Intersectional Research Methods on AAPI LGBTQ Youths' Mental Health

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Abstract:

Navigating early adulthood is difficult for many youths. This is especially true for those who have multiple marginalized identities. For many Asian and Pacific Islander (AAPI) LGBTQ individuals, the transition to adulthood is often accompanied by social oppressions like racism and heterosexism. Discrimination and aggression towards this population can cause long-lasting damage to mental and physical health. There is too little attention paid to this particular issue stemming from a lack of intersectionality surrounding race, culture, and class in LGBTQ research and resources. People with multiple marginalized identities experience more psychological distress. Most of the current literature does not investigate how these factors change the lived experience of queer people of colour. Unfortunately, even fewer studies have examined the mental health of AAPI LGBTQ youths. Research or study on this population has been limited due to the lack of acknowledgement and the difficulty in gathering a large and diverse sample size. These limits can lead to serious issues, especially as the AAPI population has been on the rise for the past few decades in North America. The lack of data and information on this population will inevitably manifest into a lack of public support for this population.

This MRP aims to propose innovative research methods to raise awareness of mental health related issues among AAPI LGBTQ youths. Through literature, and by interviewing queer youth from the Asian and Pacific Island community in Toronto and New York City, I have designed a mixed research method to capture and understand the unique experiences and mental health state of AAPI LGBTQ youths. The final research formula illustrates the following goals: Goal A: Investigate the intersection of

identity and cultural values and the resulting impact on mental health. (Goal B) Learn

the experience of AAPI LGBTQ Youths in the queer community. Goal C: Understanding

how participants' experiences as queer Asians affect their mental health.

Acknowledgement

I would like to express my deepest gratitude to my principal advisor, Dr. Ashok Mathur. Without his patient guidance and enthusiastic encouragement this study would have been impossible. I would also like to thank Julius Poncelet Manapul for their advice and assistance in the early stages of this study.

Special thanks are extended to all the participants for being so generous with their time, stories and ideas.

Finally, I wish to thank my family, friends and colleagues for their support and encouragement throughout this study.

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Introduction:

As a queer Chinese immigrant who has struggled with navigating my queerness and Asian-ness, this research project stems from the frustrations and difficulties I have had in finding peers or communities with shared similar lived experiences. To put it simply, being a young person with multiple minority identities can be incredibly lonely.

Even though there has been a significant increase in queer representation in the mainstream media in the past decade—from coming-out movies on Netflix to rainbow-coloured merchandise in local grocery stores—discrimination against the LGBTQ community has not ended. When we take a closer look at these new "representations", it's easy to see that the stories and narratives that are being highlighted are incredibly "white," and geared to be palatable to a heterosexual audience. The reality is crueler than the "queer utopia" that the media seems to suggest. In March of 2022, Florida banned sexual orientation instruction from grade 3, also known as the "Don't Say Gay" bill (Associated Press, 2022). According to the Canadian census of 2021, "…police reported 263 hate crimes targeting sexual orientation in 2019, up 41% from a year earlier and the highest number of hate crimes targeting sexual orientation since 2009" (Associated Press, 2022). The same census stated that "…sexual-minority Canadians were more likely than heterosexual Canadians to report that they consider their mental health to be poor or fair (32% version 11%). They were also more likely to have seriously contemplated suicide in their lifetimes (40% versus 15%) and to have been diagnosed with a mood or anxiety disorder (41% versus 16%)" (Statistics Canada, 2021).

For many queer people of colour, being part of multiple minority groups triggers more mental health stress factors, especially as racial discrimination remains surprisingly common in many queer spaces. Diaz, Ayala, Bein, Henne, and Marin (2001) and other researchers have begun to investigate the consequences of discrimination towards both race/ethnicity and LGBTQ identity on health and well-being. Recent research has found that psychiatric symptoms are associated with both racist and heterosexist stress factors for African Americans (Zamboni & Crawford, 2007) and Latino bisexual and gay men (Diaz et al., 2001). These stress-related causes may relate directly to poor mental and physical health and may also be connected with risky health behaviours or habits.

In addition to the potential social stressors that most BIPOC queer people have to endure, Asian people often don't seek help for mental health issues. This is the result of the stigmatization of mental illness in AAPI culture. According to a report by the Western Journal of Medicine, many east Asian cultures are highly influenced by Confucians, who "discourage open displays of emotions to maintain social and familial harmony or to avoid exposure of personal weakness" (Kramer, Kwong, Lee., & Chung, 2002). This stigmatization creates fear and shame around mental health issues in Asian communities in general.

The combined lack of representation in queer spaces and presence of traditional Asian values causes many AAPI queer youths to feel excluded from both queer and AAPI communities. This project aims to take a closer look at this population and design a study that investigates the intersection of identity and cultural value and its impact on mental health. It is my hope that this research framework will provide insight into the

minds of AAPI queer youth and help highlight their mental health needs, in order to increase their access to resources and to garner public support.

Research Methodology:

The current study focuses primarily on literature research due to time constraints and limited resources. Qualitative research methods are also applied in the research process to provide supporting evidence, authenticity and context. Data will be collected through primary stakeholders via interviews and codesign to achieve the following goals: Goal A: Understand how race and sexual/gender identities intersect for this population by learning from their lived experiences. Goal B: Identify and investigate issues that are unique to AAPI LGBTQ youths. Goal C: Identify the most accessible research method/format for the target population to partake in the research. Recruitment for the study will use purposive sampling order to ensure that participants from different backgrounds are included. Both the interviews and the codesign sessions will be documented with audio recordings (upon the consent of participants), which will then be transcribed into text. The researcher will use thematic coding to find common themes and insights and translate them into design solutions.

Literature Review:

A difficulty in researching and learning the multiple minority identities of LGBTQ people of colour lies in the need to examine oppression through multiple lenses, including queer/homophobia, racism, classism, etc. To have a meaningful understanding of the nuances of the AAPI queer experience, it is necessary to

investigate how queerness exists in the contexts of cultural/racial identity and socio-economic environment. Collectively, these factors all contribute to one's mental health state and access to mental health resources.

Asian cultures and beliefs have always been viewed as conservative, especially in the West. Ironically, queerness has existed in AAPI culture throughout history. Many scholars and critics in Asia argue that homophobia is an inherently Western concept (Wong, 2022). Countless written documents, books and other pieces of evidence show that queerness was a part of many Asian societies before colonialization. "The Kama Sutra, written over two millennia ago, has a chapter of explicit instructions on gay sex. In Imperial China, many Han dynasty rulers were bisexual or homosexual… Lesbian and gay partnerships were meanwhile ubiquitous throughout the Ashikaga and Edo era Japan, even under the most repressive, feudalistic rule of its political history" (Wong, 2022). Attitudes towards queerness across Asia changed drastically when Western powers arrived and imposed colonial sexual politics. Cultures and communities that were once open-minded about queer sexuality and identities became more conservative in order to align themselves with Western ideology.

Anti-LGBTQ values are still present in many North American AAPI communities today. Similar to many other POC (people of colour) communities, AAPI families and communities maintain an emphasis on upholding gender roles, religions, family and family lineage. Therefore, LGBTQ POC often choose to come out to peers before coming out to family, and/or choose not to come out to their parents and families at all (Chan, 1989; Bhugra, 1997; Li & Orleans, 2001; Merighi & Grimes, 2000). This phenomenon is even more common among AAPI youths. 2020 research by Trevor

Project, the world's largest suicide prevention and crisis intervention organization for LGBTQ youth, states that "AAPI youth were significantly less likely than non-AAPI youth to share their LGBTQ identity with parents" (The Trever Project, 2017). According to qualitative research on parental sexual communication among Asian Americans in 2007, many Asian American parents provide "very little information about a range of sexual topics"(Kim & Ward, 2007). Alice Hom, an Asian American activist and author, shares a similar sentiment regarding this issue, stating that "sexuality is an issue rarely or never discussed amongst Asian families, yet it remains a vital aspect of one's life" (Hom, 1994). Given that sex-related subjects are taboo within AAPI families, it is often hard for AAPI queer youths to accept their sexualities and gender identities, and even harder to come out to their families. Many fear the reactions of their immigrant parents. In Hom's study of Asian American parents with lesbian and gay children, she finds that some "parents believe their child has changed and is no longer the person they thought they knew" (Hom, 1994). Many parents live through diverse and contradictory emotions after learning of their child's queer identity, ranging "from the loss of a dream they had for their child to a fear of what is in store for them as a gay or lesbian person in this society" (Hom, 1994).

On top of the stress from community and family, many AAPI youths also face discrimination from the queer community. In general, queer people of colour have to be conscious of their race and ethnic backgrounds even in a queer-friendly space. Previous research on LGBTQ Blacks and Latino/as "suggests that many of these individuals perceive their sexual identity as separate from and secondary to their racial/ethnic identity due to prevailing white dominance and normativity within the

mainstream LGBT community" (Grov et al., 2006). As a result, most queer people of colour form their sense of identity from their cultural background before their queerness, because they have grown up and socialized in an environment that shares marginalized experiences. Therefore, in the LGBTQ community that is supposed to provide a safe space for all of its members, white normativity divides one's sexual identity from their racial/ethnic identity. AAPI people, who have long experienced microaggressions for their perception as perpetual foreigners (Sue, Bucceri, Lin, Nadal, & Torino, 2007), often feel especially isolated from mainstream queer culture. On top of that, AAPI people and their sexualities inherit the narratives of their specific immigrant history. For example, government officials and doctors in 18th and 19th century Canada reinforced anti-Chinese immigration sentiment by positioning Chinese people as sexual degenerates (Day, 2016; Shah, 5 2011; Eng, 2001). "Chinese masculine and feminine gender deviance and non-conforming behaviour were viewed as symptoms of pathological homosexuality" (Tam, 2018). This belief was widely held across North America and still exists today: it even bleeds into queer spaces. "The fragmentation of identity into several different compartments often resulted in favouring one identity over another among LGBT people of colour" (Tam, 2018). This favouring can be extremely problematic. It can either result in discrimination or fetishization. Grindr, a popular queer dating app, banned users from using discriminatory languages such as "No fat, no femme, no Asian" in their profile. (Menchavez, 2019) Andre Menchavez, a young queer and Filipinx activist and journalist, describes this as "the complexity of both fetishization and isolation while dating as an Asian queer person" (Menchavez, 2019).

Consequently, many LGBTQ AAPI youths don't feel comfortable in both AAPI communities and queer spaces. A report from New York's Queer Asian Pacific Legacy conference stated that "over 82% said that AAPI LGBT people experience racism within the white LGBT community, and 96% of respondents said that homophobia and/or transphobia was a problem in the AAPI community" (Dang & Hu, 2004).

Financial stability has a direct link to mental health and access to mental health resources. A survey by England's Money and Mental Health Policy Institute found that "86% of respondents…of nearly 5,500 people with experience of mental health problems said that their financial situation had made their mental health problems worse" (Money and Mental Health Policy Institute, 2021).

In "AAPI LGBT Adult in the US: LGBT well-being at the intersection of race" by Williams Institue at UCLA, the report shows that AAPI LGBTQ Asian Americans are more likely to experience economic insecurity than AAPI non-LGBTQ adults. Here are some of the important data from this report that can better illustrate the issue (Choi et al., 2021):

- About 1/5 (21%) of AAPI LGBTQ adults live with a household income below $24,000 per year compared to 15% of AAPI non-LGBTQ adults.
- AAPI LGBT adults are more likely to be unemployed (10% compared to 6%) and to experience food insecurity (16% compared to 8%) than AAPI non-LGBTQ adults. These differences are even more pronounced when comparing just NHPI (Native Hawaiian Pacific Islander) LGBTQ adults to NHPI non-LGBTQ adults: 14% of NHPI LGBT adults are unemployed compared to 8% of NHPI non-

LGBTQ adults, and 40% of NHPI LGBTQ adults experience food insecurity compared to 22% of NHPI non-LGBTQ adults.

- AAPI LGBTQ adults are more likely to live in low-income households (below 200% of the federal poverty level) than AAPI non-LGBT adults: 38% of AAPI LGBT adults live in low-income households compared to 29% of AAPI non-LGBT adults. NHPI adults, both LGBT and non-LGBT, are more likely to live in low-income households than AA adults. Over half (55%) of NHPI LGBT adults—including 64% of NHPI LGBT women—live in low-income households along with 42% of NHPI non-LGBT adults. (p5)

Queer people face more challenges and struggles when it comes to mental health due to the effects of discrimination and the social determinants of health. A report by Rainbow Health and CMHA Ontario shows that queer people have "higher rates of depression, anxiety, obsessive-compulsive and phobic disorders, suicidality, self-harm, and substance use(…) [and are at] double the risk for post-traumatic stress disorder (PTSD) than heterosexual people" (CMHA, n.d.) Queer and trans youths face an even higher risk. For example: "LGBTQ youth face approximately 14 times the risk of suicide and substance abuse than heterosexual peers, and 77% of trans respondents in an Ontario-based survey had seriously considered suicide and 45% had attempted suicide. Trans youth and those who had experienced physical or sexual assault were found to be at the greatest risk" (CMHA, n.d.). There is also evidence that LGBTQ people are at higher risk for substance use issues than the general population.

On top of the trauma of being queer in a heteronormative society, many AAPI queer youths also deal with the issues that come along with being a racial and ethnic

minority. Therefore, it's important to investigate similar and relevant cultural values regarding mental health within the Asian American and Asian Canadian ethnic communities. The importance of cultural values on mental well-being and functioning has been emphasized in the psychological literature (Constantine & Sue, 2006). Kim, Ng, and Ahn (2005) pointed out that the majority of members of Asian communities have not been living in America for very long, many families for two or fewer generations. Consequently, Asian values and beliefs have a significant impact on Asian Americans' mental health and how they interact with others (Kim & Hong, 2001; Kim & Omizo, 2005). "Asian cultural values and beliefs include collectivism, conformity to norms, deference to authority, emotional self-control, family recognition through achievement, filial piety, humility, hierarchical relationships, and avoidance of shame" (Iwamoto, D. K., & Liu, W. M. 2010). Kim and colleagues (2001) suggest that "although there are significant within-group differences among Asian Americans, this group shares significant common cultural values and beliefs". The negative connotations of mental health issues causes mental health to be a low priority in most Asian communities. For many queer youths—who are already more likely to have mental health issues compared to their cisgender and heterosexual counterparts (Johns et al., 2019; Kann et al., 2018)—this shame around mental health issues and a fear of outing themselves also prevents them from openly discussing their past trauma or seeking help from mental health professionals. This can be proven by the data from the previous report by William Institute at UCLA (Choi et al., 2021):

Compared to non-LGBTQ adults, more LGBTQ adults have been diagnosed with depression. As a group, a high proportion of NHPI (Native Hawaiian and Pacific Islander) adults have depression, but this percentage is particularly high among NHPI LGBTQ adults. When examining the rates of depression at the intersection of gender and LGBTQ status, we see that 30% of AAPI LGBTQ women have been diagnosed with depression, indicating any overall differences between LGBTQ and non-LGBTQ adults are largely driven by AAPI LGBT women (p26).

During the research process, it comes to my attention that most of the literature doesn't mention how sexism interacts with this population—most of these sources either don't specify gender or are solely focused on AAPI gay men. Another interesting finding is that in many studies, the researchers are treating the LGBTQ community as a monolith. Homosexuality, bisexuality, pansexuality, transgender, non-binary, etc., are all different, and individuals that identify with one or more labels will have unique experiences. This is especially the case when someone identifies with one of those labels but is still in heterosexual relationships (for example, someone who identifies as bisexual but is dating a heterosexual person). These are the themes and elements that I want to explore with my research.

Interview and Codesign Plan:

The following is the step-by-step procedure for conducting the research:

1. We invited participants (age 18-29, it will be on a first-come-first-serve basis) to a 1.5-hour interview and codesign session. Information about this study was advertised using our flyer and social media post on social media platforms.

2. The people who were interested in participating emailed the researcher and completed a preliminary test. The researcher contacted suitable candidates through email and booked a meeting time.

3. Before the study, participants were asked to complete a consent form.

4. On the day of the study session, the participant engaged in the following activities: (a) They first were briefly reminded of the goals of the project and their rights (20 minutes).

 (b) The participant took part in a semi structured interview (30 mins) where we discussed their past and current experiences as an AAPI queer youth. (This aligns with Goal A: Understand how race and sexual/gender identities intersect for this population by learning the lived experiences)

(c) Next, the participant was invited to take part in a codesign session (30 minutes). In this activity, the participant was asked to identify area/topics they wanted to learn more about regarding the mental health of AAPI queer youth, and listed questions they wished to ask in that topic/area. Each session was audio recorded for posterior qualitative analysis and thematic coding. The purpose of the audio recording was to capture the conversations that happened during the session.

Recruitment Process and Participants:

   To recruit participants in the study, I began by posting advertisements on my social media about the study. Fortunately, the post got the attention of some nonprofit organizations and communities. When nonprofits reposted my study, people began to contact me about the research. Out of the fifteen people that reached out to me, only five completed and returned consent forms. Five participants in this study come from different gender identities and sexual orientations. The following charts show the basic background information of the participants.
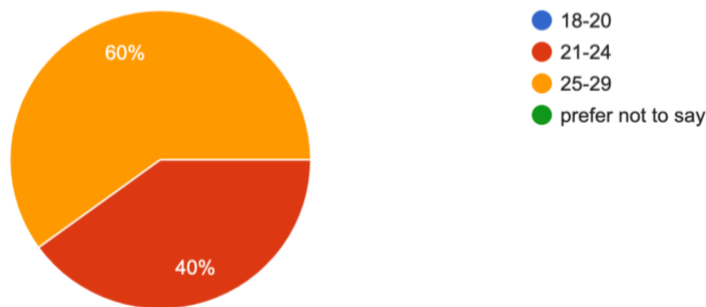
Figure 1. How old are you?

5 responses

- 18-20
- 21-24
- 25-29
- prefer not to say

60%
40%

Figure 2. How would you identify your gender identity?

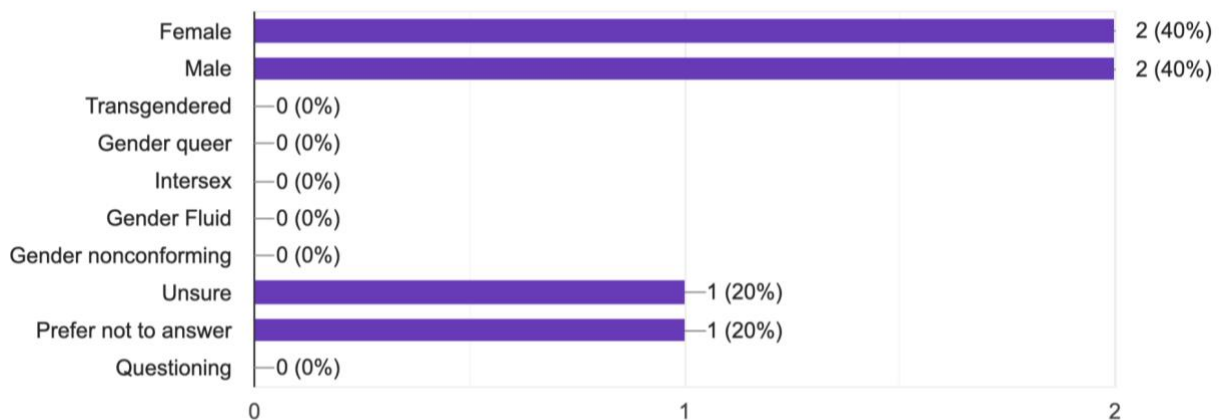| Gender identity	Value
Female	2 (40%)
Male	2 (40%)
Transgendered	0 (0%)
Gender queer	0 (0%)
Intersex	0 (0%)
Gender Fluid	0 (0%)
Gender nonconforming	0 (0%)
Unsure	1 (20%)
Prefer not to answer	1 (20%)
Questioning	0 (0%)

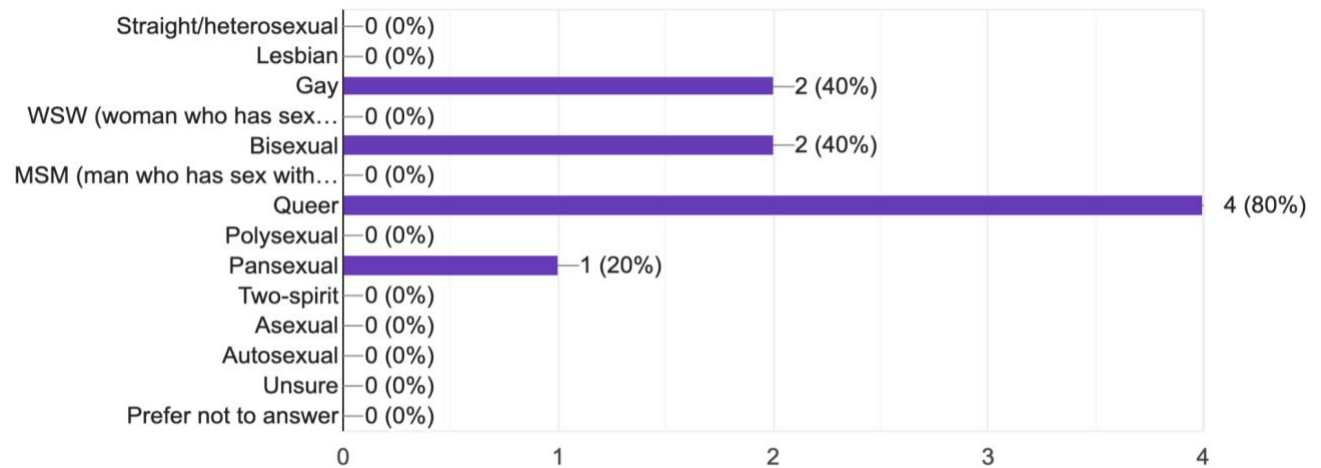Figure 3. How would you identify your sexual orientation?

Figure 4. What race and ethnicity do you identify with?
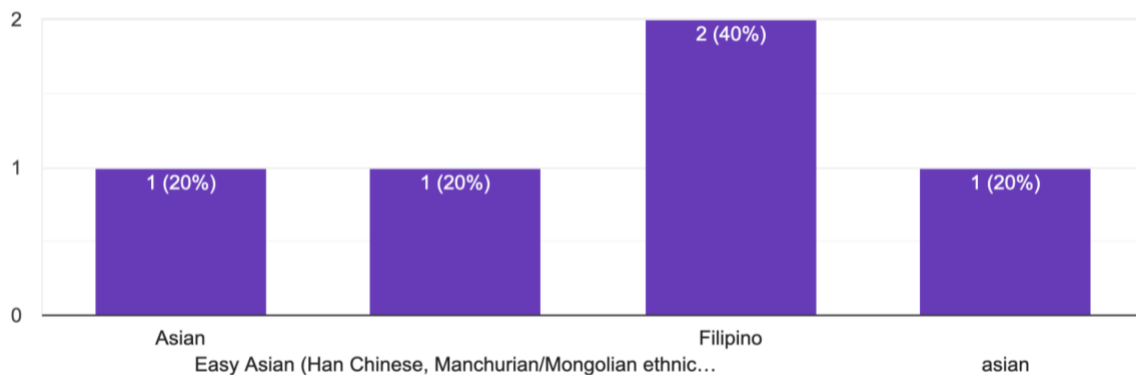
Interview and Codesign Formats:

The data collected in the research will use conversational interviews and codesign sessions. Both the interview and codesign sessions are semi-structured (see appendix page for sample questions). This process allows participants to be more relaxed during the research, especially when topics such as racism and homophobia, transphobia, biphobia, etc. are approached.

The questions are designed according to the literature findings and target the following topics: (A) To understand how AAPI culture and sexual/gender identities intersect for this population, through the gathering of lived experience. (B) To identify and investigate the economic and financial status that AAPI LGBTQ youths' mental health. (C) To understand the target demographic's relationship with mental health.

The codesign session utilized unstructured conversation. Participants were asked to develop a research method in order to discover and share what they wished to learn about mental health for this demographic.

Interview summary:

To protect the anonymity of the participants, all personal identifiers will be removed. Instead, each participant will be assigned a Roman numeral.

Comfortabilities of their own identities

All of the participants felt comfortable with their queer identities at the time of the interviews. However, their willingness to be open about their queer identities is largely influenced by social environment and circumstance. For example, Participant I feels comfortable in their queer identity when they are with their family because they are out to their immediate family members. However, Participant I mentioned that they are not out to their supervisors and colleagues at work, since their workplace has a predominantly elder East Asian population. They worried that people they work with might treat them differently after learning of their sexual orientation. Participant III had a similar concern. Especially after overhearing their ex-boss making homophobic comments at their last job.

A common sentiment shared among participants is that they have all encountered various levels of difficulties coming out to their families. Both Participant II and III are not out to their family members, since they are in "a straight passing" relationship (straight passing: a couple that looks like they are in a heterosexual relationship). Therefore, coming out to their parents seems less necessary, and not coming out eliminates potential tensions within their families. Participant III recently came out to their family. It took them a long time to come out because they are not living with their parents anymore. Participant V expressed that if they are still living with their family, coming out becomes much more challenging. Even though their parents have acknowledged their queer identity, they still avoid the topic with their family.

All of the participants have been able to find a close circle of friends that are accepting of their queer identities. Most of them have other queer friends they can relate to. Having these friendships and small communities outside of their family is extremely helpful to their mental health. One story worth sharing is that Participant III's parents have a very negative view of queerness. After Participant III introduced their parents to their gay friends, both of their parents became a little more open-minded toward the LGBTQ community.

Experience in the Queer community

All of the participants have had positive experiences with the queer community, for the most part. Most of them haven't experienced any racism within the queer community. Participant II actively involved themselves in the

AAPI queer community within the GTA area. Through their social network, Participant II felt like they finally found a group of people that gave them a sense of belonging. It is also important to note that most of the participants have access to queer communities of colour, or at least have a few friends that identify as both AAPI and queer. This is a major difference from my literature research, as most of the data were collected from the early 2000s to the 2010s. Youths today are more open about being queer. All of the participants live and grew up in either the GTA area or NYC. Both of these places are culturally diverse and have better queer visibility. Therefore their experience is not representative of the majority of the AAPI queer people in North America.

However, Participant V did mention that they feel uncomfortable in certain queer spaces. For example, the person they went on a date with told them go to a gym to lose weight. This made them even more self-conscious about their body image. This is something I missed during the deck research process.

Access to Mental Health

When participants were asked questions about how they deal with stress resulting from racism and queerphobia, the majority of them said that they talk to their friends, peers and families to cope. A notable instance from Participant I: during the interview they described a time at the beginning of the pandemic when they were told to "go back to China!" by a random person who yelled at her. At the moment they were shocked and did not know how to react, as this was their first time experiencing outward racist statements like this. After the incident they

were able to collect themselves and talked about it with their friends. I also found that talking about mental health issues is less stigmatized among the participants. A lot of them were able to openly talk about their mental health journey and actively seek support. Participant II was recently able to find and attend some group therapy sessions when they were experiencing stress in their workplace and home life. Participant III has been receiving care from mental health professionals continuously. However, access to mental health professionals is still a problem, especially when trying to find a therapist with the lived experience of being both queer and AAPI. Participant V expressed their frustration in accessing this type of information. They felt that health care information, in general, should not be gatekept, it should be public. They also mentioned that mental health care is very expensive and should be covered by insurance.

Overall, this group of participants is very open-minded about any issues that relate to mental health. Part of the reason may be that mental health-related topics have become very popular over the past few years. Since the recruitment took place on social media, it is likely that participants were already exposed to similar topics.

Codesign Themes:

Here are the common themes that came up during the codesign sessions of the interview: community building, mental health access, community support, outreach, online survey and participant interviews.

The common sentiment throughout the interview and codesign processes was that participants not only feel underrepresented, but also wish there was a larger AAPI queer community, even though most of them currently live in queer-friendly environments with sizable Asian populations. Interestingly, this feeling does not sound foreign to me at all; as an AAPI queer youth myself, I can relate. This was one of the sentiments that led me to undertake this research in the first place. I hope that a result of this research is to bring a sense of visibility to the community. This is why I think it is important to share the results of the research in a meaningful way that can start a productive conversation.

Research Methods and Prototype:

After the literature research and participant interviews, I believe integrating both qualitative and quantitative research will "expand and strengthen a study's conclusions" (Schoonenboom, J., Johnson, 2017). By applying this research method, the data will benefit from "(1)its ability to maximize generalizability concerning populations (e.g., actors), (2)its precision in control and measurement of variables related to behaviours of interest, and (3)its ability to provide authenticity of context for the observed behaviours" (Turner et al., 2017). As mentioned in the literature review, there are many areas that deserve more investigation to add more nuance. It is important to develop a series of questions to close the gap in the current research and literature. The research is designed to proceed in 3 phases: survey, participant interview, and results publication. The survey will take place online to gather general information and concerns from the population. It will also serve as a screening procedure for the interview phase. Survey

participants who agree to be a part of the interview will be contacted by the research team. The interviewees will be selected based on the purposive sampling method in order to ensure a diverse pool of representatives and narratives. The final data and reports will be collected, compiled and published as both a physical and digital zine.

Phase 1: Survey

The survey aims to achieve two important goals: (1) to gather basic background information on the participants, and (2) to understand the current state of AAPI queer youths' mental health. The first step of designing this survey is defining "youth" in the context of this research. Youth is a relatively vague term used to describe a younger population. The meaning of "youth" can vary for each individual or the collective public. Therefore, it is crucial to specify the age range. For this research, we set the age range for the participants from 18-29. Due to the nature of the online surveys, people of all ages will have access to it. We want to avoid any ethical concerns that involve having minor participants, therefore we set the minimum age to 18. For the past few years, an increasing number of young adults have been experiencing delayed adolescence due to the global political and economical landscapes. Many of them are postponing the traditional social and financial markers of adulthood such as marriage and homeownership, especially compared to their parent's generation. Even though adulthood is a nuanced experience and cannot be simplified by these traditional and capitalistic life milestones, it is worth acknowledging the conditions of adulthood that most young people of today are experiencing. This survey addresses these conditions by setting the maximum age to 29.

Other than gathering basic information about the population, the survey also aims to understand the current mental health state of queer AAPI from multiple angles. In order to address the gap in the literature research, I want look at the data through those lenses and compare how these data are different from each other.

Here is a list of questions that will appear on the survey:

Part one questions (basic identities):

1. *How old are you?*

2. *What gender do you identify with?*

3. *What is your sexuality?*

4. *What is your ethnicity?*

5. *What is your education level?*

6. *What is your income level?*

7. *What is your religious belief?*

8. *Are you an immigrant, if so how long have you been living in North America?*

9. *How many languages do you speak other than English?*

Part two questions (current mental health state):

10. *Overall, how would you rate your mental health?*

11. *How often do you drink?*

12. *How often do you smoke?*

13. *How many hours of sleep do you typically get?*

14. *On a scale of 1-10, how important is mental health to you?*

15. Have you ever been diagnosed with a mental disorder?

16. If you have been diagnosed with a mental disorder, what was it?

17. Is there a history of mental disorders in your family?

18. In the past month, how often have you experienced difficulties or challenges in school, work or life due to your mental health?

Part three questions (access to mental health care):

19. When did you last have a mental health examination?

20. How often do you receive mental health care (therapy, counselling, etc.)?

21. Do you have mental health care coverage in your health insurance?

22. If you do receive mental health care consistently, how much do you have to pay for your mental health care?

Part four questions (community support)

23. Do you and your families share the same fluency in one language?

24. If not, on a scale of 1-10, what is your confidence level with communicating with your family efficiently?

25. How often do you talk about mental health issues with your family?

26. How often do you talk about mental health issues with your peers?

Phase 2: Interviews

The interviews are structured similarly to the ones in the interview and codesign session. The interviews aim to be a deeper dive into the issues and problems that are brought up during the survey. After participants complete the survey, they will be asked if they want to be contacted and if they agree to participate in the interview process. As

mentioned previously, participants for the interview will be recruited through the purposive sampling method, so that the researcher can understand the participants in a more nuanced way. The interview itself is unstructured and lasts about 1.5 hours. To make sure the data is diverse, a maximum of 25 participants will participate in the interview session of the research. Like the previous interview, these sessions will be audio recorded for posterior qualitative analysis and thematic coding. The reason for the audio recording is to capture the conversations that happen during the session. The questions for the interview will be generated from each participant's response to the survey. With participant consent, direct quotes from the interview will be published but their identity will not be revealed.

Phase 3: Published result

One of the most important goals of the research is to showcase the resulting data in a meaningful way. Sharing the research results is not only a tool for the target population to get public support, but is also a way for them to feel included. It is a gentle way of saying "you are not alone" to AAPI queer youths and an acknowledgement of their existence.

Since the target audience is young, I wanted to reflect on the way the information is published and make it accessible to them. Using an online zine is a very effective format for this type of content; it is easy to distribute and an effective way to communicate important information.

Ethical Concern:

The nature of the research is such that participants are required to reveal stories of trauma and details of their mental health journeys, all of which is incredibly personal and sensitive. Therefore, the research needs to be conducted with care.

In order to protect participants' privacy, the research process will adopt a similar approach to the interview and codesign session for this MRP. Before the survey and interview sessions, there will be trigger warnings or content warnings prior to asking any question that might trigger negative emotions or stress. Participants will be informed of the study details before the survey through the mandatory consent form they will receive via email. For interview recruitment, another consent form will be attached with the recruitment email for consideration prior to any activities. Participants will not be obligated to answer all the questions, and are free to skip any questions that they feel uncomfortable with. If they no longer feel comfortable participating in the research, their data will be deleted, and we will thank them for their time and consideration. We will reduce the risk of exposing participants' identities by keeping the data confidential. Participants' names, ages or any other personal identifiers will not be released to the public. Instead, participants will be given a roman numeral identifier in the published report. During the research period, only the researchers will have access to the data, and all data will be destroyed after the completion of the research.

Limitation:

Completing the MRP has been a challenging process for me. I did not have much research experience before beginning this journey, and it shows through the project. I

underestimated the initial scope of the project. The range of the research might still be too broad due to my lack of experience in conducting research. Consequently, both the MRP and the research method proposed in the MRP have a lot of flaws due to lack of time, expertise and resources. Every step of the process needs to be more polished for better results. The interviews and codesign will benefit from more participants with diversity in terms of gender, sexuality, age, etc. The proposed research model requires more guidance and oversight from mental health professionals. It would be also beneficial to have more participants testing the proposed methods, and to receive more feedback from participants. Overall, I don't think this project was a complete success; however, it is a small step in the right direction.

Conclusion:

Even though the MRP has not turned out to be exactly what I thought, it was a very therapeutic experience for me. For the longest time I felt so alone as an AAPI youth. I became hyper-aware of my race, gender identity and sexuality, and their relationship to the world that I interact with on a daily basis. I knew I couldn't be the only one feeling this way. This further shows that the failed attempt is still extremely important and valuable. For this reason, I am still grateful that I was able to take on this MRP and complete it. It is a tiny step for a greater change in the future. I hope that the people reading this paper right now feel included and empowered in some way.

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Appendix A:

Interview Questions:

ICE BREAKER: if you had a superpower what do you want it to be? How do you want to use this power?

What age did you first realize you were _____? What has it been like for you after coming out/transitioning to yourself and to others?

How comfortable are you with your identity as an LGBTQ person?

How open are you about your sexual orientation/gender identity? At work? At school? At home? With new acquaintances?

How have homo/bi/transphobia and/or heterosexism or cissexism affected your mental health and how have you dealt with this?

Have you experienced homophobia within the AAPI community? If so how do you deal with it?

How has racism against AAPI affected your mental health?

Have you experienced racism within the LGBTQ community? If so how did you deal with it?

What are the coping mechanisms you have used to face discrimination/rejection (if applicable)?

How have been both AAPI and queer affected your life? In what way?

Co-design session: (this is a co-design session, the participant will be asked to develop a research method with the researcher through conversational questions. The followings are only the general questions that will be asked during the session.)

Can you take 5-10 mins to think about what kind of topics are you most interested in regarding AAPI LVGTQ youths' mental health?

Now, please list the questions you want to ask in that topic/area.

Finally, if you got a chance to design a study/survey targeted younger people, what format would you use and why?