SELF-RATED MENTAL HEALTH IN KOREAN AMERICAN OLDER ADULTS: AN EXAMINATION FROM SOCIO-STRUCTURAL CONTEXTS

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**Purpose:** Emerging attention has recently been paid to self-rated mental health (SRMH) in mental health research and services. The single item, asking “How would you rate your overall mental health?” has shown to be associated with physical and mental health symptoms (Fleishman & Zuvekas, 2007), psychiatric disorders (Mawani & Gilmour, 2010), and utilization of mental health services (Kim et al., 2010). A growing body of literature has explored factors associated with SRMH; however, limited attention has been paid to racial/ethnic minorities. The current study examined contributing factors to SRMH in a sample of Korean American older adults. Adopting the socio-structural framework suggested by Berkman and colleagues (2000), we focused on the role of social/interpersonal and environmental/neighborhood factors as predictors of SRMH.

**Methods:** Using data from 420 community-dwelling Korean American older adults (Mean Age=71.6, SD=7.59) in the New York City metropolitan area, hierarchical regression models of SRMH were estimated. Guided by the aforementioned conceptual framework, the entry order of the predictors was (1) demographic characteristics (e.g., age, gender, marital status, education, and length of stay in the U.S.), (2) physical health (e.g., chronic conditions and functional disability), (3) mental health (e.g., depressive symptoms and anxiety), (4) social/interpersonal factors (e.g., relationship satisfaction with adult children and social networks), and (5) environmental/neighborhood factors (e.g., perceived neighborhood safety and residential satisfaction).

**Findings:** In the initial model with demographic characteristics, only education was found to be significant; those with lower levels of education were likely to have more negative ratings of their mental health ($\beta=.16, p<.01$). In the subsequent models, each of the physical and mental health variables was found to be significant; those with more numbers of chronic conditions ($\beta=-.18, p<.01$), greater functional disability ($\beta=-.24, p<.001$), and higher levels of depressive symptoms ($\beta=-.28, p<.001$) and anxiety ($\beta=-.14, p<.05$) were more likely to have negative ratings of their mental health. In the model with social/interpersonal variables, relationship satisfaction with adult children emerged as a significant factor; poorer satisfaction with the relationship with adult children was associated with more negative ratings of mental health ($\beta=.12, p<.05$). In the final model with environmental/neighborhood variables, perceived neighborhood safety was found to be significant; those with more concerns about neighborhood safety were likely to have more negative ratings of their mental health ($\beta=.17, p<.01$). Each entry of the sets of predictors made a significant contribution to the model, and the total amount of the variance explained by the final model was 32% ($F(13,347)=12.7, p<.001$).

**Conclusions:** Our findings highlight the important roles of social/interpersonal and environmental/neighborhood factors in the assessment of SRMH. After controlling for demographics and physical/mental health conditions, the effect of relationship satisfaction with adult children and perceived neighborhood safety remained significant. The findings can be considered in the line of Asian cultures that emphasize familism and filial piety (Walton & Takeuchi, 2010) and from the ecological perspectives that stress the importance of the perceptions of environments (Parker et al., 2001). The findings may help develop effective intervention programs to promote mental well-being of racial/ethnic older adults.