

Cultural Considerations in Counselling for South Asians

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Introduction

South Asians (SA) are those who can trace their origins to South Asia, India, Pakistan, Bangladesh, Afghanistan, Bhutan, Nepal, Sri Lanka and the Maldives. This also includes individuals from various African countries, the Caribbean, Middle East, as well as other countries in Asia.¹

SAs are the largest visible minority group in Canada, comprising 7.1% of the Canadian population.² However, they experience disproportionately higher levels of depression and anxiety. For example, SAs report higher levels of chronic worrying, restlessness, and difficulty relaxing compared to their white counterparts.³ These differences are also evident in help-seeking behaviors, such that SAs have a significantly lower likelihood of seeking mental health treatment.^{3,4} In fact, SA Canadians with major depressive disorder are 85% less likely to seek mental health treatment compared to other Canadians.⁸

Cultural differences in beliefs, experiences, and treatment of mental health vary greatly among different racial and ethnic groups. As such, Western views and theories in counselling and psychology are not always applicable to certain groups. Amongst SAs, these cultural differences in mental health perceptions and experiences are evident in various ways:

- South Asian countries are collectivist in nature, thus, family oriented. In cases of poor mental health, these cultural or religious beliefs can result in not disclosing mental distress due to higher levels of stigma or shame.⁵
- Differences in ethnic background or language between the patient and the provider can increase worries about bias or miscommunication.^{4,5}
- SAs report experiencing service availability barriers to seeking help. These include long wait times or a lack of services at certain times or locations.⁴
- SAs have a holistic view of health, taking into consideration both mind and body. Thus, the experience of mental disorders is more somatic in nature amongst SAs. This is expressed in physical feelings of mental pain, such as headaches or heaviness in the chest.⁶ Thus, Western definitions of disorders such as depression may not translate well. For example, amongst Bangladeshis, depression and anxiety are analogous to the cultural term "Tension."⁷ Tension is felt in both physical and emotional symptoms, such as fatigue and weakness, as well as worry and anger.⁷

Given the prevalence of mental disorders and the influence of culture on the understanding of mental health amongst SAs, there is a need for cultural considerations in the mental health services for SAs.

South Asian American Counselling and Psychology (SAACP)¹

The South Asian American Counselling and Psychology (SAACP) framework was developed in recognition of the Eurocentric worldview and Western perspectives in counselling psychology. The SAACP incorporates SA racial and ethnic identity, cultural values, communication and emotional expression, acculturation, socioeconomic status, educational and immigration background, histories, generational status, and intersectional identities of Asian American Pacific Islander populations.¹ Some of the SAACP's core principles include:

- **Worldview, values, beliefs:** SA clients will vary on the degree to which they adhere to their cultural values. For example, some may place a higher value on religion, spirituality, and the notions of fate and destiny compared to others. Individual identity and generational differences are key factors to consider.
- **Acculturation:** This refers to the process of experiencing two or more cultures. Struggles can arise as the client tries to balance both the host country's values and SA values and traditions. This can create internal or familial conflicts.
- **Family:** SAs are family-oriented, place high value on family hierarchies, and emphasize respect. This can be a source of both support and security or conflict and stress. Understanding individual clients' family structures are critical to providing effective counselling.
- **Cultural Humility:** Recognize that SAs are not a homogenous group. Rather, the community is made of different cultural groups with varying beliefs, values, languages, and religions. Each individual will carry unique identities and experiences. Therapists should approach clients with openness, collaboration, self-awareness, and mutual empowerment. For example, asking clients the origin, meaning, and correct pronunciation of their names.
- **Cultural Sensitivity:** Therapists should be aware of the influence of acculturation, external and internalized stigma, somatic symptoms, cultural taboos, culturally-specific barriers to help-seeking, and fears surrounding confidentiality.
- **Discrimination:** SAs have overt differences in clothing styles, accents, and physical appearance which can lead to the experience of racism and discrimination. In Canada, hate crimes against SAs have increased by 143% from 2019 to 2022.¹¹ Counsellors should be aware of how this can negatively impact the mental health and wellbeing of SAs due to feelings of fear, anxiety, and additional trauma and stressors.

Overall, the SAACP framework emphasizes the importance of taking an individualized, intersectional, and social justice advocacy approach in the counselling and psychotherapy of SAs. Understanding the history, identity, religiosity, gender, sexual identity, and systemic barriers are vital in providing effective and culturally-informed counselling services to SA clients.

Culturally-Adapted Cognitive Behavioral Therapy for SAs

Cognitive Behavioral Therapy (CBT) is a form of psychotherapy that focuses on changing one's thoughts and beliefs to change negative attitudes and behaviors. Culturally-Adapted Cognitive Behavioral Therapy (CaCBT) is a model of CBT that takes into consideration cultural differences in mental health and wellbeing. Recognizing the rates of mental illnesses among South Asian Canadians and the lack of culturally-appropriate care, the Mental Health Commission of Canada funded the development of CaCBT for SAs.⁸

This model recognizes that many SAs are part of the immigrant, refugee, ethno-cultural, and racialized group (IRER). Therefore, they are impacted by social determinants of health, including barriers to service accessibility, ineffective patient-provider interaction, language differences, and high levels of stigma or fear.¹⁰ CaCBT for SAs considers the role of familial, biological, and sociocultural factors in its core principles. Thus, it promotes forms of service that account for religion, a cultural understanding of mental health, stigma, and the significance of family and family dynamics in the treatment of SAs. Collectively, these aim to increase trust between the client and the counsellor.⁸

The model CaCBT for South Asians was developed in three phases.⁸ First, interviews were conducted with community members and leaders, individuals with lived experiences, caregivers, and mental health professionals to understand mental health beliefs and themes amongst SAs.⁹ Second, a version of CaCBT was provided to a small group, where greater improvement in depressive symptoms was found amongst Canada-born SAs. Third, 29 therapists were trained in CaCBT which resulted in a significant increase in cultural knowledge and awareness of SAs.⁸

Through the interviews conducted in Phase 1 of this model, 5 key themes in mental health awareness, issues, and treatment amongst SAs were identified.⁹

"Or like, or have a good understanding of the transgenerational trauma that's passed down and being presented, or just like the hard conversations or like the lack of boundaries cause it's, it's, it's really funny when like a counsellor tells me, "oh maybe you just need to put in boundaries with your parents" like that's really hard to do with, with South Asian parents like putting boundaries [laughs] is hard with South Asian parents, and so, having someone who understands that, I think will be the biggest, access to treatment where it could be like improved." (Individual with depression/anxiety, Vancouver) (p.63).⁹



5 Themes in the CaCBT for South Asians^{8, 9}

1) Awareness and Preparation

- The individual's perception of their mental health, illness, and treatment.
- **Issue:** This includes their ability to recognize signs, symptoms, causes, and the role that the family system plays in shaping this understanding. Some awareness of mental health and illness exist; however, a comprehensive understanding is missing in SA culture.
- **Solution:** A collectivistic approach that increases knowledge among individuals by addressing spiritual and traditional beliefs embedded within SA culture is required.

2) Access and Provision

- Accessibility to mental health services and treatment-seeking.
- **Issue:** SAs face barriers when trying to access mental health services and treatment, such as difficulty navigating complex systems of service and a lack of culturally competent services. Collectively, these factors exacerbate barriers such as immigration and settlement, language and interpretation, poor acculturation, long waitlists, financial challenges, and a lack of knowledge about mental health services and their purpose.
- **Solution:** Family plays a huge role in whether individuals seek treatment. Thus, including family within counselling sessions may help some individuals. Additionally, cultural nuances are lost when a translator is used. Thus, a therapist that speaks the individual's language or even availability of health pamphlets in Urdu, Punjabi, or Hindi are important.

3) Assessment and Engagement

- Perception and experience of receiving helpful treatment.
- **Issue:** A lack of understanding about SA culture by Western therapists. This may lead to making inaccurate assumptions about an individual's values, beliefs, and culture. Thus, the differences in expectations of therapy and the actual experience can affect engagement.
- **Solution:** Increasing education among the community in a culturally-sensitive manner, with appropriate terminology. Therapists can use active listening strategies, ask open-ended questions, and include the client in the care plan to be able to understand and incorporate SA culture and context.

4) Adjustments to Therapy

- Effective and ineffective ways to improve standard CBT.
- **Issue:** Asking SA clients to go against cultural beliefs and values. For example, asking SA clients to engage in tasks that are unrealistic or clash with cultural beliefs.
- **Solution:** Therapists can work with the client's family and incorporate cultural, spiritual, and religious beliefs to increase retention and engagement in therapy.

5) Ideology and Ambiguity

- Sociopolitical factors that increase susceptibility to mental illness but are outside of an individual's control.
- **Issue:** Therapists need to understand implicit biases and consider how larger societal factors impact the client. It is important to avoid placing too much responsibility on an individual by considering intersectionality, as well as societal and institutional factors. Systemic issues, including poverty and cultural barriers, play a significant role in the symptoms of depression and anxiety.
- **Solution:** Improving sociopolitical factors in the community. Therapists can recognize this and incorporate social justice advocacy into their practice, such as helping to decrease service cost, and promoting health services in different languages.

Conclusion

CaCBT for SAs emphasizes similar core principles in the counselling of SAs as the SAACP framework. They both place value on the individual lived experience of SA clients, recognizing the roles of both culture and intersectional identities in the mental health and wellbeing of SAs.

CaCBT for SAs is accessible, culturally tailored, and aims to remove barriers toward services to address the growing rates of depression and anxiety amongst SAs living in Canada. It addresses a critical need at a time where the SA community continues to grow, while also facing increased rates of prejudice and violence.

The Canadian Center for Addiction and Mental Health (CAMH) provides free access to tools and resources for counsellors aiming to improve their knowledge and awareness of SA culture for their clients.¹²

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