

The Role of Friend Support on the Relationship Between Family Stressors and Mental Health of Korean and Filipino American Youth

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Social support from friends is beneficial for mental health. Friend support may be particularly important for Asian American adolescents, as Asian Americans are more likely to seek support from their peers than family. However, it is less clear whether friend support has a direct role in mental health or acts as a buffer for stressors salient to Asian American populations. The purpose of this cross-sectional study was to determine if friend support relates to mental health as a direct effect or stress-buffering effect among Asian American youth. We analyzed data from Korean and Filipino youth living in a Midwest metropolitan area ($N = 687$) from the Midwest Longitudinal Study of Asian American Families, using Wave 1 in 2014–15. We used multivariable regression analyses to examine the main relationship between friend support and mental health outcomes (e.g., depressive symptoms and suicidal ideation), as well as its potential role in the relationship between family stressors (e.g., parental rejection and intergenerational cultural conflict) and mental health outcomes. Asian American youth with 1 SD increase in friend support had lower depressive symptoms ($\beta = -0.24$; 95% CI $[-0.30, -0.19]$, logged scale). When stratifying by ethnicity, we found that the relationship between intergenerational cultural conflict and depressive symptoms was weaker among Filipino youth who reported higher friend support. Our findings suggest that friend support has a direct and protective effect on depressive symptoms but not suicidal ideation in Asian American youth, as well as a buffering effect between intergenerational cultural conflict and depressive symptoms in Filipino youth.

What is the public significance of this article?

In this study, we examined whether friend support was directly linked to mental health or helps buffer the relationship between family stressors on mental health among Korean and Filipino American youth. Our findings show that friend support was associated with lower symptoms of depression but not thoughts of suicide. In addition, Filipino youth who faced intergenerational cultural conflict experienced a lower increase in depressive symptoms if they reported higher friend support, highlighting the potential promise as well as limitations of friend support as a health-promoting factor for mental health in Asian American ethnic groups.

Keywords: Asian Americans, friend support, mental health, family stressors

Supplemental materials: <https://doi.org/10.1037/aap0000388.supp>

Social support plays a fundamental role in shaping mental health outcomes during adolescence, where more social support is protective against depression and less social support is a risk factor for depression (Rueger et al., 2016). Friend support is especially important for adolescents' mental health. In contrast to family and obligatory relationships, friendships are voluntary relationships based on individuals who spend time with each other, have a degree of affection

and trust to share information and provide support (Sias & Bartoo, 2007). There are two ways that friend support can relate to mental health: general social support (e.g., everyday communication to vent about routine stressors) and targeted social support (e.g., helping others cope with a stressful event; Sias & Bartoo, 2007). Both of these types of support also respectively reflect the direct effect model, which proposes that social support has an overall beneficial role on mental

This article was published Online First August 11, 2025.

Michelle Madore served as action editor.

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The authors have no conflicts of interest to disclose. This article was funded by the Eunice Kennedy Shriver National Institute of Child Health and Human Development (Grant R01 HD073200) awarded to Yoonsun Choi.

Michael P. Huynh played a lead role in conceptualization, formal analysis, investigation, methodology, and writing—original draft. Yoonsun Choi played a lead role in data curation, funding acquisition, and validation

and a supporting role in supervision and writing—review and editing. Annie Ro played a lead role in supervision, a supporting role in conceptualization and methodology, and an equal role in writing—review and editing.

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health, and the buffering effect model, which posits that social support is beneficial in the context of stressful events (Cohen & Wills, 1985). Social support is important to the well-being of individuals, regardless of whether they are facing adversity or not, but the effectiveness and mechanisms of such support may depend on the type supplied and its source (Thoits, 2011). This means that there can be multiple pathways for friend support to shape mental health outcomes. Accordingly, an enhanced understanding of distinct pathways is needed to design targeted and effective interventions to enhance well-being using supportive friendships.

Theoretical Framework

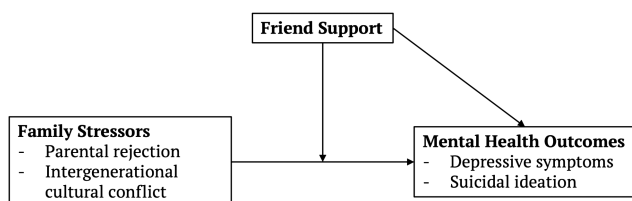
This study is guided by the direct effect and buffering effect models of social support proposed by Cohen and Wills (1985), which explain the relationship between stressors, social support, and health outcomes. The first mechanism of social support, the direct effect model, posits that social support enhances well-being regardless of the presence or absence of stressors. This can occur if one's network provides regular positive experiences and social interactions to promote self-worth and reduce the risk of negative health outcomes (Cohen & Wills, 1985). The second mechanism of social support, the buffering effect model, suggests that social support mitigates the negative impact of stressors on health by altering how individuals respond to stressors. This can occur if individuals receive emotional encouragement or practical assistance to better cope with the demands of stressors on well-being (Cohen & Wills, 1985).

We provided two distinct contexts, family and friends, in our theoretical approach to examine mental health in Asian American youth because of their particular relevance to the group. For example, Asian American youth tend to turn to friends for support rather than parents, significantly more so than other groups (S. Lee et al., 2009). They also report high family stressors, which are significantly associated with poor mental health (Choi, Lee, et al., 2020). We focused on parental rejection and intergenerational cultural conflict as forms of stressors in our theoretical framework and examined depressive symptoms and suicidal ideation as consequent health outcomes that may result from experiencing family stressors. Last, we tested the main effect of friend support on mental health outcomes and the moderating effect between family stressors and mental health outcomes. A conceptual model of the expected pathways is shown in Figure 1. We discuss these specific constructs in further detail in the following.

Friend Support

Friend support is particularly salient for Asian Americans. A handful of existing studies found that Asian Americans were more

Figure 1
Conceptual Model for the Role of Friend Support Between Family Stressors and Mental Health Outcomes



likely to seek support from peers than their parents, likely due to the potential risks of discord and feeling shamed by family (Wang & Lau, 2015). Asian Americans were also more likely to turn to friends for support, while European Americans were more likely to access support from family (Wang et al., 2010). Some potential reasons are that Asian Americans may have greater interdependent relationship concerns, anticipate negative outcomes such as burdensomeness or criticism from family members, and be reluctant to rely on them, so Asian Americans may expect friends to be more helpful instead of family (Wang et al., 2010). This underscores the importance of friendships as a promising source of support to promote mental health among Asian Americans. Prior research has found that close friendship strength in mid-adolescence predicted decreases in anxiety and depressive symptoms by early adulthood (Narr et al., 2019), and in recent years of the COVID-19 pandemic, higher friend support before the pandemic predicted fewer internalizing problems in adolescents during the pandemic (Bernasco et al., 2021). While Asian Americans may be less likely to report close and general friendship support (Way & Chen, 2000), they had the highest rates of friendship reciprocity (i.e., two individuals who list each other as friends) compared to other racial groups (Vaquera & Kao, 2008). Although empirical studies showed how friend support is valued among Asian Americans, there remains a gap in the existing literature about explicitly testing different models of how friend support may be associated with mental health outcomes. This clarification is vital to understand how to best design friend support interventions. If friend support is reflective of the direct effect model, then it would be beneficial to integrate Asian American youth into more cohesive social networks, but if friend support is reflective of the buffering effect model, then an effective intervention would focus on addressing their perceptions of available support in the context of relevant stressors (Cohen & Wills, 1985).

Albeit limited in volume, some studies have shown evidence for both the main effects and stress-buffering effects of friend support on mental health (Tanigawa et al., 2011; Wright & Wachs, 2022). In one study, higher friend support was associated with fewer depressive symptoms in Asian American adolescents (Hishinuma et al., 2004). In stressor-health models, social support is often treated as a moderator (Kafetsios, 2014), so individuals with higher social support would perceive stressors as less harmful and cope more effectively than those with lower social support. For example, friend support was protective against the effects of family cultural conflict (i.e., how frequent disagreement and tension based on norms, values, beliefs, and expectations occur between parents and youth) on depressive symptoms among first-generation Asian immigrant young adults (Obradović et al., 2013). Thus, there have been separate findings that demonstrate either that friend support directly relates to mental health or acts as a buffer against stressors on mental health among Asian American youth. However, they have not been examined simultaneously in a single study. Moreover, existing studies use different measures of friend support, mental health outcomes, and stressors. This methodological inconsistency exacerbates challenges to identifying findings most relevant to Asian American youth.

Family Stressors

While the buffering effect of friend support on mental health has been examined with stressors like discrimination (Morgan et al., 2017; Yoshikawa et al., 2004) and academic stress (Wilks & Spivey, 2010),

we know less about the role of friend support on family stressors. Family processes can be major stressors in Asian American youth. These include pressures to succeed academically, balancing between Asian and American cultural norms, and obligations to care for family members (S. Lee et al., 2009). Among different family stressors, parental rejection and intergenerational cultural conflict were the most adverse to mental health in Asian American adolescents (Choi, Lee, et al., 2020; S. Lee et al., 2009). Parental rejection refers to abuse and neglect from parents (Rohner, 2004), and it has been extensively established as a powerful, detrimental parenting practice for mental health. Its negative impact tends to last on the mental health of Asian American youth, showing longitudinal associations (Choi et al., 2022). When assessed by conventional Western parenting measures, Asian American parents may seem more authoritarian and less authoritative compared to European American families (Ng & Wang, 2019), suggesting cultural bias in the measurements. It is also important to note that supportive parenting is more common than negative discipline among Asian American families (Choi et al., 2013). Nevertheless, children and youth who experience negative parenting (e.g., parental hostility, psychological control, and shaming) have more maladjustments compared to those with supportive parenting (S. Y. Kim et al., 2013), highlighting that harsh and rejecting parenting is vital to further examine and intervene upon to address mental health outcomes. This study used Rohner's Parental Rejection measure (Rohner, 2004), which was shown to be a universally detrimental parenting behavior and reduced bias stemming from cultural differences in parenting styles (Choi et al., 2025).

Intergenerational cultural conflict refers to a mismatch and dissonance in cultural values, practices, and beliefs between parents and their children (Juang et al., 2012) and is so common among immigrant families that it is regarded as a normative experience (Choi et al., 2008). Asian American families are predominantly immigrant families (e.g., first-generation immigrant parents with children who were either U.S.-born or immigrated at an early age). Intergenerational cultural conflict is one of the most common and detrimental familial stressors among Asian Americans (Choi et al., 2008). Despite several significant differences in acculturation indicators, both Filipino American families and Korean American families experience intergenerational cultural conflict, as immigrant parents are more likely to preserve collectivistic values of family obligation, while youth raised in the United States tend to acculturate and embrace individualistic values of autonomy (Choi et al., 2021). This study focuses on these two major family stressors among Asian American families.

Mental Health

Although there has been some empirical evidence for the protective effect of friend support in Asian Americans, there are still gaps as to whether this relationship holds for other mental health outcomes besides depression and in the context of family stressors during the formative years of adolescence. Some research has found that lower perceived friend support was associated with lower levels of psychological well-being in adolescents (Petersen et al., 2023), and higher perceived friend support buffered against the negative consequences of adolescents' mental health during self-isolation from the coronavirus pandemic (Wright & Wachs, 2022). At the same time, there has been less specific examination of comparing both direct and buffering models of friend support on mental health in youth, and even less has been done on how these relationships

apply to serious mental health outcomes like suicidality in the context of family stressors such as parental rejection and intergenerational cultural conflict. Outcomes such as suicidal ideation are especially important to examine in Asian American youth, as suicide has been the leading cause of death in Asian Americans 10–24 years old since 2017 (Bridge et al., 2023). There have been mixed findings as to whether friend support plays a protective role in suicidal ideation. Some research has shown evidence of protective associations between friend support for adolescents and suicidal ideation, including online-only friendships (Massing-Schaffer et al., 2022), while other research has found no significant association between friend support and suicidal ideation (Moller et al., 2021). Family factors such as authoritarian parenting and stressful life events have been shown to be significant risk factors for suicidal behavior in adolescents (Alvarez-Subiela et al., 2022). Given the significant relevance of interpersonal factors such as belongingness and social networks on suicidal ideation in adolescents (Glenn et al., 2022; Xiao & Lindsey, 2022), as well as the protective associations between school connectedness and suicidal ideation among ethnic minority adolescents (Areba et al., 2021), it is vital to study how other related forms of intervention such as friend support specifically shape this outcome of interest in Asian American youth.

Filipino Americans and Korean Americans

Filipino Americans and Korean Americans are among the top five major subgroups that comprise more than 80% of Asian Americans. They were selected for the original study for their similarities as well as critical differences that provide important analytic opportunities to answer the study questions. For example, national data show that the two groups share similar socioeconomic status, diminishing a confounding class effect, but differ notably in acculturation, family process, and racial experience (Pew Research Center, 2017), maximizing the size of variance in the analytic samples. For example, Filipino Americans are thought to be the most assimilated among Asian American subgroups, characterized by fluency in English, residential integration, and preimmigration acculturation due to their colonial history (Ocampo, 2014; Oh & Min, 2011). Conversely, Korean Americans, especially immigrant adults, remain largely monolingual, socialize primarily with coethnics, and reside in high Korean American concentration areas (Oh & Min, 2011). These differences would result in a range of variant family processes and acculturation gaps between parents and children. They also report distinct racial experiences due to their phenotypical differences (Ocampo, 2016) that can have implications for building friendships and networks.

The Present Study

In sum, this study aims to examine the main effect and moderating effect of friend support on the relationship between family stressors (e.g., parental rejection and intergenerational cultural conflict) and mental health outcomes (e.g., depressive symptoms and suicidal ideation) among two subgroups of Asian American youth. We hypothesized that greater friend support would be associated with less depressive symptoms and suicidal ideation. We also expected that friend support would moderate the relationship between family stressors and mental health outcomes so that Asian American youth with higher friend support would have a weaker association between family stressors and mental health compared to those with lower friend support.

Method

Data

The data are from a survey of Korean American and Filipino American youth, the Midwest Longitudinal Study of Asian American Families (MLSAAF) project. The MLSAAF is a longitudinal study examining how factors related to parenting and acculturation may predict academic, mental health, and behavioral outcomes during adolescence and young adulthood. This article used the cross-sectional, baseline data (Wave 1) of Asian American families, collected during 2014–2015. At the baseline, all participants resided in four major counties near Chicago and were recruited from multiple sources (e.g., phonebooks, public and private schools, ethnic community organizations). In each family, an adolescent child and one primary caretaker (>90% mothers) participated in the survey. Participants were surveyed mostly in-person by bilingual interviewers (85%) or took self-administered surveys (article or online; Choi, Park, et al., 2018). Interviewer-assisted survey was the primary method, unless scheduling was a significant barrier to participate, or participants strongly preferred self-administration. No group difference was found by the survey methods. All survey formats were available in English, Korean, and Tagalog. The study procedures including human subject protections were approved by the institutional review board at the University of Chicago, #IRB13-0027, Noncommittee, Expedited Approval.

From the total number of youth participants in the original data set ($N = 734$), we included only those having at least one foreign-born parent, resulting in a final study sample size of 687. Children of immigrants are defined as having at least one foreign-born parent (M. Zhou, 1997). We used this criterion of being a child of

immigrants to exclude those with only U.S.-born parents who may not experience as stark an intergenerational cultural conflict with their children. Among the total analytic sample ($N = 687$), the average age was 15, and slightly more individuals were female (52.11%), Korean (54.88%), born in the United States (61.86%), and middle class (64.68%; Table 1). On average, Filipino participants were statistically significantly older and more likely to be female, U.S.-born, and middle class.

Measures

Unless noted, response options for survey items mostly used a Likert scale (e.g., 1 = *not true at all*, 5 = *very true*), and each construct was an average of the items within the scale. All survey items and scores were self-reported by youth, except for parental depressive symptoms which were reported by parents and linked to the youth participants. The below measures were validated for psychometric properties, tested for measurement invariance (Choi, Kim, et al., 2018; Choi et al., 2017, 2021), and used with this study sample in other studies (Choi, Park, et al., 2020; M. Park et al., 2024).

Friend Support

This variable was measured using three questions: (i) having close friends in school, (ii) feeling lonely at school (reverse coded), and (iii) hard to be liked by kids at school (reverse coded) from the Children's Loneliness and Social Dissatisfaction Scale, which has previously been used to assess feelings about peer relations ($\alpha = .67$ for Filipino youth, $\alpha = .71$ for Korean youth; Asher & Wheeler, 1985). Due to the low internal reliability of friend support, we

Table 1

Descriptive Characteristics of Midwest Longitudinal Study of Asian American Families Youth ($N = 687$)

Variable	Filipino ($N = 310$)		Korean ($N = 377$)		Total ($N = 687$)		Bivariate significance
	<i>N/M</i>	<i>%/SD</i>	<i>N/M</i>	<i>%/SD</i>	<i>N/M</i>	<i>%/SD</i>	
Ethnicity							
Filipino					310	45.12	
Korean					377	54.88	
Age (11–19)	15.31	1.82	14.80	1.88	15.03	1.87	***
Sex							*
Male	132	42.58	197	52.25	329	47.89	
Female	178	57.42	180	47.75	358	52.11	
Nativity							**
Foreign-born (first generation)	99	31.94	163	43.24	262	38.14	
U.S.-born (second generation)	211	68.06	214	56.76	425	61.86	
Socioeconomic status							**
Lower class	29	9.35	70	18.57	99	14.41	
Middle class	221	71.29	222	58.89	443	64.68	
Upper class	60	19.35	85	22.55	145	21.11	
General health (1–5)	4.10	0.76	3.97	0.78	4.03	0.77	*
Parental depressive symptoms (3–65)	26.50	6.68	30.85	8.01	28.89	7.74	***
Family stressors							
Parental rejection (1–4)	1.61	0.54	1.59	0.46	1.60	0.50	
Intergenerational cultural conflict (1–5)	2.62	0.90	2.38	0.78	2.49	0.85	***
Mental health outcomes							
Youth depressive symptoms (1–5)	1.82	0.76	1.80	0.72	1.81	0.74	
Suicidal ideation (yes/no)	33	10.65	34	9.02	67	9.75	
Friend support (1.33–5)	4.45	0.65	4.43	0.65	4.44	0.65	

Note. Parental depressive symptoms was completed by the mother, father, or guardian. All other variables were completed by youth.

* $p < .05$. ** $p < .01$. *** $p < .001$.

conducted one-factor confirmatory factor analyses and found that the overall model fit for friend support was good (root-mean-square error of approximation < 0.08 , comparative fit index > 0.95 , Tucker–Lewis index > 0.95 for Filipino and Korean youth in separate models).

Family Stressors

Fifteen items from the Parental Acceptance-Rejection Questionnaire were used to assess parental rejection (Rohner, 2004). Example items include “How often do the following occur to you? My mom lets me know I am not wanted” ($\alpha = .88$ for Filipino youth, $\alpha = .84$ for Korean youth).

Intergenerational cultural conflict was measured using all 10 items from the Asian American Family Conflict Scale (R. Lee et al., 2000) that were designed to give examples of parent–child cultural conflict specific to Asian American families. Example items include “You want to state your opinion, but your parents consider it to be disrespectful to talk back” ($\alpha = .88$ for Filipino youth, $\alpha = .84$ for Korean youth).

Mental Health Outcomes

Depressive symptoms were assessed using 14 items from the Children’s Depression Inventory (Angold et al., 1995) based on what individuals experienced 2 weeks prior to taking the survey ($\alpha = .94$ for Filipino youth, $\alpha = .93$ for Korean youth).

Suicidal ideation was based on a separate question if survey respondents ever seriously thought about committing suicide during the past 12 months. The response options were yes or no, so this variable was coded as binary.

Control Variables

To account for confounding, we used age (continuous), sex (male [reference], female), ethnicity (Filipino [reference], Korean), nativity (foreign-born [reference], U.S.-born), socioeconomic status, general health, and parental depressive symptoms, which were self-reported by parents. Socioeconomic status was defined using the question, “If you are asked about your family’s socioeconomic status, which of the following classes would you say your family belongs to?” Due to the distribution of responses, we recoded this variable to be a categorical variable with five levels (lower class, lower middle class, middle class, upper middle class, upper class) to three levels (lower class, middle class [reference], upper class). Because less than 2% of individuals reported lower class or upper class, we combined lower class and lower middle class as one category, and we combined upper middle class and upper class as another category. General health was defined as a continuous variable using the question, How would you rate your overall physical health on a scale of 1 (*very poor*) to 5 (*very good*)? Parental depressive symptoms were completed by the youth’s mother, father, or legal guardian and defined as a summed continuous score of 20 questions from the Center for Epidemiological Studies–Depression screening tool ($\alpha = .84$ for Filipino parents, $\alpha = .89$ for Korean parents; Hann et al., 1999; Radloff, 1977).

These variables have been previously shown to relate to depressive symptoms and suicidal ideation in youth (Choi, Lee, et al., 2020). As individuals get older, their social networks change (Bruine de Bruin

et al., 2020), and the strongest demographic relationships on mental health during the COVID-19 pandemic came from age and preexisting health conditions (Y. Zhou et al., 2020). When comparing gender differences, females tend to indicate higher levels of stress, greater social support quality, depressive symptoms, and suicide attempts compared to males (Kneavel, 2021; Lewis et al., 2020; Miranda-Mendizabal et al., 2019). Recent research has shown Filipino Americans to have slightly higher rates of depression and suicidal ideation compared to Korean Americans (H. J. Kim et al., 2015; Lui et al., 2024). Furthermore, U.S.-born Asian Americans have been found to be at higher risk for suicidal ideation compared to foreign-born Asian Americans (S.-Y. Park & Park, 2020). Prior researchers accounted for family socioeconomic status differences when examining social support and mental health in adolescents (Scardera et al., 2020), as mental disorders are more likely to occur among individuals in lower than higher income percentiles (Kinge et al., 2021). Last, parental mental disorders have also been shown to increase the risk of children developing poorer mental health (Rasic et al., 2014).

Analytic Plan

We conducted multivariable regression models to determine the main effect of friend support on mental health outcomes, as well as to test whether friend support moderated the relationship between family stressors and mental health outcomes. Model 1 examined whether higher levels of friend support would be associated with lower levels of depressive symptoms as the main continuous outcome using linear regression. Model 2 included family stressors as another set of independent variables. Model 3 included interaction terms between friend support and family stressors. We repeated these three models with suicidal ideation as the main binary outcome using logistic regression (Model 4, Model 5, and Model 6). For both outcomes, we performed likelihood ratio tests to determine which models had significantly improved the model fit. For sensitivity analyses, we also tested whether there would be significant interactions when accounting for ethnicity as stratified models.

Except for our outcome of depressive symptoms, all continuous variables were standardized to ensure that the interpretations of these measures were on the same scale. These variables were rescaled with a mean of 0 and a standard deviation of 1. Due to finding that the residual spread for depressive symptoms was not normally distributed nor randomly distributed over 0, we conducted linear regression models for depressive symptoms with bootstrap estimation using 1,000 replications to provide more robust estimates of standard errors. We adjusted for control variables in all models. Results were considered statistically significant at $p < .05$. Analyses were conducted in Stata 18.0 (StataCorp, College Station, Texas). We did not conduct multiple imputations since the data had missingness of less than 3% for each variable.

Results

The mean values of parental rejection were 1.60 (range: 1–5), 2.49 for intergenerational cultural conflict (range: 1–5), 1.81 for youth depressive symptoms (range: 1–5), and 4.44 for friend support (range: 1–5; Table 1). Nearly 10% of respondents reported having suicidal ideation. Table 2 includes bivariate correlation coefficients of the continuous study variables. For our main construct of interest, friend support was significantly associated with general health,

Table 2
Correlation Study Variable Matrix of Midwest Longitudinal Study of Asian American Families Youth ($N = 687$)

Variable	1	2	3	4	5	6	7
1. Age	—						
2. General health	.00	—					
3. Parental depressive symptoms	-.01	-.10*	—				
4. Parental rejection	.04	-.22*	.04	—			
5. Intergenerational cultural conflict	.02	-.14*	.02	.55*	—		
6. Youth depressive symptoms	.19*	-.28*	.02	.49*	.37*	—	
7. Friend support	-.03	.34*	-.04	-.30*	-.19*	-.41*	—

* $p < .05$.

parental rejection, intergenerational cultural conflict, and youth depressive symptoms ($p < .05$). Youth depressive symptoms were significantly associated with age, general health, and both family stressors ($p < .05$).

In Model 1, a one-unit standard deviation increase in friend support was significantly associated with a 0.24 lower score of depressive symptoms ($\beta = -0.24$; 95% CI $[-0.30, -0.19]$; Table 3). In Model 2 with family stressors, a one-unit standard deviation increase in friend support translated to a 0.18 decrease in depressive symptoms when family stressors were at their mean ($\beta = -0.18$; 95% CI $[-0.23, -0.13]$). An 1 SD increase in parental rejection translated to a 0.23 increase in depressive symptoms ($\beta = 0.23$; 95% CI $[0.17, 0.29]$), and 1 SD increase in intergenerational cultural conflict translated to a 0.09 increase in depressive symptoms ($\beta = 0.09$; 95% CI $[0.04, 0.14]$), when friend support was at its mean. The

likelihood ratio test between Model 1 and Model 2 had a $p < .001$, indicating that Model 2 with family stressors fit the data significantly better than Model 1. In Model 3 with interactions, the coefficients for friend support and family stressors were almost identical as Model 2. None of the interaction terms were significant, meaning that differences in friend support did not change the association between family stressors and depressive symptoms. The likelihood ratio test between Model 2 and Model 3 had a $p > .05$ ($p = .11$), indicating that Model 3 with interaction terms did not fit the data significantly better than Model 2. For Models 1–3, older age, being female, and lower scores of general health were associated with increased depressive symptoms.

In Model 4, a one-unit standard deviation increase in friend support was associated with lower odds of suicidal ideation ($OR = 0.73$; 95% CI $[0.58, 0.93]$; Table 4). In Model 5, where family

Table 3
Linear Regressions for Depressive Symptoms of Midwest Longitudinal Study of Asian American Families Youth ($N = 687$)

Variable	Model 1			Model 2			Model 3		
	β	95% CI		β	95% CI		β	95% CI	
		LL	UL		LL	UL		LL	UL
Friend support	-.24*	-0.30	-0.19	-.18*	-0.23	-0.13	-.17*	-0.22	-0.12
Family stressors									
PR				0.23*	0.17	0.29	0.22*	0.16	0.28
ICC				0.09*	0.04	0.14	0.10*	0.05	0.15
Family Stressors $\times$ Friend Support									
PR $\times$ Friend Support							-0.04	-0.09	0.01
ICC $\times$ Friend Support							0.00	-0.07	0.06
Age	0.13*	0.08	0.18	0.13*	0.08	0.17	0.13*	0.08	0.17
Sex									
Male									
Female	0.19*	0.10	0.29	0.16*	0.07	0.25	0.16*	0.07	0.25
Ethnicity									
Filipino									
Korean	0.01	-0.10	0.12	0.07	-0.03	0.17	0.08	-0.02	0.17
Nativity									
Foreign-born (first generation)									
U.S.-born (second generation)	0.10	0.00	0.20	0.10*	0.00	0.19	0.09	0.00	0.19
Socioeconomic status									
Lower class	0.07	-0.09	0.24	0.04	-0.10	0.19	0.04	-0.11	0.18
Middle class									
Upper class	0.03	-0.09	0.16	0.01	-0.10	0.12	0.01	-0.10	0.12
General health	-0.12*	-0.17	-0.06	-0.08*	-0.12	-0.03	-0.07*	-0.12	-0.02
Parental depressive symptoms	-0.01	-0.06	0.05	-0.02	-0.07	0.03	-0.02	-0.07	0.03
Adjusted R^2		0.23			0.37			0.37	

Note. PR = parental rejection; ICC = intergenerational cultural conflict; CI = confidence interval; UL = upper limit; LL = lower limit.

* $p < .05$.

Table 4*Logistic Regressions for Suicidal Ideation of Midwest Longitudinal Study of Asian American Families Youth (N = 687)*

Variable	Model 4			Model 5			Model 6		
	OR	95% CI		OR	95% CI		OR	95% CI	
		LL	UL		LL	UL		LL	UL
Friend support	0.73*	0.58	0.93	0.81	0.63	1.04	0.80	0.60	1.05
Family stressors									
PR				1.49*	1.12	1.97	1.46*	1.08	1.98
ICC				1.43*	1.04	1.96	1.44*	1.05	1.98
Family Stressors × Friend Support									
PR × Friend Support							0.94	0.74	1.19
ICC × Friend Support							1.12	0.82	1.53
Age	1.13	0.87	1.49	1.11	0.84	1.47	1.12	0.85	1.48
Sex									
Male									
Female	1.45	0.86	2.46	1.32	0.76	2.27	1.31	0.76	2.26
Ethnicity									
Filipino									
Korean	0.82	0.48	1.43	1.04	0.58	1.86	1.04	0.58	1.86
Nativity									
Foreign-born (first generation)									
U.S.-born (second generation)	1.16	0.67	2.01	1.12	0.64	1.97	1.13	0.64	1.99
Socioeconomic status									
Lower class	1.35	0.67	2.74	1.16	0.55	2.47	1.17	0.55	2.49
Middle class									
Upper class	1.41	0.75	2.66	1.33	0.70	2.56	1.32	0.69	2.53
General health	0.94	0.72	1.24	1.04	0.78	1.39	1.04	0.78	1.38
Parental depressive symptoms	1.05	0.80	1.37	1.01	0.77	1.33	1.01	0.77	1.33
Pseudo R ²		0.03			0.10			0.10	

Note. PR = parental rejection; ICC = intergenerational cultural conflict; CI = confidence interval; OR = odds ratio; UL = upper limit; LL = lower limit.
 * $p < .05$.

stressors were included, 1 *SD* increase in friend support no longer translated to changes in the odds of suicidal ideation when family stressors were at their mean ($OR = 0.81$; 95% CI [0.63, 1.04]). However, 1 *SD* increase in parental rejection translated to 49% higher odds of suicidal ideation ($OR = 1.49$, 95% CI [1.12, 1.97]), and 1 *SD* increase in intergenerational cultural conflict translated to 43% higher odds of suicidal ideation ($OR = 1.43$; 95% CI [1.04, 1.96]), all while friend support was at its mean. The likelihood ratio test between Model 4 and Model 5 had a $p < .001$, indicating that Model 5 with family stressors fit the data better than Model 4. In Model 6, where interaction terms between friend support and family stressors were included, the coefficients for friend support and family stressors stayed nearly identical as Model 5. None of the interaction terms were significant in this model, meaning that differences in friend support levels did not change the association between family stressors and suicidal ideation. The likelihood ratio test between Model 5 and Model 6 had a $p > .05$ ($p = .75$), indicating that Model 6 with interaction terms did not fit the data better than Model 5. For Models 4–6, none of the control variables were significantly associated with changes in the odds of suicidal ideation.

In sensitivity analyses, we conducted additional models to test whether friend support and family stressors would significantly differ when stratifying by ethnicity to predict depressive symptoms and suicidal ideation (Supplemental Table 1). In the Filipino sample, 1 *SD* increase in friend support was associated with a 0.13 decrease in depressive symptoms when family stressors were at their mean ($\beta = -0.13$; 95% CI [-0.20, -0.05]). Both parental rejection and intergenerational cultural conflict were associated with higher

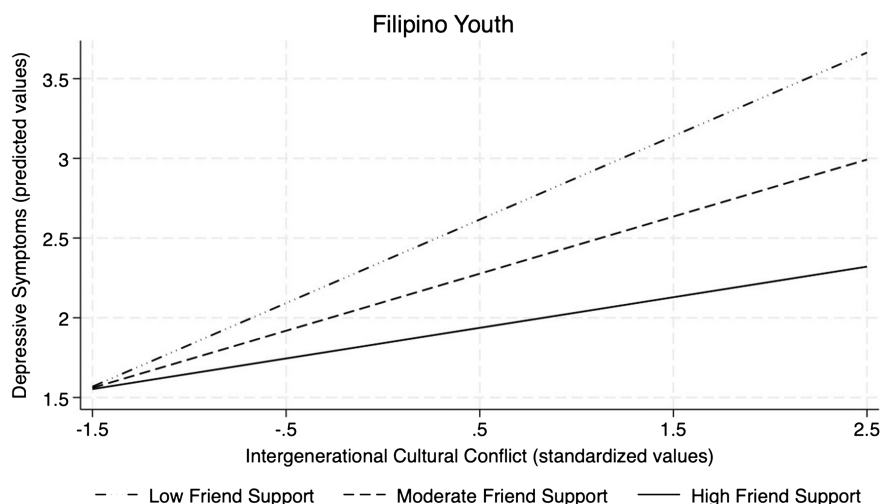
levels of depressive symptoms in Filipino youth when friend support was at its mean. There was also a significant interaction between intergenerational cultural conflict and friend support ($\beta = -0.08$; 95% CI [-0.16, 0.00]). This means that among Filipino youth with higher friend support levels, the association between intergenerational cultural conflict and depressive symptoms was lower than the association among Filipino youth with lower friend support levels (Figure 2). In the Korean sample, 1 *SD* increase in friend support was associated with a 0.20 decrease in depressive symptoms ($\beta = -0.20$; 95% CI [-0.26, -0.13]). When examining family stressors, only parental rejection was found to be significantly associated with depressive symptoms in Korean youth when friend support was at its mean ($\beta = 0.20$; 95% CI [0.12, 0.28]). In the models examining suicidal ideation as the outcome, friend support was not significantly associated with changes in the odds of suicidal ideation for Filipino or Korean youth.

Discussion

A key question of the present study is how friend support may be linked to fewer negative mental health outcomes. This study tested two distinct effects of friend support on mental health outcomes among Asian American youth in the Midwest: as a direct effect on mental health and as a buffer of family stressors. Making this distinction is important to understand the protective nature of friend support and how it can best be utilized to address mental health in Asian American youth. We hypothesized that individuals with greater friend support would be less likely to have depressive symptoms and

Figure 2

Multivariable Linear Regression Predicted Values of Depressive Symptoms of Filipino Youth in the Midwest Longitudinal Study of Asian American Families



suicidal ideation, and we expected that friend support would moderate the relationship between family stressors and mental health outcomes. The results of this study provide partial support for our hypotheses. In sum, Asian American youth participants in the MLSAAF study with more friend support had fewer depressive symptoms, whether accounting for family stressors or not. However, while friend support was initially protective of suicidal ideation, after accounting for family stressors, friend support was no longer protective. Furthermore, we found that when stratifying by ethnicity, the relationship between intergenerational cultural conflict and depressive symptoms was moderated by friend support among Filipino youth. However, there were no other significant interactions between family stressors and friend support to indicate moderation in either outcome. This suggests that friend support primarily has a main and significant protective effect on depressive symptoms but not as much on suicidal ideation among Asian American youth.

First, the main findings from the study highlight the importance of friend support and its protective nature on depressive symptoms in Asian American youth, which was what we originally expected. Prior research has shown that having higher quality connections with friends was associated with a lower likelihood of depression (Werner-Seidler et al., 2017). These results, in turn, have important implications for creating interventions that help build friendships that might lower depressive symptoms during adolescence for Asian Americans. Second, while we did not initially hypothesize differences in the types of mental health outcomes, the finding that friend support is not associated with suicidal ideation when accounting for family stressors is in line with other research that has found friend support to have a limited role in suicidality among adolescents (Miller et al., 2015). The findings of this study may suggest that although friend support was initially significantly associated with suicidal ideation, family stressors such as parental rejection may play a greater role than friend support on suicidality during adolescence. Parental rejection is a notable, negative parenting factor, stronger than the parent-child acculturation gap or cultural conflict that is common among Asian American families (Choi, Lee, et al.,

2020). It may also mean that other forms of support, such as from family and school, may have stronger associations with suicidal ideation than friend support (Cho & Haslam, 2010; Hishinuma et al., 2004; Moller et al., 2021). It is also possible that while friend support may help adolescents navigate difficulties related to depression, they may be less equipped to discuss more serious issues such as suicide. While friendship interventions have been shown to promote mental health literacy, less has been done to help adolescents support each other on topics related to death (e.g., grief, loss; Manchanda et al., 2023). Thus, compared to depressive symptoms, the protective effects of friend support may be limited for outcomes like suicidal ideation if adolescents are less equipped to talk about topics like death and suicide with their friends. Thus, our study reevaluates the significance of friend support compared to other forms of social support like family and school for Asian American youth. Adolescents with serious family stressors, thus vulnerable to mental distress, are more likely to have parents who may be reluctant to seek mental health services, due to reasons such as unfamiliarity with mental health problems and the cultural stigma of seeking mental health services (Yasui et al., 2023). Thus, even if friend support may not buffer family stressors, friend support as a direct factor in mental health is even more salient to foster among these youth and should be targeted for intervention. As we previously discussed, we chose to examine suicidal ideation as our second main outcome of interest, given that suicide has been the leading cause of death in Asian American youth since 2017 (Bridge et al., 2023). With the recent rise of discrimination against Asian Americans from the COVID-19 pandemic and the detrimental impact of discrimination on mental health, it is critical to understand what kinds of interventions are effective in addressing suicide as a key public health concern among Asian American youth. Thus, it is important to continue pursuing this line of inquiry on suicidality.

A unique finding from our study was that higher levels of friend support were found to significantly buffer the relationship between intergenerational cultural conflict and depressive symptoms among Filipino youth. As we previously mentioned, this may be because

Filipino American families are more likely to endorse familism than Korean American families (Choi et al., 2021). In our study, Filipino youth also reported a higher average score of intergenerational cultural conflict than Korean youth. This suggests that friend support may potentially act in line with the buffering effect model in the context of specific stressors that are more prevalent in certain ethnic groups.

We did not find further evidence for moderating effects of friend support on the association between family stressors and mental health outcomes. This was unexpected, especially in light of other research that has found friend support to moderate family stressors (Liu et al., 2022; Obradović et al., 2013). One potential reason for our findings is that the measure of friend support may have actually been measuring the presence of close friends, as opposed to perceived emotional support from friends. While there is overlap in the two constructs—emotional support and trust are distinguishing features of close, “high quality” friendships (Hays, 1989)—we acknowledge that we did not assess support directly. By focusing on the presence of close friendships, we may not have been able to capture aspects of friend support that would be more in line with the stress-buffering model on mental health. Social support is typically understood to intervene between stressful events and health outcomes by changing the appraisal of stressors, which can include perceiving events as less stressful or coping with such events more effectively by talking to close friends about concerns (Cohen & Wills, 1985). Instead, the majority of our results in this study highlight how higher levels of friend support are mainly associated with lower depressive symptoms, and this relationship does not change in magnitude in the presence of family stressors, suggesting that friend support acts in line with the direct effect model for depressive symptoms. This aligns with other evidence for a direct effect of social support when it is measured as an individual’s degree of integration in a network (Cohen & Wills, 1985), which is similar to our definition of friend support using items on having close friends, not feeling lonely, and feeling liked at school.

Other limitations should be noted. First, because we only examined one wave of the MLSAAF project, our analyses are cross-sectional and cannot be used to conclude causality since the independent and dependent variables of this study were collected at the same time. Thus, it would be informative for future studies to examine longitudinal pathways of how friend support, family stressors, and mental health shape one another over time. Second, this study’s sample included Korean and Filipino adolescents based in the Midwest region of the United States, so our findings are limited to the generalizability and diversity of other Asian American youth in the country. For future directions, researchers could design nationally representative surveys that assess the role of family stressors and forms of social support on health. Third, our results may have been subject to social desirability bias if participants did not wish to report mental health concerns or low friend support. However, given the distribution of other constructs such as intergenerational cultural conflict, we believe it is less likely that the participants would underreport such behaviors. Fourth, due to what constructs about peer relations were available in the MLSAAF questionnaire, we were unable to examine more nuanced definitions of social support, such as emotional or instrumental forms that adolescents report receiving from friends (Malecki & Demaray, 2003). Distinguishing between types of friend support could better refine its association with mental health and potential interactions with family stressors. Fifth, since we measured suicidal ideation using one dichotomous item, we may not

have captured a more comprehensive understanding of suicide in Asian American youth with either a continuous variable or multi-item scale. Variations in the language used to measure suicidal ideation can also inflate or restrict prevalence estimates, as the inclusion of the word “seriously” may have captured a more severe but less prevalent form of suicidal ideation in our study (Ammerman et al., 2021). Sixth, there may have been other parent-reported confounders that we did not account for in our models due to the study’s focus on youth-reported data (e.g., parental age in the study, parental age of immigration, parental marital status, and family structure). Seventh, most of the study variables were from a single source of Asian American youth, except for parental depressive symptoms. However, to our understanding, this study is one of the first to examine and operationalize friend support as a potential moderator between multiple kinds of family stressors and mental health outcomes in Asian American youth.

Our study’s findings have practical implications that can inform mental health providers, educators, social service organizations, and policymakers about the importance of friend support and mental health. Given the U.S. Surgeon General’s recent attention to youth mental health and how the COVID-19 pandemic has reduced in-person interactions and social support (Office of the Surgeon General, 2021), there is promise of addressing this public health concern by prioritizing efforts to strengthen levels of social connectedness through friend support as a health-promoting factor. Furthermore, given the recent surge in anti-Asian racism from the COVID-19 pandemic (McGarity-Palmer et al., 2024), it is still critical to examine key stressors and buffers that shape the mental health of Asian American youth. While this study uses data collected 10 years ago, our findings remain relevant to inform current practices in addressing negative mental health consequences.

Given the high rates of mental distress among Asian Americans, identifying sources of support is integral. Our research shows evidence that friend support has a protective effect on depressive symptoms in Korean and Filipino American youth, even in the face of negative family stressors. Our study also suggests that the role of friend support may be attributable to a direct effect model of mental health and a stress-buffering model for ethnic groups where family stressors are more prevalent. These findings inform how social support theories may even be applicable to contexts outside of stressful circumstances for Korean and Filipino American adolescents, which prompts the importance of promoting friend support, regardless of whether they face family stressors or not. Given the growing concerns over depression and suicide among adolescents, as well as how Asian American adolescents are also less likely to use medication treatments than other racial/ethnic groups (Lu, 2019), future studies should expand on work toward alternative forms of intervention and how social support from existing networks may potentially lower negative mental health consequences in this population.

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Received June 24, 2024

Revision received May 27, 2025

Accepted May 30, 2025 ■