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Synthesis Paper: Korean-Canadian Youths Within Religious Settings

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Introduction

Koreans are riddled with many issues related to their adaptation into the Canadian multicultural society. The means by which Korean immigrants cope demonstrate resilience and self-sufficiency within the larger system. Their preference to live within the means by which they have developed while here in Canada allows them to appreciate many of the values that they have taken for granted while back in their homeland while at the same time taking advantage of the many opportunities that a new country has to offer. Fabricating communities within religious settings is one example of how Korean immigrants are able to work towards a healthy integration into the multicultural system while still attempting to maintain traditional customs and values for generations to come. The problem lies within the usefulness of these current methods of coping and adaptation in subsequent generations. Second- and subsequent generations often find difficulty attempting to navigate through both value systems, especially due to the fact that there are inherent contrasts between the two. One promotes independence while the other promotes collectivism. How can younger generations find the help and support that they need in order to blossom into healthy and functional adults living in a multicultural society, such as Canada? Within this paper, I am going to be discussing second- and subsequent generation Korean-Canadian and their need for health promotional programs within religious settings in general, such the church. I am going to provide some contextual factors that would allow a Korean immigrant to benefit within a Korean-Canadian community and why this would not apply equally for second and subsequent generations of Korean-Canadians.

Demographic History of Korean-Canadian Immigration

The impact of Korean immigration into Canada has been a recent phenomenon. There have been a few waves of immigration in Canada over the course of 5 decades. Specifically, the majority of immigration occurred over the last decade (Lindsay, 2007). The majority of Koreans who immigrated into Canada currently reside in the large metropolitan areas, most notably in British Columbia and Ontario (Lindsay, 2007). As of 2001, Koreans also represented 1% of the total population for Toronto (Lindsay, 2007). The reasons for the recent immigration were due to immigration history and the changes to immigration policies in the earlier half of this century. There were a few prominent Koreans who immigrated into Canada in the 1950s in order to establish a better life for themselves. One such figure was Tae-gyon Hwang, a doctor who

studied in Alberta and eventually set up a farm in Sault Ste. Marie for future Korean immigrants to settle (Yoo, n.d.). This created changes for immigration in the 1960s where Asian immigrants were formerly excluded due to race. The policies were amended under the charge of Lester Pearson in 1966, where immigration flow was now determined based on Canada's current economic needs (Yoo, n.d.).

Due to the recent wave of immigration over the past decade, many of the Korean immigrants who currently live in Canada are from purely Korean origins, representing approximately 94% of all Koreans (Lindsay, 2007). Immigrant Koreans maintained strong family ties even when immigrating into Canada. Many of the immigrants were supported by their extended families in order to create a life here in Canada. Notably, 81% of Koreans entering Canada had extended families already in Canada and 58 % of those families were able to support them during the initial stages of settling (Yoo, n.d.). These customs of upholding familial ties within the community corresponded to the Confucian traditions that Korean currently continue to practice in their daily lives.

Korean immigrants who come to Canada seek a better life for their children. Although the majority of the immigrants are highly educated, they sacrifice their current lifestyle in Korea to provide for their children in Canada by undertaking entrepreneurships, such as convenience stores and laundromats. These types of businesses are mostly family-run, whereby the entire family participates in the upkeep of the business (Yoo, n.d.). Immigrant parents, however, do not want this lifestyle for their children and provide as much support for them while they study. In fact, Korean-Canadian parents sacrifice as much as possible in terms of finances and lifestyle to ensure that their children receive the best educational opportunities in Canada (Yoo, n.d.). Their determination in having their children growing up more successful than they becomes the focus of the parents' goals while in Canada. The children are then to repay their parents by supporting them while they are older and unable to work.

Initially, Korean immigrants were geographically fragmented from each other, making it difficult to work towards creating a sense of community. Therefore, the leaders began to develop communities so that there could be that cohesion that was needed between the groups. The rise of Korean-Canadian churches enabled newcomers to experience this sense of community that was so needed in the Canadian society. The recent growth of Korean churches allowed a newly immigrant Korean-Canadian to seek out informational knowledge needed to

navigate the Canadian society. Churches were viewed as informational resources in this respect (Yoo, n.d.). If a person were to require assistance in any aspect of their livelihood, the community would attempt to accommodate these requirements as best as they could. The churches also allowed an easier transition from Korea to Canada for the newcomer. The traditions were maintained as much as possible within the church setting so that there could be a sense of belonging for the community. In a sense, the church was seen as a separate entity from the rest of society. Yoo (n.d.) described this phenomenon as a “cultural ghetto” for Koreans in Canada. The churches perpetuated this separation of Korean-Canadians from the rest of the society and this became a normal practice even in the next generations. Ethnic homogeneity continues to be perpetuated with the churches, enabling the cultural traditions to be practiced while placing negative impressions regarding the rest of society.

Younger generations of youth are adopting more western traditions of individualism although the struggle continues between Canadian and Korean cultures. The largest indication of this disharmony lies in the number of youth who come to Canada sent by their wealthy parents to continue their education in the Canadian educational system. Since the youth do not have their parents to provide discipline and guidance in their education and upbringing, the youth develop impressions of who they are supposed to become while in Canada. They become disillusioned and confused, most often isolated in a new country due to a lack of communication in English (Yoo, n.d.). Often, they do not succeed in such a setting due to their inability to decipher what would be best for their future goals. The importance of ensuring a community is in place for these youth allow them to work on teasing out the values and morals that they would find beneficial for them during their development.

Coping Strategies of Immigrant Koreans in Canada

The importance of coping within such a culturally vast society has directed Korean immigrants to seek out the support needed within their own ethnic social networks. These social networks included mostly friends, family and relatives within their close knit network. This system of coping allows a Korean-Canadian person to continue to navigate the society riddled with discrimination and bias. Taking advantage of the various relationships around a newly immigrated person allows the stress of adaptation and immigration to decrease due to the support provided by their social support. In a study conducted by Noh and Kaspar (2003), they found that there were many factors incorporated into a person’s ability to cope with the discrimination

that he/she experienced. The degree to which a person was able to cope allowed a person to work through the difficult tasks of discrimination and still maintain a positive sense of self. Also, the strategies the people decided to use also influenced the manner in which each person coped. For example, a person who experienced discrimination and attempted to work through the situation using a problem solving approach was less likely to experience depressive symptoms compared to those people who demonstrated emotional responses, such as rumination and despair (Noh & Kaspar, 2003). The sense of community that a person can be associated with provides this sense of social support for them in place of extended family and relatives. The person could work through the various issues that comes with adapting to a new society but also allows that person to be able to work with others in the promotion of a healthy outlook on the discrimination experienced in the society. Also, another beneficial effect also allows a person to have buffering agents within their own community system, protecting him/her from potentially negative mental health effects.

Coping has become more difficult for Korean immigrants in Toronto. The advanced rate of immigration for all cultures and within all structures of society has created a need to develop practices that would allow professional immigrants to obtain the job in the field they have trained in while in Korea. This generated a lot of problems for businesses not willing to work on including these skilled immigrant and sadly, racism has become streamlined into a more sophisticated form: embedded discrimination. This poses many challenges for Korean-Canadians in several ways. Overt discrimination is easier to observe for anyone and coping with it is relatively straightforward compared to inherent or embedded discrimination. Noh and Kaspar (2007) identified that Korean-Canadian immigrants had more difficulty coping with embedded discrimination due to the uncertainty of deciphering it. This leads to powerlessness, anxiety and create distress for Korean-Canadians. They would not be able to fully engage with other members of their social networks other than those who have gone through the same experiences. A powerful point raised in this article was that the subtle discrimination occurred in extended social networks (friends, co-workers and neighbors). The constancy of this type of discrimination further decreased the person's sense of inclusion within the multicultural society (Noh & Kaspar, 2007). Therefore, despite the social networks that Korean-Canadians maintain within the society, there is still a certain level of uncertainty as to whether they are really accepted into the larger structures in place. Furthermore, the need for a community increases

because of this lack of full social support from other areas in a person's life. The need to find others who can relate to an immigrant's experiences allows a person to have full trust instilled into their relationships. And, the need to divulge information to others acts as a support process, allowing the group to work together in trying to work through the problem, also providing the support required for the person experiencing the distressing event. The church is set up in such a way as to allow its parishioners to express their distressing situations to allow others to provide potential solutions to these problems in a safe and supportive place. But the question still remains: Does this type of support lend itself for subsequent generations within the Korean-Canadian community?

Cultural Stigma

Korean youth have a difficult time during their development regarding various factors within their lives. They need to compete with academic pressures of, the need to belong to a group of friends and still be able to adhere to their parents wishes for them to be available for the family when the need arises. Some youth are responsible for maintaining the family business, while others are responsible to taking care of the elderly family members at home.

The need to be similar to others around the Korean-Canadians continues to escalate to a high degree. The amount of inclusion criteria that Korean-Canadian second-generation youth would like to have increased in their favor may create detrimental physical and emotional consequences for adolescents. Brown (2003) discussed the connection of mental health and racial stratification using the critical race theory. There are a few characteristics that may contribute to the negative effects of a person's mental health. One such factor is nihilistic tendencies. The person who perceives racism attempts to change many characteristics about themselves in order to be as normal as the rest of society. However, this becomes detrimental to the person's psychological state: "...individuals are their own worst enemy, acting with intent to destroy themselves..." (Brown, 2003, p. 296). Some examples that the impact of nihilistic tendencies have could be alterations of a person's physical appearance or in extreme cases, the person could become hopeless and complete suicide. An example of physical alterations of the Korean community is in the amount of plastic surgery to create the appearance of a larger nose and larger eyes, becoming more similar in appearance to 'white' people. The term "deracination" is in line with the previous discussion (Brown, 2003). The person who perceives racism from society may move themselves away from their cultural group, often dismissing their

ethnic identity in order to better fit into the host society, resulting in anti-self mental health issues. People who want to incorporate themselves into the society often experience suppressed anger towards the society. For example, minority individuals who successfully enter into the middle class often suppress their anger towards the members of the host society because of the negative impacts that they have created for their ethnic community. This often leads to the suppression of anger, and subsequently, these individuals are unable to freely express their anger related issues based on the racism experienced (Brown, 2003). Brown cited Bell (1980) describing racist thinking as “a narcissistic personality or borderline disorder characterized by a grandiose sense of self-importance, power, lack of empathy, and an exaggerated sense of entitlement...” (Bell, 1980, p. 662 as cited by Brown, 2003). Korean youth need to work on further developing a balance between the competing cultures affecting them as they grow up in this society. There is also the need to become knowledgeable regarding the influences and the potential evils that they may face in their everyday lives.

Due the contrasting effects of Korean and American values on an adolescent, potential problems will occur without the assistance of support. There is the lack of communication with the parents due to potential language barriers and the need to integrate into the American mainstream. Also, there are differences in the value system for Korean-American adolescents and their parents. The pressure placed onto the adolescent by parents to academically achieve success will continue to stress the adolescents so much so as to cause a rift between parents and adolescents. The need for Korean-American youth to be accepted into society will continue, with more and more emphasis placed onto the adolescent by society to assimilate. Family cohesion will break down if the stress continues to be placed onto the adolescent and Korean-Canadian adolescents will potentially be placed at a higher risk of developing psychological issues, such as depression and low self-esteem. A spiraling effect could potential occur if the Korean-Canadian community do not manage this.

Mental Health Issues

Second generation Korean-Canadian adolescents are riddled many similar developmental issues to other adolescents in the Canadian society. A significant amount of research exists looking at these connections. Raphael (1996) defined adolescent mental health as the ability of a person to transition successfully from childhood to adulthood without physical and mental illness; and the ability to behave in a healthy manner. The basic concerns all parents have

regarding the health of their adolescents are the youth's achievements, the degree of which healthy coping strategies are adapted into social settings, and the reduction of risky activities, such as unprotected sex, drug and tobacco use. Some youth in high risk settings are most likely to be surrounded with positive support networks (family and friends), have a high level of self-efficacy and self-confidence, are focused on educational goals and future rewards and work to achieve the expectations placed onto them by the positive supports (Raphael, 1996). Korean-Canadians often frequent these types of social spaces for contact and for support.

The degree of parental involvement in the lives of Korean-Canadian youth is related to the amount of their emotional stability. Parental interest in their youth contributes to positive developmental skills so that adolescents are more adaptable when presented with difficult situations. For example, when an adolescent obtains employment, there are a variety of positive benefits within the employment for the adolescent to work on developmental tasks, such as achievement and independence (Raphael, 1996). Within the Korean community, though, adolescents tend to not be formally employed while pursuing their academic studies because their parents encourage them to focus on their education while the parents provide for their financial security. There are limited opportunities for youth to participate in extracurricular activities also because of the pressure placed onto the adolescents to obtain high academic achievement. Therefore, situations in which Korean-Canadian youth are able to develop problem-solving skills and achieve developmental tasks becomes limited due to the lack of participation in social activities and the pressures of obtaining high levels of education. In the study by Kim and colleagues (2006), the relationship between Korean American adolescents and their parents and the effects of the relationship on the adolescent's self-esteem were measured. The parents were not aware of the rejecting behaviors that they exhibited towards their adolescents. The first-generation parents grew up in the Korean culture where they knew that their parents loved them unconditionally despite the treatment they experienced. The second-generation adolescents, however, learned that affection and love between parents and adolescents were displayed with outward behaviors of affection and love, as witnessed on television and with their friends. The second-generation adolescents were not aware of the unconditional love that their Korean parents have for them because of the differences in cultures. In addition, there was a link between the mother's perception of family cohesion and an adolescent's self-esteem. The better the perception of family cohesion, the higher the adolescent's self-esteem became. The

conflict between fathers and adolescents was also related. The increase in the amount of conflict resulted in the increased likelihood of depressive symptoms (Kim et al., 2006). Due to the effects that culture would bring onto an adolescent in addition to the impact onto their psychological well-being, health care professionals need to begin to explore the unique issues related to this group of adolescents.

The role of religion is differentially important for youths depending on their upbringing. For example, in a study conducted by Sinha et al (2007), the adolescents, between the ages of 11-18, demonstrated variable degrees of risk-taking behaviours, complicating the results of the study. The researchers were unable to distinguish between the various factors affecting the youth and their tendency to partake in risky behaviours. The relationship between sexual activity and religious activity were positively correlated, indicating that the more religious the youth were, the more sexually active they were during their adolescence. There was one factor related to religious activity that decreased the tendency for risky behaviours, which was illicit drug use (Sinha et al., 2007). Again, the importance of relationships with adult family and non-family members was indicated as important for the decrease in the amount of risk taking behaviours exhibited by youth. Adults who were present and actively participating in the youth's development were more likely to oversee the various activities youth participated in and they would be able to intervene at the early stages of the youth's risk taking behaviours.

The Role of the Church

Over a few decades, Korean-Canadian immigration has increased substantially. The largest influence was related to the church, where the majority of the Korean-Canadian community congregate. Today, this is still occurring. Youth who attend the churches are most likely brought by their parents and, like schools, the youth need to work towards integrating themselves into the community. Youth who grow up in these environments are in a unique situation to work towards navigating through multicultural adolescence as a group. There are times when Korean-Canadian youth are in need of counseling, a person who is willing listen to youth express their issues and concerns about their life experiences. Church leaders have been noticing the increasing need for the promotion of counseling in the churches. This has sparked concerns for the youth and subsequently, counseling ministries were set up to assist in these areas.

Although there is the promotion of assisting a person with obtaining professional mental health services, this, in fact, is seen more as an exception rather than the norm. In an article by McMinn et al (2005), the level that clergy referred parishioners to mental health professionals was low. It was the exception rather than the norm for many clergy who participated in this study. The reason for a lack of referral was investigated by McMinn et al (2005) and the qualitative results indicate that the clergy referred their parishioners to mental health professionals only when they were confident in the professional's religious credentials. Another point made within the article was the importance of the clergy to be familiar with the work of the mental health professionals prior to referring them to professional services. Many of the clergy only interacted with mental health professionals with whom they had professional and religious relations or were referred to by another clergy/person of authority (McMinn et al., 2005). This could be a great opportunity for health care professionals who currently attend religious institutions to assist in the counseling services that parishioners often seek in times of distress. The level of confidence and trust gained in a community allows a person to have easy access to health care providers who maintain the same beliefs as the church clergy in addition to possessing the credentials needed to be identified as a health care professional.

Mental health counselors also need to develop ties with large community churches in order to ease the flow of professional assistance from church to the health care sector. Currently, this is fragmented at the level of the church. Due to the beliefs that clergy possess about mental health professionals, there seems to be a lack of transition into the mental health sector for those parishioners who require the help. For example, a 16 year-old boy required professional psychiatric assistance from the health care sector at a well known Presbyterian Church in Toronto. However, due to the limited and insufficient knowledge regarding the boy's health status at the clinical level, the parents were given ill advice from the clergy. They were blamed for the boy's psychiatric condition and they were told that they were to pray to God to stop the boy's hallucinations and 'possession' of the evil spirit. Adkinson-Bradley and colleagues (2005) discussed the issue of presenting counselors in church settings in an appropriate manner. Counselors needed to connect well with the clergy in terms of maintaining a rapport with them in order to ensure that the flow of support continued. Counselors tread on an uneven ground when it came to providing support for youth and children. The largest problem in Black churches and provision of mental health services revolved around the formal titles that counselors presented.

Counselors who presented themselves to adolescents and children using their first names were seen as unfitting and confusing for youth and their parents. Children who called older people by their first name enabled a breakdown in the formal structures in terms of respect. The parents also became suspicious in the counselor's upbringing due to promoting this type of behaviour (Adkinson-Bradley et al., 2005). This is similar for Korean-Canadian churches. Adults in relative authority in relation to youth lose respect from the parents when they are addressed by their first names. The authority breaks down within the community and children lose respect for these groups of adults. Mental health practices need to be in place for parishioners to access in an unbiased and unstigmatized manner. Currently, although there is the promotion of counseling as more of a mainstream form of accessing assistance, there still lingers the stigma related to mental illness in the Korean-Canadian community. The struggle remains to find a means of integrating counseling services for youth within religious settings.

The need to have the Korean-Canadian churches maintained within the multicultural society has many implications. First of all, this is a setting where there can be a unification of the various generations so that intergenerational trust can be built up in this community. Also, there is also the need to maintain the traditional Korean cultural systems brought in by immigrants from Korea. In one Canadian study investigating the maintenance of the Korean heritage, Park and Sarkar (2007) found that church played an important part of the youth's cultural development. The need to ensure that the language remains intact and that the customs are passed onto subsequent generations. Not only did this ensure that there was inclusion in the different generations, but also that youth would be exposed to other youth who were experiencing the same issues related to immigration and transition into Montreal. The parents from the first generation place an expectation that the Korean-Canadian churches be more responsible in preserving Korean cultures and the customs (Park & Sarkar, 2007). There are several inherent issues that may cause conflict with attempts at conserving heritage within the church setting. Again, the youth need to work through several conflicting values between the traditional customs that youth may partake in within the multicultural society and the patterns that they practice in the church setting. Youth need to find harmony between the contrasting and competing structures impacting them on various levels. The youth need to evaluate the various experiences to see which ones fit with the youth's quality of life. This is especially difficult with

female youth as they learn conflicting messages to be docile within the traditional settings and then present as assertive within the multicultural society.

Even though there is the discrepancy in the literature in terms of the usefulness of religion, spirituality, the church and youth, there are some factors that resound throughout the literature. There was overwhelming agreement with respect to social support and a sense of meaning of church for the youth. Youth found groups where they felt they would be able to relate to other youth. The church provided sources of social support for these youth. George and colleagues (2000) investigated that social support was most important for people in order to cope through various life issues, such as substance abuse. This was most important for youth who were working through life issues. The likelihood of having appropriate social supports would increase the potential success of the youth to develop into healthy adults. The limitations of this study and other studies relating religion to health are that there are no negative effects on health when religion is involved. There needs to be further exploration in the literature as this may, in effect, provide insight into the trends that explain the lack of access to formal mental health care resources in the Korean-Canadian community. The youth may feel that the social supports they are given by their religious community are sufficient enough to deal with detrimental situations.

A great deal of literature stresses the importance of having the spiritual realm explored within the therapeutic setting. There is a connection between a person's relationships in his/her life and also the relationships that a person maintains with a 'higher being', despite it's form for the person. There is a comfort a person feels when they are aware of a higher being protecting over them. Gurney and Rogers (2007) discussed this point elegantly when they likened the relationships that people have with their religious idealized figures (i.e. Jesus Christ, Vishnu, Allah) to that of a parent-child relationship. The religious relationship depends on how people attached to their own parental figures when they were younger. This attachment also lends to the view of how a person would view their own sense of self throughout his/her life. The higher being assists in a person's exploration with life's struggles. The importance of spirituality in counseling enables a person to feel complete, to be able to accept themselves as beings who make mistakes, but must ultimately find the peace to live the life that they have chosen (Gurney & Rogers, 2007). Let's refer back to adolescents in the church community. Health professionals are in a position to provide the youth with counseling, paying close attention to the humanness of their actions. They need to be more accepting of their mistakes and see themselves not in a

fragmented manner but as a person striving for completeness and peace within themselves. Adolescents need to work on ensuring that they appreciate every aspect of themselves, even when these aspects are not in accordance with the particular religion with which a person is affiliated. In the Korean culture, this may be an issue arising from the youth. Parents present their youth with conditional attention based on accomplishments and punish them for errors. In a multicultural society, Korean youth become confused with the parenting practices and interpret this as neglectful behaviour. Religious settings are positioned in a way to assist these subsequent generation youths in their development and provide a supportive arena in which they are able to accept and be accepted by others.

What do Health Professionals do?

Korean Americans often seek out the religious leaders for advice for personal matters, such as illness and family issues, because they are affiliated with religious institutions more than any other institutions and there is a higher cultural comfort level compared to other institutions. Mental illness stigma continues to be prevalent in the Korean culture even when the community is situated in North America. Even though there is an increasing awareness of the need for professional health care assistance, the families often delay seeking out the psychiatric treatment until the person who is suffering from mental health issues becomes so ill that they have to be hospitalized (Kim & Rue, 1997). There is an increasing need to have more education and awareness about the usefulness of professional mental health services within the community through mental health promotion.

Youth who live in multicultural societies do not all experience difficulty in integrating into the host society. There are some youth who are able to incorporate themselves successfully, to develop a resilience towards the stress that they experienced while they were younger while still being able to balance both values (host and traditional) in their daily lives. The majority of the youth who were interviewed in the Gorman et al. (2003) study were able to effectively cope with the issues from their past by using various distraction techniques and positive coping mechanisms. Plenty of the youth were more concerned about the family, the family as the central unit for the youth. Although there was the tendency to focus their attention on the family as the primary source of support, the youth found difficulty with the support that they received partly because the parents were unable to comprehend the experience that the youth were experiencing. The experiences in the multicultural settings were much different for the youth in

comparison to what their parents experienced in the country of origin. There was also the problem with seeking services outside of the community setting. The youth who did seek assistance from the formal service system had many difficulties. In addition to the social stigma that the families still perceived, the youth who sought out the formal services still found the support unhelpful. The service providers were unable to provide the youth with culturally competent care that they were seeking: "Lack of understanding of cultural issues and lack of ethno-specific workers were described as barriers to access" (Gorman et al., 2003).

The access that youth have to different types of resources is necessary in their development into adulthood. This is imperative if youth are to grow up with minimal negative influences in their lives. King and Furrow (2004) discussed the impact of having the influence of social capital in the youth's lives. In order to gain access to the necessary supports youth require during their development, youth needs to learn where to seek these out (King & Furrow, 2004). One invaluable resource for obtaining this is through their parents. Parents are seen as a means to teaching children how to access the various sources around them in order to maintain a quality of life amenable for them. The results from King and Furrow's study (2004) suggest that there is a connection in the social capital that youth are exposed to and their relative involvement in altruistic behaviours towards other people in the world. The role of religion becomes especially influential in the role of youth moral behaviours. Religion in effect allows adolescents to explore the moral issues that they come across during their developing years. The values that they learn through religious teaching enable them to work towards a positive trajectory of development into adulthood. Another important aspect of religiosity related to the youth's exposure to non-familial adults in the religious community. This enabled cross generational relationships to build in the community. Also, in addition to this, there was additional support provided for the youth from the same non-familial adults in the community (King & Furrow, 2004). This is an important factor when deciding to provide youth with counseling and support required in times of distress. When there is an increased trust and support from a community with adults, there is more of a likelihood that the youth will engage with adults who would be inclined to assist them. The more engaging the youth are in the church, the more likely they will be able to seek the help out that is necessary in times of distress. The youth, however, need to be exposed to this social atmosphere and use their judgment in disclosing this type of information to

adults within their social community. Without this, there would be fragmentation of resources for youth to access in their community.

Currently, the multidisciplinary teams have been most successful in implementing these programs because of the group's goal oriented nature. Using methods linking positive mental health interventions with at-risk adolescents would be successful as long as there is already a level of respect demonstrated towards the youth by the service providers (Magyary, 2002). In addition, there is little evidence reflecting the community's contributions to promote positive mental health (Magyary, 2002). The implementation of the tools used to promote positive mental health outcomes would not only benefit those youth who may be at risk for developing mental illnesses, emotional distress and maladaptive coping skills, the tools would be useful in assisting the youth to work collectively and harmoniously in dealing with their own emotions, being equipped to deal with others who are behaviorally inappropriate in social spaces. Another study by Hunter and Csikszentmihalyi (2003) investigated two groups of youth and their levels of daily experiences in their lives. The youth who were more interested in their lives believed that they would be able to make a difference in their lives, while the other group who were uninterested were least likely to make a difference in their world (Hunter & Csikszentmihalyi, 2003). In order to successfully achieve positive regard for mental health issues, there will need to be an emphasis on the interdisciplinary approach to the care provided to the youth.

Conclusions

The need to assist in program development with Korean-Canadian adolescents is important. Using positive mental health outcomes, and spirituality approaches, there is the potential for health care professional to be able to reach out to these adolescents to assist in rebuilding self-esteem and promoting empowerment for them. Working with health care professionals also within the community context will remove the stigmatizing effects that would be related to health care. Using the described approaches, I plan to work towards creating a program within various religious settings, promoting youth, examining positive mental health outcomes and empowering them through the use of education and information about mental health and well-being. This will be the first step towards the provision of services to the Korean-Canadian community rather than waiting for the community to approach the health care industry. This will demonstrate an initiative and interest in providing health care services to those who are marginalized in the community: the youth.

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