

# Mental Health and the Korean American Church

White Paper authored by:

Michelle Kang, Erin Kim, Soe Young Lee, Jiwon Woo, Samuel Y. Kim, PhD

Published on: August 22nd, 2022



---

## Introduction

According to a recent study conducted by the National Latino and Asian American Study (NLAAS), 1 out of 10 Asian Americans experience mental health issues in a given year, but less than 10% seek professional help, the lowest mental health care utilization rate of all ethnic groups (Takeuchi et al., 2007). While research focusing specifically on Korean Americans is sparse, existing studies support this discrepancy between mental health and utilization of professional services. For example, Korean Americans are three times less likely to seek mental health support compared to other ethnic minority groups, and 30-34% of older Korean Americans reported symptoms of depression, yet only 5.7-6.5% accessed professional help (Jang et al., 2007, 2021).

Help-seeking barriers can include cultural values and beliefs, a lack of culturally-responsive providers, and language barriers (Cheon et al., 2016). These barriers suggest that Korean Americans require approaches that address their needs more effectively. One of these methods is to work with trusted leaders in the Korean American community, such as church leaders, to overcome these barriers and facilitate access to mental health support. Approximately two-thirds of Korean Americans identify as Christians or regularly attend church services (Lee et al., 2008; Hurh, 1998). Churches or faith organizations are also identified as the preferred place to receive social and emotional support by Korean Americans (Inman & Yeh, 2007; Tirrito & Choi, 2004). With these aspects of the Korean American community, church leaders are well-positioned to act as a source of mental health support as well as being a bridge to professional services.

Though Korean American church leaders are well-poised to partner with mental health service providers, previous studies on Korean church leaders report that pastors feel ill-equipped to assess mental health needs, lack familiarity with counseling services to make referrals, or find it difficult to integrate mental health issues with religious beliefs (Cheon et al., 2016; Yamada et al., 2019). Non-profit organizations such as Mustard Seed Generation (MSG) have worked with local Kor-

---

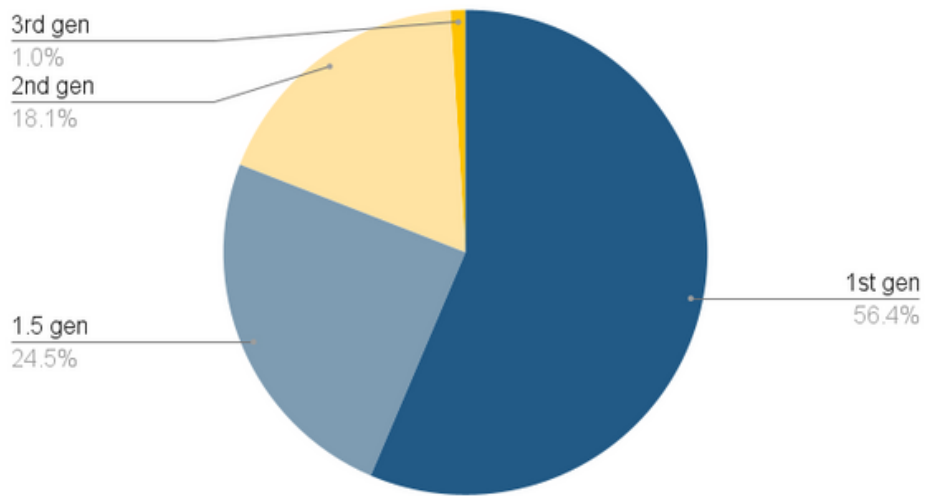
-ean American communities and churches to provide a range of supports. In this spirit, MSG created and administered a needs assessment to understand the areas of concern for Korean American communities and how best to equip these church leaders. The main findings of this national needs assessment are summarized below.

## Methodology

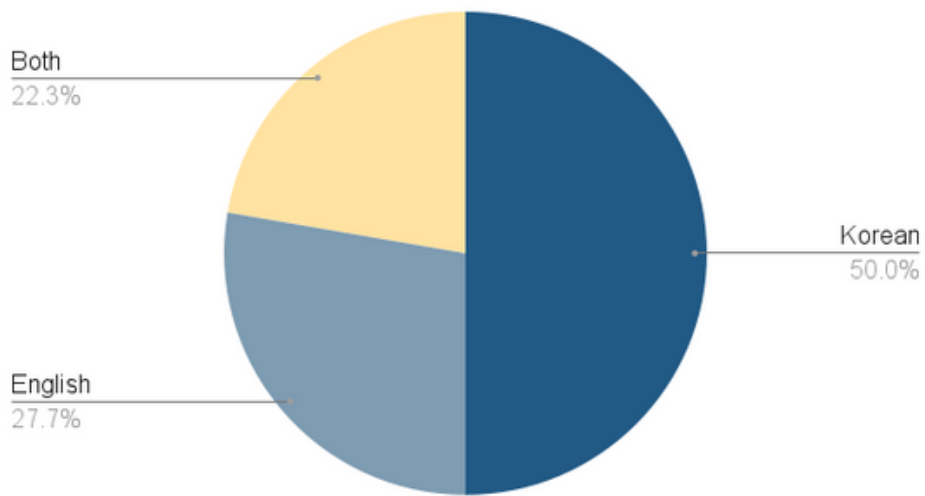
Mustard Seed Generation's (MSG) online needs assessment was translated into both English and Korean by native speakers of both languages, in order to gather information from Korean American church leaders' perceptions of mental health, help-seeking, and concerns in their churches. A committee of graduate students, researchers, and MSG staff were tasked with creating the needs assessment. From that collaboration, the final 18-item survey asks about church information and profession (6 items); perception about addressing mental health, mental health issues, and challenges (5 items); previous mental health training or counseling experience (2 items); and sociodemographic information (5 items). These questions were a mix of multiple choice, Likert scale, and free response styles. Example background questions on the survey included, "Which ministries do you have in your church?" and "What church leaders positions do you have in your church?" Examples of mental health-related questions include "List all the issues that you are concerned about in your church", "Select all the stumbling blocks you experience when handling the issues", and "In what setting have you talked about mental health in your church?"

After church leaders agreed to an informed consent outlining the purpose of the survey and the steps to protect their privacy, the online survey was administered between November 2021 to January 2022. Inclusion criteria of church leaders were (1) 18 years of age or older; (2) serving in a leading role in Korean American churches; and (3) having served for at least a year. A combination of convenience and snowball sampling was used to distribute the surveys to individual church leaders, listservs, and other networks.

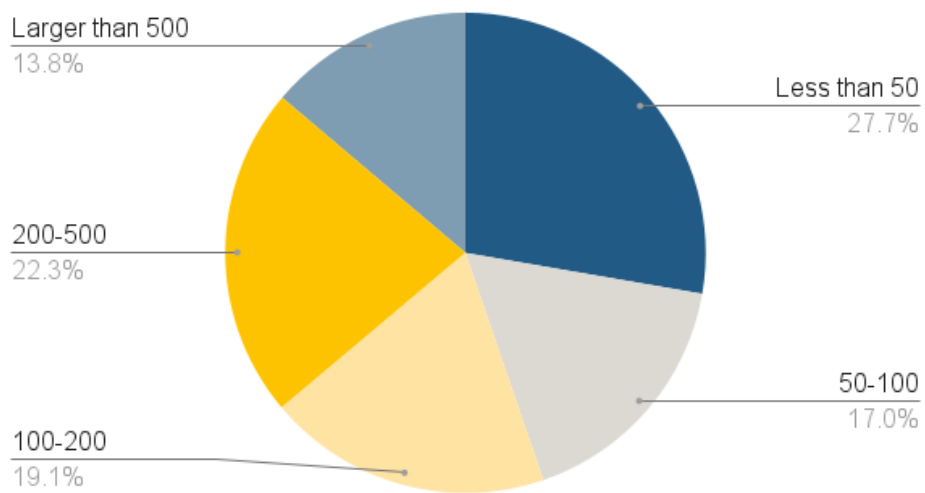
A sample of 94 Korean American church leaders from across the United States completed the survey and their demographic information was collected (see Figures 1-3). Their years of ministry work ranged from 1 to 33 years (Average= 22.03 years), and the roles included pastor staff, elders, deacons, small group leaders, and Sunday school teachers. The participants' church congregation sizes varied along with Presbyterian, Baptist, Methodist, and non-denominational churches being the most represented in the sample.



**Fig 1. Generation**



**Fig 2. Preferred language**

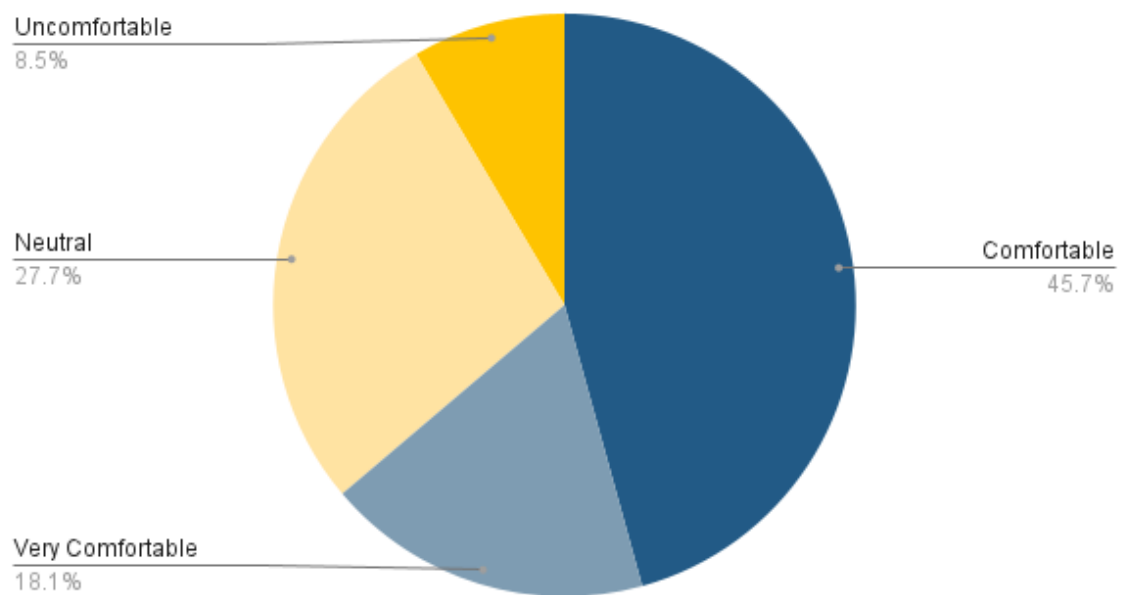


**Fig 3. Congregation size**

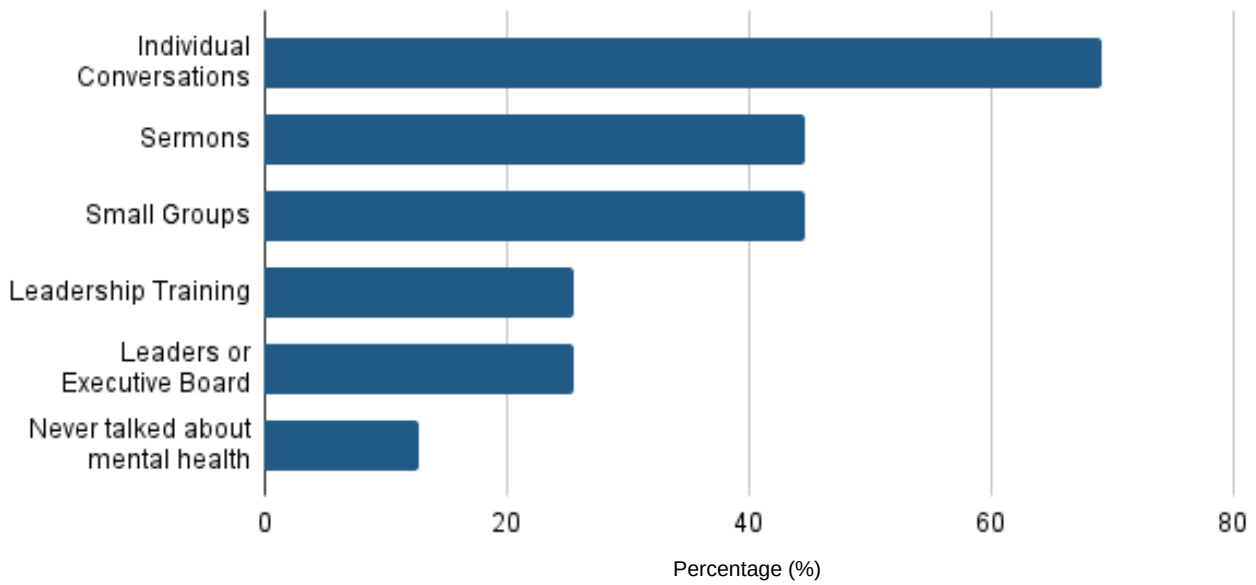
---

## Results and Interpretation

While the majority of respondents did not receive formal mental health training, 34% reported having received some form of training, mostly as a part of their seminary/degree programs or other types of certification programs (e.g., Mental Health First Aid). Nearly half of the leaders (45.7%) reported feeling comfortable about addressing mental health issues in their church (see Figure 4); this was a welcomed surprise given the prevalence of stigma and lack of awareness about mental health in Korean communities (Park et al., 2014; Cheon et al., 2016). Most respondents shared that they have talked about mental health in individual conversations, sermons, or small groups (see Figure 5). Additionally, only a small group of leaders (12.8%) reported that they have not talked about mental health in church settings. One limitation of this assessment is the possibility that the survey was mostly completed by those who are more interested and comfortable with mental health. However, the size of the sample and the data collected demonstrate that this is an excellent time for nonprofit organizations and mental health professionals to initiate conversations with church leaders. While the need for mental health in the Korean American community is growing and gaining the attention of church leaders, the purpose of this needs assessment was to determine areas of support that are needed by church leaders today.

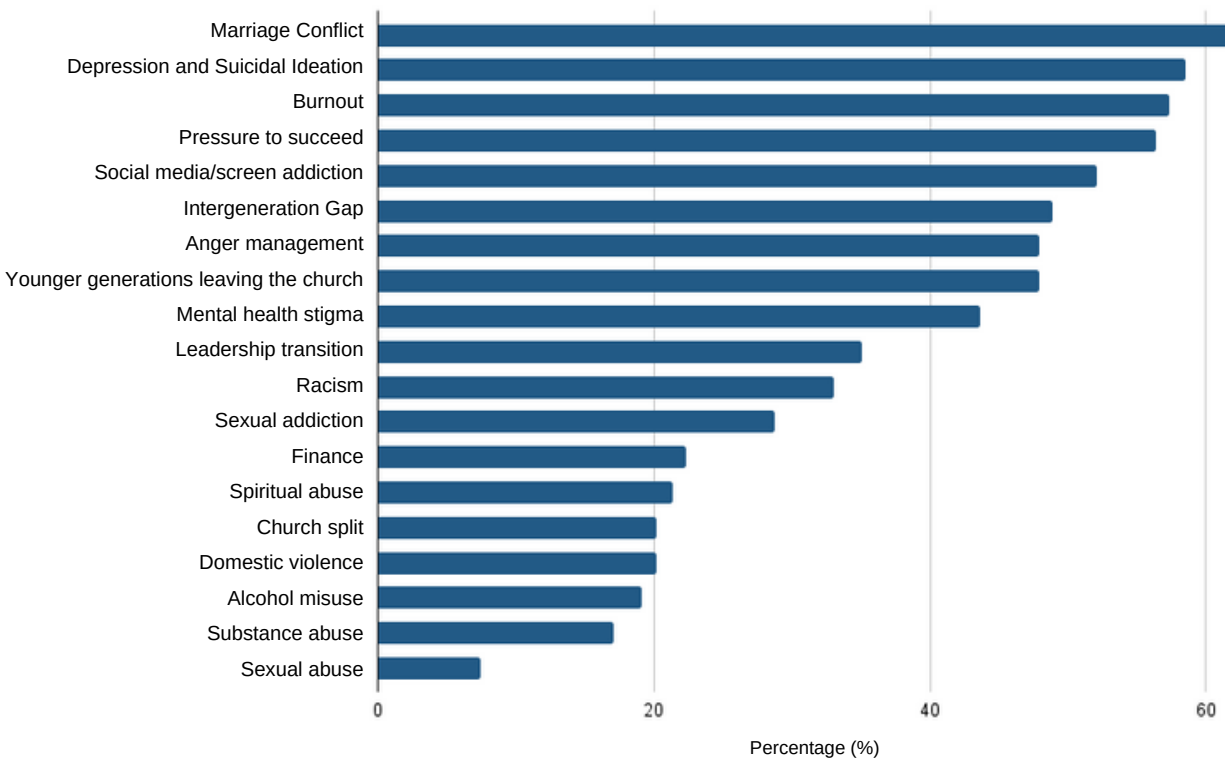


**Fig 4. Comfort with addressing mental health issues**



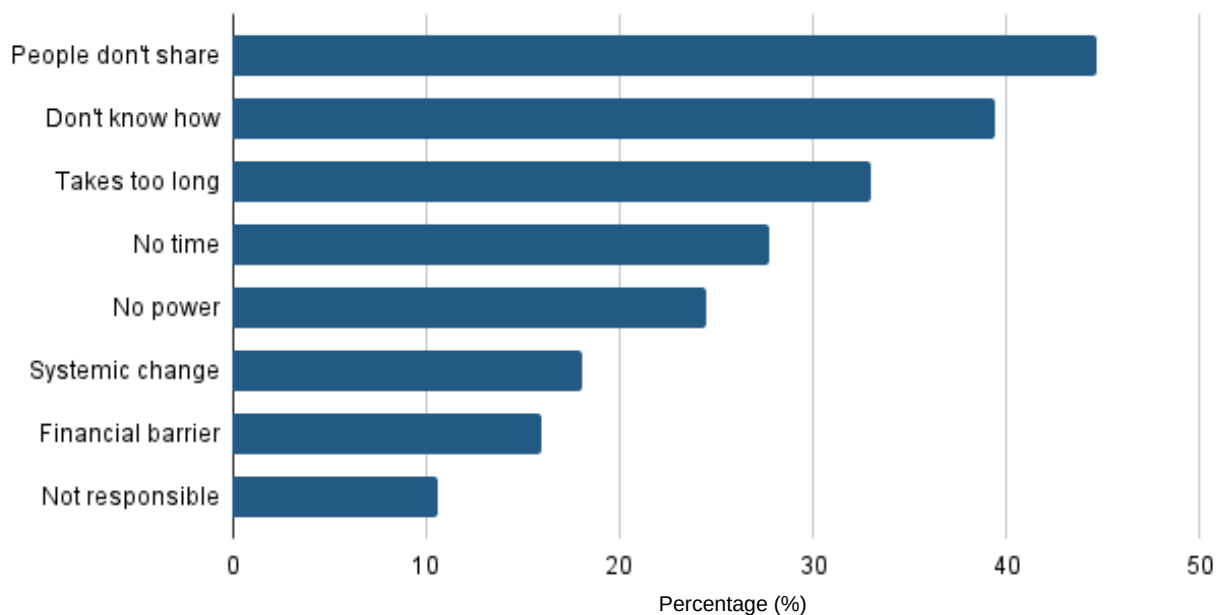
**Fig 5. Settings where mental health has been discussed**

Figure 6 displays the specific areas of concern for leaders. Marriage conflict was found to be the area of greatest concern for church leaders (61.7%). Other areas of concern included depression and suicidal ideation, burnout, pressure to succeed, social media or screen addiction, intergenerational gap, anger management, younger generations leaving the church, and mental health stigma.



**Fig 6. Issues that leaders are concerned about in their church**

When addressing these issues leaders were concerned about in their church, members in their community being reluctant to share was seen as the greatest stumbling block to overcome (44.7%). Therefore, it will be important to help leaders create spaces that are conducive and welcoming of their community members to seek them as resources for mental health concerns. Other significant barriers included a lack of expertise, time, resources, authority, or systemic support (Figure 7). In spite of these barriers, only a small percentage of the leaders (10.6%) shared that it is not their responsibility to address mental health issues and 73.4% of church leaders reported that they had recommended professional counseling to someone, showing the openness of church leaders to obtain additional tools or training to address these concerns in their churches.



**Figure 7. Barriers to addressing mental health issues**

As optimistic as these results are, there are still challenges that are intertwined with cultural, knowledge, and systemic barriers. For example, the majority of the Korean American church leaders (63%) shared that they have not received therapy before. When asked about the reason for not seeking therapy, they cited the following reasons: they do not need therapy (46%), they do not know any counselors (21%), it is too expensive (19%), they are not sure how counseling helps (10%), they are too busy (2%), and it is due to the cultural factor of “saving face” (체면; 2%). Although there is newfound openness to mental health within the Korean American church community, it is clear that any mental health professional seeking to work with Korean church leaders needs to be sensitive to these existing barriers.

---

## Conclusion

Mustard Seed Generation's (MSG) needs assessment provided an avenue for Korean American church leaders to offer insights on their areas of need and concern within the church (e.g., marital conflict, depression, suicidal ideation, burnout, etc.). The results of this survey shed light on the tension that Korean American church leaders are facing in regard to mental health within their church communities.

There exists a unique tension for Korean American church leaders, who are simultaneously open to addressing mental health concerns in their church, while having difficulty navigating cultural, knowledge, and systemic barriers. The first salient area of need was church leaders reporting their lack of knowledge and training as well as not having received mental health services before, which in turn add to the struggle of addressing mental health issues in their church. In addition, the most frequently reported barrier was their congregants' unwillingness to share their problems, which aligns with previous research findings that Korean Americans are less likely to seek mental health support compared to other ethnic groups, which may be driven by cultural beliefs, such as a fear of stigma associated with mental health issues and an avoidance of exposing personal problems (Cheon et al., 2016; Park et al., 2014).

The forthright confession of church leaders feeling ill-equipped and the challenges of addressing mental health within their church communities should not be ignored. Mental health professionals are clearly needed and wanted in the modern Korean American church. They can take steps to ultimately equip churches with knowledge about basic causes, treatments, risk factors, and services for various mental health issues. One example of such a step is the non-profit group, Mustard Seed Generation (MSG), launching a virtual mental health training program tailored for Korean American church leaders based on these survey responses and the expertise of Korean American pastors, professors, researchers, and advanced graduate students. This psychoeducation program aims not only to educate church leaders on the basic knowledge of different mental health issues, but also to address those issues with a culturally competent lens that is informed by Korean American and church culture. Lastly, it is hoped that this white paper would continue to spark conversation and raise awareness of mental health in the Korean American church.

---

## References

Cheon, H.-S., Chang, E., Kim, P. Y., & Hyun, J. H. (2016). Mental health disparities impacting Christian Korean Americans: A qualitative examination of pastors' perspectives. *Mental Health, Religion & Culture*, 19(6), 538–552. <https://doi.org/10.1080/13674676.2016.1213712>

Hurh, W. M. (1998). *The Korean Americans*. Westport, CT: Greenwood Press.

Inman, A. G., & Yeh, C. J. (2007). Asian American stress and coping. In F. L. Leong, A. Ebreo, L. Kinoshita, A. G. Inman, L. H. Yang, & M. Fu (Eds.), *Handbook of Asian American Psychology* (2nd ed., pp. 323–339). Thousand Oaks, CA: Sage.

Jang, Y., Chiriboga, D., Park, N., Yoon, H., Cho, Y. J., Hong, S., Nam, S., Rhee, M. K., Bernstein, K., & Kim, M. T. (2021). The role of self-rated mental health in seeking professional mental health services among older Korean immigrants. *Aging Ment Health*, 25(7):1332-1337. <https://doi.org/10.1080/13607863.2020.1758908>

Jang, Y., Kim, G., Hansen, L., & Chiriboga, D. A. (2007). Attitudes of older Korean Americans toward mental health services. *Journal of the American Geriatrics Society*, 55, 616–620. <https://doi.org/10.1111/j.1532-5415.2007.01125.x>

Lee, H. B., Hanner, J. A., Cho, S. J., Han, H. R., & Kim, M. T. (2008). Improving Access to Mental Health Services for Korean American Immigrants: Moving Toward a Community Partnership Between Religious and Mental Health Services. *Psychiatry Investigation*, 5(1), 14-20. <https://ncbi.nlm.nih.gov/pmc/articles/pmc2796091>

Takeuchi, D. T., Zane, N., Hong, S., Chae, D. H., Gong, F., Gee, G. C., Walton, E., Sue, S., & Alegría, M. (2007). Immigration-related factors and mental disorders among Asian Americans. *American Journal of Public Health*, 97(1), 84–90. <https://doi.org/10.2105/AJPH.2006.088401>

Tirrito, T., & Choi, G. (2004). Ethnically diverse elders: A community action model faith-based initiatives and aging services. In F. E. Netting & J. W. Ellor (Eds.), *Faith-based initiatives and aging services* (pp. 123–142). Binghamton, NY: Haworth Pastoral.

Yamada, A.-M., Lee, K., Kim, M., Moine, M., & Oh, H. (2019). Beliefs About Etiology and Treatment of Mental Illness Among Korean Presbyterian Pastors. *Journal of Religion and Health*. 58(3): 870-880. <https://doi.org/10.1007/s10943-018-0720-1>