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The Importance of Family Factors and Generation Status: Mental Health Service Use Among Latino and Asian Americans

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The present study utilized data from the National Latino and Asian American Study to examine ethnic and generational differences in family cultural conflict and family cohesion and how the effects of such family conflict and cohesion on lifetime service use vary by generation status for Latino Americans (n = 2,554) and Asian Americans (n = 2,095). Findings revealed that first-generation Asian Americans reported greater family cultural conflict than their Latino counterparts, but third-generation Latino Americans had higher family conflict than their Asian American counterparts. First-generation Latino and Asian Americans had the highest levels of family cohesion. Results from logistic regression analyses indicated that Latino Americans who reported higher family cultural conflict and lower family cohesion were more likely to use mental health services. For Asian Americans, family cultural conflict, but not family cohesion, was associated with service use. Relative to third-generation Asian Americans, second-generation Asian Americans with higher family cultural conflict were more likely to use mental health services. Given that cohesive familial bonds appear to discourage service use on the part of Latino Americans irrespective of generation status, further research is needed to ascertain the extent to which this tendency stems from greater reliance on family support as opposed to the stigma associated with mental health treatment. Mental health providers and treatment programs need to address the role of family cultural conflict in the lives of Asian Americans, particularly second generation, and Latino Americans across generations, because conflictual family ties may motivate help-seeking behaviors and reveal substantial underlying distress.

Keywords: family, immigration, Latino, Asian, service utilization

Compared with the non-Hispanic White population, ethnic minorities, including immigrants, have significantly underutilized mental health services (Cheung & Snowden, 1990; Harris, Edlund, & Larson, 2005; Wells, Klap, Koike, & Sherbourne, 2001). Ethnic minorities may encounter considerable cultural and structural barriers (e.g., stigma, lack of insurance coverage, limited English proficiency) that lead to disparities in mental health care, resulting in either delayed treatment or unmet mental health need (Snowden & Yamada, 2005; U.S. Department of Health & Human Services, 2001). Studies have increasingly addressed various factors that affect mental health service utilization among underserved Latino and Asian American groups (Abe-Kim, Takeuchi, & Hwang, 2002; Abe-Kim et al., 2007; Alegría et al., 2007; Snowden & Yamada, 2005; Wong et al., 2006). Nonetheless, one major question concerns how nativity- or immigration-related (e.g., generation status) and family relational factors collectively influence service utilization among both Asian and Latino American groups.

Addressing the issue of service underutilization on the part of Latino and Asian Americans becomes all the more crucial, given the marked rise in the health needs of these groups (Kandula, Kersey, & Lurie, 2004). Although foreign nativity status is theorized to be a protective factor against mental disorders for some immigrant groups (Breslau & Chang, 2006; Grant et al., 2004), rates of psychiatric disorders may increase over time as immigrants and their families spend more time in the United States (Vega & Lopez, 2001). Yet, past studies on service utilization have not typically differentiated between individuals who are born in the U.S. and those who are not (Kandula et al., 2004; Takeuchi, Alegría, Jackson, & Williams, 2007). Previous studies on Asian and Latino Americans attest to the importance of contextual factors associated with nativity status and immigration (e.g., socioeconomic status, language barriers) that affect mental health service use (Abe-Kim et al., 2007; Alegría et al., 2007; Portes, Kyle,

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& Eaton, 1992; Wong et al., 2006). However, prior research on characteristics related to immigration status as potential barriers to service utilization have been inconsistent (Abe-Kim et al., 2007; Alegría et al., 2007; Sentell, Shumway, & Snowden, 2007).

Investigating the correlates of mental health service use among these distinct Latino and Asian American groups entails considering not only immigration factors but also the family context. Asian and Latino Americans both have minority status in the U.S., value the family, and share acculturation and immigration issues. To date, less is known about how family relational factors account for mental health treatment disparities across different ethnic groups, such as Latino and Asian Americans (Snowden, 2007). The nature of family ties may either increase or decrease help-seeking behaviors depending on the cultural context, but comparative studies on both family- and immigration-related factors that affect service use and involve nationally representative samples of Asian and Latino Americans are notably scarce. These shortcomings reflect limited available information on factors that affect the unmet mental health care needs of Latino and Asian Americans at the national level (Alegría et al., 2004). Examining the influence of family relational factors and generation status on mental health treatment among nationally representative samples of Asian and Latino Americans would enrich our understanding of mental health service utilization patterns with the goal of making services more culturally syntonic.

Help Seeking in the Family Context

Past research has framed the utilization of mental health services in terms of individual need, the availability of resources, and the ratio of risks to benefits, rather than conceptualizing help seeking as a process affected by social relationships (Pescosolido & Boyer, 1999). For individuals from Latino and Asian cultures, family provides a critical context for understanding help-seeking behaviors. The centrality of family to Asian and Latino cultures reflects a shared collectivist emphasis on the paramount role of family as a valued in-group and potential source of social support (Triandis, Bontempo, Villareal, Asai, & Lucca, 1988). In spite of this commonality, Latino and Asian American groups have distinctive cultural backgrounds. In effect, the relation between family relational factors and generation status might be different for these collectivist groups.

Family processes are multidimensional (Hardway & Fuligni, 2006) and may operate in unique ways for Latino and Asian Americans. Ethnic differences in family intergenerational conflict have been postulated in the literature (Chung, Flook, & Fuligni, 2009), but there are few studies that attest to these differences (e.g., Lee & Liu, 2001). Prior research has demonstrated that Asian Americans experience greater family conflict than both Latinos and Whites in the United States, irrespective of generation status (Lee & Liu, 2001), although it has also been suggested that there is less likely to be ethnic variations in family conflict and cohesion (Fuligni, 1998). Collectively, these competing accounts point to the value of assessing both family cultural conflict and family cohesion and examining both Asian and Latino Americans in the present study.

Disentangling the effects of family cohesion and conflict is vital to ascertaining whether the presence or absence of cohesive or conflictual familial ties gives rise to help-seeking behaviors among collectivist groups. More cohesive families may provide a possible means of referral to mental health treatment, but these same families may find it stigmatizing to disclose mental health problems to those outside their social networks (Ta, Holck, & Gee, 2010). Familial ties, especially if disharmonious and conflictual, may serve as a source of interpersonal distress that may initiate help-seeking behaviors (Abe-Kim et al., 2002). One major issue concerns the unique contributions of family cohesion and family cultural conflict that might influence the decision of Latino and Asian Americans to seek mental health care.

We were surprised to find only a few studies that have examined important empirical questions regarding the influence of the family (e.g., family involvement, family conflict) on Asian Americans' use of mental health services (Abe-Kim et al., 2002; Nicdao, Hong, & Takeuchi, 2008; Snowden, 2007; Ta et al., 2010). For instance, when family conflict was heightened, Asian Americans were more likely to seek treatment for psychological distress (Abe-Kim et al., 2002). Compared with third-generation Asian Americans, immigrants who had more cohesive familial ties were similarly less likely to utilize mental health services during the past 12 months (Ta et al., 2010). However, it remains undetermined whether family cultural conflict has a comparable effect on service use, adjusting for generation status. These findings suggest that more conflictual or less cohesive familial bonds may precipitate mental health treatment outside their social networks, at least for Asian Americans. It is plausible to draw the same conclusions for Latino Americans, but more empirical evidence is needed to substantiate the role of family cultural conflict and family cohesion on service use.

Earlier research has shown that Latino Americans tend to rely on extended family members for emotional support (Keefe & Casas, 1980). Familism (i.e., familial relations characterized by loyalty, mutual respect, and emotional support) has been extensively theorized to either serve a protective function or mitigate the need for support outside family networks (Altarriba & Bauer, 1998; Falicov, 1998; Sabogal, Marín, Otero-Sabogal, Marín, & Perez-Stable, 1987). Thus, familism is regarded as a defining feature of Latino culture that contributes to the underutilization of mental health services (Alvidrez, 1999; Kouyoumdjian, Zamboanga, & Hansen, 2003). Nonetheless, the literature appears to be bereft of nationally representative studies examining the contributions of family conflict and cohesion to the use of mental health services among Latinos in the United States. Depending on the nature of familial bonds, Latino Americans may or may not seek family members out as the primary source of support. Further, it is unclear if, and if so, which ethnic patterns might emerge when we examine the association between family relational factors and service use and account for the role of generation status.

In light of these research gaps, there are important questions regarding whether Asian and Latino Americans differ in family cultural conflict and family cohesion and how the effects of family conflict and cohesion on service utilization vary by generation status for these two groups. Indeed, immigrants have been found to report both greater family conflict and cohesion than their U.S.-born counterparts (Walton & Takeuchi, 2010). Acculturative processes transform families across succeeding generations, building greater and varied sources of support, but intergenerational conflict may undermine cohesive familial bonds (Mena, Padilla, & Maldonado, 1987; Ta et al., 2010). Acculturation refers to the process of enacting psychological and behavioral changes in adapting to a

new culture (Hwang & Wood, 2009), whereas generation status serves as a temporal measure of acculturation that includes nativity status. Given that there are notable cultural differences in how various groups manifest and encounter negative intrafamilial processes (Hwang & Wood, 2009), understanding how family relational processes unfold across different generations of Latino and Asian Americans is critical. Generational shifts in level of acculturation may provide critical insight into how family factors impact service use, and consequently, shape mental health programs in ways that address generational differences and the role of the family for these diverse groups.

Present Study

The contributions of the aforementioned studies notwithstanding, past research has not established ethnic and generational differences in family cultural conflict and family cohesion; has not accounted for the impact of generational differences in both family relational factors on service use; nor has it empirically tested familial ties as a potential facilitator and an impediment to the use of mental health services in nationally representative samples of Asian and Latino Americans. Accordingly, the goals of the current study were: (a) to examine ethnic and generational differences between Latino and Asian Americans in family cultural conflict and family cohesion; and (b) to ascertain the contributions of immigration- and family-related factors (e.g., generation status, family cohesion, family cultural conflict) to the (under)utilization of mental health services among Asian and Latino Americans. Considering the likelihood that most individuals delay treatment (Kessler, Olfson, & Berglund, 1998; Wang et al., 2005), we assessed lifetime service use. We also accounted for both family cultural conflict and family cohesion in separate analytic models, given the paradoxical nature of familial ties for help seeking. Drawing on past research, we predicted that Asian Americans would report greater family cultural conflict than would Latino Americans across different generation cohorts. Although we expected within-group generational differences in family cohesion, we did not expect Latinos and Asians in the United States to differ in levels of family cohesion. In addition, we hypothesized that greater family conflict and/or less family cohesion would lead to greater use of services for mental health problems among Asian and Latino Americans. However, we did not form any specific hypothesis regarding how generation status affects the association between family relational factors and service use for these ethnic groups, given limited research evidence on these associations.

Method

Sample

The present study is based on data from the National Latino and Asian American Study (NLAAS), an epidemiological study of mental health among Latino and Asian Americans (Alegría et al., 2004). The sample included 4,649 individuals (n = 2,554 Latinos and 2,095 Asians; 46% male and 54% female) who were age 18 and older. Overall, 30% of respondents were born in the U.S.; 70% were not. The ethnic breakdown of Latino and Asian subgroups consisted of the following: 19% Puerto Rican, 23% Cuban, 34% Mexican, and 24% other Latino (e.g., Dominican, Columbian, El Salvadoran); 25% Vietnamese, 24% Filipino, 29% Chinese, and 22% other Asian (e.g., Japanese, South Korean, Asian Indian). The NLAAS used stratified probability sampling to recruit a nationally representative sample of Latino and Asian American community respondents over the course of 2002–2003. Household interviews were conducted in the participants' preferred language. The response rates were nearly 76% for Latino Americans and 66% for Asian Americans. The multistage sampling technique included a strategy to increase oversampling of ethnic subgroups. Therefore, weights were used in the present analyses to adjust for the probability of selection and provide unbiased statistical estimates. More extensive details about the NLAAS have been described elsewhere (Heeringa et al., 2004). The study protocol was approved by an institutional review board.

Measures

Lifetime service use. We assessed lifetime service use as the primary dependent variable. Participants reported whether they had ever seen any professional for problems with their emotions, nerves, or alcohol and drug use. If the participants answered "yes," they were asked to list the types of professionals they had visited, including psychiatrist, general practitioner/family doctor, other medical doctor, psychologist, social worker, counselor, other medical or mental health professional, and alternative service, including spiritual advisor and healer. Participants who had visited any of the services were coded 1; those who had never received any service were coded 0.

Family cultural conflict. Respondents used a 3-point scale (1 = *hardly ever or never*; 3 = *often*) to rate five items that assessed the frequency of family conflict that occurred due to the tension of adhering to cultural norms promoting strong family ties (α = .79 and .75 for Latino and Asian Americans, respectively). The scale scores ranged from 5 to 15, with higher scores indicative of greater family cultural conflict. This measure has been used in previous studies based on the Latino sample from the NLAAS (Mulvaney-Day, Alegría, & Sribney, 2007; Rivera et al., 2008).

Family cohesion. A 10-item scale assessing respondents' perception of family closeness was included (Olson, 1986). Using a 4-point scale (1 = *strongly disagree*, 4 = *strongly agree*), respondents rated family closeness and togetherness (α = .93 for both Latino and Asian Americans). Sample items included "family members feel very close to each other" and "family togetherness is very important." The scale scores ranged from 10 to 40, with higher scores indicating greater family closeness. This measure has been used in previous studies based on the NLAAS (Yip, Gee, & Takeuchi, 2008).

Immigration-related characteristics. For the measure of generation status, participants who were born outside the U.S. were categorized as first generation (i.e., immigrants). Participants who were born in the U.S. and had at least one parent who was an immigrant were defined as second generation. Participants and their parents who were born in the U.S. were classified as third generation. Since generation status was applicable to all participants, it served as a proxy for acculturation; other measures of acculturation (e.g., acculturative stress) were not available in the U.S.-born sample. In the regression analyses, third-generation participants constituted the reference group because they represented

the most acculturated group and provided a relevant point of comparison for first-generation and second-generation cohorts.

Age at immigration was assessed with a single item, "How old were you when you first came to this country?" The responses were then coded into five categories (U.S. born; equal to or younger than age 12; between ages 13 and 17; between ages 18 and 34; equal to or older than age 35). In the regression analyses, those who were U.S. born or emigrated to the U.S. at the age of 12 or younger represented the reference group.

Covariates. History of mental health diagnosis, perceived need for mental health treatment, and demographic characteristics were included in the analysis as covariates. Because individuals with more severe mental health problems are more likely to be referred to services provided by mental health professionals than those with less severe problems, we included lifetime diagnosis for mental disorder as a covariate. For this variable, participants were coded 1 if they had any of the following lifetime *DSM* diagnoses (American Psychiatric Association, 2000): agoraphobia, alcohol abuse/dependence, drug abuse/dependence, eating disorder (anorexia, bulimia, binge), generalized anxiety, dysthymia, intermittent explosive disorder, major depression, panic attack, panic disorder, posttraumatic stress disorder, and social phobia. Participants received a score of 0 if they met none of the *DSM–IV–TR* criteria for these disorders. We included perceived need for mental health service as an additional covariate because individuals who are aware of and concerned about their mental health issues, regardless of problem severity, are more likely to seek professional help than those who are not aware of or concerned about the problem (Mojtabai, Olfson, & Mechanic, 2002). Participants were asked if they perceived themselves or were perceived by others (e.g., family, friend, coworker) to be in need of professional mental health services (1 = *participants with a perceived need*; 0 = *participants without a perceived need*).

Participants provided demographic information. Respondents reported their age at the time of the assessment. Gender (0 = *male*, 1 = *female*) was dummy coded. Marital status was coded into three categories (married or cohabiting, divorced, separated, or widowed, never married). Educational attainment was coded into four categories: less than high school education (0–11 years of education), high school graduate (12 years), some college (13–15 years), college graduate and beyond (more than 16 years). Participants also reported their household income (less than $14,999, $15,000–$34,999, $35,000–$74,999, or more than $75,000); employment status (employed, unemployed, out of labor force); and health insurance coverage (no insurance, private employer-provided insurance, privately purchased insurance, Medicare, Medicaid, or other types of insurance).

Statistical Analysis

First, descriptive analyses of the study variables were conducted. Second, we examined measures of family cultural conflict and family cohesion among individuals by ethnicity interacting with generation status. Third, a series of logistic regression analyses were performed to estimate the effects of family cultural conflict, family cohesion, and immigration-related factors (i.e., generation status and age at immigration) on lifetime service use for each ethnic group, adjusting for covariates. Because family factors are pertinent to all individuals, independent of mental health need, we utilized the entire sample of participants, and to address need for services, we controlled for prior mental health diagnosis and perceived mental health need. The effects of family cultural conflict and family cohesion were examined in separate models to avoid multicollinearity problems, as these variables were highly correlated ($r = -.47$, $p < .001$). All statistical analyses accounted for the complex survey design.

Results

Descriptive Statistics

The demographic characteristics and descriptive statistics of service use are presented in Table 1. As shown in the table, 30% and 20% of Latino and Asian Americans, respectively, reported that they sought help from at least one type of mental health service provider in their lifetime. The prevalence of lifetime service use (any type) was higher for Latino Americans than for Asian Americans ($p < .001$).

There was diversity in the choice of professional services utilized by participants. Analyses (not shown in Table 1) revealed that among Latino Americans, 13% chose to visit general practitioners and 9% selected psychiatrists. Fewer than 10% of Latino participants visited mental health professionals, such as psychologists (9%), counselors (9%), and other mental health professionals (e.g., psychotherapists and mental health nurses; 4%). Some Latino Americans visited other medical health providers, such as specialty medical doctors (e.g., cardiologists, 5%) and other health professionals (3%), to get help for mental health problems. Few Latino participants turned to alternative service providers, such as spiritual and religious advisors (8%) and other healers (e.g., herbalist, doctor of oriental medicine, chiropractor, 3%) to receive mental health treatment.

A similar pattern of professional service use emerged among Asian Americans (not shown in Table 1). Analyses showed that 9% of Asian American participants sought help from general practitioners for mental health issues. Few chose to visit mental health professionals, including psychologists (6%), counselors (7%), psychiatrists (6%), and other mental health professionals (2%), and even fewer sought help from specialty medical doctors (3%) and other medical health providers (2%). Alternative service providers were also used in low numbers: social workers (3%), spiritual advisors (5%), and other healers (3%).

As shown in Table 1, 31% and 18% of Latino and Asian Americans, respectively, had at least one diagnosed mental health disorder in his or her lifetime. Also shown in Table 1, 19% and 11% of Latino and Asian Americans, respectively, perceived a need to seek professional help for their mental health issues. A closer inspection (not shown in Table 1) revealed that 59% of Latino and Asian Americans with at least one mental health disorder sought professional help. Among individuals who perceived a need for professional help for their mental health, 74% of Latino Americans and 75% of Asian Americans received professional services. However, nearly one quarter of those who perceived the need did not access any services. This descriptive result suggests that there was a significant number of individuals who

Table 1
Age-Gender Adjusted Weighted Demographic Characteristics of Latino and Asian Americans

Variable	Latino (n = 2554)			Asian (n = 2095)			F	df_1	df_2	p
	M	95% CI		M	95% CI					
Age										
18–34 years	32.05%	28.88%	35.23%	32.05%	28.90%	35.21%	0.00	1.94	134.14	*ns*
35–49 years	31.20%	28.98%	33.41%	31.20%	27.32%	35.08%				
50–64 years	20.02%	17.83%	22.20%	20.02%	17.50%	22.53%				
65 years or more	16.73%	13.50%	19.97%	16.73%	11.90%	21.57%				
Sex										
Male	48.29%	45.38%	51.21%	48.29%	46.18%	50.41%	0.00	1.00	69.00	*ns*
Female	51.71%	48.79%	54.62%	51.71%	49.59%	53.82%				
Marital status										
Married/cohabitating	65.06%	62.39%	67.72%	70.64%	67.35%	73.94%	19.39	1.92	132.43	***
Divorced/separated/widowed	19.76%	17.22%	22.29%	10.23%	8.14%	12.32%				
Never married	15.19%	13.25%	17.13%	19.13%	16.59%	21.67%				
Education										
11 years or less	48.75%	45.11%	52.39%	17.21%	13.98%	20.44%	111.81	2.35	162.31	***
12 years	22.10%	20.31%	23.88%	17.92%	15.24%	20.60%				
13–15 years	18.98%	16.68%	21.29%	24.34%	21.61%	27.08%				
16 years or more	10.17%	7.89%	12.45%	40.53%	36.50%	44.56%				
Insurance										
Not insured	30.73%	26.45%	35.01%	12.39%	10.26%	14.52%	27.51	3.88	267.84	***
Private through employer	36.00%	31.87%	40.12%	53.63%	50.39%	56.88%				
Private purchased	2.61%	1.49%	3.74%	8.42%	6.78%	10.07%				
Medicare	17.61%	14.69%	20.54%	16.05%	11.88%	20.21%				
Medicaid	11.10%	8.55%	13.64%	4.97%	3.66%	6.28%				
Other	1.95%	1.25%	2.66%	4.53%	2.89%	6.18%				
Household income										
$0–$14,999	29.75%	24.70%	34.81%	19.28%	16.44%	22.12%	45.78	2.45	169.05	***
$15,000–$34,999	28.01%	25.06%	30.95%	13.58%	11.73%	15.43%				
$35,000–$74,999	27.15%	23.17%	31.12%	28.26%	24.96%	31.56%				
$75,000 +	15.10%	12.59%	17.60%	38.88%	35.39%	42.37%				
Employment										
Employed	57.43%	53.34%	61.52%	61.52%	58.20%	64.83%	1.20	1.69	116.95	*ns*
Unemployment	5.92%	4.26%	7.58%	5.73%	4.49%	6.96%				
Out of labor force	36.65%	31.99%	41.32%	32.76%	29.25%	36.26%				
Age at immigration										
U.S. born	40.66%	35.43%	45.90%	22.42%	15.61%	29.24%	18.48	2.50	172.21	***
less than 12 years	10.65%	9.15%	12.15%	10.96%	8.73%	13.20%				
13–17 years	9.77%	7.75%	11.79%	4.58%	3.53%	5.63%				
18–34 years	28.65%	25.52%	31.79%	39.88%	35.30%	44.45%				
35 + years	10.26%	8.23%	12.29%	22.16%	17.40%	26.91%				
Generation status										
First	59.59%	54.29%	64.89%	77.58%	70.77%	84.39%	15.99	1.19	82.18	***
Second	20.91%	18.38%	23.44%	13.41%	9.25%	17.58%				
Third	19.50%	16.26%	22.74%	9.01%	6.08%	11.93%				
Any mental health disorder (lifetime)										
No	68.93%	65.85%	72.01%	82.31%	79.78%	84.84%	61.28	1.00	69.00	***
Yes	31.07%	27.99%	34.15%	17.69%	15.16%	20.22%				
Perceived need for service use (lifetime)										
No	80.65%	78.67%	82.63%	88.53%	86.96%	90.10%	41.56	1.00	69.00	***
Yes	19.35%	17.37%	21.33%	11.47%	9.90%	13.04%				
Any service use (lifetime)										
No	70.12%	67.30%	72.95%	79.72%	77.08%	82.37%	22.84	1.00	69.00	***
Yes	29.88%	27.05%	32.70%	20.28%	17.63%	22.92%				

*** $p < .001$. *ns* = nonsignificant.

had clinically significant mental disorders and/or were cognitively aware of mental health problems, but were left untreated.

Ethnic and Generational Differences in Family Relational Factors

The means and standard deviations of family cultural conflict and cohesion by ethnicity and generation status are presented in Table 2. To examine whether there were differences between Latino and Asian Americans in the levels of family conflict and cohesion in each generation cohort, we conducted a 2 (ethnicity) × 3 (generation status) joint Wald test. Results revealed a significant interaction between ethnicity and generation status in predicting family cultural conflict, $F(5, 65) = 3.67$, $p < .01$. A closer examination of this interaction indicated that first-generation

Table 2
Ethnic and Generational Differences Between Latino and Asian Americans in Family Conflict and Cohesion

Variable	Generation status	Latino		Asian		Omnibus test between ethnicity
		M	*SD*	*M*	*SD*	
Family cultural conflict	1	6.22	1.69	6.54	2.23	***
	2	6.50	1.80	6.38	2.28	*ns*
	3	6.42	1.51	6.09	1.73	*
Omnibus test between generation status within ethnic group		*ns*		***		
Family cohesion	1	36.70	4.43	37.07	5.18	*ns*
	2	35.35	4.62	35.29	6.41	*ns*
	3	35.39	4.10	36.15	5.84	*ns*
Omnibus test between generation status within ethnic group		***		***		

* $p < .05$. *** $p < .001$. *ns* = nonsignificant.

Asian Americans reported higher family cultural conflict than their Latino counterparts ($p < .001$), whereas third-generation Latino Americans experienced greater family conflict than their Asian counterparts ($p < .05$). We find it interesting that the ethnic difference did not emerge for second-generation participants. For family cohesion, results revealed a significant omnibus test of any main or interaction effect, $F(5, 65) = 18.32$, $p < .001$, with generation status driving the differences. Among Latinos, family cohesion was highest for first generation relative to both second and third generations ($p < .001$). Among Asians, first-generation individuals had the greatest level of family cohesion, followed by third- and second-generation cohorts ($p < .001$).

Logistic Regression Analyses

Lifetime service use among Latino Americans. Results from a series of logistic regression analyses for Latinos are presented in Table 3. Model 1, which serves as the baseline model, was designed to test the effects of demographic characteristics, immigration-related variables, lifetime diagnosis for mental disorder, and perceived need for professional help on lifetime service use. As shown in Table 3 (Model 1), compared with Latinos born in the U.S. or who emigrated to the U.S. before age 12, Latino immigrants who arrived to the U.S. as young adults (between ages 18 and 34) were less likely to use professional services for their mental health problems ($OR = 0.44$, $p < .01$). As expected, Latinos who had a history of prior mental health disorder(s) ($OR = 5.17$, $p < .001$) and who perceived a need to seek professional help for their mental health problems ($OR = 7.18$, $p < .001$) were more likely to utilize professional services.

Accounting for the impact of demographic factors, immigration-related variables, lifetime mental health diagnosis, and perceived mental health need, we examined the effects of family cultural conflict (Table 3, Model 2a) and its interaction with generation status (Table 3, Model 2b) on lifetime use of mental health services. As seen in Table 3, results demonstrated that Latino Americans who experienced greater family cultural conflict were more likely to utilize professional services (Table 3, Model 2a, $OR = 1.11$, $p < .01$). The effect of family conflict on service use did not depend on generation status (Table 3, Model 2b).

Finally, we examined the effects of family cohesion (Table 3, Model 3a) and its interaction effect with generation status (Table 3, Model 3b) on lifetime service use, adjusting for the effect of demographics, immigration-related variables, lifetime mental health diagnosis, and perceived mental health need. Latino Americans who reported greater family cohesion were less likely to use services than those with weaker family cohesion (Table 3, Model 3a, $OR = 0.97$, $p < .05$). The interaction effect of family cohesion and generation status was not statistically significant in predicting service use (Table 3, Model 3b).

Lifetime service use among Asian Americans. A parallel set of logistic regression models were analyzed for Asian Americans (see Table 4). Overall, the results regarding demographic variables for Asians in our sample were similar to those for Latinos. As seen in the results for Latinos in our sample, age, marital status, education, employment, and age at immigration were significantly associated with service use in the Asian sample, but varied depending on the specific subcategory for the given ethnic group (Table 4, Model 1). Consistent with the results for Latino Americans, neither household income nor generation status had a significant effect on service use in the Asian American sample.

In Table 4, inspection of Model 1 revealed that Asian Americans who had been diagnosed with a mental health disorder ($OR = 6.25$, $p < .001$) and those who perceived a need to seek professional help to treat their mental health problems ($OR = 11.69$, $p < .001$) were more likely to access professional services. Age at immigration also emerged as a significant predictor of service use, with Asian Americans who emigrated in adolescence (i.e., between ages of 13 and 17) and adulthood (at age 35 or older) being at increased risk of mental health service underutilization.

As shown in Table 4, family cultural conflict emerged as a significant predictor of service use among Asian Americans (Model 2a, $OR = 1.17$, $p < .001$), similar to the results for Latino Americans; Asian Americans who reported greater cultural conflict within their families were more likely to access services. However, there were several findings that were unique to Asian Americans. In Model 2b, relative to their third-generation counterparts, second-generation Asian Americans were more likely to utilize mental health services in their lifetimes ($OR = 1.68$, $p < .05$). The interaction between family cultural conflict and generation status was significant (Model 2b, $OR = 1.23$, $p < .05$), indicating that the effect of family conflict was more pronounced in second-generation than in third-generation Asian Americans, controlling for other covariates. To facilitate the interpretation of this effect, we illustrated the interaction effect in Figure 1. Second-generation Asian Americans who reported higher levels of family cultural conflict were more likely to use services than third-

Table 3
Logistic Regression for Lifetime Service Use Among Latino Americans

Variable	Model 1		Model 2a		Model 2b		Model 3a		Model 3b	
	Odds	95% CI	Odds	95% CI	Odds	95% CI	Odds	95% CI	Odds	95% CI
Age										
18–34 years										
35–49 years	1.76	(1.34–2.33)***	1.80	(1.34–2.40)***	1.80	(1.35–2.42)***	1.80	(1.35–2.39)***	1.81	(1.36–2.41)***
50–64 years	1.90	(1.28–2.82)**	1.96	(1.33–2.89)***	1.97	(1.34–2.90)***	1.92	(1.30–2.83)**	1.97	(1.34–2.90)***
65 years or more	0.76	(0.33–1.72)	0.82	(0.35–1.95)	0.84	(0.35–1.99)	0.80	(0.34–1.85)	0.83	(0.37–1.90)
Sex										
Male										
Female	1.47	(1.11–1.95)**	1.43	(1.09–1.88)*	1.43	(1.09–1.88)*	1.44	(1.09–1.91)*	1.44	(1.09–1.91)*
Marital status										
Married/cohabitating										
Divorced/separated/widowed	1.62	(1.10–2.39)*	1.57	(1.07–2.32)*	1.59	(1.07–2.35)*	1.60	(1.08–2.36)*	1.60	(1.08–2.39)*
Never married	1.12	(0.82–1.52)	1.08	(0.81–1.44)	1.08	(0.81–1.45)	1.09	(0.80–1.49)	1.09	(0.79–1.49)
Education										
11 years or less										
12 years	1.59	(1.14–2.20)**	1.59	(1.15–2.21)**	1.60	(1.16–2.20)**	1.61	(1.16–2.23)**	1.60	(1.16–2.22)**
13–15 years	2.34	(1.77–3.11)***	2.42	(1.81–3.23)***	2.43	(1.81–3.26)***	2.37	(1.78–3.15)***	2.36	(1.78–3.12)***
16 years or more	3.37	(2.08–5.47)***	3.25	(1.98–5.32)***	3.25	(1.97–5.35)***	3.36	(2.08–5.44)***	3.34	(2.06–5.43)***
Insurance										
Not insured										
Private through employer	1.36	(0.88–2.08)	1.34	(0.87–2.05)	1.34	(0.88–2.03)	1.36	(0.88–2.08)	1.35	(0.88–2.08)
Private purchased	1.17	(0.59–2.29)	1.16	0.61–2.22)	1.14	(0.61–2.13)	1.23	(0.63–2.40)	1.22	(0.64–2.34)
Medicare	1.66	(0.84–3.24)	1.62	(0.81–3.24)	1.59	(0.79–3.19)	1.69	(0.86–3.33)	1.65	(0.84–3.24)
Medicaid	1.64	(1.11–2.42)*	1.61	(1.08–2.40)*	1.60	(1.07–2.39)*	1.64	(1.11–2.42)*	1.61	(1.08–2.41)*
Other	1.25	(0.74–2.12)	1.32	(0.77–2.27)	1.34	(0.78–2.31)	1.27	(0.76–2.13)	1.27	(0.75–2.15)
Household income										
$0–$14,999										
$15,000–$34,999	1.08	(0.77–1.51)	1.09	(0.77–1.53)	1.09	(0.76–1.55)	1.08	(0.76–1.54)	1.07	(0.76–1.50)
$35,000–$74,999	1.07	(0.78–1.46)	1.11	(0.81–1.54)	1.12	(0.81–1.55)	1.09	(0.80–1.50)	1.08	(0.79–1.48)
$75,000 +	0.93	(0.60–1.46)	0.95	(0.60–1.49)	0.95	(0.61–1.49)	0.94	(0.60–1.48)	0.93	(0.60–1.44)
Employment										
Employed										
Unemployment	1.99	(1.13–3.48)*	1.85	(1.02–3.36)*	1.87	(1.04–3.35)*	1.94	(1.10–3.41)*	1.92	(1.10–3.36)*
Out of labor force	1.69	(1.20–2.39)**	1.68	(1.17–2.41)**	1.69	(1.18–2.41)**	1.68	(1.18–2.38)**	1.68	(1.19–2.37)**
Age at immigration										
U.S. born										
less than 12 years										
13–17 years	0.88	(0.51–1.52)	0.88	(0.52–1.51)	0.88	(0.52–1.49)	0.91	(0.53–1.56)	0.88	(0.50–1.54)
18–34 years	0.44	(0.27–0.73)**	0.45	(0.28–0.74)**	0.45	(0.28–0.72)**	0.46	(0.28–0.75)**	0.44	(0.26–0.72)**
35 + years	1.03	(0.56–1.91)	1.08	(0.59–1.98)	1.05	(0.56–1.95)	1.09	(0.60–1.98)	1.00	(0.52–1.94)
Generation status										
Third										
First	0.84	(0.54–1.33)	0.82	(0.53–1.27)	0.80	(0.53–1.21)	0.84	(0.54–1.31)	0.80	(0.51–1.26)
Second	0.84	(0.52–1.37)	0.86	(0.52–1.40)	0.84	(0.51–1.39)	0.84	(0.51–1.37)	0.79	(0.47–1.34)
Any mental health disorder (lifetime)	5.17	(3.21–8.33)***	4.94	(3.09–7.91)***	4.96	(3.08–7.99)***	5.10	(3.18–8.18)***	5.16	(3.20–8.32)***
Any perceived need for service use (lifetime)	7.18	(5.25–9.80)***	6.91	(5.06–9.43)***	6.95	(5.04–9.58)***	6.92	(5.06–9.44)***	6.97	(5.08–9.57)***
Family cultural conflict			1.11	(1.03–1.20)**	1.11	(1.03–1.19)*				
Family cultural conflict × first generation					1.09	(0.93–1.28)				
Family cultural conflict × second generation					1.06	(0.88–1.27)				
Family cohesion							0.97	(0.95–1.00)*	0.98	(0.95–1.00)*
Family cohesion × first generation									0.96	(0.90–1.03)
Family cohesion × second generation									0.96	(0.89–1.03)

Note. All variables are centered to weighted sample mean.
* $p < .05$. ** $p < .01$. *** $p < .001$.

Table 4
Logistic Regression for Lifetime Service Use Among Asian Americans

Variable	Model 1		Model 2a		Model 2b		Model 3a		Model 3b	
	Odds	95% CI	Odds	95% CI	Odds	95% CI	Odds	95% CI	Odds	95% CI
Age										
18–34 years										
35–49 years	1.63	(1.03–2.59)*	1.59	(1.00–2.56)	1.60	(0.99–2.57)	1.60	(1.00–2.56)	1.61	(1.02–2.54)*
50–64 years	1.63	(0.90–2.96)	1.53	(0.81–2.87)	1.53	(0.81–2.89)	1.58	(0.86–2.91)	1.60	(0.88–2.90)
65 years or more	0.81	(0.30–2.23)	0.68	(0.24–1.89)	0.68	(0.24–1.90)	0.73	(0.27–1.98)	0.73	(0.27–1.98)
Sex										
Male										
Female	1.34	(1.03–1.76)*	1.35	(1.01–1.81)*	1.37	(1.02–1.84)*	1.34	(1.02–1.75)*	1.33	(1.01–1.74)*
Marital status										
Married/cohabitating										
Divorced/separated/widowed	1.95	(1.27–3.00)**	1.94	(1.21–3.12)**	1.99	(1.24–3.19)**	1.95	(1.28–2.97)**	1.99	(1.30–3.03)**
Never married	1.92	(1.19–3.08)**	1.76	(1.07–2.91)*	1.75	(1.06–2.89)*	1.81	(1.15–2.84)*	1.83	(1.14–2.95)*
Education										
11 years or less										
12 years	0.59	(0.31–1.11)	0.55	(0.28–1.08)	0.54	(0.27–1.08)	0.57	(0.30–1.08)	0.57	(0.30–1.09)
13–15 years	0.82	(0.47–1.43)	0.80	(0.44–1.43)	0.80	(0.44–1.44)	0.80	(0.46–1.40)	0.81	(0.46–1.41)
16 years or more	1.04	(0.59–1.85)	0.96	(0.53–1.73)	0.96	(0.53–1.74)	1.01	(0.57–1.80)	1.02	(0.58–1.80)
Insurance										
Not insured										
Private through employer	0.85	(0.52–1.39)	0.85	(0.50–1.42)	0.84	(0.50–1.39)	0.84	(0.51–1.39)	0.86	(0.52–1.40)
Private purchased	0.64	(0.30–1.34)	0.64	(0.31–1.33)	0.62	(0.30–1.27)	0.63	(0.30–1.33)	0.64	(0.30–1.37)
Medicare	1.95	(0.76–5.01)	2.19	(0.86–5.56)	2.12	(0.82–5.45)	2.13	(0.84–5.37)	2.21	(0.92–5.31)
Medicaid	1.04	(0.44–2.44)	0.96	(0.40–2.29)	0.97	(0.40–2.36)	1.06	(0.45–2.52)	1.10	(0.48–2.52)
Other	1.92	(0.84–4.36)	1.88	(0.86–4.10)	1.83	(0.83–4.03)	1.92	(0.84–4.35)	1.98	(0.90–4.39)
Household income										
$0–$14,999										
$15,000–$34,999	0.58	(0.31–1.06)	0.54	(0.29–1.00)	0.57	(0.31–1.07)	0.58	(0.31–1.07)	0.58	(0.32–1.06)
$35,000-$74,999	1.06	(0.66–1.71)	0.98	(0.61–1.57)	1.02	(0.62–1.66)	1.07	(0.67–1.72)	1.08	(0.67–1.73)
$75,000 +	0.89	(0.53–1.50)	0.88	(0.52–1.49)	0.91	(0.53–1.56)	0.91	(0.54–1.52)	0.91	(0.55–1.52)
Employment										
Employed										
Unemployment	1.87	(1.00–3.51)*	1.82	(0.97–3.43)	1.83	(0.97–3.48)	1.89	(1.00–3.57)*	1.90	(1.01–3.58)*
Out of Labor Force	1.20	(0.73–1.97)	1.20	(0.74–1.94)	1.20	(0.74–1.95)	1.20	(0.74–1.97)	1.20	(0.73–1.96)
Age at immigration										
U.S. born										
less than 12 years										
13–17 years	0.45	(0.21–1.00)*	0.45	(0.21–0.97)*	0.44	(0.20–0.96)*	0.46	(0.21–1.01)	0.46	(0.21–1.00)*
18–34 years	0.63	(0.38–1.06)	0.61	(0.36–1.02)	0.61	(0.36–1.02)	0.66	(0.39–1.11)	0.65	(0.39–1.08)
35 + years	0.50	(0.29–0.86)*	0.54	(0.31–0.93)*	0.54	(0.31–0.94)*	0.52	(0.29–0.92)*	0.51	(0.30–0.86)*
Generation status										
Third										
First	1.00	(0.49–2.04)	1.01	(0.48–2.15)	1.01	(0.48–2.15)	1.00	(0.48–2.05)	0.95	(0.48–1.84)
Second	1.33	(0.85–2.08)	1.52	(0.98–2.37)	1.68	(1.09–2.60)*	1.34	(0.84–2.13)	1.29	(0.83–2.02)
Any mental health disorder (lifetime)	6.25	(4.25–9.21)***	5.18	(3.51–7.65)***	5.31	(3.59–7.85)***	6.01	(4.05–8.93)***	6.04	(4.11–8.88)***
Any perceived need (lifetime)	11.69	(6.68–20.49)***	11.10	(6.43–19.15)***	11.65	(6.93–19.56)***	11.15	(6.43–19.36)***	11.24	(6.47–19.52)***
Family cultural conflict			1.17	(1.07–1.28)***	1.19	(1.09–1.29)***				
Family cultural conflict × first generation					0.81	(0.64–1.03)				
Family cultural conflict × second generation					1.23	(1.04–1.47)*				
Family cohesion							0.98	(0.94–1.02)	0.98	(0.95–1.02)
Family cohesion × first generation									0.97	(0.85–1.11)
Family cohesion × second generation									0.96	(0.84–1.09)

Note. All variables are centered to weighted sample mean.
* $p < .05$. ** $p < .01$. *** $p < .001$.

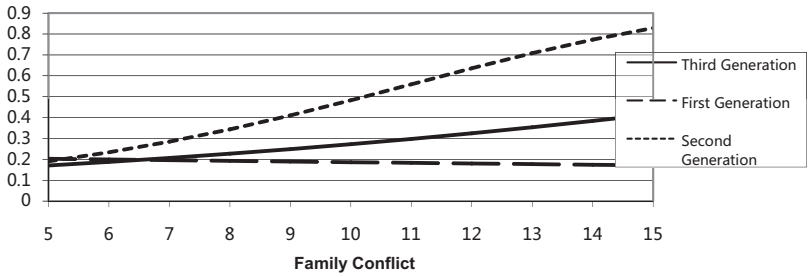


Figure 1. Generational differences in the association between family cultural conflict and lifetime service use among Asian Americans.

generation Asian Americans. In Table 4, neither family cohesion (Model 3a) nor its interaction effect with generation status (Model 3b) was significantly associated with service use.

Discussion

The present study assessed ethnic and generational differences in family cultural conflict and family cohesion and investigated the contributions of family relational factors and generation status to lifetime use of mental health services in nationally representative samples of Asian and Latino Americans. The parallel and distinct patterns uncovered in the present study reinforce the value of assessing both types of family relational factors and accounting for generational differences in Latino and Asian Americans to advance our understanding of mental health service utilization. Although Asian and Latino Americans share commonalities, their experiences with family cultural conflict may be to some extent contingent on generation status.

This study appears to be the first to provide comparative evidence substantiating ethnic and generational differences in family cultural conflict in nationally representative samples of Asian and Latino Americans. Although past research has shown that Asian Americans report greater family conflict than Latino Americans, irrespective of generation status (Lee & Liu, 2001), the present findings revealed that cultural stressors related to familial ties might operate in opposing ways for first-generation and third-generation Latino and Asian Americans. Relative to their Latino American counterparts, first-generation Asian Americans may experience greater intergenerational family discord due to acculturative stressors, in spite of cohesive familial bonds. In contrast to their Asian American counterparts, third-generation Latino Americans may have a greater need for autonomy that compounds conflictual familial bonds. In fact, Latino Americans have been found to not be significantly different from Whites in adherence to individualism (Oyserman, Coon, & Kemmelmeier, 2002). Future research is warranted to examine how family cultural conflict may pose as a risk factor for possibly the least acculturated Asian Americans and the most acculturated Latino Americans. Indeed, the combination of family cohesion and family cultural conflict has been shown to be associated with increased psychological distress among Latino Americans (Rivera et al., 2008).

Although ethnic differences in family cultural conflict were apparent for immigrants and their most acculturated cohorts, family cohesion may be similar across ethnic groups, corroborating the notion that Asian and Latino Americans may share some of the same dimensions of family cohesion (Hardway & Fuligni, 2006). Cohesive familial bonds among first-generation Asian and Latino Americans also suggest that immigrants may have smaller social networks, which increase reliance on the family (Mena et al., 1987). It is important to note that the generational differences in family cohesion observed in Latino Americans are inconsistent with prior research asserting the continuity of familism across generations (Sabogal et al., 1987). However, the present findings are in line with other research demonstrating that less acculturated families have more cohesive familial bonds than do bicultural and highly acculturated families (Miranda, Estrada, & Firpo-Jimenez, 2000). Given that family cohesion may be beneficial and stressful (Abe-Kim et al., 2002), studies are needed to further investigate the conditions in which family cohesion may be adaptive or maladaptive in potentially similar and divergent ways for Latino and Asian Americans.

The present study provides, to our knowledge, the first systematic empirical test of the relative contributions of family cultural conflict, family cohesion, and generation status to mental health service use in a nationally representative sample of Latino Americans. The results indicated that less family conflict and greater family cohesion may have comparable effects on reducing the likelihood of service use. These findings further corroborate the role of family in potentially meeting the social support needs of Latinos in the United States (Altarriba & Bauer, 1998; Falicov, 1998; Kouyoumdjian et al., 2003). Yet, normative expectations in Latino culture likely perpetuate the perception that problems should remain within the family (Alvidrez, 1999). The nature of familial ties appears to signal to Latino Americans that familism may be either beneficial or restrictive, through the receipt of family support, or alternatively, through normative messages regarding the stigma associated with mental health care. In contrast to Asian Americans, generational differences in family factors had no significant impact on service use among Latino Americans. This finding suggests that associations between family factors and service use remained fairly stable across successive generations of Latinos in the United States.

The patterns for Asian Americans in the present study further substantiate the importance of family conflict in motivating use of mental health services among Asian Americans (Abe-Kim et al., 2002). Although family cultural conflict and family cohesion were negatively correlated with one another, only family conflict emerged as a significant correlate of mental health service use in Asian Americans. There is a caveat concerning the null findings

for family cohesion: The findings observed in the present investigation are somewhat different from a recent analysis of the NLAAS on *current* use of mental health services among Asian Americans (Ta et al., 2010).[1] Nonetheless, these findings suggest that family is an important context in which Asian Americans make the decision to seek mental health treatment. Considering that Asian Americans tend to delay treatment for distress, family cultural conflict appears to facilitate help seeking outside the family.

The significance of family conflict for precipitating mental health treatment by second-generation Asian Americans, compared with more acculturated Asian Americans (i.e., third generation), highlights the unique experience of the second generation. According to the dissonant perspective of acculturation (Portes & Zhou, 1993; Waters, Tran, Kasinitz, & Mollenkopf, 2010), conflict is heightened when children of immigrants (i.e., second generation) become more quickly acculturated to mainstream American culture than their foreign-born parents (i.e., first generation). Although first and second generations are at greater risk for intergenerational family discord (Hwang & Wood, 2009), second-generation Asian Americans in the present study may be significantly more likely to experience this acculturation gap. Relative to other generation cohorts, second-generation Asian Americans had intermediate levels of family conflict, but the lowest levels of family cohesion. In contrast, there were no significant generational differences in family conflict across Latino American cohorts. Although they differed from their first-generation counterparts, second- and third-generation Latino Americans had comparable levels of family cohesion. These patterns suggest that the acculturation gap is not applicable to Latino Americans in the present study. Family cultural conflict stemming from intergenerational differences may become a more salient factor for second-generation Asian Americans seeking professional help from nonfamily members than their third-generation counterparts. For second-generation Asian Americans, the lack of cohesive familial bonds in conjunction with moderate levels of family conflict may fuel distress and facilitate help-seeking behaviors that resemble or exceed their third-generation counterparts.

The present findings and implications of the study are constrained by a few limitations. The cross-sectional research design precludes drawing causal conclusions. Service utilization could precipitate family cultural conflict or jeopardize cohesive family bonds, especially given the magnitude of stigma associated with disclosure of distress and use of mental health treatment in Latino and Asian cultural contexts (United States Department of Health & Human Services, 2001). Longitudinal research designs are needed to ascertain cause and effect and to better account for the dynamic nature of acculturation and family processes. Furthermore, we were unable to directly assess acculturation processes and differences among ethnic subgroups. Another limitation concerns the use of self-report measures, rather than reports from multiple informants (e.g., family members, clinicians). In addition, the measure of lifetime service use represented a broad indicator of utilization, but it allowed us to account for the likelihood that individuals delay treatment (Kessler et al., 1998; Wang et al., 2005) and may utilize a range of services.

Despite these caveats, the present study represents a significant contribution to the extant literature by illuminating the ways in which family conflict and cohesion in the context of generation status influence use of mental health services among nationally representative samples of Asian and Latino Americans. Another strength of the study concerns the focus on family relational factors that are particularly meaningful to collectivist cultures. The significance of family factors in understanding the help-seeking behaviors of Asian and Latino Americans is consistent with Pescosolido's (2011) contention that help seeking is a process responsive to social influence.

The present findings lend greater support to the hypothesis that negative interpersonal relationships may trigger help-seeking behaviors among ethnic minorities (Abe-Kim et al., 2002; Sussman, Robins, & Earls, 1987). For both Asian and Latino Americans, family cultural conflict may signal individual distress, in which case, it may not only indicate need, but also speak to stressors that intensify need. Rather than exacerbate already conflictual familial bonds by relying on their family networks, Latino and Asian Americans with greater family cultural conflict may find it necessary to rely on mental health services, even at the risk of encountering stigma and shame. Studies are needed to determine the extent to which the association between family cohesion and service use in Latino Americans is driven by the protective effects of familism or the stigma associated with mental health treatment. Outreach programs, providers of care, and mental health researchers need to address the importance of family processes, rather than limiting efforts to solitary individuals, and to recognize the significance of family cultural conflict in understanding the level of mental health need experienced by Latino Americans across generations, and in particular, second-generation Asian Americans from immigrant families.

[1] Ta et al. (2010) found that third-generation (or later) Asian Americans with higher family cohesion scores demonstrated a greater tendency to utilize treatment in the past 12 months, relative to their first-generation counterparts. To determine whether the inconsistency in these findings was due to the type of service use, we also carried out a similar series of logistic regression analyses on past 12-month service use to compare with our present findings for lifetime service use. For Latinos, neither the family relational factors nor their interactions with generation status had a significant association with past 12-month service use. For Asian Americans, only the main effect of family cultural conflict had a significant impact on past 12-month service use. Although our findings for Asian Americans remain discrepant with the results obtained by Ta et al. (2010), it is important to note that our study and their study were based on different regression models (i.e., different predictors were included). In particular, we controlled for perceived need for mental health treatment in addition to prior mental health diagnosis. We used a 10-item measure of family cohesion, whereas Ta et al. (2010) used a 3-item measure (with a transformed scale score).

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