Scientific Research Publishing

Psychology, 2026, 17(8), 837-854
https://www.scirp.org/journal/psych
ISSN Online: 2152-7199
ISSN Print: 2152-7180

Perceived Early Warning Signs, Stressors, and Help-Seeking Barriers Related to Anxiety and Depression among Asian and Asian American Adolescents: A Qualitative Study

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How to cite this paper: Ran, X. K., & Zeng, F. B. (2026). Perceived Early Warning Signs, Stressors, and Help-Seeking Barriers Related to Anxiety and Depression among Asian and Asian American Adolescents: A Qualitative Study. *Psychology, 17,* 837-854.
https://doi.org/10.4236/psych.2026.178041

Received: March 25, 2026
Accepted: August 1, 2026
Published: August 4, 2026

Abstract

Adolescence is a period in which anxiety, low mood, and other forms of emotional distress frequently emerge, yet young people's own interpretations of these experiences remain insufficiently understood. This qualitative study examined how 14 high school students aged 13 - 18 who identified as Asian or Asian American perceived early warning signs of emotional distress, major sources of pressure, and barriers to seeking support. Semi-structured interviews were conducted via Zoom, and the transcripts were analysed through open, axial, and selective coding. Participants described bodily and emotional changes, including sleep difficulties, physical discomfort, exhaustion, and loss of motivation, as noticeable signs of worsening distress. Academic workload, uncertainty about the future, family expectations, and peer comparison were perceived as important stressors. Participants also described tensions within social support: although relationships could provide comfort, fear of judgment, limited perceived understanding, and social comparison could intensify isolation. A strong preference for managing problems independently further constrained help-seeking, a recurring pattern described here as a "self-reliance trap". The findings do not establish prospective predictors of clinically diagnosed anxiety or depression. Instead, they demonstrate how adolescents construct everyday understandings of emotional risk and support. The study highlights the importance of developmentally appropriate, confidential, relationally safe, and autonomy-supportive forms of assistance.

Keywords

Adolescent Mental Health, Emotional Distress, Early Warning Signs,

Academic Stress, Help-Seeking Barriers, Qualitative Research

1. Introduction

Adolescence, which involves dramatic biological, psychological, and social transitions, is a decisive period in human development. It is during this period that individuals become especially susceptible to mental health issues such as anxiety and depression. Global epidemiological research indicates that anxiety and depressive disorders are among the most common mental health difficulties affecting adolescents (Merikangas et al., 2010; Polanczyk et al., 2015; Sadler et al., 2018). Anxiety, depression, and related forms of emotional distress are associated with substantial academic, social, and suicide-related risks (Kalin, 2021). Adolescent anxiety and depression are associated with the interplay of individual characteristics, including emotion regulation and coping patterns, and social conditions involving family relationships, peers, support networks, and everyday stressors (Pandit et al., 2023). Recent research has placed growing emphasis on adolescents' own perceptions of psychological distress and the ways in which they cope with it.

Previous qualitative research indicates that adolescents face numerous obstacles in identifying mental health problems, expressing emotional distress, and seeking professional help (Radez et al., 2022). These obstacles are often embedded in adolescents' daily life experiences, such as fear of stigma, insufficient mental health literacy, and reliance on informal support networks.

Current academic discussions increasingly emphasize the early identification of emotional distress and the development of support strategies that reflect adolescents' lived experiences. Researchers generally emphasize that mental health prevention cannot rely solely on technical risk prediction models. Kohrt et al. (2024) pointed out that predictive tools for adolescent depression risk are only practically meaningful if adolescents and relevant stakeholders are willing to participate in and trust the corresponding interventions and treatments. This perspective supports closer qualitative attention to how adolescents understand anxiety, low mood, emotional vulnerability, and the acceptability of available forms of support.

Understanding adolescents' perceptions of early warning signs, sources of distress, and barriers to seeking help has conceptual and practical relevance. At the conceptual level, this approach complements existing mental health research by incorporating adolescents' subjective accounts of how emotional distress is recognized, interpreted, and communicated.

At the practical level, adolescents' accounts can inform developmentally appropriate support in schools, families, and mental health services. Attention to how young people recognize distress, interpret pressure, and evaluate available sources of help may assist educators, parents, clinicians, and policymakers in designing support that is more understandable, acceptable, and responsive to adolescents' everyday concerns.

Against this background, the present qualitative study examines how adolescents identify warning signs of worsening emotional distress, interpret academic, familial, interpersonal, and future-oriented pressures, and understand barriers to seeking informal or professional support. By foregrounding adolescents' own accounts, the study aims to clarify the distinctions and connections among perceived signs, stressors, and help-seeking barriers.

In this study, the term "early warning signs" refers to emotional, behavioural, and physiological changes that participants associated with the onset or worsening of distress. "Stressors" refer to academic, familial, interpersonal, and future-oriented pressures that participants perceived as contributing to anxiety or depressive feelings. The study does not test whether these factors prospectively predict clinically diagnosed anxiety or depression. Instead, it examines adolescents' subjective interpretations of signs, contributors, and help-seeking barriers in their everyday lives.

2. Literature Review

2.1. Emotional and Embodied Signs of Adolescent Distress

Adolescent depression is widely recognized as a serious mental health problem. Its formation and development do not stem from a single emotional state, but are closely related to the individual's persistent difficulties in the process of emotion regulation. Existing research indicates that difficulties in emotion regulation, particularly persistent regulation failures, are associated with the development and worsening of depressive symptoms during adolescence (Defayette et al., 2021).

From a developmental psychopathology perspective, late childhood to early adolescence is a crucial stage in the gradual formation of emotion regulation abilities. Research has found that psychopathological states such as depression are often accompanied by persistent maladaptive patterns of emotion regulation, particularly during late childhood and early adolescence (Clear et al., 2020; Folk et al., 2014). In contrast, the maturity and flexibility of emotion regulation abilities constitute a key component of psychological resilience, buffering depressive symptoms to a certain extent (Compas et al., 2017; Cracco et al., 2017).

Furthermore, emotion regulation is understood as more than the control of negative emotions, encompassing impulse regulation, emotional intensity, and behavioral timing. A longitudinal study by Defayette et al. (2021) showed that as adolescents' subjective perception of their impulse regulation abilities gradually improved, the trajectory of their depressive mood also changed. Defayette et al. (2021) found that changes in adolescents' perceived impulse-control abilities were associated with changes in depressed mood over time. These findings indicate that emotion and impulse regulation may be relevant to understanding the development and persistence of depressive symptoms during adolescence.

Emotional distress may also be recognised through bodily and behavioural changes rather than through diagnostic language. Sleep disruption, fatigue, concentration difficulties, breathing discomfort, and reduced motivation may be-

come particularly noticeable to adolescents because these experiences interfere with everyday functioning. Attention to these embodied signs is therefore important for understanding how young people recognise that their emotional well-being may be worsening.

2.2. Academic, Family, and Peer-Related Stressors

Interpersonal and social environments provide important contexts in which adolescent emotional distress may emerge, intensify, or be alleviated. Following the previous discussion of individual-level emotional vulnerability, this section examines adolescent anxiety and depression within the context of relational and social environments. This perspective emphasises that emotional distress is experienced and interpreted within family relationships, peer interactions, and school-based pressures rather than solely as an internal psychological state. From this perspective, family, peer, and school contexts are understood as ongoing relational environments in which distress may be intensified, interpreted, or alleviated.

Within the family system, parents' emotion regulation patterns and interaction styles constitute the core ecology of adolescent emotional development. According to the triadic model proposed by Lin et al. (2024), families influence children through three specific processes: first, modeling, where children observe how their parents regulate their own emotions; second, socialization, involving parents' reactions to their children's emotions and related discussions; and finally, emotional climate, shaped by parenting styles, attachment relationships, and family conflict. Family emotion processes may vary across sociocultural contexts. In a longitudinal study of 386 families in Hong Kong, China, Cheung et al. (2020) found cross-family associations among maternal, paternal, and adolescent emotion dysregulation, with adolescent dysregulation also associated with later internalizing difficulties. This study, using the Difficulty in Emotion Regulation Scale (DERS) and the Strengths and Difficulties Questionnaire (SDQ), confirmed that adolescent emotional dysregulation is not only influenced by the mother but is also a risk factor for internalized problems in the next 12 months.

As adolescents shift their focus outward, peer-related stress represents another important context associated with internalizing symptoms during adolescence. Research shows that social stressors are particularly intense during this developmental stage. Because adolescents spend significantly more time with peers than with their families, the formation and maintenance of social networks become a central focus (Platt et al., 2013). In this process, peer rejection and exclusion are associated with elevated emotional distress and depressive symptoms. Furthermore, difficulties in emotion regulation manifest in various ways, including increased sensitivity to emotional cues and the habitual use of inappropriate cognitive or behavioral regulation strategies (Adrian et al., 2019).

Peer victimisation and internalising symptoms may reinforce one another over time, potentially contributing to persistent anxiety, depressive symptoms, and social withdrawal. McLaughlin et al. (2009) explored the reciprocal nature of this

experience: on the one hand, there is a bidirectional cycle, where victimization leads to psychological distress, and adolescents with internalized symptoms are more likely to become targets of subsequent victimization; on the other hand, there is target vulnerability, where adolescents with depression or anxiety may lack self-assertion or protective friendships, thus reinforcing the cycle of victimization and distress.

Beyond close interpersonal relationships, pressures within the school environment are also associated with adolescents' emotional well-being through their cumulative presence in everyday life. Academic pressure, competition, and evaluation systems constitute regular sources of stress in adolescents' daily lives. These factors intertwine with family expectations and peer competition, forming a complex network of stress. Examining how adolescents interpret family relationships, peer interactions, and school pressures can help clarify the social contexts in which emotional distress is experienced.

2.3. Adolescents' Interpretations of Emotional Risk

Adolescents' subjective interpretations shape how they recognize, describe, and assign meaning to early signs of anxiety, low mood, and emotional distress. This section shifts attention from broader social environments to the interpretive processes through which adolescents notice and assign meaning to changes in their emotional well-being. The focus is not on clinical or statistical prediction, but on how young people understand signs that distress may be worsening. In this context, the focus is not on clinical or statistical prediction, but on the interpretive processes through which adolescents recognize changes in their emotional well-being.

Adolescents may recognize mental health difficulties through embodied experiences, including changes in breathing, sleep, energy, or physical comfort. Such embodied recognition may shape when adolescents regard their distress as serious enough to require attention or support. Radez et al. (2022) found that adolescents may perceive only physiological sensations (such as shortness of breath) or extreme behaviors as signs of mental illness, rather than internal emotional states. Such patterns suggest that some adolescents may rely more readily on bodily sensations or observable changes than on abstract psychological terminology when deciding whether distress is serious.

A fuller understanding of adolescent emotional distress requires attention to how young people interpret multiple, interconnected sources of pressure and changes in their well-being. An integrative perspective can better reflect the multiple pressures and experiences through which adolescents understand emotional distress. Rocha et al. (2021) pointed out that a gap in the current literature is the lack of combination of multiple factors because "relying on a single predictive factor limits its prognostic contribution and fails to cover a wider range of risks." Examining the signs and pressures that adolescents perceive as relevant to worsening distress can complement variable-centred research by showing how infor-

mal understandings of emotional risk develop through social feedback and everyday experience.

For early identification and support initiatives to be acceptable, their communication mechanisms must align with adolescents' cognitive habits, privacy concerns, and safety needs. This concerns not only whether early-identification initiatives are clinically useful, but also whether adolescents regard them as understandable, confidential, safe, and actionable. Kohrt et al. (2024) emphasize that a depression predictive tool acceptable to stakeholders must possess three core attributes: understandable, confidential, and actionable. This means that only when the predictive results are presented in a way that adolescents can understand, and specific coping strategies are provided while ensuring their privacy, are adolescents more likely to translate their subjective meaning constructions into positive help-seeking behaviors.

2.4. Help-Seeking, Autonomy, Stigma, and Social Support

Adolescents' decisions to seek help are shaped by trust, stigma, relational safety, perceived legitimacy, and the availability of acceptable forms of support. This section connects adolescents' interpretations of emotional distress with their actual help-seeking behaviors, focusing on help-seeking thresholds, preferences for informal versus formal support, and how fear of being labelled or judged shapes the use of available support. This perspective emphasizes that help-seeking behavior is formed through continuous social interaction based on meaning construction, trust relationships, and relational security, directly addressing current academic debates on early identification and preventative intervention in mental health.

When facing emotional crises, adolescents' utilization of social support is deeply influenced by the tension between their need for autonomy and their perceived supportive environment. While adolescents' need for autonomy naturally increases with age, this can lead to a decline in service utilization unless this need for self-reliance is balanced with proactive help-seeking behavior. Ishikawa et al. (2023) found that perceived social support played a central mediating role in the relationship between self-reliance and informal help-seeking intentions.

Despite their pursuit of independence, adolescents remain highly dependent on adults and institutionalized systems in accessing professional help. Radez et al. (2022) noted that parents and school staff are frequently identified as first sources of help. Their involvement may be especially important when adolescents have limited emotional, financial, or institutional resources. However, experiences of depression may include social isolation and withdrawal from peer groups, which can make it more difficult for adolescents to reach out to available support systems (Viduani et al., 2024).

Structured peer-support interventions, including support delivered by trained peers or peer-support workers, may offer a more relatable form of engagement for some young people (Murphy et al., 2024). Such interventions may reduce perceived stigma and provide an additional route to emotional support, although they

should complement rather than replace professional care.

Finally, the effectiveness of support systems depends not only on accessibility but also on their ability to reshape adolescents' self-perception and emotional resilience. Diverse interventions can alleviate helplessness from different dimensions, such as enhancing individuals' psychological adjustment abilities through online or offline support programs. Vestin et al. (2025) found that interventions targeting adolescents that successfully increase self-compassion and significantly reduce self-criticism are more effective in achieving therapeutic goals, thereby enhancing adolescents' willingness and persistence in participating in support systems.

2.5. Research Gap and Research Questions

Existing research has identified a wide range of individual, familial, peer-related, and institutional correlates of adolescent anxiety and depression. Qualitative studies have also documented barriers to recognizing distress and seeking professional help. However, less attention has been given to how adolescents themselves distinguish among signs that their well-being is worsening, pressures they believe contribute to distress, and barriers that discourage them from using available support. These categories are often discussed together, even though they represent analytically different aspects of adolescents' experiences. Therefore, to bridge the gap between theoretical interventions and adolescents' actual help-seeking experiences, this study uses a qualitative approach to examine how adolescents interpret early warning signs and perceived contributors to emotional distress, and how they understand the barriers that discourage them from seeking available support. Accordingly, the study addressed the following research questions:

RQ1: How do Asian and Asian American adolescents describe the emotional and physical changes that they interpret as warning signs of worsening emotional distress?

RQ2: What academic, familial, interpersonal, and future-oriented pressures do participants perceive as contributing to anxiety, low mood, or emotional strain?

RQ3: How do participants understand the interpersonal, psychological, and institutional barriers that discourage them from seeking informal or professional support?

3. Methods

3.1. Research Design

This study adopted a qualitative research design to explore how high school students recognize and interpret emotional distress, identify perceived sources of anxiety and low mood, and understand barriers to seeking support in their daily lives. The study aimed to understand participants' accounts of emotional warning signs, perceived stressors, coping practices, and experiences of informal and professional support.

3.2. Procedure

Semi-structured interviews were conducted individually via Zoom between October and December 2025. Each interview lasted approximately 30 minutes and was conducted by the primary researcher. All interviews were conducted in English. Participants could choose whether to keep their cameras on, although the analysis relied exclusively on the audio-recorded content. With participants' permission, interviews were recorded and transcribed verbatim. Identifying information was removed during transcription, and numerical identifiers were assigned before analysis.

3.3. Research Subjects and Recruitment Methods

Participants were recruited using convenience sampling. The researcher invited high school students within their personal network to participate in the study. A total of 14 participants aged 13 - 18 were recruited. All participants were currently enrolled in high school (Grades 9 - 12). The sample included two male and twelve female students, all of whom self-identified as Asian or Asian American.

Participants were recruited from the general high school student population rather than on the basis of a formal diagnosis of anxiety or depression. Eligibility did not require previous use of mental health services or a clinically confirmed mental health condition. During the interviews, some participants described personal experiences of anxiety, low mood, emotional exhaustion, or stress, whereas others discussed these issues through observations of themselves and their peers. The findings should therefore be interpreted as accounts of perceived emotional distress rather than clinical evidence of diagnosed anxiety or depressive disorders. The sample size was determined by the scope and practical constraints of the supervised student project rather than by a formal claim of theoretical saturation. Recurring patterns were nevertheless evident across the interviews, while less common perspectives were retained where analytically relevant (Table 1).

Table 1. Participant characteristics.

ID No	AGE	Grade	Gender	Ethnicity
01	18	12	Male	Asian/Asian American
02	18	12	Male	Asian/Asian American
03	16	11	Female	Asian/Asian American
04	17	11	Female	Asian/Asian American
05	17	12	Female	Asian/Asian American
06	17	12	Female	Asian/Asian American
07	16	12	Female	Asian/Asian American
08	17	12	Female	Asian/Asian American
09	17	11	Female	Asian/Asian American

Continued

10	13	9	Female	Asian/Asian American
11	14	10	Female	Asian/Asian American
12	14	11	Female	Asian/Asian American
13	15	12	Female	Asian/Asian American
14	17	11	Female	Asian/Asian American

3.4. Interview Guide and Data Preparation

The interview guide covered six broad areas: participants' understandings of anxiety and low mood; perceived emotional and physical warning signs; academic and future-oriented pressures; family and peer relationships; coping practices; and attitudes toward informal and professional support. The guide was piloted with three students who were not included in the final sample. Following the pilot interviews, questions were revised to improve clarity, reduce repetition, and avoid wording that might encourage participants to interpret ordinary stress as a clinical disorder. The semi-structured format allowed follow-up questions while ensuring that the same core areas were discussed across interviews.

3.5. Data Analysis

Data were analysed through an inductive coding process drawing on open, axial, and selective coding procedures commonly associated with grounded theory. After transcription and anonymisation, the transcripts were read repeatedly and coded line by line to identify recurrent concepts and preliminary labels. For example, specific physiological and environmental complaints from the participants were coded into initial concepts such as "sleep difficulty", "breathing issues", or "exam pressure".

Following this, axial coding was applied to establish connections between the initial open codes. During this second stage, the concepts were grouped into broader, more abstract conceptual categories and subcategories. For instance, Initial codes related to sleep disruption, bodily discomfort, exhaustion, and loss of motivation were grouped as perceived warning signs. Codes related to academic workload, family expectations, uncertainty about the future, and peer comparison were grouped as perceived stressors. Codes concerning fear of judgment, limited trust, and preferences for self-management were grouped as help-seeking barriers.

Finally, the selective coding stage integrated the core categories identified during axial coding to form a cohesive theoretical framework. Selective coding was used to examine how perceived warning signs, stressors, interpersonal experiences, and help-seeking barriers were connected across participants' accounts. Ultimately, this structured methodology ensured that the final themes were deeply grounded in the participants' lived experiences rather than preconceived theoretical assumptions. The purpose of this process was to organise recurring patterns

across the interviews rather than to generate a formal grounded theory.

3.6. Researcher Reflexivity

The primary researcher recruited participants through an existing personal and educational network. This relationship facilitated access and may have helped establish initial trust, but it may also have affected what participants felt comfortable disclosing. Some participants may have minimized sensitive experiences because they perceived the researcher as an adult or as someone connected to their social network. Conversely, familiarity may have encouraged some participants to provide more detailed accounts.

To reduce these influences, participants were reminded that there were no correct answers, that they could decline to answer any question, and that their responses would not be shared with parents, teachers, or peers. During analysis, the researchers maintained analytic notes distinguishing participants' explicit statements from the researchers' interpretations. Themes were repeatedly checked against the transcripts, and claims not supported by multiple accounts or sufficiently detailed examples were treated cautiously. Coding was primarily conducted by one researcher, which may have increased interpretive subjectivity.

The primary researcher conducted the initial coding, while the second author reviewed the developing categories and discussed alternative interpretations. Disagreements were resolved through comparison with the original transcripts rather than through the calculation of intercoder reliability.

3.7. Research Ethics

Participation was voluntary. Participants received an information sheet explaining the purpose of the study, the interview procedures, the sensitive nature of the questions, confidentiality protections, and their right to withdraw without penalty. Participants aged 18 provided written informed consent. For participants under 18, written parental or guardian consent and the participant's own assent were obtained before the interview.

Participants were informed that they could decline to answer any question, pause the interview, or end the interview at any time. The interviews were research interviews rather than diagnostic or therapeutic sessions. If a participant showed signs of distress, the interviewer was prepared to pause or terminate the interview, encourage the participant to contact a trusted adult, and provide information about school counselling and appropriate mental health support services.

Audio recordings and transcripts were stored securely, and names and identifying details were removed or replaced with participant numbers. Only the research team had access to the data. The study was conducted as a supervised secondary-school student research project. It was not affiliated with a university or healthcare institution and therefore did not undergo review by a university institutional review board. The research procedures were reviewed by the supervising researcher before recruitment began.

4. Findings

The findings are organized into three analytically distinct domains. First, participants identified bodily and emotional changes that they interpreted as early warning signs of worsening distress. Second, they described academic, familial, and interpersonal pressures that they perceived as contributing to anxiety and low mood. Third, they discussed barriers that prevented them from using available support. These domains were interconnected, but they should not be treated as equivalent predictors of clinically diagnosed anxiety or depression.

4.1. Perceived Early Warning Signs: Embodied and Emotional Changes

Many participants described bodily and emotional changes as among the most noticeable signs that their well-being was deteriorating. Participants frequently described physiological discomfort as an early indication of worsening emotional distress. For example, Respondent 07 described this warning sign as "feeling a heaviness in the chest and difficulty breathing"; Respondent 14 also pointed out that when facing the dual pressures of academics and college entrance exams, the most direct reaction was "feeling stressed, tired, and sometimes having difficulty falling asleep". This embodied feeling is often accompanied by a sense of psychological "exhaustion" and a loss of motivation. As Respondent 11 stated, a loss of motivation and feeling "emotionally exhausted" are key early signs of falling into depression or anxiety. When physical discomfort persists, adolescents develop self-doubt based on bodily sensations. Respondent 01 mentioned in the interview that anxiety is not just a psychological burden, but also a force that "makes you question yourself", and clearly pointed out that the starting point for perceiving risk is feeling that "something is wrong with my brain and body". These accounts are consistent with Radez et al.'s (2022) finding that some adolescents recognize mental health difficulties primarily through physical sensations or observable behavioural changes.

4.2. Perceived Stressors: Academic, Familial, and Interpersonal Pressures

4.2.1. Academic Workload, Future Uncertainty, and Family Expectations

In participants' accounts, academic pressure and uncertainty about the future were among the most frequently described sources of anxiety, low mood, and emotional strain. Participants frequently described heavy academic workloads as an important source of emotional strain and, in some cases, as contributing to periods of heightened anxiety or distress. For example, Respondent 05 explicitly stated that "exam pressure" was the main source of her emotional distress; Respondent 11 also listed "school pressure" as a core contributing experience to her anxiety. As students progress through the grades, uncertainty about university preparation and future careers becomes a persistent source of stress. Respondent 04 mentioned that the uncertainty about the future during the process of prepar-

ing for university entrance exams caused her considerable anxiety; Respondent 14 also pointed out that the conflict of managing academics, extracurricular activities, and university applications simultaneously made her feel "extremely anxious". This compounding stress is vividly captured by Respondent 7:

> I recently started 12th grade and am currently preparing for the SAT, AP exams, and managing my schoolwork at the same time. I feel a lot of pressure because there is so much to learn and improve on, but I always feel like there isn't enough time, which makes me very anxious... I often find myself sitting at my desk unable to focus on studying, and I end up crying.

Furthermore, the family environment plays a dual role in this process. While the family is often seen as the core source of support, "high parental expectations" are often perceived by adolescents as an additional psychological burden. Respondent 10 stated frankly, "My parents' expectations put me under a lot of pressure"; Respondent 14 also reflected that although family members provided support, their expectations sometimes further increased their psychological pressure. Because all participants identified as Asian or Asian American, family expectations should be interpreted within the cultural and demographic boundaries of this sample. Several participants described parental expectations as an additional source of academic pressure. However, the interviews did not systematically ask participants about filial duty, cultural identity, or the model minority stereotype. The findings therefore support a cautious conclusion that family expectations contributed to distress within this sample, but they do not establish that these expectations were necessarily experienced or understood by participants as culturally specific. This is consistent with Rocha et al.'s (2021) argument that adolescent mental health risk should be understood through multiple interconnected factors rather than a single variable. The pressure felt by adolescents is not isolated but rather a systemic burden interwoven with the academic system, family expectations, and future social competition.

4.2.2. Peer Comparison, Competition, and Social Withdrawal

Despite the adolescents' repeated emphasis on the importance of social connection during interviews, participants described social relationships as potential sources of both support and additional pressure. First, participants described social comparison, particularly academic comparison with peers, as a source of additional emotional pressure. Respondent 13 explicitly stated that "comparing oneself to others significantly exacerbates negative emotions," and this constant horizontal comparison weakens the sense of support that social networks should provide. Respondent 7 highlighted how this dynamic manifests in daily academic life:

> My friendships often involve unintentional competition or comparison, especially academically. When my close friends work really hard, I feel pressure to work even harder.

Second, when anxiety perception intensifies, adolescents often resort to social

withdrawal as a defense mechanism. Respondent 01 mentioned that once feeling anxious, he tends to "spend more time alone"; Such withdrawal is consistent with Viduani et al.'s (2024) description of isolation and reduced peer engagement in adolescents' experiences of depression.

Furthermore, peer support exhibits significant limitations in practical application. While peers are often the preferred support channel for adolescents, genuine communication is frequently hindered by the fear of being judged as "strange" or "vulnerable". Respondent 13 described this psychological state as "fear of being judged by others". This fear of negative social evaluation makes it difficult for adolescents to obtain substantial emotional comfort even when they are in a group. As a result, the availability of peers did not always translate into emotional safety or effective support.

4.3. Help-Seeking Barriers: Fear of Judgment, Limited Trust, and Self-Reliance

Participants' accounts indicated that help-seeking was constrained by fear of judgment, limited trust in available support, and a strong preference for managing emotional difficulties independently. Selective coding suggested that these experiences were connected by a recurring tension between adolescents' desire for autonomy and their need for support. We use the term "self-reliance trap" to describe situations in which participants' desire to manage distress independently reduced their willingness to seek support, even when their existing coping strategies were insufficient. For example, interviewee 01 explicitly stated in the interview: "I believe only I can solve my own emotional problems." This tendency towards self-reliance reflects the conflict between the autonomy-specific needs of adolescence and the recognition of the need for professional support. Several participants appeared to associate seeking help with reduced independence, although this interpretation was not expressed uniformly across the sample. The study of Ishikawa et al. (2023) confirms this: without perceived social support as a mediator, a strong tendency towards self-reliance significantly blocks an individual's intention to seek help. Furthermore, some participants expressed limited trust in professional support or described formal services as distant, impersonal, or difficult to use. Some respondents indicated that they prefer to "internalize" their issues through listening to music, exercising, or running alone, rather than seeking help from adults or professional institutions. The friction encountered when attempting to utilize both informal and formal support systems is articulated well by Respondent 7:

> I usually talk to my mom to release my emotions. Sometimes talking to her makes me feel much better. However, there are times when she doesn't fully understand my feelings right away, which makes me feel more frustrated... I also tried seeing a therapist before, but it felt too formal and impersonal.

Overall, participants distinguished between the availability of support and their

willingness to use it. Fear of judgment, doubts about whether others would understand, and preferences for self-management meant that available relationships or services did not necessarily feel safe, useful, or compatible with their sense of autonomy. Perceived warning signs, sources of pressure, and help-seeking barriers were therefore connected, but they played different roles in participants' accounts of emotional distress.

5. Discussions and Conclusions

5.1. Summary of Research Conclusions

This study examined how Asian and Asian American adolescents understood emotional distress in their everyday lives. Participants' accounts distinguished among perceived early warning signs, stressors associated with worsening distress, and barriers to seeking help. Bodily discomfort, sleep disruption, exhaustion, and loss of motivation were commonly described as signs that emotional well-being was deteriorating. Academic workload, uncertainty about the future, family expectations, and peer comparison were described as important sources of pressure. Fear of judgment, limited trust in adults or professionals, and a strong preference for self-management reduced participants' willingness to seek support.

5.2. Theoretical Contributions

At the theoretical level, this study complements variable-centered mental health research by foregrounding adolescents' subjective interpretations of emotional distress. The study contributes to adolescent mental health research by showing how young people distinguish between signs of distress, perceived contributors, and barriers to support in their own narratives. Rather than demonstrating the predictive validity of particular factors, the findings reveal how adolescents construct informal understandings of risk through bodily sensations, social experiences, and interpretations of autonomy.

Participants frequently used overlapping descriptions of anxiety, low mood, exhaustion, stress, and bodily discomfort. Because the study did not use diagnostic assessments, these accounts are best interpreted as everyday descriptions of emotional distress rather than evidence of discrete or transdiagnostic clinical conditions. However, the present study did not assess diagnoses or test transdiagnostic mechanisms. Simultaneously, this study enriches the theoretical framework of adolescent help-seeking behavior, pointing out that "autonomy", a core developmental goal of adolescence, can evolve into a psychological barrier to help-seeking in specific situations. These findings suggest that limited help-seeking should be examined in relation to both available resources and adolescents' concerns about independence, judgment, and relational safety.

5.3. Implications for Practice and Intervention

In terms of clinical practice and school-based psychological intervention, this study provides important insights for building a more targeted prevention system.

First, given that adolescents tend to internalize their emotional distress, the findings suggest that educators, families, and school-based support providers should take adolescents' reports of persistent sleep disruption, exhaustion, concentration difficulties, and unexplained physical discomfort seriously. These signs should not be treated as diagnostic evidence on their own, but they may provide an opportunity for supportive conversation and, where appropriate, professional assessment. Second, early identification and support initiatives should be adolescent-centered, understandable, confidential, and actionable (Kohrt et al., 2024) to reduce adolescents' fear of labeling. Given adolescents' resistance to traditional adult-led professional interventions, peer support may complement adult-led and professional services by offering a more relatable and less stigmatizing form of engagement. Peer support can build deep trust using shared life experiences, effectively breaking down individual feelings of social isolation. Finally, support programs may also consider incorporating self-compassion and self-acceptance strategies to reduce self-criticism and make help-seeking more compatible with adolescents' sense of autonomy (Vestin et al., 2025), helping them face academic competition and peer comparison with greater tolerance, thereby mitigating the negative impact of the "self-reliance trap".

Because all participants identified as Asian or Asian American, future interventions and research should remain attentive to the possible roles of family expectations, attitudes toward emotional disclosure, and stigma. These influences should be examined directly rather than inferred from participants' demographic identities. However, these cultural mechanisms were not directly or systematically examined in the interviews. Future research should explicitly ask participants how cultural identity, migration background, family obligation, and minority stereotypes influence their experiences.

5.4. Limitations and Future Directions

Although this study provides insight into how adolescents interpret emotional warning signs, perceived stressors, and help-seeking barriers, several limitations should be acknowledged. First, the sample size of 14 adolescents is relatively small and concentrated, which may limit the generalizability of the findings across different socioeconomic statuses or cross-cultural backgrounds. Specifically, because the sample is entirely Asian/Asian American, the findings reflect the experiences of a culturally and demographically bounded sample and should not be generalized to Asian or Asian American adolescents as a whole, limiting generalizability to other ethnicities. Second, as a cross-sectional qualitative study, this research relies primarily on adolescents' subjective recollections, preventing the study from determining whether the reported warning signs, stressors, or help-seeking barriers preceded, followed, or developed alongside emotional distress. Future research could consider using a longitudinal tracking design, combined with cross-assessments from multiple information sources (such as parents, teachers, and peers), to further validate the integrated model proposed in this study. Simultaneously,

exploring the practical effectiveness of different intervention models (such as online peer support or self-compassion training) in alleviating adolescent helplessness will also be a valuable research direction. The study did not systematically collect participants' diagnostic histories, previous treatment experiences, or levels of current psychological distress. It is therefore unclear whether all participants were describing personal experiences, observations of peers, or general understandings of adolescent mental health. Recruitment through the researcher's personal and educational network may also have influenced disclosure. Familiarity may have supported trust, but it may also have encouraged socially desirable responses or discouraged discussion of highly sensitive experiences. The absence of formal institutional ethics review should be considered when evaluating the study's ethical governance and represents a limitation of the project.

6. Conclusion

This study explored how Asian and Asian American adolescents recognized emotional distress, understood its perceived sources, and described barriers to seeking support. Participants identified bodily discomfort, sleep disruption, exhaustion, and reduced motivation as noticeable signs of worsening well-being. Academic workload, uncertainty about the future, family expectations, and peer comparison were described as important sources of pressure, while fear of judgment, limited trust, and preferences for self-management constrained help-seeking. These findings should not be interpreted as evidence of prospective or clinical prediction. Instead, they demonstrate how adolescents construct everyday understandings of emotional risk and support. Adolescent mental health initiatives should therefore combine accessible professional resources with confidential, relationally safe, and autonomy-supportive forms of assistance.

Author Contributions

Xinke Ran conducted participant recruitment, interviews, data transcription, initial coding, and preparation of the original manuscript. Fanbin Zeng supervised the research design, reviewed the coding and thematic categories, contributed to the interpretation of the findings, and revised the manuscript. Both authors read and approved the final manuscript.

Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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