	
Total	**----**	**1,309**	**1015**

Database: MEDLINE via Ovid

Search Title: RacismMentalHealthEastAsian_Search_MedlineDatabase_SLP_2021May26
Search Date: 26 May 2021
Limits: English Language Only
Results Retrieved: 117

1 exp Asian Continental Ancestry Group/
2 exp Asian Americans/
3 Asian American*.mp.
4 Asian Canadian*.mp.
5 ((East Asian* or Asian* or Southeast Asian* or Northeast Asian*) adj2 (diaspor* or migrant* or immigrant* or refugee* or emigrant*)).mp.
6 ("Asian* in North America" or "Asia* of North America" or "North America* Asian*" or "Asian* people in Canada" or "Asian* people in America" or "Asian population* in America" or "Asian* population in the United States of America").mp.
7 ((Macanese or Mongolian or "Hong Kongese" or Taiwanese or Korean or "North Korean" or "South Korean" or Japanese or Chinese or Shanghainese or Chongqing or Beijing or Tianjin or Tibetan or Myanmarese) adj2 (people* or American or Canadian or diaspor* or migrant* or immigrant* or refugee* or emigrant*)).mp.
8 or/1-7 [Combination of MeSH and index terms for East Asians Diaspora in North America]
9 exp Racism/
10 exp Race Factors/
11 exp Xenophobia/
12 exp Social Discrimination/
13 xenophobia.mp.
14 (anti-Asian* or anti-Asian* racism or anti-Asian stigma*).mp.
15 (model minorit* or model minorit* myth).mp.
16 (Colourism* or colorism* or colourist* or colorist*).mp.
17 ((racial* or racist* or racializ* or Asian or "East Asian" or "people of colour" or "people of color" or "person of colour" or "person of color" or "non-white person" or "non-white people" or "ethnic minorit*" or "visible minorit*or Macanese" or Mongolian or "Hong Kongese" or Taiwanese or Korean or "North Korean" or "South Korean" or Japanese or Chinese or Shanghainese or Chongqing or Beijing or Tianjin or Tibetan or Myanmarese) adj2 (bias* or discriminat* or prejudice* or prejudge* or hostil* or harass* or stereotyp* or oppress* or "unfair treat*" or "unequal treat*" or stigma* or marginali?ation or marginali?e)).mp.
18 or/9-17 [Combination of MeSH and index terms for anti-Asian Racism]
19 Mental Health/
20 Mental Disorders/
21 (mental health or psychological health).tw.
22 ("mental disorder" or "mental fatigue" or "mental illness risk" or "mental health diagnos*" or "mental illness diagnos*" or "mental health condition" or "mental illness condition" or "psychiatric illness" or "psychiatric disorder*" or "psychological illness*").tw.

23 or/19-22 [Combination of MeSH terms and index terms for Mental Health]
24 8 and 18 and 23 [Combination of East Asian Diaspora in North America + anti-Asian Racism + Mental Health]
25 limit 24 to english language

Database: PsychINFO via Ovid

Search Title: RacismMentalHealthEastAsian_Search_PsychInfoDatabase_SLP_2021May26
Search Date: 26 May 2021
Limits: English Language Only
Results Retrieved: 244

1 exp Japanese Cultural Groups/
2 exp Chinese Cultural Groups/
3 exp Korean Cultural Groups/
4 exp Southeast Asian Cultural Groups/
5 ((Macanese or Mongolian or "Hong Kongese" or Taiwanese or Korean or "North Korean" or "South Korean" or Japanese or Chinese or Shanghainese or Chongqing or Beijing or Tianjin or Tibetan or Myanmarese) adj5 (cultural groups in Canada or Cultural groups in America or cultural groups in the United States of America)).mp.
6 Asian American*.mp.
7 Asian Canadian*.mp.
8 Asian continental ancestry group.mp.
9 ((East Asian* or Asian* or Southeast Asian* or Northeast Asian*) adj4 (diaspor* or migrant* or immigrant* or refugee* or emigrant*)).mp.
10 (Asian* in North America or Asia* of North America or North American Asian* or Asian* people in Canada or Asian* population in Canada or Asian* people in America or Asian* population in the United States of America).mp.
11 ((Macanese or Mongolian or "Hong Kongese" or Taiwanese or Korean or "North Korean" or "South Korean" or Japanese or Chinese or Shanghainese or Chongqing or Beijing or Tianjin or Tibetan or Myanmarese) adj2 (people* or American or Canadian or diaspor* or migrant* or immigrant* or refugee* or emigrant*)).mp.
12 or/1-11 [Combination of SH and index terms for East Asian Diaspora in North America]
13 exp Racism/
14 exp Stranger Reactions/
15 Social Discrimination/
16 exp Prejudice/
17 (xenophobia or race factors).mp.
18 (anti-Asian* or anti-Asian racism or anti-Asian stigma).mp.
19 (model minorit* or model minorit* myth).mp.
20 (colourism* or colorism* or colourist* or colorist*).mp.
21 ((racial* or racist* or racializ* or Asian or "East Asian" or "people of colour" or "people of color" or "person of colour" or "person of color" or "non-white person" or "non-

white people" or "ethnic minorit*" or "visible minorit*or Macanese" or Mongolian or "Hong Kongese" or Taiwanese or Korean or "North Korean" or "South Korean" or Japanese or Chinese or Shanghainese or Chongqing or Beijing or Tianjin or Tibetan or Myanmarese) adj2 (bias* or discriminat* or prejudice* or prejudge* or hostil* or harass* or stereotyp* or oppress* or "unfair treat*" or "unequal treat*" or stigma* or marginali?ation or marginali?e)).mp.
22 or/13-21 [Combination of SH and index terms for anti-Asian Racism]
23 Mental Health/
24 Mental Disorders/
25 exp "Mental Illness (Attitudes Toward)"/
26 (mental health or psychological health).tw.
27 ("mental disorder" or "mental fatigue" or "mental illness risk" or "mental health diagnos*" or "mental illness diagnos*" or "mental health condition" or "mental illness condition" or "psychiatric illness" or "psychiatric disorder*" or "psychological illness*").tw.
28 ((mental health or mental illness*) adj2 (help seeking behavior or health seeking behaviour)).mp.
29 or/23-28 [Combination of SH and index terms for Mental Health]
30 12 and 22 and 29 [Combination of East Asian Diaspora in North America + anti-Asian Racism + Mental Health]
31 limit 30 to english language

Database: Embase via Ovid

Search Title: RacismMentalHealthEastAsian_Search_EmbaseDatabase_SLP_2021May26
Search Date: 26 May 2021
Limits: English Language Only
Results Retrieved: 164

1 exp Asian continental ancestry group/
2 exp Asian American/
3 exp Southeast Asian/
4 exp East Asian/
5 Asian American*.mp.
6 Asian Canadian*.mp.
7 Asian continental ancestry group.mp.
8 ((East Asian* or Asian* or Southeast Asian* or Northeast Asian*) adj4 (diaspor* or migrant* or immigrant* or refugee* or emigrant*)).mp.
9 (Asian* in North America or Asia* of North America or North American Asian* or Asian* people in Canada or Asian* population in Canada or Asian* people in America or Asian* population in the United States of America).mp.
10 ((Macanese or Mongolian or "Hong Kongese" or Taiwanese or Korean or "North Korean" or "South Korean" or Japanese or Chinese or Shanghainese or Chongqing or Beijing or Tianjin or Tibetan or Myanmarese) adj2 (people* or American or Canadian or diaspor* or migrant* or immigrant* or refugee* or emigrant*)).mp
11 or/1-10 [Combination of SH and index terms for East Asian Diaspora in North

America]
12 exp racism/
13 exp xenophobia/
14 exp prejudice/
15 (stranger reactions or xenophobia or race factors or social discrimination).mp.
16 (anti-Asian* or anti-Asian racism or anti-Asian stigma).mp.
17 (model minorit* or model minorit* myth).mp.
18 (colourism* or colorism* or colourist* or colorist*).mp.
19 ((racial* or racist* or racializ* or Asian or "East Asian" or "people of colour" or "people of color" or "person of colour" or "person of color" or "non-white person" or "non-white people" or "ethnic minorit*" or "visible minorit*or Macanese" or Mongolian or "Hong Kongese" or Taiwanese or Korean or "North Korean" or "South Korean" or Japanese or Chinese or Shanghainese or Chongqing or Beijing or Tianjin or Tibetan or Myanmarese) adj2 (bias* or discriminat* or prejudice* or prejudge* or hostil* or harass* or stereotyp* or oppress* or "unfair treat*" or "unequal treat*" or stigma* or marginali?ation or marginali?e)).mp.
20 or/12-19 [Combination of SH and index terms for anti-Asian Racism]
21 mental health/
22 mental disease/
23 (mental health or psychological health).tw.
24 ("mental disorder" or "mental disease" or "mental fatigue" or "mental illness risk" or "mental health diagnos*" or "mental illness diagnos*" or "mental health condition" or "mental illness condition" or "psychiatric illness" or "psychiatric disorder*" or "psychological illness*").tw.
25 ((mental health or mental illness*) adj2 (help seeking behavior or health seeking behaviour)).mp.
26 or/21-25 [Combination of SH and index terms for Mental Health]
27 11 and 20 and 26 [Combination of East Asian Diaspora in North America + anti-Asian Racism + Mental Health]
28 limit 27 to english language

Database: CINAHL via EBSCO

Search Title: Unable to Save Search, to rerun use search history below
Search Date: 27 May 2021
Limits: English Language Only, Exclude Medline Records
Results Retrieved: 152

S1 (MH "Chinese") OR (MH "Japanese") OR (MH "Koreans") OR (MH "Thais")
S2 TI (("Asian American*" OR "Asian Canadian*" OR "Asian* in North America" OR "Asia* of North America" OR "North American Asian*" OR "Asian* people in Canada" OR "Asian* Population in Canada" OR "Asian* people in America" OR "Asian* people in the United States of America" OR "Asian* population in America" OR "Asian* population in the United States of America")) OR AB (("Asian American*" OR "Asian Canadian*" OR "Asian* in North America" OR "Asia* of North America" OR "North American Asian*" OR

"Asian* people in Canada" OR "Asian* Population in Canada" OR "Asian* people in America" OR "Asian* people in the United States of America" OR "Asian* population in America" OR "Asian* population in the United States of America"))
S3 TX "Asian Continental Ancestry group" OR TX "Southeast Asian* cultural group*" OR TX "East Asian* cultural group*"
S4 TI ((("East Asian*" OR Asian* OR "Southeast Asian*" OR "Northeast Asian*") N4 (diaspor* OR migrant* OR immigrant* OR refugee* OR emigrant*))) OR AB ((("East Asian*" OR Asian* OR "Southeast Asian*" OR "Northeast Asian*") N4 (diaspor* OR migrant* OR immigrant* OR refugee* OR emigrant*)))
S5 TI (((Macanese OR Mongolian OR "Hong Kongese" OR Taiwanese OR Korean OR "North Korean" OR "South Korean" OR Japanese OR Chinese OR Shanghainese OR Chongqing OR Beijing OR Tianjin OR Tibetan OR Myanmarese) N4 (diaspor* OR migrant* OR immigrant* OR refugee* OR emigrant* OR people* OR American* OR Canadian*))) OR AB (((Macanese OR Mongolian OR "Hong Kongese" OR Taiwanese OR Korean OR "North Korean" OR "South Korean" OR Japanese OR Chinese OR Shanghainese OR Chongqing OR Beijing OR Tianjin OR Tibetan OR Myanmarese) N4 (diaspor* OR migrant* OR immigrant* OR refugee* OR emigrant* OR people* OR American* OR Canadian*)))
S6 S1 OR S2 OR S3 OR S4 OR S5
S7 (MH "Racism")
S8 (MH "Discrimination")
S9 (MH "Race Factors")
S10 TX (xenophobia OR xenofobia OR xenophob*)
S11 TX ("anti-Asian*" OR "anti-Asian* racis*" OR "anti-Asian* stigma")
S12 TX ("model minorit*" OR "model minorit* myth")
S13 TX (colorism* OR colourism* OR colourist* OR colorist*)
S14 TI (((racial* OR racist* OR Asian* OR "East Asian*" OR "people* of color" OR "people* of colour" OR "person* of colour" OR "person* of color" OR "non-white person*" OR "non-white people*" OR "ethnic* minorit*" OR "visible minorit*" OR Macanese OR Mongolian OR "Hong Kongese" OR Taiwanese OR Korean OR "North Korean" OR "South Korean" OR Japanese OR Chinese OR Shanghainese OR Chongqing OR Beijing OR Tianjin OR Tibetan OR Myanmarese) N3 (bias* OR discriminat* OR prejudice* OR prejudge* OR hostil* OR harass* OR stereotyp* OR oppress* OR "unfair treat*" OR "unequal treat*" OR stigma* OR marginalization OR marginalisation OR marginalize OR marginalize))) OR AB (((racial* OR racist* OR Asian* OR "East Asian*" OR "people* of color" OR "people* of colour" OR "person* of colour" OR "person* of color" OR "non-white person*" OR "non-white people*" OR "ethnic* minorit*" OR "visible minorit*" OR Macanese OR Mongolian OR "Hong Kongese" OR Taiwanese OR Korean OR "North Korean" OR "South Korean" OR Japanese OR Chinese OR Shanghainese OR Chongqing OR Beijing OR Tianjin OR Tibetan OR Myanmarese) N3 (bias* OR discriminat* OR prejudice* OR prejudge* OR hostil* OR harass* OR stereotyp* OR oppress* OR "unfair treat*" OR "unequal treat*" OR stigma* OR marginalization OR marginalisation OR marginalize OR marginalize)))
S15 S7 OR S8 OR S9 OR S10 OR S11 OR S12 OR S13 OR S14
S16 (MH "Mental Health")
S17 (MH "Mental Disorders")
S18 (MH "Attitude to Mental Illness")
S19 TX ("mental health" OR "psychological health")

S20 TX ("mental disorder" OR "mental fatigue" OR "mental illness risk" OR "mental health diagnos*" OR "mental illness diagnos*" OR "mental health condition" OR "mental illness condition" OR "psychiatric illness" OR 'psychiatric disorder" OR "psychological illness")
S21 TI ((("mental health" OR "mental illness") N2 ("help seeking behaviour*" OR "help seeking behavior"))) OR AB ((("mental health" OR "mental illness") N2 ("help seeking behaviour*" OR "help seeking behavior")))
S22 S16 OR S17 OR S18 OR S19 OR S20 OR S21
S23 S6 AND S15 AND S22

Database: ERIC via EBSCO

Search Title: Unable to Save Search, to rerun use search history below
Search Date: 27 May 2021
Limits: English Language Only
Results Retrieved: 58

S1 DE "Chinese Americans"
S2 DE "Asian Americans"
S3 DE "Japanese Americans"
S4 DE "Korean Americans"
S5 TI (("Asian American*" OR "Asian Canadian*" OR "Asian* in North America" OR "Asia* of North America" OR "North American Asian*" OR "Asian* people in Canada" OR "Asian* Population in Canada" OR "Asian* people in America" OR "Asian* people in the United States of America" OR "Asian* population in America" OR "Asian* population in the United States of America")) OR AB (("Asian American*" OR "Asian Canadian*" OR "Asian* in North America" OR "Asia* of North America" OR "North American Asian*" OR "Asian* people in Canada" OR "Asian* Population in Canada" OR "Asian* people in America" OR "Asian* people in the United States of America" OR "Asian* population in America" OR "Asian* population in the United States of America"))
S6 TX "Asian Continental Ancestry group" OR TX "Southeast Asian* cultural group*" OR TX "East Asian* cultural group*"
S7 TI ((("East Asian*" OR Asian* OR "Southeast Asian*" OR "Northeast Asian*") N4 (diaspor* OR migrant* OR immigrant* OR refugee* OR emigrant*))) OR AB ((("East Asian*" OR Asian* OR "Southeast Asian*" OR "Northeast Asian*") N4 (diaspor* OR migrant* OR immigrant* OR refugee* OR emigrant*)))
S8 TI (((Macanese OR Mongolian OR "Hong Kongese" OR Taiwanese OR Korean OR "North Korean" OR "South Korean" OR Japanese OR Chinese OR Shanghainese OR Chongqing OR Beijing OR Tianjin OR Tibetan OR Myanmarese) N4 (diaspor* OR migrant* OR immigrant* OR refugee* OR emigrant* OR people* OR American* OR Canadian*))) OR AB (((Macanese OR Mongolian OR "Hong Kongese" OR Taiwanese OR Korean OR "North Korean" OR "South Korean" OR Japanese OR Chinese OR Shanghainese OR Chongqing OR Beijing OR Tianjin OR Tibetan OR Myanmarese) N4 (diaspor* OR migrant* OR immigrant* OR refugee* OR emigrant* OR people* OR American* OR Canadian*)))
S9 S1 OR S2 OR S3 OR S4 OR S5 OR S6 OR S7 OR S8
S10 DE "Racial Bias"

S11 DE "Racial Discrimination"
S12 DE "Racial Factors"
S13 DE "Labeling (of Persons)"
S14 DE "Stereotypes"
S15 TX (xenophobia OR xenofobia OR xenophob*)
S16 TX ("anti-Asian*" OR "anti-Asian* racis*" OR "anti-Asian* stigma")
S17 TX ("model minorit*" OR "model minorit* myth")
S18 TX (colorism* OR colourism* OR colourist* OR colorist*)
S19 TI (((racial* OR racist* OR Asian* OR "East Asian*" OR "people* of color" OR "people* of colour" OR "person* of colour" OR "person* of color" OR "non-white person*" OR "non-white people*" OR "ethnic* minorit*" OR "visible minorit*" OR Macanese OR Mongolian OR "Hong Kongese" OR Taiwanese OR Korean OR "North Korean" OR "South Korean" OR Japanese OR Chinese OR Shanghainese OR Chongqing OR Beijing OR Tianjin OR Tibetan OR Myanmarese) N3 (bias* OR discriminat* OR prejudice* OR prejudge* OR hostil* OR harass* OR stereotyp* OR oppress* OR "unfair treat*" OR "unequal treat*" OR stigma* OR marginalization OR marginalisation OR marginalize OR marginalize))) OR AB (((racial* OR racist* OR Asian* OR "East Asian*" OR "people* of color" OR "people* of colour" OR "person* of colour" OR "person* of color" OR "non-white person*" OR "non-white people*" OR "ethnic* minorit*" OR "visible minorit*" OR Macanese OR Mongolian OR "Hong Kongese" OR Taiwanese OR Korean OR "North Korean" OR "South Korean" OR Japanese OR Chinese OR Shanghainese OR Chongqing OR Beijing OR Tianjin OR Tibetan OR Myanmarese) N3 (bias* OR discriminat* OR prejudice* OR prejudge* OR hostil* OR harass* OR stereotyp* OR oppress* OR "unfair treat*" OR "unequal treat*" OR stigma* OR marginalization OR marginalisation OR marginalize OR marginalize)))
S20 S10 OR S11 OR S12 OR S13 OR S14 OR S15 OR S16 OR S17 OR S18 OR S19
S21 DE "Mental Health"
S22 DE "Mental Disorders" OR DE "Anxiety Disorders" OR DE "Dementia" OR DE "Emotional Disturbances" OR DE "Neurosis" OR DE "Pervasive Developmental Disorders" OR DE "Psychosis" OR DE "Psychopathology"
S23 TX "Attitude* to mental illness*"
S24 TX ("mental health" OR "psychological health")
S25 TX ("mental disorder" OR "mental fatigue" OR "mental illness risk" OR "mental health diagnos*" OR "mental illness diagnos*" OR "mental health condition" OR "mental illness condition" OR "psychiatric illness" OR 'psychiatric disorder" OR "psychological illness")
S26 TI ((("mental health" OR "mental illness") N2 ("help seeking behaviour*" OR "help seeking behavior"))) OR AB ((("mental health" OR "mental illness") N2 ("help seeking behaviour*" OR "help seeking behavior")))
S27 S21 OR S22 OR S23 OR S24 OR S25 OR S26
S28 S9 AND S20 AND S27

Database: SocINDEX via EBSCO

Search Title: Unable to Save Search, to rerun use search history below
Search Date: 27 May 2021
Limits: English Language Only

Results Retrieved: 362

S1 DE "ASIAN diaspora"
S2 DE "ASIAN migrations"
S3 DE "CHINESE diaspora"
S4 DE "ASIAN Americans" OR DE "ASIAN American children" OR DE "ASIAN American men" OR DE "ASIAN American students" OR DE "OLDER Asian Americans" OR DE "ASIAN American women"
S5 DE "ASIAN American families" OR DE "ASIAN American high school students" OR DE "ASIAN American students" OR DE "ASIAN American college students" OR DE "ASIAN American teenagers" OR DE "ASIAN American youth" OR DE "ETHNIC identity of Asian American youth"
S6 DE "ASIAN Canadians"
S7 TI (("Asian American*" OR "Asian Canadian*" OR "Asian* in North America" OR "Asia* of North America" OR "North American Asian*" OR "Asian* people in Canada" OR "Asian* Population in Canada" OR "Asian* people in America" OR "Asian* people in the United States of America" OR "Asian* population in America" OR "Asian* population in the United States of America")) OR AB (("Asian American*" OR "Asian Canadian*" OR "Asian* in North America" OR "Asia* of North America" OR "North American Asian*" OR "Asian* people in Canada" OR "Asian* Population in Canada" OR "Asian* people in America" OR "Asian* people in the United States of America" OR "Asian* population in America" OR "Asian* population in the United States of America"))
S8 TX "Asian Continental Ancestry group" OR TX "Southeast Asian* cultural group*" OR TX "East Asian* cultural group*"
S9 TI ((("East Asian*" OR Asian* OR "Southeast Asian*" OR "Northeast Asian*") N4 (diaspor* OR migrant* OR immigrant* OR refugee* OR emigrant*))) OR AB ((("East Asian*" OR Asian* OR "Southeast Asian*" OR "Northeast Asian*") N4 (diaspor* OR migrant* OR immigrant* OR refugee* OR emigrant*)))
S10 TI (((Macanese OR Mongolian OR "Hong Kongese" OR Taiwanese OR Korean OR "North Korean" OR "South Korean" OR Japanese OR Chinese OR Shanghainese OR Chongqing OR Beijing OR Tianjin OR Tibetan OR Myanmarese) N4 (diaspor* OR migrant* OR immigrant* OR refugee* OR emigrant* OR people* OR American* OR Canadian*))) OR AB (((Macanese OR Mongolian OR "Hong Kongese" OR Taiwanese OR Korean OR "North Korean" OR "South Korean" OR Japanese OR Chinese OR Shanghainese OR Chongqing OR Beijing OR Tianjin OR Tibetan OR Myanmarese) N4 (diaspor* OR migrant* OR immigrant* OR refugee* OR emigrant* OR people* OR American* OR Canadian*)))
S11 S1 OR S2 OR S3 OR S4 OR S5 OR S6 OR S7 OR S8 OR S9 OR S10
S12 DE "RACISM"
S13 DE "RACE discrimination" OR DE "RACE discrimination -- Psychological aspects" OR DE "RACE discrimination in mental health services"
S14 DE "RACISM in language"
S15 DE "XENOPHOBIA"
S16 DE "CULTURAL prejudices"
S17 TX (xenophobia OR xenofobia OR xenophob*)
S18 TX ("anti-Asian*" OR "anti-Asian* racis*" OR "anti-Asian* stigma")
S19 TX ("model minorit*" OR "model minorit* myth")

S20 TX (colorism* OR colourism* OR colourist* OR colorist*)
S21 TI (((racial* OR racist* OR Asian* OR "East Asian*" OR "people* of color" OR "people* of colour" OR "person* of colour" OR "person* of color" OR "non-white person*" OR "non-white people*" OR "ethnic* minorit*" OR "visible minorit*" OR Macanese OR Mongolian OR "Hong Kongese" OR Taiwanese OR Korean OR "North Korean" OR "South Korean" OR Japanese OR Chinese OR Shanghainese OR Chongqing OR Beijing OR Tianjin OR Tibetan OR Myanmarese) N3 (bias* OR discriminat* OR prejudice* OR prejudge* OR hostil* OR harass* OR stereotyp* OR oppress* OR "unfair treat*" OR "unequal treat*" OR stigma* OR marginalization OR marginalisation OR marginalize OR marginalize))) OR AB (((racial* OR racist* OR Asian* OR "East Asian*" OR "people* of color" OR "people* of colour" OR "person* of colour" OR "person* of color" OR "non-white person*" OR "non-white people*" OR "ethnic* minorit*" OR "visible minorit*" OR Macanese OR Mongolian OR "Hong Kongese" OR Taiwanese OR Korean OR "North Korean" OR "South Korean" OR Japanese OR Chinese OR Shanghainese OR Chongqing OR Beijing OR Tianjin OR Tibetan OR Myanmarese) N3 (bias* OR discriminat* OR prejudice* OR prejudge* OR hostil* OR harass* OR stereotyp* OR oppress* OR "unfair treat*" OR "unequal treat*" OR stigma* OR marginalization OR marginalisation OR marginalize OR marginalize)))
S22 S12 OR S13 OR S14 OR S15 OR S16 OR S17 OR S18 OR S19 OR S20 OR S21
S23 DE "MENTAL health"
S24 DE "MENTAL health of Asian Americans"
S25 DE "PSYCHOLOGY of Asian Americans"
S26 DE "MENTAL illness"
S27 DE "ATTITUDES toward mental illness"
S28 TX ("mental health" OR "psychological health")
S29 TX ("mental disorder" OR "mental fatigue" OR "mental illness risk" OR "mental health diagnos*" OR "mental illness diagnos*" OR "mental health condition" OR "mental illness condition" OR "psychiatric illness" OR 'psychiatric disorder" OR "psychological illness")
S30 TI ((("mental health" OR "mental illness") N2 ("help seeking behaviour*" OR "help seeking behavior"))) OR AB ((("mental health" OR "mental illness") N2 ("help seeking behaviour*" OR "help seeking behavior")))
S31 S23 OR S24 OR S25 OR S26 OR S27 OR S28 OR S29 OR S30
S32 S11 AND S22 AND S31

Database: Anthropology Plus via EBSCO

Search Title: Unable to Save Search, to rerun use search history below
Search Date: 27 May 2021
Limits: English Language Only
Results Retrieved: 6

S1 (ZU "asian peoples") OR (TX "asian people*")
S2 (ZU "asian diaspora.") OR (TX "asian diaspor*")
S3 (ZU "asian diaspora -- 20th-21st centuries -- cultural context.")
S4 (ZU "asian diaspora -- united states.") OR (TX "asian diaspor* in united states")
S5 (ZU "asian american families.") OR (TX "asian american famil*")

S6 ((ZU "asian american women") OR (TX "asian american women" OR "asian american woman" OR "asian american men" OR "asian american man"))
S7 (ZU "asian american teenagers.")OR (TX "asian american teen*")
S8 (ZU "asians") OR (TX "asian*")
S9 ((ZU "korean americans") OR (TX "korean american*" OR "korean canadian*))
S10 ((ZU "chinese americans") OR (TX "chinese american*" OR "chinese canadian*))
S11 ((ZU "asian americans") OR (TX "asian american*" OR "asian canadian*"))
S12 ((ZU "japanese americans") OR (TX "japanese american*" OR "japanese canadian*))
S13 TI (("Asian American*" OR "Asian Canadian*" OR "Asian* in North America" OR "Asia* of North America" OR "North American Asian*" OR "Asian* people in Canada" OR "Asian* Population in Canada" OR "Asian* people in America" OR "Asian* people in the United States of America" OR "Asian* population in America" OR "Asian* population in the United States of America")) OR AB (("Asian American*" OR "Asian Canadian*" OR "Asian* in North America" OR "Asia* of North America" OR "North American Asian*" OR "Asian* people in Canada" OR "Asian* Population in Canada" OR "Asian* people in America" OR "Asian* people in the United States of America" OR "Asian* population in America" OR "Asian* population in the United States of America"))
S14 TX "Asian Continental Ancestry group" OR TX "Southeast Asian* cultural group*" OR TX "East Asian* cultural group*"
S15 TI ((("East Asian*" OR Asian* OR "Southeast Asian*" OR "Northeast Asian*") N4 (diaspor* OR migrant* OR immigrant* OR refugee* OR emigrant*))) OR AB ((("East Asian*" OR Asian* OR "Southeast Asian*" OR "Northeast Asian*") N4 (diaspor* OR migrant* OR immigrant* OR refugee* OR emigrant*)))
S16 TI (((Macanese OR Mongolian OR "Hong Kongese" OR Taiwanese OR Korean OR "North Korean" OR "South Korean" OR Japanese OR Chinese OR Shanghainese OR Chongqing OR Beijing OR Tianjin OR Tibetan OR Myanmarese) N4 (diaspor* OR migrant* OR immigrant* OR refugee* OR emigrant* OR people* OR American* OR Canadian*))) OR AB (((Macanese OR Mongolian OR "Hong Kongese" OR Taiwanese OR Korean OR "North Korean" OR "South Korean" OR Japanese OR Chinese OR Shanghainese OR Chongqing OR Beijing OR Tianjin OR Tibetan OR Myanmarese) N4 (diaspor* OR migrant* OR immigrant* OR refugee* OR emigrant* OR people* OR American* OR Canadian*)))
S17 S1 OR S2 OR S3 OR S4 OR S5 OR S6 OR S7 OR S8 OR S9 OR S10 OR S11 OR S12 OR S13 OR S14 OR S15 OR S16
S18 ((ZU "racism") OR (TX "racism" OR racist*"))
S19 ((ZU "race discrimination") OR (TX "race discriminat*" OR "racial discriminat*"))
S20 (ZU "xenophobia")
S21 ((ZU "prejudice") or (ZU "prejudices") OR (TX "prejudice*" OR "prejudg*"))
S22 (ZU "stigma") OR (TX "stigma*")
S23 TX (xenophobia OR xenofobia OR xenophob*)
S24 TX ("anti-Asian*" OR "anti-Asian* racis*" OR "anti-Asian* stigma")
S25 TX ("anti-Asian*" OR "anti-Asian* racis*" OR "anti-Asian* stigma")
S26 TX ("model minorit*" OR "model minorit* myth")
S27 TX (colorism* OR colourism* OR colourist* OR colorist*)
S28 TI (((racial* OR racist* OR Asian* OR "East Asian*" OR "people* of color" OR "people* of colour" OR "person* of colour" OR "person* of color" OR "non-white person*" OR "non-white people*" OR "ethnic* minorit*" OR "visible minorit*" OR Macanese OR

Mongolian OR "Hong Kongese" OR Taiwanese OR Korean OR "North Korean" OR "South Korean" OR Japanese OR Chinese OR Shanghainese OR Chongqing OR Beijing OR Tianjin OR Tibetan OR Myanmarese) N3 (bias* OR discriminat* OR prejudice* OR prejudge* OR hostil* OR harass* OR stereotyp* OR oppress* OR "unfair treat*" OR "unequal treat*" OR stigma* OR marginalization OR marginalisation OR marginalize OR marginalize))) OR AB (((racial* OR racist* OR Asian* OR "East Asian*" OR "people* of color" OR "people* of colour" OR "person* of colour" OR "person* of color" OR "non-white person*" OR "non-white people*" OR "ethnic* minorit*" OR "visible minorit*" OR Macanese OR Mongolian OR "Hong Kongese" OR Taiwanese OR Korean OR "North Korean" OR "South Korean" OR Japanese OR Chinese OR Shanghainese OR Chongqing OR Beijing OR Tianjin OR Tibetan OR Myanmarese) N3 (bias* OR discriminat* OR prejudice* OR prejudge* OR hostil* OR harass* OR stereotyp* OR oppress* OR "unfair treat*" OR "unequal treat*" OR stigma* OR marginalization OR marginalisation OR marginalize OR marginalize)))

S29 S18 OR S19 OR S20 OR S21 OR S22 OR S23 OR S24 OR S25 OR S26 OR S27 OR S28

S30 (ZU "mental health") OR (TX "mental* health*")

S31 (ZU "mental healing.") OR (TX "mental heal*")

S32 (ZU "mental illness") OR (TX "mental illness*")

S33 TX ("psychological health")

S34 TX "Attitude* to mental illness*"

S35 TX ("mental disorder" OR "mental fatigue" OR "mental illness risk" OR "mental health diagnos*" OR "mental illness diagnos*" OR "mental health condition" OR "mental illness condition" OR "psychiatric illness" OR 'psychiatric disorder" OR "psychological illness")

S36 TI ((("mental health" OR "mental illness") N2 ("help seeking behaviour*" OR "help seeking behavior"))) OR AB ((("mental health" OR "mental illness") N2 ("help seeking behaviour*" OR "help seeking behavior")))

S37 S30 OR S31 OR S32 OR S33 OR S34 OR S35 OR S36

S38 S17 AND S29 AND S37

Database: Sociological Abstracts via ProQuest

Search Title: Unable to Save Search, to rerun use search history below
Search Date: 28 May 2021
Limits: English Language Only
Results Retrieved: 103

(MAINSUBJECT.EXACT.EXPLODE("Mental Health") OR MAINSUBJECT.EXACT.EXPLODE("Mental Illness") OR noft(("mental health of Asian American*" OR "mental health of Asian Canadian*" OR "attitude* toward* mental ill*" OR "mental health" OR "mental illness*" OR "psychological health" OR "mental disorder*" OR "mental health diagnos*" OR "mental illness diagnos*" OR "mental health condition*" OR "mental illness condition*" OR "psychiatric illness*" OR "psychiatric disorder*" OR "psychological illness*"))) AND (MAINSUBJECT.EXACT.EXPLODE("Racism") OR MAINSUBJECT.EXACT("Xenophobia") OR MAINSUBJECT.EXACT("Prejudice") OR MAINSUBJECT.EXACT("Diaspora") OR (MAINSUBJECT.EXACT("Hostility") OR

MAINSUBJECT.EXACT("Anger")) OR MAINSUBJECT.EXACT("Stereotypes") OR (MAINSUBJECT.EXACT("Inequality") OR MAINSUBJECT.EXACT("Social Inequality")) OR MAINSUBJECT.EXACT("Stigma") OR MAINSUBJECT.EXACT("Marginality") OR noft((("East Asian*" OR "Asian" OR "Southeast Asian*" OR "Northeast Asian*" OR "Macanese" OR "Mongolian*" OR "Hong Kongese" OR "Taiwanese" OR "Korean" OR "North Korean" OR "South Korean" OR "Japanese" OR "Chinese" OR "Tibetan" OR "Myanmarese") NEAR/4 ("bias*" OR "discrimin*" OR "prejudice" OR "prejudge*" OR "hostil*" OR "harass*" OR "stereotyp*" OR "oppress*" OR "unfair treat*" OR "Unequal treat*" OR "stigma*" OR "marginal*")))) AND ((MAINSUBJECT.EXACT("Southeast Asian Cultural Groups") OR MAINSUBJECT.EXACT("Central Asian Cultural Groups")) OR MAINSUBJECT.EXACT.EXPLODE("Asian Americans") OR noft((("East Asian*" OR "Asian" OR "Southeast Asian*" OR "Northeast Asian*" OR "Macanese" OR "Mongolian*" OR "Hong Kongese" OR "Taiwanese" OR "Korean" OR "North Korean" OR "South Korean" OR "Japanese" OR "Chinese" OR "Tibetan" OR "Myanmarese") NEAR/4 ("American*" OR "Canadian*" OR "diaspor*" OR "migrant*" OR "immigrant*" OR "refugee*" OR "emigrant*" OR "people* in America" OR "people* in Canada" OR "people* in the United States of America" OR "population of Canada" OR "population of America" OR "population of the United States of America"))))

Database: Dissertations and Theses Global via ProQuest

Search Title: Unable to Save Search, to rerun use search history below
Search Date: 28 May 2021
Limits: English Language Only
Results Retrieved:

(noft((((("east asian" OR "east asians") OR "Asian" OR ("southeast asian" OR "southeast asians") OR ("northeast asian" OR "northeast asians") OR "Macanese" OR "Mongolian*" OR "Hong Kongese" OR "Taiwanese" OR "Korean" OR "North Korean" OR "South Korean" OR "Japanese" OR "Chinese" OR "Tibetan" OR "Myanmarese") NEAR/4 ("American*" OR "Canadian*" OR "diaspor*" OR "migrant*" OR "immigrant*" OR "refugee*" OR "emigrant*" OR "people* in America" OR "people* in Canada" OR "people* in the United States of America" OR "population of Canada" OR "population of America" OR "population of the United States of America"))) OR mainsubject.Exact("asian americans" OR "southeast asian cultural groups")) AND (mainsubject.Exact("inequality" OR "racism" OR "stereotypes" OR "stigma" OR "diaspora" OR "prejudice" OR "anger" OR "xenophobia") OR noft((("East Asian*" OR "Asian" OR "Southeast Asian*" OR "Northeast Asian*" OR "Macanese" OR "Mongolian*" OR "Hong Kongese" OR "Taiwanese" OR "Korean" OR "North Korean" OR "South Korean" OR "Japanese" OR "Chinese" OR "Tibetan" OR "Myanmarese") NEAR/4 ("bias*" OR "discrimin*" OR "prejudice" OR "prejudge*" OR "hostil*" OR "harass*" OR "stereotyp*" OR "oppress*" OR "unfair treat*" OR "Unequal treat*" OR "stigma*" OR "marginal*")))) AND (mainsubject.Exact("mental health" OR "mental disorders" OR "psychological aspects" OR "mental depression") OR noft(("mental health of Asian American*" OR "mental health of Asian Canadian*" OR "attitude* toward* mental ill*" OR "mental health" OR "mental illness*" OR "psychological health" OR "mental disorder*" OR

"mental health diagnos*" OR "mental illness diagnos*" OR "mental health condition*" OR "mental illness condition*" OR "psychiatric illness*" OR "psychiatric disorder*" OR "psychological illness*")))

Database: Scopus via Elsevier

Search Title: Unable to Save Search, to rerun use search history below
Search Date: 28 May 2021
Limits: English Language Only
Results Retrieved: 23

(TITLE-ABS-KEY ("Asian American*" OR "Asian Canadian*" OR "Asian* in North America" OR "North American Asian*" OR "Asian people* in Canada" OR "Asian people* in America" OR "Asian people* in the United States of America*" OR "Asian population in Canada" OR "Asian population in America" OR "Asian population in the United States of America" OR "Asian migrat* to North America" OR "Asian migrat* to Canada" OR "Asian migrat* to America" OR "Asian migrat* to the United States of America" OR "East Asian* Canadian*" OR "East Asian American*" OR "East Asian diaspora" OR "East Asian migrant*" OR "East Asian immigrant*" OR "East Asian refugee*" OR "East Asian emigrant*" OR "Chinese diaspor*" OR "Chinese Canadian*" OR "Chinese American*" OR "Chinese immigrant*" OR "Japanese immigrant*" "Japanese diaspor*" OR "Japanese Canadian*" OR "Japanese American*" OR "Korean diaspor*" OR "Korean Canadian*" OR "Korean American*" OR "Korean immigrant*" OR "Macanese" OR "Mongolian*" OR "Hong Kongese" OR "Taiwanese immigrant*" OR "Taiwanese American*" OR "Taiwanese Canadian*" OR "North Korean Diaspor*" OR "South Korean Diaspor*" OR "Tibetan" OR "Myanmarese") AND TITLE-ABS-KEY ("racism" OR "racist*" OR "race discriminat*" OR "xenophob*" OR "Asian prejudice*" OR "anti-asian*" OR "anti-asian racism" OR "anti-asian stigma" OR "model minorit* myth" OR "minorit*" OR "colorism" OR "colorism" OR "anti-Asian* bias*" OR "anti-Asian* stereotyp*" OR "asian oppress*" OR "stranger* reaction*" OR "Asian* marginalization" OR "Asian* marginalisation" OR "visible minor* discriminat*" OR "ethnic minorit* discrim*" OR "bigot*" OR "intoleran*") AND TITLE-ABS-KEY ("mental health" OR "mental disorder*" OR "mental illness" OR "mental health diagnos*" OR "mental illness diagnos*" OR "mental health condition*" OR "psychiatric illness" OR "psychiatric disorder*" OR "attitude toward* mental illness" OR "mental health help seeking behaviour" OR "mental health help seeking behavior"))

Appendix B: Interview Guide

Research question: *What are anti-racism strategies for mental health KT tools for East Asian children?*

Racism questions:

1. Tell me what racism means to you?
    a. ***Probing question***: Tell me how you become aware of racism in your environment?
2. Tell me about a particular moment when you experienced something racist.
    a. ***Probing questions***: Tell me what happened in this moment. Tell me why that particular moment stands out.
3. Tell me about a time when you felt there was a lack of inclusion of the Asian experience.
4. Can you recall a time when you felt safe and included within an environment?
    a. If yes: tell me about that particular moment. What stood out to you?
    b. If no: tell me how you wish a moment could have changed to feel safer and more inclusive for you.

Mental health questions:

5. Tell me what mental health means to you? For your child?
6. Tell me how you think racism and mental health are linked.
    Probing questions: Tell me about a time when you experienced and/or witnessed how they are linked. Tell me what happened in this moment. Why does that particular moment stand out?
7. Tell me how you think racism plays a role in you seeking mental health resources for your child?
    Probing questions: Tell me about a time when ____ (topic stated about) occurred? Tell me what happened in this moment. Tell me why that particular moment stands out.

Anti-racism questions:

8. Tell me about your experience with seeking or using child mental health resources or tools (e.g., mental health infographics, mental health videos).
    a. If no prior experience: What are the potential barriers for seeking or using mental health resources?
9. In your opinion, what is the best way to make child mental health resources more inclusive of the Asian experience? What does this look like for you?
    Probing questions: Tell me about a time when ____ (topic stated about) occurred? Tell me why that particular moment stands out.

Potential Follow up Interview Topics

Racism questions:

1. In the first interview you shared (summarize participants first story) when you experienced something racist. Can you elaborate how you felt in this moment? Is there anything you would change in the future?

Mental health questions:

2. In the first interview you shared (summarize participants first story of how racism plays a role in you seeking mental health resources). Tell me why this is important to you? For your child?

Anti-racism questions:

3. In the first interview you shared (summarize participants first story of seeking mental health resources). Tell me how you would change this in the future? Is it important to you to include the Asian experience? Why?

Appendix C: Participant Consent Form

Title of Study: Telling the untold stories: disrupting racism in children's mental health resources through the narratives of East Asian parents

Student Investigator:	**Supervisor:**
Samantha Louie-Poon PhD Candidate Faculty of Nursing, University of Alberta slouiepo@ualberta.ca	Dr. Shannon Scott Vice-Dean and Professor Faculty of Nursing, University of Alberta (780) 492-1037 shannon.scott@ualberta.ca

You are being invited to take part in a research study. Before you take part, a member of the study team is available to explain the project and you are free to ask any questions about anything you do not understand. You will be given a copy of this form for your records.

Why am I being asked to take part in this research study? You are being asked to participate in this research study about racism and the mental health of East Asian children because of your unique experience as an East Asian parent and/or caregiver. The results of this study will be used in support of my doctoral thesis project.

What is the reason for doing the study? From this research we wish to learn about your experiences of anti-Asian racism. We have seen the exclusion of East Asian parents in the process of child mental health research and how this exclusion does not lead to child mental health resources that are inclusive of the East Asian experiences and needs. We believe you are the expert on your own experiences and would like to gain your perspective on this important topic. By using your experiences, stories, and solutions, we hope to build a more inclusive mental health space for East Asian parents when seeking care for their child. The goal of this study is to create anti-racism strategies for the development of a future child mental health resources for East Asian parents. We hope to achieve these objectives by using your knowledge to better understand how we can develop an anti-racist research environment where East Asian parents feel safe and comfortable in becoming our research partners. We will use this knowledge to co-develop an anti-racist child mental health resource with East Asian parents in the future.

What will I be asked to do? If you agree to take part in this research, you will be asked to participate in a one-on-one interview to collect data. During the interview, we will talk about your experiences of racism. We will also talk about challenges you have faced, or think you will face, when seeking mental health resources for your child. In the interviews, we will also talk about what racism and anti-racism means to you. The interviews will take place virtually over Zoom and will take approximately 60 minutes. Participants will have the option to turn off their cameras. The interviews will be audio-recorded and then typed. Participants may be contacted for up to 2 follow-up interview(s) that will take place virtually over Zoom and last approximately 30 to 60 minutes. We will also collect participants' demographic information for recruitment purposes such as gender, ethnicity, languages spoken at home, and the age of your child. The demographic data it will not be associated with the data. With your consent, study information will be stored in a secure data repository to facilitate future research.

What are the benefits to me? There are no direct benefits for your participation in this study. However, the information shared in this study will help create meaningful anti-racism solutions for future East Asian parents wanting to engage as research partners and seeking future child mental health resources.

What are the risks and discomforts? There are minimal anticipated risks with participating in this study. In the event that your participation in this study triggers psychological harm or emotional distress, you will be provided with culturally-relevant resources and information on where and how to seek counselling services. It is not possible to know all of the risks that may happen in a study, but we have taken all reasonable safeguards to minimize any known risks to you.

Do I have to take part in the study? Being in this study is your choice. You may refuse to answer questions that you do not want to answer. If you decide to be in the study, you can change your mind and stop being in the study at any time up until December 2022. After that point we cannot remove you from the study because the study will be complete. To withdraw from the study please contact Samantha Louie-Poon at slouiepo@ualberta.ca. Even if you remain in the research study, you may choose to withdraw some or all of your responses by contacting Samantha Louie-Poon by December 2022. We are unable to remove your answers after that time because it will be part of a written thesis. Data from partially completed interviews will be considered withdrawn unless otherwise mentioned at the time of withdrawal.

Due to the nature of this topic, you may be asked to complete follow-up interview(s) to further explore a specific area identified in the first interview. Your participation in all interviews is voluntary.

Will I be paid to be in the research? As a token of your time, you will receive a $30.00 T&T Supermarket or President's Choice gift card at the end of each interview. If you choose to withdraw from the study partway through participation you are entitled to the incentive.

Will my information be kept private? Maintaining your privacy is important in this study. During this study we will do everything we can to make sure that all information you provide is kept private. No information relating to this study that includes your name will be released outside of the researcher's office or published by the researchers. Sometimes, by law, we may have to release your information with your name so we cannot guarantee absolute privacy. However, we will make every legal effort to make sure that your information is kept private.

All the information that reveals your identity will be removed from the interview materials. The information that you will share will be used solely for the purposes of this research. Your answers to the interview questions may be used verbatim (direct quotations) in presentations and publications but neither you (nor your organization) will be identified or linked to this data. When your interview is transcribed, we will assign a pseudonym (fake name) to protect your identity. If you would like to choose your own fake-name, please say so in the interview. The information from this study will be seen only by members of the research group. On occasion, this data will need to be checked for accuracy. For this reason, your data, including your name,

may also be looked at by people from the Research Ethics Board or by the University of Alberta auditors.

What will happen to the information or data that I provide? The information you provide will for part of Samantha Louie-Poon's PhD thesis at the University of Alberta. It may also be used as part of public or academic presentations, in news or academic publications, as well as for examples during teaching. At no point will you be identified in this work.

While the data is being analyzes, all collected data will be securely stored on a password protected computer on a secure server system hosted by the University of Alberta's Faculty of Nursing for the duration of this study. Only the research team members are permitted access to this server system.

After the study is done, the data will be held for a minimum of 5 years and securely stored on a password protected computer on a secure server system hosted by the University of Alberta's Faculty of Nursing. With your consent, study data will be stored long-term in a secure data repository (Health Research Data Repository, HRDR), a secure and confidential virtual research environment housed within the University of Alberta's Faculty of Nursing. The purpose of long-term storage of data is to facilitate re-use of the data by approved researchers. Any personal information (i.e., name, email address, telephone number) that could identify you will be removed or changed prior to sharing the data with other researchers. Any researcher who wants to use this data must have the new project approved by an ethics board and sign an agreement ensuring your confidentiality and restricting data use only to the approved project. Your data may be linked with other data for research purposes only to increase the usefulness of the data, as subject to scientific and ethical oversight as mentioned above.

What if I have questions? If you have any questions or require more information about the study itself, you may contact Samantha Louie-Poon at slouiepo@ualberta.ca.

The plan for this study has been reviewed by a Research Ethics Board at the University of Alberta. If you have any questions regarding your rights as a research participant, you may contact the University of Alberta Research Ethics Office at reoffice@ualberta.ca and quote Ethics ID Pro00120408. This office is independent of the study investigators.

How do I indicate my agreement to be in this study?

By signing below, you understand:

- That you have read the above information and have had anything that you do not understand explained to you to your satisfaction.
- That you will be taking part in a research study.
- That you may freely leave the research study at any time.
- That you do not waive your legal rights by being in the study
- That the legal and professional obligations of the investigators and involved institutions are not changed by your taking part in this study.
- That you agree to the data being stored as part of a data repository

SIGNATURE OF STUDY PARTICIPANT

_____
Name of Participant

_____ _____
Signature of Participant Date

SIGNATURE OF PERSON OBTAINING CONSENT

_____ _____
Name of Person Obtaining Consent Contact Number

SIGNATURE OF THE WITNESS

_____
Name of Witness

_____ _____
Signature of Witness Date

A copy of this information and consent form has been given to you to keep for your records and reference.

Appendix D: Participant Quotes Exemplars

Composite narrative 1: Navigating Between Two Stereotypes: The 'Foreigner' and the 'Model'	**Storyline**: The 'perpetual foreigner'	**Illustrative Verbatim quotes** • I am an East Asian parent pulled between two different worlds in order to navigate, function, and thrive in the society here (2). • I do not feel a sense of belonging in either world. It is the feeling of otherness. It is that feeling of being different. The feeling that I am not fully East Asian but not fully Canadian because there is always the assumption that I was born somewhere else (4). • People say that my family is 'fresh off the boat', that we do not understand society here. I have to navigate a fine line to balance two identities (6). • Growing up, I knew I was different. I looked different and people would make comments about my flat nose; about my eyes (1). • People would pull at their eyes to say that my eyes were slanted (5) • say, *those 'chinky' eyes* (1). • I would look at the way my features were and ask: *What is wrong with me? Why am I like this? Why do I look like this?* I would look at myself and I felt that I was ugly because I am East Asian (1). • But growing up it was okay to hate on your own self and on your own people (3). • My parents used to talk to me in a different language, and I'm like, *oh, no, no, no, don't talk to me*. I was very embarrassed. I did not want people to see my grandparents because they were East Asian. I wanted to avoid anything about being Asian. I tried to hide being East Asian. I tried to be white (1). • There is a worry and fear in people's eyes when they see me and not know how to engage. People are standoffish and so afraid to talk to me because they think I do not know English (6). • My parents wanted me to be fluent in English by the time I started school because they believed the advantage to succeeding in this society was to be fluent in English and not have an accent. To be 'Canadianized' (2).

		• On a daily basis, I have to extend an olive branch—be the first one to talk to people, just to break the ice.(6) • Even though I do not have a foreign accent, people comment, *what kind of last name is that*. People do not just mispronounce my name, but get my name wrong, as though it is my fault that I have this name. When I go to medical appointments, I have to prove and validate my identity, to prove that I was born here (6). • But I bite the bullet because I risk being ostracized, and no longer have access (to healthcare) (8). • I also experience systemic racism in terms of being excluded. At work, they are all white and the dynamic is very different. They are able to talk so fluidly amongst themselves about the things that they participate in every day. They talk about their upbringing, which were very different from mine. They don't go out of their way to include me (5). • I am excluded from team functions but not in the obvious ways; everyone seems to know the details of team activities except me. I try to clarify with my supervisor who is also a visible minority, but they would just brush it off like a joke. They are not one of us and it seems like what I am experiencing is being limited to as an outsider (7). • I remember when the COVID-19 pandemic first started, I saw newspapers with a virus photo and it said 'China flu'. I saw stores with signs saying, 'No Chinese', like no Chinese people were allowed. Every time I go out, I am just constantly on alert (3), • and I only go out in broad daylight (5). • I worry*: is someone going to make a comment? Is someone going to attack me? Is something going to happen to my family?* (3). • My mom, in her 70s, was walking one day and a man started spitting at her. She was not sure what was going on and I had to explain that he was attacking you and probably thought that you were responsible for COVID-19 (5). • I started to question whether every interaction I have with someone who is not East Asian has an undertone of racism underneath it. COVID-19

		made me much more hyper aware, paranoid, and anxious person because of how often this comes up and just constant from everywhere, from people who are supposed to be the good ones, from your own family, friends (3). • Things are getting violent and I don't know what someone is capable of. The amount of unnecessary hate towards others is just scary. It is hard to live in a world where I am constantly in fight or flight mode because I can't always be in a safe space (3). • I don't feel safe knowing that certain people just out in the open distinguish me by my appearance, my ethnic appearance (010). • I'm actually afraid in the sense of feeling unsettled whenever I am around a predominantly white community. I google anti-Asian violence before I go anywhere (4). • These are the little things that just chisel away at me (3).
	Storyline: Tensions with the 'model minority myth'	• For me, racism is just something that I have lived with my entire life (4). • The racism that I have encountered is both casual and overt, but it is considered completely normal. I experience people saying, *get out of my country,* to the tiny little comments that make me feel different, the constant asking *where I am 'really' from* (3). • When I walk into a shop, everyone discerns, turns, and stares at me because I'm the one East Asian that has walked in there, or I am confused for another Asian in town (4). • Friends exclude other Asian people and tell me, *we have enough Asians in our group*. To say something like that is considered okay. It isn't considered racist (3). • It just pains me to see all the internalized racism that is so casually peppered into our East Asian experience. Friends casually throw problematic racist comments all the time and just laugh it off and no one even bats an eye. That is just part of life and we move on (1), • but I am left with these emotions to navigate and process (3). • When I speak English, the tension breaks (6).

		• So, if I say something right away, then obviously yes, I can speak English and I can actually see people relax and then they speak to me 'normally', whatever that means. When I speak English, it makes people feel that they can relate to me (2). • It is interesting because I found that that when it is direct slurs, I could react better than the polite racism, of people saying, *oh, you speak such good English* (6). • I used to take such pride in being really 'whitewashed'. But I lost so much of my culture and my identity, especially my own language (3). • I know that I am not offered certain opportunities just because of who I am and what I look like (6). • There are assumptions that because of the color of my skin, my pronunciation of certain words, that I have a very distinctive outwards categorization of me (8). • I am told I am not a good fit when I am applying for positions to advocate for racialized people even when I have all the qualifications. I feel that East Asian people are not even given a second thought. We are supposed to be invisible, supposed to be submissive. I am told I am supposed to not be loud and assertive. When I do speak up, I am told to stay in my lane, to be quiet and meek, that it is not my right to talk. Colleagues tell me that East Asian people don't need any help because we are all rich and successful. That we have it easy, but we don't (5). • I want to rebel against it because I am not the 'model minority'; I want to break the stereotype. How dare people insinuate and expect me to be obedient, compliant, and submissive (6). • There is a stereotype of East Asian parents pushing their kids at school, a tiger mom (6), • and that East Asian students are supposed to be smart (1), • hard-working, and always going to get A's. I have to explain to my kid's teachers that their individual education plan is to accommodate their stress and anxiety, and not to get a perfect score (6).
Composite narrative 2:	**Storyline**:	• My parents and grandparents were involved with the Japanese internment in Canada during World

Storying 'Otherness' Across Generations and Within Different Levels of Racism	Otherness through systemic and covert racism	War II, you know, the 'death camps'. They all lost their property, they were interned, and they lost their rights. They lost everything. They couldn't form community. They were not allowed to meet and they had to spread out. This was a force of lost culture—they couldn't celebrate their own culture. So, because of their experience, my parents would tell me to *lay low, keep your head down, nod yes, and don't rock the boat. To work hard, to prove that I am a worthy citizen* (6). • I visited an exhibit called, "A Seat at the Table", which is about the Chinese immigration experience and it seemed to center around the time that my parents were in Canada. It is a display of pictures of 50s, 60s, and early 70s, and these pictures look exactly like out of my parent's collection. Seeing some of the stories in that exhibit that were attached to those pictures of what racism meant to people at the time made me realize that my parents were actually trying to protect me by only speaking to me in English at home. To prove that I am from here. It was an eye opener that my parents never really talked about their negative experience in Canada. They didn't want me to think, *well everyone is bad out there* (2). • Now, as an adult, my experiences have been more covert and systemic (5). • When I walk into a predominantly white place, I am on guard because my body notices that it's different (4). • My abilities are questioned when I enter into a pretty distinct white space, and questioned if I can do my job because I do not sound like them. I can still see a very clear divide in terms of how I am categorized by the way I sound, my tone, and the way I look. Sometimes I get comments like, *oh, the 'Chinaman'* (8). • As an adult, these experiences just make me angry (…) that I am being made to feel like that (4). • As I became more educated on the topic of racism, I understood how systemic and how historical it is. It is not a me problem. It is a you problem. That shifted my feeling and my attention away from me and more the society as a whole. Suddenly, it didn't feel like it was my fault (4).

		• I am going to use my voice (6). • But I feel super helpless. I feel incredibly frustrated because the thought of combatting this seems completely overwhelming and pointless because there is always going to be another racist around the corner (4).
	Storyline: Otherness through interpersonal and overt racism	• Since I was a kid, I was aware of racism. But I really didn't understand racism. It was just so weird to be insulted and picked on (6), • and I experienced explicit racism (5). • This is the story of every immigrant child—the whole, *why does your food stink; why are you eating that* (3). • I was called names and racist slurs, and I didn't even know what the names meant, but I know it was meant to hurt me. When I told my mom, she just gave me 'the talk'. As a kid, I would feel awful (6), • it would make me feel ashamed of my identity. It would make me feel displaced. It would make me wish that I was white. As a child when things happened to me, I internalized it (4). • (Racism) is scary because I have children. There is a fear that they will experience racism and there is a helplessness knowing that I can't do anything about it (4). • I went through it, but to see your kids go through it is hard (1). • It makes me question: *What would entail for my child? Does that mean they will be bullied? Does that mean they will be, you know, ostracized socially?* (8). • The school that my children go to was pressuring me to consent to a respite parent service. They wanted to do an assessment of our home. It made me feel alerted and worry, *what if the risk is that they seem I am not suitable, that I am putting my child at risk, or my child is taken away or something like that.* It certainly was underhanded how I am being evaluated as a parent (6). • My children experience overt racism. My child works a service job and they had a customer come in. The customer denied my child's help and my child was very sensitive of the fact that as soon as a white co-worker comes up beside them, that customer asks to be served by that white person

		right in front of them. I didn't know what to do – how to guide them through that (2). • My child also told me that their teacher made a comment about 'chinks', not just once, but twice. The teacher called them the 'Triad'. I didn't even know what the 'Triad' is, so of course I googled it. It's a Chinese gang. It made me very upset (1). • My children tell me that other kids make fun of East Asian people. Make fun of China (5). • They tell me that other kids make racial expressions at them, like pulling their eyes back (7). • My children tell me that these incidents happen all the time and it is hard to hear that they go through it (1). • I was very emotional and very offended to hear this, and I think all parents would be the same (7).
Composite narrative 3: Losing Culture, the Journey of Embracing East Asian Identity, and Hearing Our Voices	**Storyline**: Losing culture and identity	• When I experienced racism growing up, there was no one (to turn to). There was no support. I wasn't able to voice my experience and I didn't want to put more focus that I am the minority (1). • I was always on guard (4). • I was definitely battling a lot of internalized racism. I had so much hate towards myself (3). • But I am East Asian (and) last thing I want is for my children to go through the experiences that I had. I have an anger that my children are going to be subjected to this (4). • At my family get-togethers, we all speak English and almost never hear any other languages. Our languages have been diluted out (2). • I remember talking to a friend, and they still speak Chinese. They can read and write in Chinese. They retained so much of their heritage that I lost. I was so upset because I know I did this to myself in trying to repress that part of me. I lost so much of my own culture and identity, and I am trying hard to get it back (3).
	Storyline: A *turn*: rebuilding histories	• I lost so much of my own culture and identity, and I am trying hard to get it back (3). • As time goes on and having my own kids, I now embrace being East Asian and I make sure my kids know that they should never feel the way I did (1).

		• In raising my children, I swore I could make changes (5). • In regards to my children's wellbeing, I commit to it one hundred percent (6). • I decided that I am not going to allow it to happen to my children. They need to know and retain as much as possible of their culture because I can't let them lose it (3). • I put my children through Mandarin bilingual school. I don't speak it, but I wanted them to have the opportunity to learn the language (1). • As a parent, I don't want my kids to experience racism (1). • It was a big shock for me to hear my child being subjected to racist attitudes in their workplace. Like for someone their age (2). • I was really upset and hurt (7). • I want to protect them. I want to shield it from them, but that is not reality. I know that they will experience racism. They (should) be aware that racism is not acceptable, that they don't have to take this, that there is support out there, and that they can voice it. I will hopefully give them coping mechanisms to be able to talk about it instead of internally take it in. As a family, we watched the news about anti-Asian racism and used that as a springboard to talk about what is going on. As a parent, I just want to make sure that our kids know that they can talk about it (1). • As East Asian parents, we need to create opportunities for our children who are not the same as everybody else; we need to be an advocate (7). • So, I became the advocate for my children (6). • I am trying to change it for my children (5). • Giving that voice and being heard is so important and I think that people shouldn't be afraid. My children deserve to be proud of who they are (1). • I want to see East Asian people in normal situations. Where we don't have to explain what we are doing, explain why we do something during Lunar New Year. Where we can just do it. Where we don't have to see the world through a white lens (2). • Hopefully that every little step we make will get better. I know it will get better. We need to hear

		stories of what we can do to help the next generation so that they don't experience what I did (1).

Appendix D. Participant quotes.

Appendix E: Participant Quotes Exemplars

Composite narrative 1: Storying issues of access within child mental health KT	**Storyline**: Availability and affordability	**Verbatim Quotes:** • If my children needed mental healthcare, I wouldn't even know where to look (1). • I have no idea because this is never brought up (2). • I think that mental health resources should be available in public schools (7). • If mental healthcare were more affordable, it would be more accessible to East Asian communities (4). • When I previously was exploring different mental health options, the main thing was that I needed it to not cost anything because I couldn't afford anything (5). • For healthcare providers, they are in the system, and it is easier to navigate than someone who is completely unfamiliar with healthcare. From the inside, they know which resources they could access. But most people don't have that kind of advocacy within the healthcare system. In the healthcare system, nothing is done in a systematic way in terms of cultural and racial issues. It is always discussed in a fairly superficial way (2). • There is no centralized system for East Asian people to go to (3).
	Storyline: Language and vocabulary (i.e., terminologies) barriers	• I see how mental health resources are presented in mostly just English and French. If people don't have those two languages, it is awful. How do they access that information (6)? • People who do not have English skills have a harder time making it known what their issues are exactly (2). • The language barrier can have some effects (3), • and is an integral part of what East Asian people might experience (6). • Interpreters and translators are not always there and it is a bit of trouble to arrange (2). • I can do the research, but if there are no websites that translate back to the language I prefer to operate in, it is very frustrating. I don't have the energy supply to really look for multiple resources or services that offer translation. Google translate has word limits and limits on how much can be

		translated. It is taxing to use, and even though these are options, somebody who is less digital savvy, in a new environment, and in more social economic stress will have a shorter of a fuse or attention span to go through translating word by word, phrase by phrase (8). • With mental health, it is so important to be able to be specific when I am describing my child's concerns and conditions. Even for one problem, there might be a checklist of ten different things that I have to be asked about. If my child's concern is very specific, very detailed, and the more I am able to describe and express that, I think the better the chances are that I will know appropriate services to treat their problem. Whereas, if I can't describe what they are feeling in English and the less detail I am able to put out, then the much more difficult it is to try and get help for the problem (2). • So, making communication material more available in different languages can make things more equitable for other people (6). • There is also a language barrier in the sense that I don't even know the language or the vocabulary to talk about mental health; to know what to search. In the household where I grew up, we didn't talk about mental health. A lot of my fellow friends with the same background don't have the vocabulary to talk about mental health. This is compounded when people are new to Canada and can't speak English well (8). • The language barrier has a lot to do with having representation and a sense of community (6). • The lack of suitable East Asian mental health experts is a barrier. No matter how great a white person is, they cannot understand (3). • A white person would not know any part of the cultural or racial challenges (5). • It would feel more relatable if there was a sheet or resource with certain East Asian experiences. Right now, a family member is in desperate need of some mental health help. But they will not seek it out despite having all the current resources available to them (3).
	Storyline:	• So, it would help to have more representation and have more options available with a deep

	Lack of representation	understanding of our culture and background. When there is more representation, it is a sense of belonging. It is almost like visceral—I feel my body relax. It is a comfort (4). • To access mental health resources for my children, the first step would be to reach out to people I know that I feel safe with, who have similar experiences, similar backgrounds. Finding the right mental health resource is so important. It could do damage if I picked the wrong one, like a resource that doesn't understand the dynamics of the East Asian experience. I want somewhere, someone, a service, that I feel comfortable with. That I feel safe with. I don't want to just pick one. I would really look for one that meets my needs; that understands East Asian people. I would find this through my community networks because trust is a *huge, huge* thing (1). • To get more representation, would bring more access to communities where maybe English is the second language and where there is a cultural barrier. Parents and children would feel assured that it is safe and secure. That kind of access would be a better outcome for everybody (6).
Composite narrative 2: Seeking understanding and solidarity for the East Asian identity and story	**Storyline**: Issues of representation: power and whiteness	• There are so many mental health studies and research that has a very predominately white audience (6). • When white people don't just see a sea of white, it is odd for them and I battle what to say. I don't know what to say. I know if I try to explain that they should be happy the next generation of East Asian people are going to grow up in a world where they see people who look like them, they wouldn't understand. White people are the most represented demographic (in Canada) and they don't understand how to see anything from anyone else's perspective because their perspective has always been there (3). • Getting mental health care and resources specifically targeted towards East Asian people is a challenge because there are not too many mental health experts that understand the East Asian experience, and definitely not enough for children. It is important that we have options available that we can relate to (4).

		• But when I see resources and services from people who understand what I am going through, it helps so much. It is a gamechanger (7). • So, this lack of suitable East Asian mental health experts is a barrier (3). • In the healthcare system, I don't want to (have to) use my voice to validate who I am, my identity, proving who I am, proving that I was born here (6). • No matter how great of an ally a white person is, they cannot understand our experience. No matter how much I try to explain it to someone, they don't understand what it's like, the pressures that you face as an immigrant child, the family dynamics. It is exhausting to try to explain this to someone. It is hard for white people to understand growing up in a 'two cultural world'; it is just so different (3). • The challenge of being East Asian and Canadian, and experiencing racism and the mental trauma of it. It is exhausting explaining to (mental health experts) the narrative behind a feeling that I am having when I say, *I don't feel like I ever lived up to my parent's expectations*. It sounds stereotypical for me to say this and on the surface, non-East Asian people will say they get it. But they don't get it unless they are in it. They just bypass all of the background history (4). • It is hard to explain the context and sometimes it is traumatizing in its own to have to explain it (3). • At the same time, I remember growing up that I talked to an Asian counsellor who might as well have been a white person. The information that was coming back at me, the advice they gave, was not helpful in terms of dealing with East Asian cultural dynamics. I remember being really disappointed. I thought, *someone is going to finally understand me*. It didn't work out that way and I just couldn't understand why they couldn't understand being an East Asian person themselves (5). • So, the important thing is the relatability (6).
	Storyline: East Asian standpoint epistemology	• This matters because of the additional challenges of dealing with race-related issues is lost. It is the experience from non-East Asian or non-ethnically diverse audiences (6).

		• It is about knowing the indescribable, non-language understanding of how things are. The unspoken rules. The unwritten background. I can try to explain this. And others can try to understand it but they will only know to the degree of the stereotypical ideas; the things that they see on TV (7). • When I am surrounded by an entire circle of people who are East Asian, I am able to relate and be comfortable (2). • It is just so nice to see people who aren't just white. I feel like I belong. I am not different; and I am not othered. It is helpful to be able to share experiences and feel validated (3). • I feel normal with people who all have similar backgrounds, circumstances, and upbringings. We don't have to explain anything. Everybody just understands. Nobody has to teach someone else what something is. Everyone knowns what you are talking about. We all understand and that's the biggest thing (2). • When I was growing up, I was just different and there wasn't the support. I never had the chance to have resources available for me. It was always *hush hush*. (Racism and the mental health impact) were never talked about. It was something that I just kept inside. I just learned to keep quiet. It was something that you just went through. I just had to go through it. And it wasn't easy (1). • There are many layers of understanding East Asian culture (1), • our background (7), • the immigrant experience (8), • and experiences of racism. It is hard to make people understand that (1). • For example, my parents have a saying, *bad news travels*. It is a Chinese saying. For Chinese people, at least my family and the majority of my friends' family, we never discuss the bad. Everything's swept under the rug and you just deal with it (3). • I understand where they are coming from. They are trying to protect you. The intentions are great. As first- or second-generation immigrant children, we face pressures to succeed. The immeasurable amount of pressure to succeed, to be seen a certain way, to not disappoint your family because they

		have given up so much; they have given you their life (3). • The pressure to make your parents proud and be that perfect child, just like in the movie *Turning Red* (7). • And within the Japanese culture, the belief of 'losing face' is a big thing (6). • You don't complain and you have the be respectful. You do everything for your family. And so, there is no such thing as mental health—it is called, suck it up. I was not able to talk about it with anybody as a child because my parents were also processing their experiences being immigrants to this country, the racism they probably felt. I was told to keep my head down, don't cause trouble, and don't cause a scene (4). • If I have to explain this to someone who hasn't lived it, who do not understand the context, they end up seeing my parents and family as villains (3). • It is easy to point to East Asian cultures (4). • But it is way more complex than that (3). • So, we have to look through the East Asian lens rather than the white lens (2). • Without the cultural context, a lot of our parents are monsters, but they are not (3). • These experiences can't be through a white lens or white experience. It will not resonate with me if it has been 'whitewashed'. The thing with 'whitewashing' is this concept of having to explain myself or the East Asian experience, to explain aspects of my cultural background. Other people then tend to think, *oh, isn't that quaint, isn't that exotic* (2). • Understanding racism also plays a huge part of understanding the East Asian experience. I can't really connect with someone in terms of racism if they've never experienced it. Growing up, racism pretty much defined almost everything that I did (4). • It is hard because I look different from everyone else. People make comments about my nose, about my eyes. Being East Asian, I looked at myself and ask: *What is wrong with me? Why do I look like that? Why can't I be white?* I felt I was ugly. I am very emotional just to bring it up

		because I don't want my kids to go through that; go through the question of *what is wrong with me*. Even with Lunar New Year being such a big thing, I didn't want to do it. I tried to hide it (1). • All the East Asian things; like the stigma where East Asian people are known to own restaurants and grocery stores. My parents own a restaurant. Growing up, I had to work in the restaurant, and other kids didn't do that. I remember thinking, *why am I so different, why do I have to work at the restaurant while other kids can do activities.* Growing up I never did activities or sports. I worked. I had to. I never had those opportunities. It was always *push, push, push.* But I look back, and I don't resent or blame my parents. Because at least I have something now. I see where they are coming from back then. They were able to support me in the ways they could and I am grateful for that (1). • Recently, I spoke with my therapist about feeling really anxious about anti-Asian violence as it relates to COVID-19. They said I have to try to not focus on it. But I feel like if you had been in my position, if you had experienced racism the way I have growing up, they wouldn't have been so quick to say that. I don't want to explain to (mental health experts) what racism feels like. As a parent, I would never go to a parenting expert that did not have children. It's sort of that same rationale (4).
Composite narrative 3: Unlearning, breaking barriers, and storying resistance	**Storyline**: Breaking cycles	• It is hard to talk about racism and mental health. It brings up all these emotions. It is hurtful. But I am okay and I am more concerned with my kids; I try not to let them experience what I went through. During my childhood, I didn't want to be East Asian. I wanted to be like everyone else. I resented being East Asian. I wanted to be white. I didn't think there was mental health support for me because I didn't know any better. I just thought this was just what life was (1). • I think I try really, really hard to not have my children go through what I went through in having to be in two different cultures and having to navigate that (5). • Now, we need to normalize the whole process of taking care of our mental health and speaking

		about our mental health. I never grew up with that, never had space for that. Now, I am (…) unlearning my own biases towards the mental health process (…) to be like *medications are okay*, *mental health support is okay*. It is a process because I have to write that in my mind first, then have to go and seek it out, go through the process when I am feeling uncomfortable with it but I do it for the benefit of my child. Then there is the process of having to then educate and walk my own parents and community through it. I have to deal with the triggers that come out of having to educate my parents. I almost resent my parents for not educating me about mental health. It is not a blame. I do not blame them because I understand they were only capable of knowing what they knew and passed on to the best of their knowledge. So, I have to do the work to teach myself and educate my parents. It is exhausting, but the end result is necessary (4). • As East Asian parents, we have to create these opportunities for our children (7). • As time goes on, I want my children to know there are services out there if they need them. I want them to know that there is support and that they should never feel ashamed of who they are. I really want them to kind of embrace their culture and being East Asian. There is more attention on racism now and that it is not acceptable. Where in the past, racism was acceptable. Nothing was done. There was no support. It is not right and we have to speak up. I feel that there is still racism. There will always be racism. It is just the way people are. But we need to hear our stories. To get them out there. To bring up our stories to educate. There will always be racism but hopefully that every little step we make will get better for the next generation (1).
	Storyline: Culture as a source of strength	• East Asian culture has a focus on family as a whole over the individual. If one person in the family is not doing well, we tend to hide it (3). • We take care of each other. We have more of an internal system, be it physical illness or mental illness, even though we don't talk about it as mental illness. If we see someone in our family is ill or suffering, we tend to take care of them in our

		household as opposed to thinking we need to go seek medical help (8). • We do not have to let go of the family first mentality. But the family first mentality should also include healing (3), • and taking time to grieve the vulnerabilities and the weaknesses (6). • We also have to navigate the stereotype that East Asian people are supposed to be invisible, supposed to be submissive (5). • To be obedient, compliant, and submissive (6). • That East Asian people don't need any help. That we have it easy, but we don't (5). • Being tough is not a strength and all it does is continue the trauma to the next generation (3).

Appendix E. Participant quotes.

Appendix F: KT One-Pager

Strategies for anti-racism in knowledge translation

Recommendations for researchers and health professionals working with East Asian parents

Background

- The surge in COVID-19-related anti-Asian racism has increased the mental health consequences for East Asian children.
- There is a need to develop mental health resources tailored specifically for East Asian populations

Problem

Currently, research has not fully considered:

- Strategies to make child mental health resources that meet the needs of East Asian parents
- Strategies to include East Asian parents in research environments in a safe and inclusive space

Considerations

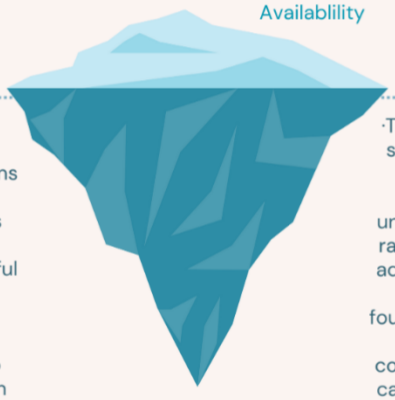
Representation or visually 'seeing' oneself

Translation services

Availablility

Affordablility

Understanding cultural contexts when describing mental health symptoms or concerns (there may not be overlapping words in English to describe the same feeling)



·Despite good intentions, a researcher without lived experiences may lack the capacity to understand East Asian situations fully. This lack of understanding has consequences when researchers use this limited standpoint to develop evidence because it (in)advertently reinforces harmful stereotypes. The lack of contextual and situational knowledge of the East Asian experience inhibits the accurate interpretation of events. This may lead to exhaustion and racial trauma of East Asian people by requiring their emotional labor to educate researchers about the harmful stereotypes.

·The process of patient partnership may sometimes cause harm by inviting East Asian parents into projects without researchers self-reflecting about the unsafety these spaces may cause. Often, racialized people have been expected to adapt to a system (in this case academia or a research project) built on the foundations of white supremacy to benefit and uplift the 'greater good' of their communities without considering how we can make the spaces safer (e.g. not using professional titles when introducing self) for these individuals before entering into a partnership.

Solutions

Content

When developing knowledge:

- Begin with the perspective and positioning of East Asian parents.

East Asian standpoint!

Environment

When creating a research space:

- Create a space where East Asian parents can share their experiences with other East Asian parents to allow for shared experiences, healing, safety, and solidarity.

Safety is priority!

Delivery

When disseminating knowledge:

- Allow East Asian researchers and parents the agency to share this knowledge.

De-center whiteness!

Louie-Poon, S., Richter, S., Kunyk, D., Scott, S. (2023). A narrative inquiry of East Asian parents and mental health in Canada: Strategies for anti-racism in knowledge translation. *(Works in progress)*