

Unraveling the Relationship Between Racial Discrimination, Resilience, and Mental Health: A Study of Asian American Youth

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ABSTRACT

This study investigated the relationship between racial discrimination, resilience, and mental health outcomes (i.e., anxiety, depression) among 72 Asian American youth ($M_{age} = 14.53$ years). Results indicated that experiences of past year discrimination (e.g., COVID-19 pandemic-related discrimination) were significantly and positively associated with anxiety ($\beta = 0.37, p < 0.001$) and depression ($\beta = 0.47, p < 0.001$); entire life discrimination was significantly and positively associated with anxiety ($\beta = 0.37, p < 0.001$) and depression ($\beta = 0.52, p < 0.001$) among Asian American adolescents. Resilience was significantly and negatively associated with anxiety ($\beta = -0.42, p < 0.001$) and depression ($\beta = -0.50, p < 0.001$). A significant interaction emerged, suggesting that when Asian American youth reported high levels of entire-life discrimination and resilience, they were more likely to experience anxiety (+1 SD; $\beta = 0.60, p < 0.001$). While resilience emerged as an important protective factor against anxiety and depression overall, the interaction suggests that in contexts that lack social and structural support, resilience may come at a cost for Asian American adolescents facing discrimination. Future research and practice must consider multidimensional approaches that support resilience at individual and systemic levels to promote the well-being of racially minoritized adolescents.

Racial Discrimination and Mental Health in Asian American Youth: The Moderating Role of Resilience

Background

Asian Americans have long faced racial discrimination (Takaki, 1993), which has been exacerbated by the COVID-19 pandemic (Cheah et al., 2020; Tessler et al., 2020). Despite the “model minority” myth that portrays them as hardworking and successful (Alvarez et al., 2006; Museus & Park, 2015), Asian Americans continue to experience discrimination that is often minimized by society (Choi et al., 2017; Yoo et al., 2015). Moreover, the rise of anti-Asian discrimination since the start of the COVID-19 pandemic has highlighted Asian American’s long-standing struggles against social inequalities and racial discrimination embedded in U.S. society (Chou & Feagin, 2008).

Lim and colleagues (2023) argue that the COVID-19 pandemic not only triggered a global health emergency but also fueled social division, exacerbating hatred directed at Asian Americans, who were wrongfully blamed and made scapegoats for the pandemic. Jeung and colleagues (2021) also highlight that hate speech experienced by the broader Asian American and Pacific Islander (AAPI) community following the pandemic

significantly impacted the lives of children and adolescents, with approximately three out of every four 12-18-year-olds who reported experiencing verbal harassment or name-calling related to their race.

Studies consistently show exposure to such discrimination leads to many negative outcomes for Asian American youth, including isolation, depression, low self-esteem, and lower academic achievement (Benner et al., 2018; Cheah et al., 2020; Woo & Jun, 2021). Beyond the global mourning for lost lives, the preventive efforts against the spread of COVID-19, such as isolation and remote learning (Park et al., 2020), negatively impacted the mental health of adolescents (Hertz-Palmor et al., 2021; Smaji et al., 2022). Longitudinal studies have demonstrated sizable increases in adolescents' internalizing problems, such as heightened levels of anxiety and depression, compared to pre-pandemic levels (Ravens-Sieberer et al., 2022).

While the deleterious effects of racial discrimination are well documented, research also highlights the protective role of resilience, defined as the ability to adapt to adversity (Luthar et al., 2000). Resilience theory and socio-ecological framework (Yoshikawa et al., 2016) suggest that resilience is nurtured by promoting individual assets, family bonds, and community support. However, the COVID-19 pandemic has uniquely burdened Asian American youth with additional stressors that may have impacted their capacity to leverage resilience to mitigate negative outcomes. This study aimed to examine how racial discrimination during the COVID-19 pandemic impacted Asian American youth's mental health outcomes (i.e., anxiety and depression) and whether their resilience levels moderated this link.

Discrimination and Its Impact on Asian American Youth

Racial discrimination against Asian Americans has a long history in the U.S., and it is essential to consider the historical backdrop of these racial stereotypes that they encounter (Kim, 1999; Okihiro, 2014; Takaki, 2012). These stereotypes, which function at structural, cultural, and individual levels, are frequently internalized by Asian Americans and have contributed to the perpetuation of anti-Asian racism (Kim et al., 2023; Tseng & Lee, 2021; Yoo et al., 2010). The COVID-19 pandemic further exposed the racial realities of Asian Americans in the U.S., having experienced fueled racism and xenophobia, leading to an increase in anti-Asian hate crimes (Tessler et al., 2020; Wu et al., 2020).

According to Pew Research (Ruiz et al., 2020), Asians were more likely to report being the subject of racial hate speech (31% of Asians, compared to 21% of Blacks; 15% of Hispanics) and physical attacks (26% of Asians, compared to 20% of Blacks; 10% of Hispanics). Moreover, nearly half of the Chinese American youth aged 10-18 years old reported experiencing racial discrimination online and in person during the pandemic, with higher levels of racism associated with increased anxiety and depressive symptoms (Cheah et al., 2020).

In educational settings, Asian American youth face various forms of discrimination that can significantly impact their mental health, academic performance, and overall well-being. Research has consistently shown that Asian American youth report the highest level of racial discrimination by peers compared to other racial groups (Benner & Graham, 2013; Juang & Alvarez, 2010; Rivas-Drake & Mooney, 2009); this discrimination is associated with higher levels of depressive symptoms, anxiety, and lower levels of school engagement, academic performance, and school belonging (Banerjee et al., 2017; Benner et al., 2018; Kiang et al., 2016; Seol et al., 2016; Trieu, 2019).

Additionally, the model minority myth, which portrays Asian Americans as universally high-achieving and academically successful (Alvarez et al., 2006; Koo et al., 2012; Lee & Zhou, 2015; Museus & Kiang, 2009; Wu, 2002), dismisses the diverse experiences and struggles of Asian American youth and places immense pressure on them to live up to unrealistic expectations (Atkin et al., 2018; Yoo et al., 2010). When Asian American youth internalize this myth, it may contribute to adverse outcomes such as depression, anxiety, feelings of rejection, self-doubt, psychological distress, and even suicide (Kim & Park, 2008; Yoo et al., 2015). The pressure to conform to this myth can be particularly challenging for Asian American students who may struggle

academically or come from diverse socioeconomic backgrounds, as their experiences are often rendered invisible by the dominant narrative of Asian American success (Lee & Zhou, 2015; Museus & Kiang, 2009). As a result, the model minority myth not only perpetuates a narrow and inaccurate view of Asian American youth but also contributes to the marginalization of their mental health needs and the lack of adequate support systems within educational institutions (Kim & Park, 2008; Yoo et al., 2015).

Consequences of Racial Discrimination on Mental Health

Racial discrimination has a significant impact on an individual's mental health, with adolescents experiencing more severe effects than adults due to their underdeveloped coping mechanisms (Garnefski et al., 2002). These detrimental effects are particularly harmful during adolescence, a critical period of personality and character development (Steinberg, 2009). As the consequences of discrimination can cause permanent liabilities to an individual, it is crucial to assess how these consequences affect mental health in adolescents (Benner et al., 2018).

Adolescents who face discrimination are more likely to experience loneliness, anxiety, and somatization (Cheng & Mallinckrodt, 2020; Juang & Alvarez, 2010; Liu & Modir, 2020; Yip et al., 2024). Loneliness has been linked with depression in children and young people with mental health problems and neurodevelopmental conditions (Hards et al., 2021). Underdeveloped coping strategies may contribute to severe mental illnesses such as somatic disorders, anxiety, and depression for Asian American youth, all of which are problems with the mental health of an individual (Kim et al., 2017).

Furthermore, the critical issue with mental health issues in Asian American adolescents is the treatment they receive to ameliorate their damaged mental health. Asian Americans have the lowest rates of utilizing formal mental health treatment, 23.3% lower prevalence of perceived need for treatment compared to white Americans (Yang et al., 2019). Instead of using formal treatments that are certified to aid beneficial effects on the mental health of an individual, Asian Americans are more likely to use informal methods to cope with mental health (Spencer et al., 2010). This is largely due to the stigmatization of help-seeking behaviors and treatments for Asian Americans, contributing to worsening mental health conditions (Sue et al., 2012). When Asian American adolescents do indeed develop disorders such as anxiety or depression due to consequences of racial discrimination, there is an immense impact on the individual's mental health (Kim et al., 2017).

Moreover, studies have shown that those who experience greater racial discrimination have lower self-esteem and social engagement (Benner et al., 2018). In the Asian American community, higher self-esteem or family connectedness is associated with better mental health outcomes (Iyer et al., 2022). Asian American adolescents associated with high self-esteem had roughly 50% lower odds of mental health outcomes in early adulthood than those with lower self-esteem (Iyer et al., 2022). Therefore, racial discrimination may lead to inadequate development of self-esteem, which seriously impairs the mental health of Asian American adolescents.

Resilience as A Protective or Risk Factor

Resilience, often defined as an individual's ability to recover from adversity, can manifest in various forms, from thoughts to behaviors and actions (Ungar, 2018; Werner et al., 1992). The development of resilience is influenced by biological and psychological elements, which are commonly classified into protective and risk factors (Diehl et al., 2012). Protective factors are individual characteristics or external conditions that shield individuals from worsening mental health conditions and enhance one's capabilities to cope. Conversely, risk factors are stressful attributes that contribute to the worsening of undesirable mental health conditions in an individual. The resilience of an individual is directly influenced by the efficacy of protective factors in withstanding adverse events: if a protective factor cannot withstand adverse events, resilience decreases, while on

the contrary, resilience can remain constant or often improve (Rambod et al., 2023). By identifying and leveraging protective factors while addressing or mitigating risk factors, interventions can be tailored to enhance resilience and promote positive adaptation in the face of adversity (Rambod et al., 2023).

Luthar and colleagues (2021) discuss the historical context of discrimination against Asian Americans and the perpetuation of racial stereotypes. Their study highlights the need for a socioecological approach to understanding resilience among Asian American youth, considering the complex interactions between individual, family, community, and cultural factors. For example, the pressure to conform to cultural expectations and the experience of discrimination can lead Asian American youth to present themselves in ways that are not authentic to their true selves (Luthar et al., 2021). This low authenticity in self-presentations can have negative consequences for mental health and well-being. More specifically, research has underscored exposure to discrimination, generational differences, and mental health stigmas as core risk factors in Asian American mental health disparities (Iyer et al., 2022). As a result, efforts to address systemic racism and discrimination are crucial for promoting resilience and improving mental health outcomes among ethnic minorities like Asian Americans.

Current Study

This study aimed to explore how experiences of racial discrimination impacted mental health outcomes (i.e., anxiety, depression) of Asian American youth and examine whether resilience moderated this association. Studies have indicated that psychological resilience offers protective benefits for the physical and mental health of individuals navigating adversity (Lee et al., 2018). Therefore, understanding the intersection of resilience, racial discrimination, and mental health outcomes (i.e., anxiety and depression symptoms) among Asian American youth is essential for ensuring positive outcomes, developing effective interventions, and improving access to care. Based on prior research, it was hypothesized that:

- 1) Experiences of past year discrimination (i.e., COVID-19 pandemic-related) would be negatively associated with anxiety and depression symptoms.
- 2) Experiences of entire-life discrimination would be negatively associated with anxiety and depression symptoms.
- 3) Asian American adolescents' resilience would moderate the associations between past-year discrimination (i.e., COVID-19 pandemic-related experiences) and anxiety and depression symptoms, such that the association would be weaker with higher levels of resilience.
- 4) Asian American adolescents' resilience would moderate the associations between experiences of entire life discrimination (i.e., COVID-19 pandemic-related) and anxiety and depression symptoms, such that that association would be weaker with higher levels of resilience.

Method

Participants

The participants were 76 Asian American adolescents between the ages of 11 and 17 living in the U.S. Their average age was 14.53, 42.1% were male, and 57.9% were female. A majority of participants (82.9%) were U.S.-born, with 13.2% being foreign-born. The participants' ethnicities included Chinese (52.6%), Taiwanese (14.4%), Korean (2.6%), Filipino (1.3%), and Multi-ethnic (22.4%).

Procedures

Participants were recruited through email listservs and social media (e.g., WeChat, Facebook). Participants who met the following criteria were eligible for the study: (1) identified as Asian American adolescents between the ages of 11- to 17-years-old, and 2) currently attending high school in the U.S. Members of the research team reached out to parents through phone and/or email to obtain parental consent; youth participants provided assent. Participants completed a 45-minute Qualtrics survey online, which consisted of self-report measures. Participants received \$10 as compensation for their participation. The Institutional Review Board at Teachers College, Columbia University, reviewed and approved the study.

Measures

Racial Discrimination: The General Ethnic Discrimination Scale (GED; Landrine et al., 2006) was used to measure experiences of racial discrimination. The GEDS is an 18-item measure that assesses the frequency of discrimination and the stress associated with these experiences. There are three subscales: past year discrimination, which measures racial discrimination experiences in the past year; entire life discrimination, which measures racial discrimination experiences in the respondent's lifetime; and appraised discrimination stress, which measures the stress level associated with each discriminatory event. Using a 6-point Likert scale ranging from 0 (Never) to 6 (Almost all the time), the 18 items assess discrimination experienced during the past year referring to the COVID-19 pandemic and entire lifetime. Examples included: "How often have you been treated unfairly by strangers because of your race/ethnic group in your life?" and "How often have you been called a racist name in your life?" Previous studies have shown GED to possess reliable and valid psychometric properties for Asian American samples (Landrine et al., 2006). The scale was reliable in the current study: past year discrimination ($\alpha = .95$) and entire life discrimination ($\alpha = .95$).

Mental Health Outcomes: Psychological distress was measured using the anxiety and depression subscales from the 21-item Depression, Anxiety, and Stress Scales (DASS-21; Lovibond & Lovibond, 1995). Participants rated 7 items per scale on a 4-point Likert scale based on how much each statement applied to the adolescent over the last week (0-*Never* to 3-*Almost Always*). Higher scores indicated greater severity of anxiety and depression symptoms. Sample anxiety items were "I felt I was close to panic" and "I felt scared without any good reason." Sample depression items were "I couldn't seem to experience any positive feeling at all" and "I felt that life was meaningless." The DASS-21 subscales have previously demonstrated strong validity with other common mental health scales (Osman et al., 2012) and good content validity across diverse ethnic groups, including the Asian population (Norton, 2007). The anxiety and depression subscales were reliable in the present study (Cronbach's α 's = .84 and .87, respectively).

Resilience: Resilience was measured using the 25-item Resilience Scale (CD-RISC; Connor & Davidson, 2003). Sample items measuring resilience were "I can deal with whatever comes my way" and "I am not easily discouraged by others." The scale had a good Cronbach alpha in the current study ($\alpha = .93$).

Covariates: We included demographic characteristics associated with racial discrimination, resilience, and mental health outcomes as control variables. Specifically, these variables included age, gender (0 = male, 1 = female), and nativity status of adolescents (0 = foreign-born, 1 = U.S.-born).

Data Analysis

Before testing the conceptual model, descriptive analyses, reliability of constructs, and bivariate correlation of critical variables were conducted using the R statistical package (R Development Core Team, 2018). Structural equation modeling (SEM) was conducted to determine the direct and indirect paths of the model. Maximum likelihood estimation was used to handle missing data. Goodness-of-fit included Chi-squares tests (χ^2), the comparative fit index (CFI), the root mean squared error approximation (RMSEA), and standardized root means square (SRMR). A fit of $> .95$ for CFI, $< .05$ for RMSEA, and $< .05$ for SRMR was considered a good model fit (Hu & Bentler, 1999). The modification indices (MI) function was used to probe whether data suggested which model fit would improve if a particular path was added or constraint freed.

Table 1. Descriptive of demographic characteristics

Variables	Frequency (%)
Gender	
Male	32 (42.1%)
Female	44 (57.9%)
Nativity	
U.S.- born	63 (82.9%)
Foreign-born	10 (13.2%)
Missing	3 (3.9%)
Ethnicity	
Chinese	40 (52.6 %)
Taiwanese	11 (14.4%)
Korean	2 (2.6%)
Filipino	1 (1.3%)
Multi-ethnic	17 (22.4%)
Missing	5 (6.6%)
Grade	
5th	2 (2.6%)
6th	4 (5.3%)

7th	11 (14.4%)
8th	12 (15.8%)
9th	18 (23.7%)
10th	12 (15.8%)
11th	6 (7.9%)
12th	5 (6.6%)
Other	3 (3.9%)
Missing	7 (9.2%)
	M (SD)
Age	14.51 (4.16)

Results

Table 2 summarizes the descriptive statistics of the present study constructs. Asian American adolescents' experiences of past year discrimination were positively correlated with depression ($r = .41, p < .01$) and anxiety ($r = .45, p < .01$). Entire life discrimination was positively correlated with depression ($r = .58, p < .01$) and anxiety ($r = .42, p < .01$). Resilience was negatively correlated with depression and anxiety ($r = .41, p < .01$).

Table 2. Means, standard deviations, and correlations with confidence intervals

Variable	M	SD	1	2	3	4	5	6	7	8
1. Age	14.53	4.21								
2. Gender	0.58	0.50	-.13							
3. Education	0.40	0.49	-.42**	.02						
4. Nativity	0.86	0.35	.34**	.10	-.08					
5. Past year discrimination	1.42	0.58	-.11	.09	-.00	-.18				
6. Entire life discrimination	1.57	0.66	-.10	.14	-.02	-.17	.90**			
7. Resilience	3.33	0.59	.02	-.1	.03	-.22	-.03	-.06		
8. Depression	1.67	0.55	-.03	.09	-.08	-.12	.51**	.58**	-.48**	
9. Anxiety	1.56	0.53	-.00	.10	-.10	-.09	.45**	.42**	-.42**	.70**

Note. *M* and *SD* are used to represent mean and standard deviation, respectively. * indicates $p < .05$. ** indicates $p < .01$.

The fit indices suggested good model fit, $\chi^2 = 15$, $p < .001$, CFI = .98, RMSEA = .03, and SRMR = .03). The study's findings revealed that experiences of past year discrimination (e.g., COVID-19 pandemic-related discrimination) were significantly and positively associated with anxiety ($\beta = 0.37$, $p < 0.001$) and depression ($\beta = 0.47$, $p < 0.001$). Similarly, reports of entire-life discrimination were also significantly and positively associated with anxiety ($\beta = 0.37$, $p < 0.001$) and depression ($\beta = 0.52$, $p < 0.001$) among Asian American adolescents. On the other hand, resilience was significantly and negatively associated with anxiety ($\beta = -0.42$, $p < 0.001$) and depression ($\beta = -0.50$, $p < 0.001$) in this sample of Asian American youth. A significant interaction effect was found for experiences of entire-life discrimination and resilience, such that when Asian American adolescents reported high levels of entire-life discrimination and resilience, they reported high levels of anxiety (+1 SD; $\beta = 0.60$, $p < 0.001$). No significant interactions emerged between past year discrimination (e.g., COVID-19 pandemic-related discrimination) and resilience that predicted anxiety and depression.

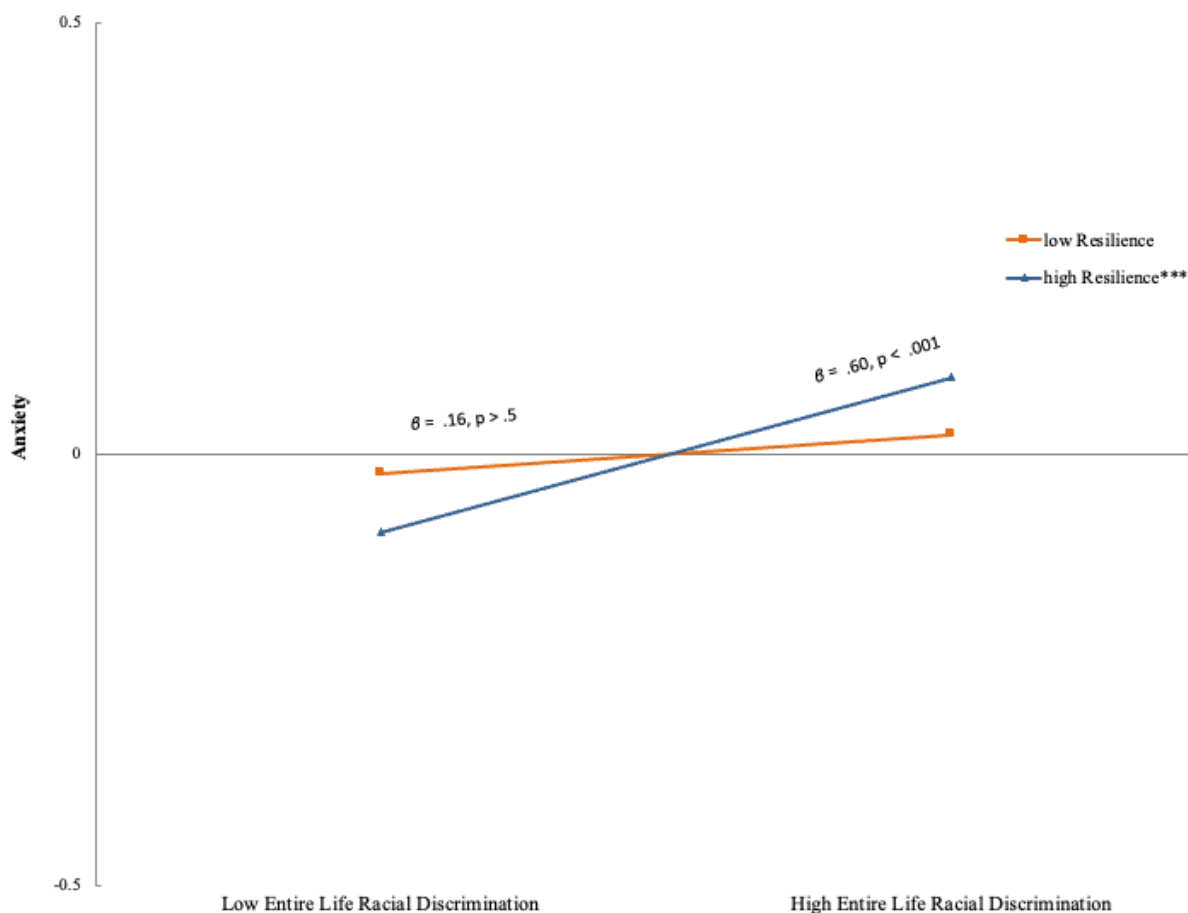


Figure 1. Two-way interaction between Asian American adolescents' experiences of entire life racial discrimination and resilience predicting anxiety.

Discussion

The purpose of this research was to investigate the relationship between racial discrimination and mental health, specifically anxiety and depression, among Asian American adolescents. Additionally, the study sought to determine if resilience played a role in altering the strength of this relationship, potentially acting as a protective

factor against the negative mental health consequences of discrimination. The study builds upon a well-established understanding of the harmful effects of racial discrimination and the protective role of resilience, drawing on the resilience theory (Luthar et al., 2000) and socio-ecological framework (Yoshikawa et al., 2016).

Consistent with the study hypothesis, Asian American youth's experiences of entire life and past-year discrimination were significantly associated with depression and anxiety. As Cheah and colleagues (2020) found in their report regarding Chinese American youth, many experienced high levels of racial discrimination during the COVID-19 pandemic, which led to common associations of anxiety and depression. The heightened discrimination during the pandemic underscores the impacts of past-year discrimination and mental health issues in Asian American youth. Furthermore, these experiences have often extended over the years, resulting in many Asian Americans confronting lifetime discrimination and increased associations with depression and anxiety (Benner et al., 2018). These occasions not only led to higher levels of depression and anxiety but were significantly associated with adverse outcomes for Asian Americans, such as feelings of stress, loneliness, and lower self-esteem (Luthar & Ciciolla, 2015).

Contrary to expectations and the resilience theory (Luthar et al., 2000; Yoshikawa et al., 2016), resilience did not buffer the adverse effect of lifetime racial discrimination for Asian American youth in the study. This finding suggests that while resilience can often aid individuals in coping with adversity and other mental health problems, it may not fully mitigate the negative impacts of long-term and ongoing experiences of racial discrimination. Disparities in mental health are largely driven by the marginalization of ethnic minorities and the effects of discrimination on mental well-being (Luthar et al., 2021). Ethnic minorities may experience poorer mental health outcomes due to several mechanisms, including racism and discrimination, unequal access to quality healthcare, vulnerability during critical developmental periods, and residence in underserved communities with limited resources (Wilcox et al., 2021). Additionally, stigma related to seeking help and cultural expectations have been shown to undermine the effectiveness of resilience among Asian Americans (Cheng et al., 2018; Yoo et al., 2009), which may lead to underutilizing mental health services. This places Asian American youth at a higher risk for developing adverse mental health symptoms (Iyer et al., 2022).

As demonstrated by the socio-ecological model (Yoshikawa et al., 2016), Asian Americans with high resilience to racial discrimination may face harmful effects on their mental well-being due to the complex interactions between individual, family, community, and cultural factors. Asian Americans are known to achieve extraordinary social mobility faster and more significantly than other groups through educational attainment (Hilger, 2016; Lee & Zhou, 2015; Weng & Choi, 2021; Yoo et al., 2010). While the success of Asian Americans over the past century is notable, these trends have created cultural pressures and generalizations, such as the "model minority" stereotype, and put pressure on them to overcome or challenge the discrimination they face (Yoo et al., 2010). To combat racial prejudices and avoid discrimination through professional and educational achievements, Asian American youth may internalize this stereotype by stressing their academic and professional successes. This form of "resilience" may create unrealistic expectations, placing a high level of anxiety and stress on Asian American youth who may not be able to live up to certain expectations.

The findings of this study contribute to the growing body of literature on the mental health impacts of racial discrimination among Asian American adolescents, highlighting the complex role of resilience in mitigating these adverse effects. Moving forward, research and practice must consider the nuances of how resilience may mitigate or exacerbate different dimensions of discrimination's mental health impacts among marginalized adolescents and develop targeted interventions that promote resilience at individual and systemic levels.

Limitations

The current study has several limitations that should be considered when interpreting the results. First, the small sample size limited the statistical power of the analyses. Future studies should recruit more youth participants

for more effective analysis. Second, the cross-sectional nature of the data prevents us from making causal inferences about the relationships between the variables (Maxwell & Cole, 2007). Future studies may benefit from using a longitudinal design to provide more confidence in interpreting how experiences of racial discrimination contribute to mental health outcomes and the moderating role of resilience over time. Furthermore, the hostile racial climate during the COVID-19 pandemic likely influenced the ways the participants perceived their status (Cheah et al., 2020), which, in turn, were reflected in their responses at the time. However, the findings provide the necessary insight for comprehending how various factors (e.g., individual, cultural, societal) impact Asian American youth outcomes (Choi et al., 2022).

Third, the study sample was primarily composed of Chinese and Taiwanese from the Northeast and Western U.S. regions, limiting the findings' generalizability to other Asian subgroups and geographical areas. Future research should include a more diverse representation of Asian American youth to better understand the unique factors that contribute to the associations between discrimination, resilience, and mental health outcomes among Asian American youth (Lee & Zhou, 2015; Okazaki & Abelman, 2018). Lastly, this study is limited by reliance on self-reported discrimination measures, resilience, and anxiety and depression; the sole use of self-reports may artificially inflate the associations. Thus, including parent reports in future studies yielding different findings may be beneficial.

Implications and Conclusions

The results underscore the need for a multidimensional approach, as suggested by the socio-ecological framework, to support the well-being of Asian American youth by addressing individual, family, community, and societal factors that influence their mental health outcomes.

At the individual level, promoting mental health literacy, help-seeking behaviors, and positive coping strategies may help Asian American youth build resilience and reduce the stigma surrounding mental health (Jeong et al., 2018). At the family level, positive and supportive family environments and interactions, such as emotional support and open communication, can promote mental well-being by addressing discrimination and racial identity stressors (Tsai et al., 2021). For example, family dynamics can lead to conversations about one's roots and background that establish or restore a strong sense of racial and cultural identity in times of discrimination (Kodippilli et al., 2024), which may promote resilience development.

The counterintuitive results of the study further emphasize the need for parents to play a more active role in their child's racial identity development. Prior studies have highlighted the tendency for Asian American parents to downplay instances of racism when talking about race with their children (Pahlke et al., 2012). It may be crucial for parents to have more deliberate and purposeful racial discussions to help Asian American youth better cope with negative racial experiences (Jeung et al., 2016; Kim et al., 2023). These racial discussions must also extend outside the household into schools and the community. Acts of discrimination such as hate speech require a multifaceted solution, including school policies to protect student well-being and educate the students about the importance of supportive and inclusive school climates (Gee et al., 2024).

Adolescence marks a critical period for developing an individual's self-identity and social presence, aiding in the construction of psychological and social adaptations (Steinberg, 2020). There is a significant positive correlation between school support and resilience, as research has indicated that an inclusive environment facilitates positive coping abilities and resilience (Li et al., 2024). Schools can implement comprehensive policies to address and prevent discriminatory behaviors (Ungar, 2012). Schools can provide access to mental health services, including counseling and support groups that can help students navigate the impact of discrimination and develop healthy coping mechanisms. In addition, schools can offer programs and curricula that educate students about the importance of diversity, equity, and inclusion (Pang et al., 2024). Addressing community and school factors promotes a supportive and inclusive environment, helping to mitigate the adverse mental health effects of discrimination (Mutch, 2023).

The creation of new policies and initiatives that address systemic racism and discrimination (e.g., anti-discrimination laws and diversity, equity, and inclusion programs) can also protect the well-being of Asian Americans. Additionally, inclusion and educational programs can encourage cross-cultural allyship among different racial and ethnic groups to foster a more inclusive and supportive society (De Souza, Schmader, 2024). These programs can extend their reach to prompt accurate and diverse representation of Asian Americans in education, media, and public discourse to challenge stigma.

By addressing these factors at the individual, family, community, and societal levels, a multidimensional approach can be taken to support the well-being of Asian American youth and promote their resilience in the face of racial discrimination and mental health challenges.

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