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Perceptions of Mental Health Issues Among Armenians: A Qualitative Exploration

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Dedication

The author dedicates this project to the members of the Armenian community and sincerely appreciates everyone who's provided support throughout the process.

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Abstract

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Despite the established benefits of mental health services, ethnic minorities experience barriers such as cultural stigma, reluctance, inadequate access, and poor quality of treatment when seeking mental health treatment (Rugema et al., 2015; Nami, n.d.). Even with the emergence of evidence-based practice and research, psychiatric and mental health facilities developing countries, for example, Armenia, continue to use outdated soviet laws designed to punish and isolate persons with mental health disorders (Grigoryan, 2015). As members of the Armenian community migrate into other countries, for example, the United States, they are likely to bring their cultural beliefs, values, and norms with them as well. The current study will focus on the perceptions of mental health issues of Armenians living in the United States of America, specifically in Los Angeles, California. Given their history of oppression and genocide, and to reduce the transmission of potential generational trauma onto future decedents, the Armenian community would likely benefit from mental health services. However, due to the cultural stigma attached to mental health issues, this group is less likely to utilize these services (Siegal, 2013). This qualitative study aims to explore the perceptions of mental health issues amongst Armenian adults between the ages of 22 and 29 years old living in Los Angeles, California. The purpose of the current study is to raise awareness about mental health

issues among the Armenian American community, reduce mental health disparities, and assist in the development of culturally competent interventions. Three themes emerged from the current study: The preservation of the Armenian identity, barriers to mental health treatment, and the mental health help-seeking process.

Keywords: Armenia, Armenian, Armenian Genocide, adults, Los Angeles, ethnic minorities, minority, mental health, minorities, immigrants, and mental health issues

Introduction

The prevalence of mental health disorders among adults has increased within the United States of America. The National Alliance on Mental Illness (NAMI) discussed, in any given year, one in five adults experience a mental health illness and nearly one in twenty-five live with a severe mental health illness in the United States (Nami, n.d.). Furthermore, the organization reports anxiety disorders (18.1%), major depression (6.9%), Schizophrenia (1.1%), and Bipolar Disorder (2.6%) are prevalent mental health disorders experienced by adults in the United States (Nami, n.d.). Despite the prevalence, mental health disorders are treatable (Vidourek, King, Nabors, & Merianos, 2014). Studies suggest mental health treatment significantly reduces stress levels, improves energy and sleep, increases social support, and improves problem-solving (Vidourek, King, & Merianos, 2014).

The Problem

Though the United States is home to diverse communities, existing research on mental health consists of data primarily on whites, as opposed to their ethnic minority counterparts (Rickwood, Deane, & Coralie, 2007; Nami, n.d.). Despite the countries diversity and the benefits of mental health treatment, ethnic minority groups continue to experience barriers to mental health treatment (Rickwood, Deane, & Coralie, 2007). Throughout history, the term "minority" has been used to identify individuals at "the lowest end of the spectrum of power and advantage" (Hopps, 1983, p.77; Schlesinger & Devore, 1995). Gordon (1988) defines an ethnic group as "a population entity which considers itself to

have a common historical ancestry and identity” (Gordon, 1988, p.129).

Rickwood, Deane, and Coralie (2007) discovered indigenous or ethnic minority groups express reluctance to pursue mental health services, especially when conflicted with thoughts of suicide, showed negative attitudes towards help-seeking, and thought they could resolve the issue on their own. Also, when pursuing mental health treatment, the National Alliance on Mental Illness discovered inadequate access to treatment, poor quality of treatment, reluctance, cultural stigma, language barriers, and culturally insensitive health care system as common barriers experienced by multicultural ethnic communities (Nami, n.d.). The inclusion of ethnic minority groups in research is crucial to promoting diversity and understanding their experiences.

The United States serves as home to diverse communities of ethnic minorities from all parts of the world. For example, approximately 260,000 Armenians, an ethnic minority group from Armenia, live throughout the county of Los Angeles in cities such as Glendale, Hollywood, North Hollywood, etc. (U.S. Census, 2012). The members of the Armenian community in the United States, an ethnic minority group from Armenia, are not only susceptible to experiencing mental health issues, but also at risk to experiencing barriers and challenges to seeking mental health treatment and services. Experiences of the Armenian people remain low from existing literature, especially about generational trauma and transmission of mental health issues (Mangassarian, 2016).

Given their history of oppression and genocide, and to reduce the

transmission of potential generational trauma, this community would likely benefit from mental health services and support. However, the cultural stigma attached to mental health help-seeking often results in underutilization of these services (Siegal, 2013). As members of the Armenian community migrate from Armenia to the United States, their cultural perceptions experiences related to mental health are likely to follow them and contribute to their reluctance to pursue mental health services when needed. The most common mental health illnesses amongst the Armenian community are anxiety, depression, and post-traumatic stress disorder, and are more common amongst those who arrive in the United States from war-torn countries such as Iran, Iraq, Syria, and Lebanon (Siegal, 2013). Given this reality, the purpose of this study is to explore the perceptions of mental health issues amongst members of the Armenian community in Los Angeles to understand some of the reasons members of this community might be reluctant to seek mental health services when needed. The current study aims to promote diversity and reduce mental health disparities by raising awareness of an ethnic minority group that continues to remain unrepresented in existing research and literature. In doing so, this study will seek to understand:

RQ1: What are the perceptions of mental health issues amongst members of the Armenian immigrant community in Los Angeles?

RQ1a: How do members of this community understand mental illness?

RQ1b: In what ways do members of this community express reluctance to seeking mental health services when needed?

RQ1c: What steps, if any, do members of this community take to seek mental health treatment?

Background of the Armenian People

The country of Armenia, a landlocked mountainous country between the Black and Caspian Sea, is populated with approximately 3 million homogenous Armenians (World Health Organization, 2009). As the first nation to adopt Christianity as their religion, the Armenian people primarily practice Armenian-Apostolic (WHO-AIMS, 2009; Kalayjian & Weisberg, 2002). Although the Armenians exercised Christianity, surrounding countries, including the Ottoman Nation, adopted the religion of Islam (Kalayjian & Weisberg, 2002). As the Ottoman Empire and religion of Islam grew, the Armenian people, who mostly practiced Christianity, were considered the minority group. In result, the Armenian people became victims of oppression at the hands of the Ottoman Empire. The Armenian people, without adequate resources to defend themselves, were subjects to enslavement, repetitive massacre, and forced migration, which lead to the death of 1.5 million Armenians, also known as the Armenian Genocide (Kalayjian & Weisberg, 2002).

The Ottoman Empire's attempted massacre of the Armenian community not only resulted in the annihilation of innocent lives but also induced sustained trauma, passed from generation to generation, amongst survivors of the Genocide (Kalayjian & Weisberg, 2002; Takooshian, n.d.). Survivors of the genocide gradually migrated westward to Europe and America (Takooshian, n.d.). As more and more Armenians migrated out of Armenia into various cities within the

United States, the Armenian community gradually increased. The U.S. Census (2012) reported, by 1990, approximately 268 thousand Armenians lived in cities such as Glendale, Pasadena, and Hollywood within the county of Los Angeles. Similar to other minority groups, Armenians continue to remain scarce in the literature, especially regarding the communities' mental health and the transmission of mental health disorders in the result of generational trauma (Waheed, 2015; Mangassarian, 2016). As potential victims of intergenerational trauma (Kalayjian & Weisberg, 2002), the members of the Armenian ethnic minority group could benefit from mental health services. However, studies indicate they're less likely to seek mental health treatment (Siegal, 2013).

The cultures history of the Armenian Genocide continues to be passed on from generation to generation, often develop anger, hatred, resentment, confusion, and trust issues (Kalayjian & Weisberg, 2002). Many Armenians express their cultural roots destroyed as a result of the Genocide (Kalayjian & Weisberg, 2002). It's essential for mental health and medical professionals, including social workers, to understand this communities' history and how their cultural experiences may impact their perception of the world around them, including their knowledge of mental health treatment. In hopes to promote diversification of literature on mental health issues and reduce mental health disparities, this study aims to explicitly include the voice of the Armenian community in research on mental health disorders among minority populations in the US. Although various countries acknowledge the mass killing of the Armenian people as genocide, the United States and Turkey continue to deny the

occurrence of genocide (Zunes, 2010; Kalayjian and Weisberg, 2002). Although various countries acknowledge the Armenian Genocide, countries such as Turkey and the United States continue to deny its occurrence (Kalayjian and Weisberg, 2002; Zunes, 2010). Although 48 of the 50 states in the United States recognize the existence of the Armenian Genocide (Armenian National Committee of America, n.d.), former president Obama publicly denied the mass killing of the Armenian people as Genocide (Zunes, 2010).

Literature Review

Barriers to mental health treatment.

Studies indicate immigrants from Asia, Latin America, and Africa use mental health services less than nonimmigrants (Derr, 2016); Also, lower usage is more noticeable among men, the uninsured, and the undocumented (Derr, 2016). Existing research suggests ethnic minority groups express reluctance to seeking mental health treatment (Nami, n.d., Rickwood, Deane, & Coralie, 2007). Despite the high prevalence of mental health illness amongst ethnic minorities, minorities are also less likely to participate in research studies (Waheed et al., 2015). Incidents of mental health treatment seeking behavior amongst ethnic minority groups remain low; therefore, this group continues underrepresented in the literature (Waheed et al., 2015; Mangassarian, 2016; Rickwood, Deane, & Coralie, 2007). Schlesinger and Devore (1995) suggest African Americans, Native Americans, Native Alaskans, Mexican Americans and Puerto Ricans as minorities. The Armenian people fit the criteria of an ethnic group because they share "a common religion, a common language, a common

national background, or a common racial ancestry or frequency, or some combination of several of these factors (Gordon, 1988, p. 129). As an ethnic minority group, the Armenian people remain underrepresented from existing literature (Mangassarian, 2016).

As discussed earlier, ethnic minorities express reluctance to mental health treatment (Rickwood, Deane, & Coralie, 2007; Rugema et al., 2015; Waheed et al., 2015). Poverty, lack of familial support and education, fear of stigmatization, lack of trust, religion, societal beliefs, scarce resources, gender norms, and poor awareness of mental health disorder are frequent barriers among ethnic minorities (Rickwood, Deane, & Coralie, 2007; Rugema et al., 2015; Waheed et. al., 2015). Given the Armenian community's history of oppression and genocide, this community would likely benefit from mental health services. Intergenerational trauma, also interchangeably known as generational or transgenerational trauma, refers to the collective trauma passed down from one generation to onto the next generation (Bezo & Maggi, 2015; Kalayjian & Weisberg, 2002). However, despite the availability of resources, members of the Armenian ethnic minority group, due to cultural stigmatization attached to mental health, are less likely to seek or utilize mental health services (Siegal, 2013).

Cultural stigma.

The fear of cultural stigmatization continues to remain a barrier for ethnic minority groups as begin to pursue mental health services (Rugema, Krantz, Morgen, Ntganira, and Persson, 2015). In Armenia, many families remain quiet when a family member shows signs of a mental health issue, because persons

with mental health disorders are perceived as violent or dangerous (Grigoryan, 2015; Van Baelen, Theocharopoulos & Hargeaves, 2005). The members of the Armenian community do not speak of mental health, because a single phone call to police or authorities from a neighbor or a person with a vengeance can result in hospitalization against individuals will, even if the individual is entirely healthy (Grigoryan, 2015).

The country of Armenia continues to use outdated Soviet laws in their psychiatric hospitals, persons with mental health disorders, instead of receiving adequate treatment, are often hospitalized, locked up, and punished (Grigoryan, 2015). Being aware of this faulty and outdated method of hospitalization, members of this community often result in fear of becoming a victim; therefore, they've learned to keep quiet and refuse to speak about mental health. After exploring the perception of mental health disorders amongst family members of patients with mental health disorders in Yerevan, Armenia, Khurshudyan (2015) discovered family members had a negative perception of mental health disorders and believed it reduced the quality of life amongst the family and the individual. As members of the Armenian community share their experiences from generation to generation, it is not unlikely future generations to think poorly of mental health treatment, fear of cultural stigmatization and hospitalization, and to be perceived differently. A qualitative study by Kalayjian & Weisberg (2002) suggests many Armenians believe their roots, in a result of the Armenian Genocide, have been destroyed; therefore, they may express reluctance to seeking mental health help. These learned beliefs and fear of cultural stigmatization may result in reluctance

as members of the Armenian community in their journey to seek mental health services.

Although the current study focuses on the perceptions of mental health issues among Armenians within the county of Los Angeles, it is essential to understand how mental health issues are perceived and recognized in the country of origin, Armenia, as well. As stated previously, residents of Armenia perceive mental health issues negatively (Khurshudyan, 2015). When Armenians migrate from Armenia to other countries, for example, the United States, they are likely to bring their cultural belief, values, and perceptions to the migrant nation as well. Understanding the utilization and perception of mental health issues among residents of Armenia is crucial because it provides mental health professionals with a framework of the cultures history, beliefs, and values.

Language.

Schwei et al. (2016) discuss language barriers negatively impact patient's access to health services, awareness and adherence, quality of patient care, and satisfaction between the patient and provider. Language difficulties are common barriers among ethnic minority groups, and existing research suggests ethnic minority immigrants, due to language barriers, experience difficulties attaining mental health (Brisset, Leanza, Rosenberg, Vissandjée, Kirmayer, Muckle, & Laforce, 2013; Leong & Kalibatseva, 2011; Kung, 2004). It is not uncommon for new migrants to speak their native language of their host country (Brisset et al., 2014). Also, Brisset et al. (2014) discuss the linguistic gap as a contributing factor to disparities in mental and overall health access. In 1910, the number of

Armenian speakers was approximately 24,000 and the number; however, by 1980, the U.S. Census (1980) reported little over 100,00 people in the United States spoke Armenian only. The inability to speak the language of the host country can be problematic, especially in the context of seeking mental health services, because of the inability to connect or communicate their needs with other communities who do not speak the foreign language.

Intergenerational trauma.

As discussed earlier intergenerational trauma refers to the collective trauma passed down from one generation to onto the next generation (Bezo & Maggi, 2015; Kalayjian & Weisberg, 2002). Existing research on intergenerational trauma and transmission of mental health disorders come from data received from trauma survivors and/or their decedents from the Jewish Holocaust (Guthery, 2016), Japanese-Americans and indigenous people affected by the second world war Bezo & Maggi, 2015, Rwandan Genocide (Rugema et al., 2015), and Armenian Genocide (Bezo & Maggi, 2015; Kalayjian & Weisberg, 2002). Exposure to genocide, the systemic extermination of a national, racial, political, or cultural group, significantly impacts the psychological well-being survivor and future decedents (Gray & Marek, 2008, p.39; Jones, 2006, p. 13; Kalayjian & Weisberg, 2002). Studies indicate intergenerational trauma not only affects the survivor, but also their decedents on an individual, familial, and societal level (Bezo & Maggi, 2015; Evans-Campbell, 2008). If left untreated, the transmission of traumatic events can transmit onto future decedents and develop psychological harm (Bezo & Maggi, 2015; Evans-Campbell, 2008;

Kalayjian & Weisberg, 2002). Existing research suggests decedents of genocide survivors live in “survivor mode” (Bezo & Maggi, 2015) and express fear, mistrust, sadness, shame, anger, stress, and anxiety (Bezo & Maggi, 2015; Kalayjian & Weisberg, 2002).

The members of the Armenian community, specifically in the county of Los Angeles, are frequently diagnosed with anxiety, depression, and posttraumatic stress disorder (Siegal, 2013). These mental health disorders are also true amongst Armenian identified survivors of war-torn countries such as Iran, Iraq, Syria, and Lebanon (Siegal, 2013). Given this communities history with genocide and war, the members of this community could benefit from mental health services, however, are less likely to utilize them (Siegal, 2013). Genocide survivors, according to Rugema et al. (2015), expressed poverty, lack of family support, fear of stigmatization, poor community awareness of mental health disorders, society beliefs, religion, scarce resources, and gender norms as barriers to seeking mental health services. Furthermore, decedents of genocide survivors often express denial, shame, guilt, anger, and absence of identifiable cultural roots (Kalayjian & Weisbertg, (2002). If the deeply rooted trauma remains unresolved, it will transmit from one generation to another. It is crucial for mental health professionals to intervene and treat the members of this community to prevent the transmission of trauma onto future generations.

Mental Health Issues Among Armenian Americans

The literature review indicates, similar to other ethnic minorities, Armenians are less inclined to discuss mental health or practice mental health

seeking behaviors (Siegal, 2013). Cultural stigma attached to mental health, inability to speak the language, lack of education, inadequate access to treatment, poor quality of treatment, reluctance, and culturally insensitive health care system are common barriers experienced by ethnic minorities (Nami, n.d. Rickwood, Deane, & Coralie, 2007; Rugema et al., 2015; Waheed et. al., 2015). To better understand the perceptions of mental health among this community a qualitative study consisting of semi-structured interviews were conducted.

The principal objective of the current study was to explore how the members of this community understand mental health issues and utilize mental health services. In addition, study aimed to examine existing barriers that prevent the members of this community from seeking mental health services, in order a) to support the development of culturally competent intervention strategies, b) raise awareness of the issue of intergenerational trauma and the transmission of mental health issues in result of the Armenian Genocide c) educate mental health professionals and social workers about the members of this community and their perceptions of mental health issues, and d) inspire a future research to focus on ethnic minority groups, such as the Armenians, who remain underrepresented in existing literature.

Methodology

Research Design

Participants.

The study consisted of five (n=5) self-identified Armenian adults living within the county of Los Angeles. Participant requirements included self-identifying as 1) of Armenian descent, 2) over the age of 18 and, 3) a resident within the county Los Angeles.

Data collection.

The current study is a qualitative study focused on the perceptions of mental health issues amongst five self-identified Armenian Adults within the county of Los Angeles. Qualitative interviews were conducted with self-identified Armenian adults. The questions sought to explore the communities understanding of mental health disorders and services, mental health help-seeking process, and existing challenges or barrier to mental health-help seeking (see Appendix A). Grounded theory and thematic content analytic approaches were used during the data analysis.

Study procedures.

The researcher completed the IRB application through the Department of Graduate Studies at California State University, Northridge. Participants were recruited via snowball sampling techniques, a strategy designed to recruit participants through mutual acquaintances and similar characteristics (Palinkas, Horwitz, Green, Wisdom, Daun, Goagwood, 2013, p. 535). The researcher used social media and community outreach to recruit participants within the Armenian community. A brief description of the study was posted on Facebook to recruit potential candidates via self- referral or through mutual acquaintances. The post consisted of a brief description of the study, its

purpose, participant requirements, and a link to a Google Form. The form served as a platform where interested parties attained information about the research, and, if interested, had the opportunity to leave their email for the researcher. The researcher then reached out to interested parties via email provided in the form. This method of recruitment encouraged viewers to share the post amongst their friends, family, and acquaintances as well as to refer individuals they believed were appropriate to participate in the study.

The second method of recruitment was through the distribution of fliers, which were distributed throughout local Armenian churches, community organizations, coffee shops, etc. The viewers and potential candidates were exposed to the same information posted on the Facebook post, including the link to the Google Form. Ultimately, all viewers of the post and flyer were directed to the Google Form page where they provided their first name, email address, age, and ethnicity, as this process allowed the researcher to determine whether or not the interested party met the criteria to participate in the study. Once the primary researcher received information from five interested individuals, he reached out to individual schedule appointments for each participant.

The interviews took place at a location agreed upon by the researcher and the participant. Prior to the start of the interview, the researcher briefly explained the purpose of the study and each participant filled out a consent form (see Appendix B). The researcher informed the participants that they were free to leave at any time if they experience any discomfort. The researcher asked the participants several questions pertaining to their perception of the mental health issues among the Armenians. The participants were interviewed for approximately 45-70 minutes, and we're free to end the

interview at any time. The participants received a \$10 gift card for their participation. Upon completion of the interviews, participants were provided with information on mental health related.

Additionally, the participants were informed they may email the investigator if they are interested in the results of the study. The participants were encouraged to alert the researcher if they experience discomfort during the interview process. The audio recordings were stored on a password protected the external hard drive. The researcher had the audio recordings transcribed via a third-party transcription company. Once all audio recordings were transcribed, the researcher began the data analysis process. A grounded theory analytic approaches were used to analyze the data.

Reflexivity Statement

As an Armenian immigrant from Armenia living in the county of Los Angeles for the past two and a half decades, I've learned to shift my personal, cultural, and familial values, especially about mental health issues. The purpose of this shift was to adapt to the new perspectives that provide more opportunities to assist individuals who deal with mental health issues. Through education and interactions with people, I have gained the knowledge of the severity of mental health disorders and problems. I hope to be able to provide support to the Armenian community by spreading awareness about the importance of mental health issues and challenge the cultural stigma attached to mental health issues. Understanding the traumatic experience of genocide and its transitional consequences on the future offspring, motivated me to conduct this study. This study aims to bring practical changes to the members of the Armenian community who experience barriers and challenges to pursue mental health assistance.

Findings

This section highlights three themes that emerged from the in-depth interviews:

(1) Preservation of the Armenian identity, (2) Barriers to mental health treatment, and (3) Decision-making processes when seeking mental health help.

The Preservation of the Armenian Identity

All of the participants discussed the importance of the Armenian identity marker. Also, participants shared their personal, cultural, and familial experiences as an Armenian and how these experiences influenced their perception of mental health issues. The participants in the study shared the importance of the Armenian identity among the Armenian culture as members of this community are taught to preserve the Armenian identity and share the history of the culture with future generations. Mr. Blue shared "members of the Armenian community, including my family, share the history of our culture with their offspring to preserve our identity" (Blue, personal communication, January 26, 2018).

Regarding the Armenian identity, the participants discussed: (1) inability to heal from the Armenian Genocide, (2) mental health issues related to being Armenian, and (3) mental health help-seeking among Armenians. The participants of the study discussed the communities struggle to obtain social justice to heal from the losses of the Armenian Genocide. Also, the participants discussed mental health disorders passed down from generation to generation and their experiences with cultural and familial disapproval about mental health issues. Also, the participants also discussed the cultures desire to preserve the Armenian identity and the importance of sharing the history of the culture onto future decedents. The participants shared direct and indirect connections to the

Armenian Genocide. A couple of the participants shared a family member who was a victim or survivor of the Armenian Genocide; However, all of the participants shared a connection to the culture in the association of the Armenian identity marker.

Inability to heal from the Armenian Genocide.

The majority of the participants discussed the Armenian Genocide and its influences on the Armenian culture. For example, Mrs. Red stated the Armenian people continue to grief and mourn because they are unable to heal from the denial of the Armenian genocide. Mrs. Red reported, "We're constantly living in this state of grief, and we're constantly living in this state of mourning, and we are not able to move past the grief and actually heal" (Red, personal communication, February 1, 2018).

Mr. Blue expressed, "every year we're denied the occurrence of the Armenian genocide from the country we call "home". I feel like we, as a community, are unable to obtain closure, or heal. We're in constant survival mode! (Blue, personal communication, January 26, 2018). The participants from this community believe the Armenian people are unable to recover from the continuous denial of the Armenian Genocide. In result, members of this community feel like they are not provided with the opportunity to heal. The participants expressed the Armenian Genocide is a marker of the Armenian Identity. In addition, members of this community pass on the cultures history and experiences of the Armenian genocide onto decedents.

Mental health issues related to being Armenian.

The majority of the participants discussed anxiety and depression as common mental health disorders experienced by members of this community. In addition, four of the five participants discussed they believed mental health disorders were transmitted

from generation to generation. Ms. Purple explained, “anxiety and depression are widespread in my familial history. I feel like its hereditary, and it's been passed down from previous generations before me” (Purple, personal communication, February 15, 2018). The majority of the participants discussed generational trauma and how members of the Armenian community could benefit from mental health help. Mrs. Red shared her great-grandparents and grandparents experience during the Armenian genocide, and, although she wasn't directly impacted from the genocide itself, she shares a connection to her family through the genetic marker of anxiety and depression passed from one generation to another. Mrs. Red discussed:

“I recently discovered depression and anxiety are in my family's genes. I think that it kind of makes me feel better to know that it's part of maybe a cultural thing or a hereditary thing in result of trauma passed on neurologically passed between people in their families. I think it can be quite liberating to have somebody tell you, "That's just normal because that's who you are and that's where you come from. I've really been mourning the idea that my great grandparents experienced the Armenian genocide. My family had to leave the country they loved because of such persecution. It sucks to think many of the mental health issues I experience have been passed down to my grandparents, to my parents and to me and that it probably won't go away even for my kids if I have any. Even though I didn't experience the Armenian genocide myself, there's a huge connection with my mental health and who I am as an Armenian because it's connected to my father, grandparents, and great-grandparents” (Red, personal communication, February 1, 2018).

Mrs. Red shared her great-grandparents, and grandparents' direct exposure to the Armenian Genocide had a connection with her mental health as an Armenian. All participants shared a direct or indirect connection with the Armenian genocide. Also, Ms. Green discussed:

Throughout my education I learned a lot about transmission of mental health disorders. Though I didn't realize it then when my parents would share stories of our cultures genocide in 1915, I now realize how genocide can influence mental health issues later down the road. Almost all my family members suffer with anxiety and depression. Sometimes I can't help but ask myself if mental health disorders are hereditary in our genetic makeup" (Green, personal communication, February 19, 2018).

Mental health help seeking among Armenians.

The participants of the study shared their personal, familial, and cultural perceptions toward mental health issues. When the discussion of mental health issues arose, they often faced familial and cultural disapproval. Though some participants obtained support from family or members of their community, all participants agreed to the presence of cultural stigma against mental health disorders and seeking mental health help. Some participants, for example, Mrs. Red, stated the Armenian people are taught to mask or disguise their mental health problems. During an in-depth interview, Mrs. Red stated:

"I think Armenians, due to the continuous denial of the Armenian genocide, continue to express a lot of resentment and guilt. It's kind of like a self-defense in the culture itself of like, "I have to be okay." Most of my family members

experience mental health problems, but it's not really talked about. We're told to mask and disguise our mental health problem" (Red, personal communication, February, 1, 2018).

Majority of the participants confirmed members of this community continue to hide their emotions and mask their feelings. Whether it was their personal experience or their observation, all participants shared members of the Armenian community are taught to hide their feelings. All participants shared this was particularly true among Armenian males. Mr. Blue shared, "As a male, growing up in an Armenian household, I was always told to be strong and never show any signs of weakness" (Blue, personal communication, January 26, 2018). In the Armenian community, if men seek out mental health help, they're often perceived as weak. Therefore, given the cultural stigma attached to mental health disorders and help-seeking, members of the community choose to mask their emotions rather than seek professional help. Ms. Pink stated, "my father is not open to telling a random person how he feels about his family and letting another person tell him what to do with his family" (Pink, personal communication, February 8, 2018). All participants discussed Armenians, generally, do not seek mental health help. Although four of the five participants sought mental health help themselves, all participants shared the elders and earlier generation were less likely to seek mental health help or talk to somebody about their mental health. In addition, Ms. Green stated:

"Ethnic minority groups, including Armenians, do not believe in discussing or expressing deep psychological and or emotional problems and tend to keep dilemmas swept under the rug because it's a dishonor upon their families and cultural values. The Armenian culture does not take mental health disorders

seriously because nobody in the culture wants to admit to having problems. As Armenians, we do not like to accept the fact that we might need help” (Green, personal communication, February 19, 2018).

Ms. Green discussed her opinion that ethnic minority groups, do not discuss or express their psychological or emotional problems. In addition, she discussed cultures denial to accept mental health issues are real and that the culture needs help. The cultural stigma against seeking mental health help is not only a barrier for members of this community, it is also a part of the cultures identity.

Barriers to Mental Health Treatment

All participants shared various barriers that prevent members of the Armenian community, including themselves, from pursuing mental health help or services. Lack of education or awareness, cultural stigma, reluctance, inability to afford or accessibility, lack of familial and cultural support, fear of stigmatization, and poor quality of treatment or inability to connect with the professional were common barriers that were discussed by participants in the current study. Regarding common barriers Armenians experience when seeking mental health treatment or services, Ms. Green replied, "lack of family support, fear of stigmatization, accessibility, inability to afford therapy, and poor treatment" prevents Armenians from getting mental health help (Green, personal communication, February 19, 2018). Mr. Blue added, "I think the main barriers that prevent Armenians from seeking psychological help are their lack of education or awareness and the fear of brining embarrassment and/or shame to the family name” (Blue, personal communication, January 26, 2018). Ms. Purple shared experiencing financial difficulty and client-therapist compatibility when seeking mental health services

as she stated, “When I try to access mental health services I notice they very expensive and difficult to find a therapist I can work with” (Purple, personal communication, February 15, 2018).

In addition to the common barriers, three of the five participants shared difficulties working with mental health professionals who were not culturally familiar with their culture. Furthermore, these participants also shared difficulty finding a therapist they can trust or work with. Majority of the participants preferred to work with an Armenian-identified mental health professional.

“Sometimes, specifically in predominately “white” communities, it’s difficult to find a therapist that can relate with the Armenian community. When you tell them you’re Armenian, they don’t seem to understand or relate to the culture. Unless you’re in Glendale or Los Angeles, you really don’t find many professionals who are Armenian and/or can relate to the culture. There was a time where I sought for a therapist who was a person of color because I felt they would understand me a little bit better than someone who was not an ethnic minority” (Red, personal communication, February 1, 2018).

Ms. Green discussed, “most of the therapists I worked with weren’t even familiar with my culture; therefore, they didn’t even know where to begin (Green, personal communication, February 19, 2018). Three of the five participants shared the importance of seeking help from a mental health professional who identified as Armenian and was, at least, aware of the cultures history, values, and beliefs.

Mental Health Help-Seeking Process

Four of the five participants stated, when seeking mental health help, they'd first seek help from a primary care physician, then a family member or friend, and finally research to find a therapist who's familiar with the culture. Ms. Purple stated:

“When I sought mental health help, I first consulted with my primary care physician because I felt like she would provide me with the best referral. I believe there are all sorts of therapy groups, psychologists, psychiatrists, rehab facilities, mental health clinics, medical doctors that work together to treat people in the Armenian community. I also did a lot of research and reached out to my sister and a friend I can trust for support” (Purple, personal communication, February 15, 2018).

Ms. Pink, a participant who never used mental health services, stated “I’d probably speak to my primary care doctor or a resource center at the university I attend. If all fails, I’d probably do some research to find a good Armenian therapist nearby” (Pink, personal communication, February 8, 2018). Mr. Blue discussed, “When I experienced symptoms of depression and anxiety, I sought assistance from my primary care doctor first, then researched nearby mental health clinics that have Armenian clinicians. I also reached out my supportive family for help” (Blue, personal communication, January 26, 2018). Similar to other participants, Mr. Blue mentioned seeking support from a primary care physician first, then a family member.

Discussion

The findings of the current study conclude with Siegal's (2013) research that Armenians' are less likely to seek mental health services. In the present study, due to the cultural stigma attached to mental health issues, members of this community perceive mental health issues negatively. The participants shared tremendous pressure from family and culture to preserve the Armenian identity. The participants shared, from an early age, they were taught to disguise their thoughts, feelings, and emotions to avoid (1) weakness and (2) familial/cultural conflict or disapproval. The majority of the participants how discussed either they, or someone they knew, chose to keep their mental health issues a secret simply because they were afraid of judgment, criticism, and lack of support. Moreover, the same participants shared knowledge of family and friends who did not know where to turn to for support.

The participants discussed the importance of Armenians sharing the history of Armenian Genocide and cultural traditions onto future decedents to preserve the values and beliefs of the culture. Though none of the participants were present during the Armenian Genocide, the majority participants felt directly and indirectly connected to the culture. Furthermore, several of the participants shared a familial history of anxiety and depression passed from one generation to another. These results indicate potential transmission of mental health disorders from one generation to another. Existing research suggests trauma can be transmitted onto future offspring, and, if left untreated, it may aid in the development of mental health issues (Kalayjian & Weisberg, 2002). Also, the majority of the participants expressed feelings of "inability to heal" and obtain closure due to the continuous denial of the Armenian Genocide.

The participants in the study shared the lack of education and familial support, cultural stigma and fear of stigmatization, reluctance, financial difficulties, inaccessibility, and quality of treatment as barriers experienced by Armenians when seeking mental health help. Understanding the obstacles that prevent ethnic minorities from pursuing mental health help is essential, especially in Social Work, because it motivates researchers and clinicians to examine and understand the occurrence of these barriers. The findings of this study confirm that Armenians too, similar to other ethnic minorities, experience barriers when seeking mental health services.

In the current study, four of five participants have previously utilized mental health services. All participants shared they'd consult their symptoms with a primary care physician or on-campus resource first, and then reach out to a trusted family member or friend. Though participants stated members of their culture and family ignore mental health issues, participants expressed supportive factors to where they could seek support. These findings relate to the research conducted by Derr (2016), who discovered, social support is particularly necessary for immigrants and those who seek for mental health help tend to turn to family first, then friends or religious leaders. Although participants of the current study didn't mention their family or friends as the first choice, family and friends were mentioned as a possible resource. Furthermore, three of the five participants prefer seeking mental health help from an Armenian-identified mental health professional. Furthermore, when seeking mental health help from non-Armenian identified professionals, several of the participants experienced difficulty connecting with the therapist and poor quality of treatment. The participants shared they'd want to work with somebody who understands the culture and its history. These findings are important

for the field of social work and because they provide information that'll assist in the development of culturally competent interventions and practice.

The major limitations of the study were the researcher's insider status and sample size. Future research should consider larger sample size, diverse age group and education level, and the voice of male participants. The participants included (four females and one male, all of whom) were between the ages of 22 to 29 ($\mu=26.2$). Four of the five participants were educated, held a bachelor's degree or higher, and previously utilized mental health services. The participant who had not already used services only held a high school diploma. Future research should include diverse age groups and educational levels to examine if higher education influences the participants' decision to seek help.

The current study suggests mental health professionals who work with this population should consider this communities identity, cultural beliefs, and history of genocide and oppression. Mental health professionals, including social workers, should also understand the importance of enhancing diversity, developing culturally competent interventions, and advocating for this community as they continue to experience denial of the occurrence of the Armenian Genocide. Furthermore, it is important to understand the barriers encountered by these community members to treat this community efficiently. Mental health professionals can aim to bridge a gap by providing effective and culturally competent treatment options.

In conclusion, the preservation of the Armenian identity is important to the members of this community as they experience familial and cultural conflicts when the discussion of mental health issues arises. All participants confirm, due to the cultural stigma, members of this community are less likely to utilize mental health services.

Given the culture's history of genocide, some of the participants expressed concern about generational trauma and transmission of mental health disorders. Furthermore, the participants discussed, the members of this community, due to the continuous denial of the Armenian genocide, are unable heal or obtain closure. Similar to other ethnic minorities, participants in the current study report lack of education, lack of familial support, cultural stigma, fear of stigmatization, reluctance, financial difficulties, inaccessibility, and quality of treatment as barriers to seeking mental health services.

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Appendix A

The Interview Questions

1. What does mental health mean to you?
2. How are/were mental health issues perceived in your family, culture, etc.
3. How do you perceive mental health?
4. What is your understanding of Mental Health treatment?
5. Are you aware of any mental health services available for adults?
6. Do you think Armenian identified groups seek mental health help? Why or why not?
7. What barriers do you think might keep ethnic minority groups from seeking psychological help?
8. What kinds of psychological problems, mental health issues, or challenges might Armenian identified individuals seek help for? And, whom do you think they might seek help from?
9. What do you think would increase the chances Armenians would utilize a mental health professional or therapy?
10. If you were to pursue mental health services, what steps would you take? And why?

Appendix B

Participation Consent Form

VOLUNTARY PARTICIPATION STATEMENT

You should not sign this form unless you have read it and been given a copy of it to keep.

Participation in this study is voluntary. You may refuse to answer any question or discontinue your involvement at any time without penalty or loss of benefits to which you might otherwise be entitled. Your decision will not affect your relationship with California State University, Northridge. Your checkmark below indicates that you have read the information in this consent form, have had a chance to ask any questions that you have about the study, and waive written consent.

- I agree to participate in the study
- I agree to be audio recorded
- I do not wish to be audio recorded

Not agreeing to be audio recorded precludes you from participation in the study.