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Perspectives on Work and Work-Related Challenges Among Asian Americans With Psychiatric Disabilities

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Employment has been established as an important component of recovery from psychiatric disabilities, but little is known about the perspectives and experiences of working among ethnic minority populations, such as Asian Americans. Asian Americans with psychiatric disabilities have been largely underrepresented in the academic literature on recovery from mental illness and finding meaningful roles in the community. We developed the Meaning of Work Scale to compare the perspectives of Asian Americans with psychiatric disabilities (n = 53) regarding work with those of White Americans with psychiatric disabilities (n = 96). We further explored the perspectives of Asian American individuals (n = 53) regarding work using an open-ended qualitative questions. Data comparing the 2 groups were analyzed using t tests while qualitative data were analyzed using grounded theory methodology. The results revealed significant differences in the intrinsic meaning of work between White Americans and Asian Americans. Major themes derived from qualitative results included barriers that affect work, cultural values and expectations that influence work, and helpful strategies, services, and supports to deal with work-related challenges. These findings have important implications for providers of clinical and rehabilitation services working with Asian Americans diagnosed with psychiatric disabilities.

What is the public significance of this article?
This study suggests that Asian American individuals with psychiatric disabilities share similar perspectives on work when compared with White Americans with psychiatric disabilities with the notable exception of intrinsic motivation for work. The perspectives on work among Asian Americans with psychiatric disabilities are influenced by cultural values and expectations and barriers and resilience related to their cultural identity.

Keywords: Asian Americans, employment, mental illness, vocational rehabilitation, mixed methods

Individuals with psychiatric disabilities experience mental health conditions (such as, schizophrenia, obsessive–compulsive disorder, and persistent depression) characterized by functional impairments, activity limitations, and participation restrictions in important areas of their lives such as work (Rudnick, 2014; World Health Organization [WHO], 2001). The prevalence of psychiatric disabilities in the United States is estimated to be 9.8 million for adults aged 18 or older, while the prevalence of psychiatric disabilities among Asian Americans is estimated to be around 2.4% of the Asian population (Substance Abuse and Mental Health Administration [SAMHSA], 2015). Even these numbers are likely to be underestimated because of the underreporting of mental health conditions and the limitations of assessments and sampling procedures (Clement et al., 2015). Psychiatric disabilities are typically characterized by an erratic and unpredictable course, and disruptions in affective, cognitive, and interpersonal functioning. The resultant effects are devastating for the personal health, quality of life, socioeconomic status, community integration, and employment (Anthony, Cohen, Farkas, & Gagne, 2002).

Deinstitutionalization in the 1980s ushered in a new era in mental health services with the advent of the "triumvirate of mental health initiatives," namely, prevention, treatment, and rehabilitation for individuals with severe and chronic mental illness (Anthony et al., 2002). Rehabilitation models emerged to compliment available treatment strategies in addressing the functional challenges and restrictions created by the disabling aspects of psychiatric symptoms. The goal of such models were to empower individuals with psychiatric disabilities in attaining a meaningful life and social integration (Anthony, 1982; Mueser, Deavers, Penn, & Cassisi, 2013). The decades following the 1990s witnessed the burgeoning of psychosocial rehabilitation research and interventions to improve the quality of life of individuals with psychiatric disabilities, many of which emphasized work and employment

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(Mueser et al., 2013). These studies demonstrated that work is a meaningful endeavor with many important short- and long-term mental health benefits (Kukla, Bond, & Xie, 2012; Millner et al., 2015).

Employment is considered an essential component of the psychosocial rehabilitation of individuals with psychiatric disabilities (Anthony et al., 2002). Despite the development of evidence-based practices in this area, individuals with psychiatric disabilities experience a 40% gap in employment rates compared with those without (Kessler Foundation/National Organization on Disability, 2010; United States Census Bureau, 2013). While these disparities are being addressed through advances in employment services, illness management, and legislative efforts (e.g., Americans with Disabilities Act of 1990, 1990; Davis et al., 2012), evidence related to work and work experiences across different racial and ethnic minority groups of individuals with psychiatric disabilities has been sparse and wrought with contradictory information (Burke-Miller et al., 2006; Tsang, Lam, Ng, & Leung, 2000). Some researchers have found significantly lower workforce participation among ethnically and racially diverse individuals with psychiatric disabilities, and exacerbations in already existing disparities, such as limited opportunities, minimal access to culturally congruent vocational services, higher stress levels from workplace discrimination, and decreased likelihood of obtaining competitive employment (Butler, Howard, Choi, & Thornicroft, 2010; Cook et al., 2008; Gewurtz, Cott, Rush, & Kirsh, 2015). Other researchers have contributed to an accumulating body of evidence that employment interventions are indeed beneficial for racial ethnic minority groups with psychiatric disabilities (e.g., African Americans; Frounfelker, Teachout, Bond, & Drake, 2011; McGuire, Bond, Clendenning, & Kukla, 2011). Nonetheless, the field of rehabilitation has been critiqued for subsuming the diverse needs of individuals from racial and ethnic minority backgrounds under the deleterious and dominating effects of long-standing mental illness (Fabian, 2013; Goldberg et al., 2001).

The presumption that psychiatric symptoms negate the differences between racial and ethnic groups is consistent with the positivistic, or "etic," approach to service provision and research, which emphasizes the universal experience of psychological conditions (Hong, Garcia, & Soriano, 2013). In his seminal writing on the psychology of working, Blustein (2013) called for the integration of "emic" approaches, like social constructionism, to create an "experience-near" understanding of the role that work plays in the lives of individuals from diverse communities in an effort to compliment positivistic approaches (Hong et al., 2013). The knowledge of psychological meaningfulness of work among cultural and ethnic groups with psychiatric disabilities plays a vital role in designing, delivering, and assessing the efficacy of psychosocial treatments and approaches. Consistent with community-based research, which seeks to explore the unique perspectives of racial and ethnic minority communities to increase engagement in available services, the purpose of this study was to explore and understand the unique perspective of Asian American individuals with psychiatric disabilities in addition to comparing their work perspectives with that of White Americans with psychiatric disabilities.

Asian Americans experience significant mental health disparities in the form of underutilization of mental health services, stigma of mental illness, and the social and systemic barriers in accessing psychiatric care (Lee, Martins, & Lee, 2015; Nguyen & Bornheimer, 2014). In the absence of corresponding data in the psychosocial rehabilitation literature, we reviewed sample demographics of 20 published articles on psychosocial rehabilitation services between the years 1994–2015. Only four of these studies (Drake et al., 2013; McGurk et al., 2015; Shafer & Huang, 1995; Zito, Greig, Wexler, & Bell, 2007) reported specific demographic information on Asian American participants who represented 1.2 to 4% of the study sample. As is evident, Asian American individuals with psychiatric disabilities are significantly underrepresented in the academic literature. In a recent review of the Rehabilitation Services Administration data set for the years of 2011–2015, we found that on average 8,235 Asian Americans accessed vocational rehabilitation services per year compared with 407,522 White Americans. While outcomes of these services were similar, services utilized by the Asian Americans was a smaller percentage (United States Department of Education, 2017).

Several factors are likely responsible for such disparities. First, Asian Americans experience culture-specific stressors such as language, communication issues, migration, discrimination, and experienced racism that act as barriers in accessing care (Leong & Kalibatseva, 2011). Second, many Asian Americans are motivated by collectivist values of group harmony, familial pride, and a strong academic and occupational orientations (Ghosh & Fouad, 2016; Sue & Sue, 2012). Functional restrictions on occupational achievement because of mental illness can create significant stress and shame for both the individual and the family (Harnois & Gabriel, 2000; Loya, Reddy, & Hinshaw, 2010). In the Asian community, mental illness and seeking professional help are seen as weakness and disgrace brought to the family (Shea & Yeh, 2008). Finally, there is documented incompatibility of the culture of psychological services provision and Asian cultural values (Zane et al., 2005). More specifically, greater adherence to Asian cultural values has been associated with lower help-seeking among Asian Americans (Shea & Yeh, 2008). Therefore, understanding the unique cultural background and socialization experiences of ethnic or racial minority groups with psychiatric disabilities is critical to developing effective employment interventions and improving participation rates in these interventions (Donnell, Belanger, & Vanderploeg, 2011).

The purpose of this study was to create an in-depth understanding of the work-related perspectives and experiences of Asian Americans with psychiatric disabilities by integrating both qualitative and quantitative approaches in a mixed method study addressing the following questions: (a) Are there differences in the perspectives on work between White American and Asian American individuals with psychiatric disabilities?, and (b) What are the perspectives on work and employment specifically for Asian Americans with psychiatric disabilities? To address the questions in our study, we developed a scale called the Meaning of Work Scale to assess the meaning of work among individuals with psychiatric disabilities. Based on the study questions, we hypothesized that there would be significant differences in the meaning of work between Asian Americans with psychiatric disabilities and White Americans with psychiatric disabilities.

Method

We conducted a mixed methods exploration of the perspectives on employment of Asian American individuals with psychiatric disabilities. In the preliminary phase, we conducted essential instrument development activities to ensure applicability, usability, and feasibility of the survey and study procedures. In the main study, we administered the survey to Asian Americans and White Americans with psychiatric disabilities to identify areas of difference between Asian Americans and White Americans through a quantitative comparison of their perspectives on work. The survey was extended with open-ended questions for Asian American respondents to obtain the unique perspectives of Asian Americans with psychiatric disabilities.

Survey Development and Pilot Study

Participants. Nine individuals with psychiatric disabilities were recruited via flyer distribution at mental health service providers in the northeast. These individuals were screened in person or by phone for eligibility before their participation. Participants were (a) either White American or Asian American adults, (b) currently employed or have been employed for at least 6 months in the last 3 years, and (c) with a psychiatric disability as evidenced by a history of (a) receiving disability benefits because of mental illness, (b) at least one psychiatric hospitalization in the past year, or (c) impairment in major areas of functioning (e.g., work, school) because of symptoms. Participants Six participants (White Americans $n = 3$; Asian Americans $n = 3$) completed 1–2 hr cognitive interviews, and received $50 for providing in-depth feedback on the instrument. Three participants (White Americans $n = 2$; Asian Americans $n = 1$) received $25 for providing feedback during the pilot phase of the survey.

Procedures for survey development. The research team involved in the development of the *Meaning of Work* (*MoW*) Scale included four doctoral level and one master's level researchers (3 Asian Americans) in the field of vocational rehabilitation of individuals with psychiatric disabilities. First, two members of the team developed a preliminary set of survey questions based on an extensive literature review in vocational psychology and vocational rehabilitation and the results of a recent qualitative study that explored the work perspectives of adults with psychiatric disabilities (Millner et al., 2015). Nine key domains were identified that were the role of work in the personal life, social life, financial wellness, and mental health of individuals with psychiatric disabilities; values attached to work, challenges experienced in relation to work, factors that influence job readiness, messages that individuals receive about their work capacity, and influential role models. Questions were broadly categorized under these headings and the final items were determined through a selective and iterative process resulting in 85 items pertaining to nine the broad categories of meaning of work.

For the Asian American participants we developed an additional set of seven items that were open-ended. These questions were developed by the Asian American members of the research team and inquired about the specific perspectives on work among Asian Americans.

We shared all these items in a survey format with six individuals with psychiatric disabilities with whom we conducted cognitive interviews to ensure items were comprehensive and interpreted as expected (Garcia, 2011). Participants provided critical feedback, shared their understanding of each item, and identified additional content areas. Multiple questions were reworded, and seven questions were removed, improving the face and content validity of the survey (Willis, 2004). The appropriate response format (7-point Likert-type scale; strongly disagree to strongly agree) was determined based on these interviews. Asian American participants were especially requested for feedback on the open-ended qualitative questions. Aside from minor wording changes, all seven items remained the same. Finalized items were uploaded on a software platform (Qualtrics), and pilot-tested for usability with three additional individuals with psychiatric disabilities (Dillman, 2000).

Main Study

Participants. A national sample of 149 individuals with psychiatric disabilities, recruited via social media tools (e.g., Facebook and eCast) of a university-based mental health service provider, completed the survey online. These individuals were required to respond to screening questions establishing their eligibility to participate before accessing the survey. Eligibility criteria were the same as those for the preliminary survey development study. Flyers were circulated at agencies and organizations across the United States serving individuals with disabilities, after obtaining permission from the administrators of these agencies. We expanded recruitment for Asian American participants by advertising at mental health agencies serving Asian Americans and circulating flyers among local and national networks of Asian services providers. Participants' age ranged from 20–65 years ($M = 38$, $SD = 11.11$, and included 96 White Americans and 53 Asian Americans. In total, 127 (85.2%) participants were employed (85.4% White American; 84.9% Asian American), while the remaining participants had been employed for at least 6 months in the past 3 years. Participants were mailed $25 in gift cards for completing the survey ($10 for partial completion). Asian American participants were required to complete six open-ended survey questions in addition to the closed survey questions. Asian American participants included 20 Chinese Americans, 10 Japanese Americans, 8 Korean Americans, 5 Filipino Americans, 5 Taiwanese, 1 Indian, 1 Iranian, 1 Indonesian, and 1Vietnamese. One of the participants identified as Asian American but did not report their ethnic group. Almost 40% of the White American participants ($n = 38$) worked in the mental health field compared with 11% of the Asian Americans ($n = 6$). In terms of education level, the majority of respondents (61.8%, $n = 92$) reported completing a bachelor degree or above. More specifically, 53% of White Americans held degrees in higher education compared with 77% of the Asian American group. Additional demographic information of the participant pool is provided in Table 1.

Procedures. For the final administration of the survey, a single survey link was created including all the instruments. Asian American participants were directed to complete the open-ended questions after responding to the closed questions. Participants either contacted the study director or used online recruitment materials to obtain the survey link. There were 236 participants were eligible based on completed online screening forms. Seventy-eight individuals were screened out during the screening process. There were nine incomplete surveys and 149 surveys were com-

Table 1
Demographic Characteristics of Study Participants

Demographic characteristics	Asian American (n = 53)		White American (n = 96)		Total (n = 149)	
	n	%	*n*	%	*n*	%
Gender						
Male	30	56.6	23	24.0	53	35.6
Female	23	43.4	72	75.0	95	63.8
Transgender	0	.0	1	1.0	1	.7
Employment						
Employed	45	84.9	82	85.4	127	85.2
Had employed	8	15.1	14	14.6	22	14.8
Marital						
Single	17	32.1	34	35.4	51	34.2
Living with partners	4	7.5	10	10.4	14	9.4
Married	32	60.4	33	34.4	65	43.6
Widowed	—	—	3	3.1	3	2.0
Separated	—	—	16	16.7	16	10.7
Educational						
Some high school	1	1.9	2	2.1	3	2.0
High school graduate	1	1.9	7	7.3	8	5.4
GED/Associate/VT	—	—	17	17.7	17	11.4
Some college	10	18.9	19	19.8	29	19.5
Bachelor	27	50.7	32	33.3	59	39.6
Master/Doctoral	14	26.4	19	19.8	33	22.2
Diagnosis						
Schizophrenia/Schizoaffective	7	13.2	10	10.4	17	11.4
Bipolar disorder	4	7.5	20	20.8	24	16.1
PTSD/Dissociative	11	20.8	22	22.9	33	22.1
OCD/Panic disorder	15	28.3	18	18.8	33	22.1
Eating disorder	1	1.9	0	.0	1	.7
Major Depression	12	22.6	20	20.8	32	21.5
Other (anxiety, ADHD)	3	5.7	5	5.2	8	5.4
Do not know	—	—	1	1.0	1	.7
Services used						
Individual session	36	67.9	77	80.2	113	75.8
Medical evaluation	22	41.5	75	78.1	97	65.1
Group therapy	24	45.3	32	33.3	56	37.6
Inpatient services	17	32.1	16	16.7	33	22.1
Day treatment	4	7.5	13	13.5	17	11.4
Case management	5	9.4	12	12.5	17	11.4
Intensive outpatient	8	15.1	9	9.4	17	11.4
Others	—	—	7	7.3	7	4.7
Not using any services	—	—	4	4.2	4	2.7

Note. GED = General Educational Development; VT = vocational training; PTSD = posttraumatic stress disorder; OCD = obsessive compulsive disorders; ADHD = attention-deficit-hyperactivity disorder.

pleted and retained for analysis. All responses were downloaded for analysis and stored in a secure location. Personal information shared online was used only to process payment of gift cards, and deleted as soon as responses were downloaded. On average, White American participants completed the survey within 37 min, while Asian American participants completed the survey in 55 min. Of the 53 participants who responded to survey, the response rate to the qualitative questions ranged from 48–51 participants, with variations in the response length.

Quantitative data analyses. Data was first analyzed for the purpose of developing the psychometric properties of the *MoW* Scale. Means, *SD*s, ranges, minimums, and maximums were reviewed for performance of each item, and internal consistency reliability estimates for each of the initial domains. After elimination of items, we conducted exploratory factor analysis (EFA) using principal axis factoring and oblique oblimin rotation on the final items. The skree test was used to determine the final number of factors. These analyses resulted in the final 47 items and three subscales. The Kaiser-Meyer-Olkin measure and Bartlett's test of sphericity demonstrated sample adequacy on the items. The finalized scale was utilized in the analysis for the main study hypotheses. The *MoW* Scale and its subscales were used to analyze the data for assessing the difference between the two groups. To examine the difference in the perspectives on work between White Americans and Asian Americans, we used independent samples *t* tests for comparing the mean scores of the subscales.

Instruments. Instruments included a brief demographic questionnaire, the survey developed in this study and a qualitative questionnaire.

Demographic Questionnaire. We utilized a standard set of questions to obtain demographic information of participants (i.e.,

age, race, marital status, educational level, diagnosis, and services used for treatment). Asian American participants were asked additional questions regarding ethnicity and languages spoken.

The MoW Scale. Differences in work perspectives were assessed by the *MoW* Scale. The *MoW* Scale comprised of 47 items and three subscales, namely, Extrinsic Meaning of Work (24 items), Intrinsic Meaning of Work (8 items), and Psychiatric Challenges to Meaning of Work (15 items). These subscales were determined based on the results of the factor analyses conducted (presented in Tables 2 and 3). The survey utilized a 7-point Likert-type response format (1 = *strongly disagree* to 6 = *strongly agree*, and 7 = *do not know*). Higher ratings demonstrated greater agreement with each item in both the Extrinsic *MoW* and the Intrinsic *MoW*, with the exception of 7 (*do not know*). All items in the Psychiatric Challenges to *MoW* subscale were reverse scored. Sample items included: "*Work has helped me to advance my career*" (Extrinsic *MoW*), "*Work has provided meaning and purpose in my life*" (Intrinsic *MoW*), and "*My psychiatric condition has posed barriers to my work*" (Psychiatric Challenges to *MoW*). Because there are no similar instruments available, this survey was developed for this study through a series of steps to address the questions of the present study. Internal consistency reliability estimates for the *MoW* Scale in this sample was $\alpha = .89$

Qualitative Questionnaire. To investigate the unique experiences of working among Asian Americans with psychiatric disabilities, we asked seven open-ended questions These questions were: Please share with us . . . (a) your experience of working as an Asian American individual diagnosed with a psychiatric condition, (b) how you believe your identity as an Asian American may have influenced your views of work, (c) the work-related challenges you have faced as an Asian American, (d) if you have experienced challenges at work as an Asian American, what are the strategies you have used to cope with them?, (e) any services and supports you may have received to help you work, (f) as an Asian American, what factors have made it hard, if any, to get services and supports needed to help you work or return to work?, and (g) anything else about your views or experiences of work as an Asian American.

Qualitative data analysis. We utilized Grounded Theory methodology (Glaser & Strauss, 1967) to examine the in-depth perspectives of Asian Americans. Grounded Theory is a widely used method to understand complex social phenomena in mental health (Bowling, 2014; Glaser & Strauss, 1967). Data were analyzed by a three-member research team comprised of two doctorate level (Asian American) and one master's level researcher (White American) with previous qualitative research experience. All de-identified participant qualitative data was uploaded onto NVivo, a qualitative data analysis software package. Qualitative data were reviewed independently first by two researchers who developed an initial list of codes based on the study questions and recorded them in NVivo. Codes were reviewed independently by each team member who also independently documented his or her hypotheses regarding the relationships between codes, potential categories, and the questions while also recording pertinent sources of bias. Research team members discussed their expectations and biases related to culture, ethnicity, and work experiences to prevent undue influence on data analysis and interpretation. These discussions occurred both before data analysis and during consensus meetings. In consensus meetings, two researchers categorized the data into meaningful units through a process of classifying and collapsing codes that fit together in patterns following an iterative process (Strauss & Corbin, 1998; Walker & Myrick, 2006). The third member of the research team independently reviewed the data, and provided feedback on all codes and categories developed by the first two members. In consensus meetings, all three team members discussed coding, collapsed categories, identified final categorization of data, and determined representative statements. NVivo provided the frequency of references to each theme and category.

Results

Survey Development and Pilot Study

The *MoW* Scale was developed in this study to assess the differences in work perspectives between Asian Americans and White Americans with psychiatric disabilities. Means, *SD*s, ranges, minimums, and maximums were reviewed for performance of each item, and internal consistency reliability estimates for each of the initial domains. We removed 23 items from three domains that did not appear to be associated with the construct of meaning of work (i.e., face validity; e.g., role models, job readiness, and messages received) and an additional 15 items based on low item-total correlations. EFA was conducted using principal axis factoring and oblique oblimin rotation on the resultant items. We evaluated each item based on extraction communalities and factor loadings. Remaining 47 items showed simple structure and had adequate communality values to assess for scale dimensions. There were 11 components with initial eigenvalue loadings above 1. Beyond the third factor, there was no meaningful contribution of the remaining factors to the percentage of variance in scores. The skree test was used to determine the final number of factors. All remaining items demonstrated factor loadings above .40 with the exception of a single item "work has interfered with my recovery process" on the second factor. We retained this item since the development of the scale is at an exploratory stage and the inter-

Table 2
Descriptive Mean Statistics and Cronbach's αs for Scales of Interest in the Present Study

Scale	Items (*N*)	Asian Americans			White Americans			Total		
		M	*SD*	α	*M*	*SD*	α	*M*	*SD*	α
Extrinsic Motivation for Work	24	104.02	16.49	.92	100.36	23.77	.93	101.65	21.51	.93
Psychiatric Challenges to Work	15	51.00	13.52	.88	54.70	15.35	.86	53.50	14.84	.86
Intrinsic Meaning of Work	8	37.09	5.91	.89	33.49	10.20	.96	34.77	9.06	.95

Table 3
Summary of Factor Analysis of Scales

Item	Extrinsic *MoW*	Psychiatric challenges to work	Intrinsic *MoW*	C[a]
1. Work is an important goal in my life	.469	.097	.152	.551
2. It is important for my work to be related in some way to my ideal job	.420	−.006	.087	.700
3. Work has helped me to advance my career	.662	−.103	.239	.659
4. Work has helped me contribute to society	.455	.240	.093	
5. Work has provided me opportunities to make my own decisions	.536	.013	−.321	.582
6. Work has improved my finances	.628	.144	.103	.742
7. Work has given me a sense of security	.723	−.105	.116	.748
8. Work has provided me with the resources to pursue further education	.560	−.129	.218	.658
9. Work has allowed me to be financially independent	.586	−.239	.224	.788
10. Work has allowed me to enjoy leisurely activities	.511	−.120	.181	.660
11. Work has helped me receive health or mental health services	.467	−.191	.098	.698
12. Work has allowed me to be self-reliant	.674	−.188	.176	.873
13. My work has helped to give my family a better quality of life	.553	−.193	.149	.670
14. Work has improved my social life	.558	−.007	.408	.728
15. Work has improved my relationships with family members	.581	−.180	.249	.663
16. Having a job has made me feel more respected by others	.605	.18	.367	.723
17. Work has improved how I am viewed in my community	.530	.001	.330	.733
18. Work has given me the confidence to attend social gatherings	.577	−.085	.335	.686
19. Work has improved my psychiatric condition	.569	−.292	.192	.804
20. I feel privileged to have a job	.485	−.128	.180	.641
21. Working has helped to stabilize my psychiatric symptoms	.594	−.286	.152	.788
22. Working has helped to reduce my psychiatric symptoms	.654	−.314	.128	.754
23. Work has helped me view myself as a person, not just an illness	.669	−.213	.222	.735
24. Work has helped others to view me as a person, not an illness	.534	−.164	.248	.680
25. Work has been an important part of my personal life	.505	.250	−.606	.710
26. Work has raised my self-esteem (i.e., what I think, feel and believe about myself)	.557	.259	−.663	.842
27. Work has raised my self-worth (i.e., how much I value myself)	.647	.211	−.589	.811
28. Work has provided meaning and purpose in my life	.599	.337	−.618	813
29. Work has contributed to my personal growth	.594	.313	−.614	.813
30. Work has provided me with independence	.560	.254	−.515	.710
31. Work has provided me with responsibility	.518	.340	−.615	.799
32. Work has provided me with enjoyment	.499	.221	−.563	.630
33. My psychiatric condition has lowered my work-related self-esteem	.029	.613	.289	.610
34. Work has interfered with my recovery process (i.e., my ability to get better)	−.008	.291	.255	.632
35. Unemployment has negatively affected my psychiatric condition	−.069	.498	.128	.657
36. My psychiatric condition has posed barriers to my work	.057	.617	.402	.736
37. My psychiatric condition has disrupted my career	.112	.707	.365	.802
38. My psychiatric condition has limited my professional growth	.016	.686	.318	.711
39. I have had to deal with prejudice (i.e., negative attitudes) at work	.098	.447	.425	.667
40. I have had to deal with discrimination (i.e., negative interactions, limited opportunities, etc.) at work	.019	.588	.117	.768
41. I have not felt valued at my work	−.170	.483	.159	.716
42. I have felt underpaid at work	−.176	.484	−.079	.719
43. My psychiatric symptoms have negatively affected my ability to work	.108	.734	.191	.710
44. My physical health has negatively affected my ability to work	.072	.556	.177	.614
45. I cannot take my ability to work for granted because of my psychiatric condition	.124	.475	.338	.680
46. I view work differently from people without psychiatric conditions	.117	.482	.105	.698
47. There are not enough job opportunities for me because of my psychiatric condition	.042	.448	.042	.731
Eigenvalues	10.51	5.90	5.08	
% Variance	22.35	12.54	10.80	
% Cumulative variance	22.35	34.89	45.69	

[a] C = communalities—upper to .5 means that, the correspondent load factor reproduce more than 50% variance explained by correspondent variable. *MoW* = *Meaning of Work* Scale.

ference of work with recovery is an important concern among individuals in recovery for psychiatric disabilities (Millner et al., 2015). In the case of items that loaded above .40 on more than one factor, we retained the items on the factors where the items had higher loadings. The Kaiser-Meyer-Olkin measure and Bartlett's test of sphericity demonstrated sample adequacy on the remaining 47 items.

These analyses resulted in the final 47 items and three subscales. The three factor model that emerged loaded 24 items on factor one, 15 items on factor two, and 8 items on factor three. We named the first factor "Extrinsic Meaning of Work," as the items pertained to external contributors to the meaning of work (e.g., improved career opportunities, financial gain, improved relationships with others, ameliorating psychiatric symptoms, and reestablishing social

roles). The second factor, which we named the "Psychiatric Challenges to Work," contained items related to the psychiatric challenges that affect meaning of work (e.g., symptoms as barriers to working, disrupted career path, dealing with prejudice and discrimination, lack of job opportunities, etc.). The third factor, which we named "Intrinsic Meaning of Work," comprised items related to psychological constructs (e.g., the effect of work on self-esteem, meaning and purpose, enjoyment, etc.). These factors comprised the subscales of the overall *MoW* Scale.

The overall internal consistency reliability estimate of the *MoW* Scale was $\alpha = .89$. The internal consistency reliability estimates for the Extrinsic *MoW* subscale was $\alpha = .93$, Psychiatric Challenges to *MoW* subscale was $\alpha = .87$, and the Intrinsic *MoW* subscale was $\alpha = .95$. The results of the mean statistics and internal consistency reliability estimates for each of the subscales for the sample and subsamples are presented in Table 2 and the factor loadings for each of the subscales are presented in Table 3.

Main Study

Comparison between Asian Americans and White Americans. The results of the *t* tests on the three subscales of the *MoW* Scale demonstrated similarities and differences in the two populations. The *t* tests revealed a significant difference between Asian Americans and White Americans on the Intrinsic *MoW* subscale, $t(147) = 2.73$, $p = .007$, Cohen's $d = .48$ with Asian Americans ($M = 37.09$, $SD = 5.91$) reporting higher ratings than White Americans ($M = 33.49$, $SD = 10.20$). The *t* test did not reveal any significant differences between Asian Americans and White Americans on the overall *MoW* Scale, $t(139) = 1.55$, $p = .123$ or on the Extrinsic *MoW* subscale, $t(146) = .99$, $p = 146$, and the Psychiatric Challenges to *MoW* subscale, $t(140) = -1.40$, $p = .165$.

Unique perspectives of Asian Americans. Results of analysis of the qualitative data on the perspective of Asian Americans with psychiatric disabilities revealed three major themes, each with three unique categories. These themes are presented with the representative categories in Table 4. The table includes the number and percentage of participants whose responses were coded in the categories, and the number of references identified in NVivo that reflected the frequency of reference to the identified category.

Responses of the participants clustered around the three main themes of (a) barriers that affect work, (b) cultural values and expectations that influence work, and (c) helpful strategies, services, and supports to deal with work-related challenges. We describe these themes in the following narrative with complex descriptions of experiences shared by participants, along with exemplary quotes to illustrate the categories and themes that emerged. Each category also had several subcategories, which are represented descriptively in narrative form.

Barriers that affect work. Many participants in this study described a large number of barriers. The majority of respondents described facing complex and multiple challenges. These challenges included (a) experience of stigma and discrimination, (b) barriers related to their psychiatric symptoms, and (c) lack of work-related services and supports.

Experience of stigma and discrimination. A large majority of respondents (86.8%) in this sample discussed the experience of stigma and discrimination. For most of these participants, these barriers related to their ethnicity and/or to having mental illness, while others referenced discrimination based on gender, socioeconomic status, or immigration status. A 34-year old Asian American male diagnosed with PTSD and employed as a peer specialist discussed the pressure to assimilate, "*The last job gave me [an] awful experience. People who did not know my culture drove me to be more Americanized. That was so hard [for] me*." [Participant #144]. Respondents discussed being subject to positive ethnic stereotypes associated with being passive, hardworking, intelligent, and high-achieving, which exposed them to higher expectations of work performance. At the same time, some respondents discussed being subject to lack of opportunities for growth, job loss, unequal compensation, unfair treatment (e.g., denied promotion), and denial of credit for work performance. A 35-year old Asian American female diagnosed with posttraumatic stress disorder (PTSD) previously employed as a management assistant, described the emotional burden that resulted from such systematic oppressive experiences:

> *Many Asian Americans have this kind of treatment. It's systematic, [wide]spread discrimination that is deeply rooted. . . .They put me into the stereotype of the nerdy, square, nose-to-grindstone, awkward idiot. . . . The bullying, unfair treatment, stereotypes, and discrimination against me is so extreme that there is not much I can do to cope. I am not working right now, but I'm still in an incredible amount of pain and suffering every day. . . . They do not get my unique problems as an American-born Asian. They lump me into the category of foreign, when I'm actually very American.* [Participant #108]

Table 4
Themes and Categories of the Qualitative Study

Themes	Categories	*N*[a]	%	NVivo references
Barriers that affect work	Experience of stigma and discrimination	46	86.8	124
	Barriers related to psychiatric disability	33	62.3	48
	Lack of work-related services and supports	25	47.2	44
Cultural values and expectations that influence work	Prevalence of a strong work ethic	30	56.6	48
	Fulfilling cultural values and expectations	17	32.1	22
	Difficulty with help-seeking	4	7.5	7
Helpful strategies, services, and supports	Proactive strategies used	34	64.2	67
	Services accessed	31	58.5	38
	Work-related supports received	25	47.2	43

[a] *N* refers to the number of individuals who endorsed the category.

Respondents also discussed the complex challenges of positive ethnic stereotypes while having a psychiatric condition with its associated stigma, captured by a mixed metaphor used by a participant ". . .*the elephant in the closet that often no one wants to talk about.*" Participants described silence and isolation and at times, even ostracism. This experience was compounded by the lack of understanding and acceptance of mental illness among family and community members. This experience is highlighted in a statement by a 53-year old Asian American female diagnosed with schizophrenia and employed as an accountant:

> *Asians have a very strong work ethic. I have been told I do too. I feel ostracized by my parents who came here penniless and worked very hard to get where they are today. None of my extended family will even communicate with me even when I was in schoo[l] working on my bachelors in a competitive field and Ivy League school. My father disowns me*. [Participant #14]

The silence and isolation was also present at the workplace, as described by a 44-year old Asian American male diagnosed with an anxiety disorder and employed as a postdoctoral researcher: "*I usually don't tell my co-workers, colleagues or supervisors that I am Asian American. . . . Given that I have mental health problems, I don't talk much about my personal/private life overall at work*." [Participant #111]. The isolation was further compounded by the absence of other Asian Americans or people of color at their work place.

Barriers related to psychiatric disability. The majority of respondents in this sample (62.3%) reported a multitude of challenges, from having psychiatric symptoms that directly impacted their work life by affecting work performance, impeding anticipated achievements, limiting career opportunities, and contributing to job loss. This experience was described by an 27-year old Asian American female participant as "*I have the stereotype of a high achieving Asian woman, so when I fall short of that due to my psychiatric illness, they get disappointed and I lose work*." [Participant #96]. These work-related failures deeply affected participants' perceptions of themselves (e.g., low self-esteem, feelings of worthlessness) and interactions with others (e.g., need to hide their mental health identity at work). Some individuals described self-blame and self-loathing for their poor work performance. For example, a 26-year old Asian American female diagnosed with depression previously employed as a teacher described her distress when comparing herself to her peers as follows:

> *Significant psychological and emotional burdens took away from my time and focus on improving my professional skills, and when others my age began to ascend in their careers and make a great deal of money, I f[e]lt as if I would never be able to succeed in life. It contributed to suicide ideation, along with other factors. Additionally, I despised my inability to rise in my salary and begin a career.* [Participant #29]

Lack of work-related services and supports. A little less than half of the survey respondents (47.5%) discussed a high need for services and supports, namely, access to affordable work-related resources, job accommodations, and culturally competent mental health services. A 53-year old Asian American male diagnosed with PTSD previously employed as an assistant teacher described the lack of resources at work: "*Employers didn't offer any options for people with disabilities. Also, they say there isn't enough funding in this area to support 'so few of the disabled.'*" [Participant #2]. Some of these individuals described the need for culturally competent counselors who shared Asian values or spoke the same language. A 47-year old Asian Americans female diagnosed with bipolar disorder employed as a faculty librarian stated:

> *Initially getting mental health treatment was not easy for me because in my culture we're not supposed to talk about family problems or emotions. I've had very helpful white counselors but sometimes I've felt that more culturally responsive therapists would have been beneficial. It is not easy finding counselors who share my cultural background.* [Participant #30]

Cultural values and expectations that influence work. Respondents within this category discussed the culture specific values and expectations that influenced their work life and vocational prospects. The subcategories include (a) prevalence of a strong work ethic, (b) fulfilling cultural values and expectations, and (c) difficulty with help-seeking.

Prevalence of a strong work ethic. Several participants (56.6%) discussed the prevalence of a strong work ethic for the Asian community with statements such as: "*Work = 'normal*,' "*contributing member of society*," "*working hard to prove oneself*," and "*saving face*." Respondents expressed pride in through their approach to work that is, "*attentive*" and "*careful*" and described "*hard work*" and "*perseverance*" as important cultural values and identity passed on from family. For example, a 33-year old Asian American male diagnosed with Obsessive Compulsive Disorder and employed as a peer specialist stated, "*Ironically, my Asian identity is problematic. Sometimes, I really work hard without lunch so others told me I am [a] workaholic*" [Participant #142]. This work ethic found expression in the desire for greater educational attainment and work achievements. While participants described challenging themselves to succeed despite all odds, they also shared the shame they felt for having a disability or receiving disability benefits. This experience is highlighted by a 24-year old Asian American female diagnosed with an eating disorder working as a sales associate who stated:

> *Work is viewed as a necessity in the Asian community—people who do not work are considered lazy, unambitious, or lost causes. Losing the ability to work would be devastating to me and it would make me feel like others in my community regard me with pity or scorn.* [Participant #143]

Participants described the drive to work as being closely related to regaining confidence in one's ability despite psychiatric symptoms. Work was a source of pride and resilience proving one's ability to overcome the disabling aspects of the illness. For example, a 59-year old Asian American male diagnosed with schizophrenia and employed as an IT consultant stated:

> *Sometimes, others, including clients, express surprise when they learn that I have schizophrenia, because I seem smart, knowledgeable, and able to do a lot of things. I think . . . that they might think of me as an example of the 'model minor[i]ty.' But, to me, it is perfectly natural, because I spend a significant part of my time reading, studying and learning about a variety of topics . . . like a 'smart Chinese.'* [Participant #22]

Fulfilling cultural values and expectations. A number of respondents (32.1%) discussed the importance of having a "*good*

attitude," and maintaining social relationships at work through descriptors such as "*low-key*" and "*friendly*" at work. Respondents emphasized the importance of maintaining peace, avoiding confrontation, and getting along with coworkers, colleagues, and employers. Participants also described being subject to cultural expectations that were an important part of their identity, such as being a contributing member of society, obeying authority, and fulfilling family caregiving obligations.

Difficulty with help-seeking. A handful of participants (7.5%) described difficulty with help-seeking. For these individuals, the expectation of hiding emotions resulted in delay of receiving services for psychiatric symptoms as reflected in this statement by a 27-year old Asian American female diagnosed with PTSD employed as a private tutor: "*[Being Asian] taught me to not show emotion and to push everything down, and especially as a woman, to be accommodating*" [Participant #96]. Respondents referred to the cultural values of needing to "*save face*" [Participant #5], "*Being afraid to admit I need help*" [Participant #20], and "*keep my mouth shut and internalize feelings*" [Participant #141].

Helpful strategies, services, and supports. Finally, participants in this sample discussed the importance of receiving help through (a) proactive strategies used, (b) services accessed, and/or (c) supports received.

Proactive strategies used. More than half the respondents (64.2%) in the sample stated several proactive strategies they utilized. In response to the question about strategies used to deal with work-related challenges, participants shared their pride in their cultural heritage: "*I just love being Asian. God create*[d] me as an Asian, so that I am happy about it" [Participant #26]. Whether they had the choice or not, some respondents felt that they had to educate others about mental illness, especially family. For example, a 59-year old Asian American male diagnosed with schizophrenia employed as an IT consultant stated:

> *Now and then, I try to engage people in conversations about poverty, and that not all Asians or Asian Americans "do well," like the "model minority" idea [deleted] White people believe. Some Asian groups . . . are poor and uneducated, and face discrimination, hardship and poverty like other groups more familiar to Whites, like Hispanics and African Americans*. [Participant #22]

Participants described a variety of coping strategies, including finding ways to stay calm, maintaining a positive or optimistic attitude, managing symptoms effectively ("*self-care*," "*exercise*," etc.), "*helping others*," "*reading books*," and "*seeking advice*" from others. Some participants discussed learning to assert themselves at work, setting limits on their workload, advocating for themselves, and providing constructive criticism. Other participants discussed the benefits of educating oneself in one's Asian heritage and addressing ethnic prejudice.

Services accessed. Several participants (58.5%) in this study discussed the important role of both vocational and nonvocational services in supporting their work-related efforts. Participants mentioned work-based skills training, education, mentoring relationships, and vocational and career counseling. Participants also described the importance of accessing treatment for their mental health condition, including psychotherapy and medications, which seemed necessary for their work life, as evident in the following quote by a 26-year old Asian American female diagnosed with depression previously employed as a teacher:

> *I've felt worthless because of my disinterest in and distraction from working. I blamed myself for my poor work ethic, mainly simply not doing work until just before the deadline, but through treatment began to notice that much of my daily thought life is consumed by depressive thoughts and low mood*. [Participant #29]

Some acknowledged that they discussed their symptoms with their providers, but did not discuss their Asian identity unless they had culturally informed providers.

Work-related supports received. In a final category, many participants (47.2%) listed helpful work-related supports such as, job accommodations (e.g., "*paid sick time*," frequently allowed absences, "*flexible hours*"), and supportive work relationships with bosses and supervisors. Some discussed the benefits of mentoring relationships and accessible role models, even if they were individuals from other racial/ethnic minority groups. Outside of work, individuals reported the benefits of support groups including National Alliance on Mental Illness groups, online and religious groups, and early intervention programs, and so forth. Most respondents discussed the importance of multiple sources of support from family, friends, and their community, as described by a 24-year old Asian American female diagnosed with eating disorder employed as a sales associate "*My therapist, friends, and family have all been very supportive and allowed me to take things at my own pace. This is especially important when I am job searching and hit one dead end after another*." [Participant #143].

Discussion

The current study is a mixed methods exploration of the perspectives of Asian Americans with psychiatric disabilities through (a) a comparison of their perspectives with White American individuals with psychiatric disabilities, and (b) an in-depth investigation of the views of Asian Americans using open-ended qualitative methodology.

The MoW Scale

To compare the work perspectives between Asian Americans and White Americans, we constructed the *MoW* Scale which demonstrated good psychometric properties with high internal consistency reliability estimates, supporting the inference that the items measure the underlying construct. The exploratory factor analyses provided evidence of three factors, or subscales (i.e., items clustered together into three coherent factors) with high internal consistency reliability estimates for each subscale. Overall, the adequacy of the psychometric properties of the scale provided confidence in subsequent data analyses assessing differences between Asian Americans and White Americans with psychiatric disabilities.

Comparison Between Asian Americans and White Americans

The results of the analyses assessing differences on the *MoW* Scale between Asian Americans and White Americans revealed no significant mean level differences for the overall *MoW* Scale, the Extrinsic *MoW* subscale, and the Psychiatric Challenges to *MoW* subscale. These results indicate that Asian Americans and White Americans with psychiatric disabilities experience similar work

related challenges, and place similar value on the external benefits to working. Therefore, similarities exist across groups on the importance of work among diverse groups of working adults with psychiatric disabilities (Dunn, Wewiorski, & Rogers, 2008).

There was a key difference between the two groups that emerged from the quantitative data. Asian Americans reported higher scores on the *Intrinsic MoW* subscale than White Americans. The differences in Asian Americans and White Americans work values have previously been attributed to individualist-collectivist orientations (Sue & Sue, 2012). Specifically, Asian Americans, who adhere to collectivist orientations, prioritize social relationships to maintain group harmony. Asian cultural values of academic and occupational success are often transmitted through social and family relationships (Fouad et al., 2008; Sue & Sue, 2012). Therefore, cultural influences may be essential considerations in understanding the work ethic and values of Asian Americans with psychiatric disabilities. (Fouad et al., 2008).

Cultural values and expectations that influence work. Further evidence of work values and experiences were found in our qualitative analyses, where we explored the unique experiences of Asian Americans with psychiatric disabilities. Reports of value placed on intrinsic meaning of work among Asian Americans were consistent with the findings across both aspects of the study. These results were in contrast with a study, conducted by Fouad and colleagues (2008), on Asian Americans not diagnosed with psychiatric disabilities, where they found the work values of Asian Americans to be related to extrinsic factors such as, higher salary, work environment, and so forth. Asian American participants in our study discussed the importance of a strong work ethic. Cultural values, combined with the experience of being a double minority, may significantly affect the intrinsic value placed on work for this population. In this context, mental illness identity is closely intertwined with vocational identity, and needs special attention when services are provided to this population (Fouad et al., 2008; Yanos, Lysaker, & Roe, 2010).

Barriers that affect work. Qualitative data in our study included repeated references to the devastating impact of psychiatric symptoms on the work life of Asian American participants, which interfered with work and contributed to lowered work-related self-esteem, limited professional growth, poor work performance, delayed achievements, and even job loss. Participants went further to describe work-related failures, including unemployment, deeply affecting their perceptions of themselves and their interactions with others. Similar barriers have been well documented in the literature on individuals with psychiatric disabilities (Blitz & Mechanic, 2006; Sevak & Khan, 2016). Asian respondents in our sample also reported barriers of stigma and discrimination, another common experience among individuals with psychiatric disabilities regardless of their race or ethnicity (Corrigan, Powell, & Rüsch, 2012). For Asian American participants, barriers to work were compounded by their status as an ethnic minority. The experience of having two intersecting minority identities tended to contribute to a unique experience (Crenshaw, 2005), where a person felt multiple layers of stigma or discrimination or "double discrimination" (Seeman, 2015). Participants discussed experiencing the tension of the positive ethnic minority stereotype of the "model minority," and the stigma, prejudice, and ignorance associated with having a mental health diagnosis. In fact, the idealized image of Asian Americans as a hardworking, quiet, and submissive ethnic minority group that overcomes adversity and discrimination to achieve the "American Dream" (Gupta, Szymanski, & Leong, 2011) sets up high systemic pressures and expectations of Asian Americans with psychiatric disabilities to conform to this stereotype (Yoo, Miller, & Yip, 2015). In the context of high expectations, Asian Americans in the study discussed that lack of opportunities to prove one's ability, which further perpetuated the difficulty in achieving success.

Finally, Asian Americans in this study discussed the lack of culturally informed services and supports. Without the requisite services and supports for individuals with psychiatric disabilities, the barriers to success are increased exponentially (Anthony et al., 2002).

Helpful strategies, services, and supports to deal with work-related challenges. It is important to note that not all of the experiences of participants were negative. Participants described being able to achieve highly despite their challenges. In past studies on Asian Americans, passive coping styles and reluctance for mental health help-seeking have been documented within the context of cultural views, experiences, and expectations (Jang, Chiriboga, & Okazaki, 2009; Kim, Kendall, & Chang, 2016; Kim & Lee, 2014; Sue, Cheng, Saad, & Chu, 2012). In contrast, Asian American participants in our study highlighted successful strategies, services, and supports utilized to assist them in their work lives. While some strategies are likely to be common across ethnic groups with psychiatric disabilities (e.g., educating self, educating others, having an optimistic attitude, stress and symptom management, and self-care), participants emphasized culture-specific strategies that they used to deal with discrimination and stigma of mental illness. These involved experiencing cultural pride, educating non-Asians about harmful stereotypes, needing to set boundaries and assert oneself in the work place. These results highlight the complex relationship between internalization of model minority stereotypes and psychosocial adjustment as it pertains to this population, and the need for eliciting individual perspectives when providing services (Yoo et al., 2015). In this context, it is important to note that the participants in this study were working or had a recent work history, and had likely developed strategies, supports, and resources to improve their vocational functioning.

Participants also discussed the need for role-models who serve as crucial contributors to vocational self-efficacy (Lent, 2013), culturally competent counseling services for vocational and mental health needs, multiple sources of social supports both at work (e.g., encouraging employers and supervisors) and outside work (e.g., family, therapists, and support groups). For Asian Americans, family was an essential source of role models and support. When such support was unavailable in the home environment and extended family setting, the established practice of peer support (Chinman et al., 2014) and support groups can provide forums for Asian Americans with psychiatric disabilities to find positive role models.

Study Limitations and Directions for Future Research

It is important to note that the study had important limitations. For the preliminary study, the *MoW* Scale demonstrated adequate psychometric properties. However, comprehensive evidence of construct validity for the scale was not available. Future studies on the *MoW* Scale need to strengthen the construct validity of this

instrument by diversifying samples and correlating them with existing instruments. It is difficult to generalize the findings in the main study to all Asian Americans with psychiatric disabilities related to sampling methods and study design. First, the results were likely impacted but the predominance of respondents who were employed in the mental health field, had high educational achievement, and had easy access to the Internet. Second, our participant pool had diverse diagnostic labels that may have contributed to variations in results while simultaneously masking differences between diagnostic groups. Third, the participants in this study were currently or recently employed, and several were in satisfactory jobs. The workforce participation of the population of individuals with psychiatric disabilities is considerably low (typically reported at 15%). Fourth, the results of this study may have varied if the comparison group was not limited to White Americans but included other racial ethnic minority groups. Fifth, the length of the survey may have deterred participants from providing elaborate responses to open-ended questions. Finally, the use of one-time electronic data collection made follow-up clarifications and assessments of nonverbal responses difficult. Future studies may benefit from attending to sampling and methodological concerns, and by examining diverse populations in terms of cultural groups, functional ability, work experiences, levels of education, and so forth. Finally, future research will benefit from deriving interview questions from a vocational theory to connect data and response categories to theoretical concepts.

Implications

The results of our study suggest that work is an essential part of the identity, cultural socialization, and values of Asian Americans with psychiatric disabilities. These results have important implications for providing culturally informed services in treatment or rehabilitation settings to Asian individuals with psychiatric disabilities. First, providers need to inquire about the vocational status and aspirations of Asian Americans with psychiatric disabilities and explore the challenges they face, including the lack of family encouragement, peer support, role models, double discrimination, and accessible culturally competent services. Second, providers should consider incorporating knowledge regarding cultural strengths such as strong work ethic, relational orientation, and cultural pride which may buffer the negative impact of mental illness. Finally, concerted effort is required to ameliorate the gap between treatment and recovery-oriented services for this population. The integration between these fields is essential for recovery and rehabilitation of this population.

Conclusion

This mixed method study was the first step in exploring the perspectives on work among Asian Americans with psychiatric disabilities by comparing their perspectives with White Americans with psychiatric disabilities, and also conducting an in-depth exploration of such perspectives. While there were many similarities in experiences between the two racial ethnic group members with psychiatric disabilities, we found unique vocational perspectives and experiences of Asian Americans that need consideration when providing services and developing programs for the population.

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