

Culturally Inclusive Treatment Strategies for South Asian Immigrants in Canada

by

Syed Saad

Paper submitted in partial fulfillment of the requirements for the degree of

Master of Counselling
in the
Division of Arts and Sciences

City University of Seattle
2024

This paper is accepted as conforming to the required standard
November 2024

Christine Mhina, PhD
Jason Walker, PhD
City University of Seattle

Abstract

South Asian immigrants who reside in Canada have unique mental-health needs because of acculturative stress, cultural shame, and systemised prejudice towards them, as well as barriers to care. This paper focuses on how culturally responsive treatments can overcome these issues. Using a biopsychosocial approach and conducting a thematic analysis, the author identified three themes from studies on culturally inclusive strategies that effectively address immigrants' psychological needs. The main findings are culturally tailored interventions, strategies to enhance help-seeking behaviour, and culturally responsive frameworks. The implications of the current study include the potential for cultural competence to promote the effectiveness of mental-health interventions, decrease prejudice, and increase South Asians' utilisation of services. This work also highlights that mental-health practitioners must adapt and demonstrate cultural competence, as well as implement policies to enhance the importance of and access to mental-health care for immigrants.

Keywords: culturally inclusive treatment, acculturative stress, cultural competence, South Asian immigrants, family-based interventions, help-seeking behaviour, collectivist cultures, community-based interventions

Acknowledgements

First, I would like to thank my capstone supervisor, Dr. Christine Mhina. She has been very helpful in advising me on the step-by-step process of writing the capstone. Through her expertise, she provided insightful feedback that guided me. In addition, she has shown patience and compassion throughout the writing process. I would also like to extend my thanks to Dr. Jason Walker, who helped to oversee and refine the writing of this capstone paper. Thank you both for your joint effort.

On a more personal note, I would like to thank my family. Both my parents and brother have immensely supported me throughout all stages of my education. I will always appreciate my parents' hard work and sacrifice in immigrating here, because I would not enjoy the life I have now in Canada if not for them.

Last, I would like to thank my cohort members for travelling on this journey with me and for constantly supporting each other. I feel fortunate to have met such amazing individuals, and I can't wait to see what each of them will accomplish!

Table of Contents

Chapter One: Introduction	6
Background Information to the Study	6
Individualistic Values and Collectivistic Values.....	7
Language as a Barrier	8
Treatment Interventions.....	8
Cultural Competency of Practitioners	9
Research Problem Statement	10
Justification of the Study	11
Significance of the Research	12
Theoretical Framework.....	12
Definition of Terms	14
Researcher’s Positioning Statement	15
Overview of the Paper	19
 Chapter Two: Methods of Literature Search	 20
Databases and Search Engines.....	20
Search Parameters.....	21
Inclusion and Exclusion Criteria	22
Types of Literature and Evaluation of Studies	22
Literature Search-Process Challenges	24
Limitations of the Methodology	26
Significant Methodological Limitations That Impact the Findings.....	28
 Chapter Three: Review of the Literature	 30
Theme 1: Culturally Tailored Interventions	30
The Significance of Group Therapy	32
Theme 2: Strategies to Enhance Help-Seeking Behaviour.....	33
Integration of Family and Social Support in the Therapeutic Process	34
Faith-Based Interventions and Spiritual Leaders	36
Practitioner’s Competency of Gender and Intersectional Barriers.....	37
Theme 3: Culturally Responsive Frameworks	38
Cultural Competency in Mental-health Practice	40
Strengths and Weaknesses of Existing Treatment Approaches	41
The Need for Cultural Adaptations	43
Cultural Adaptations of Cognitive Behavioural Therapy.....	44
Trauma-Focused Cognitive Behavioural Therapy for Immigrant Populations.....	45
Summary of Key Findings.....	46
 Chapter Four: Applications to Clinical Practice	 49
Explanation and Integration of the Literature Review	49
Application for Aspiring Practitioners.....	50
Implication of Findings - Culturally Adapted Psychotherapeutic Models.....	51
Recommendations for Clinical Practice	52
Cultural Competency in Practice: Addressing Intersectionality and Diversity in Care	57

Chapter Five: Recommendations and Conclusion	59
Summary of the Findings.....	59
Take-Home Message	60
Recommendations for Future Research.....	60
Reflections on Learning and Its Meaning for Professional Practice	62
References.....	64

Culturally Inclusive Treatment Strategies for South Asian Immigrants in Canada

Chapter One: Introduction

Background Information to the Study

This paper contributes to the discourses on the culturally appropriate care of immigrants who live in Canada and the mental-health issues that they face. The purpose of the research was to examine the shortcomings of current treatment approaches and suggest culturally responsive interventions to improve immigrants' mental health. Newcomers to Canada face various mental-health issues such as acculturative stress, loss and alienation, intergenerational stress, and discrimination (Liem et al., 2021). Acculturative stress results from the need to assimilate into a different culture and still retain one's own culture. Immigrants have to leave their home country and their loved ones behind, which makes them feel lonely. This stress arises when immigrant parents and their children who live in the new country experience friction because of the need to adapt to a new environment (Liem et al., 2021). Discrimination, whether direct or indirect, worsens these difficulties and has a negative influence on their mental health (Brandt et al., 2022).

The common concerns of immigrants and their families include challenges with adaptation, acculturative stress, loss, social isolation, separation, intergenerational stress, the effects of a new environment, prejudice, language, legal status, and money (Tummala-Narra & Deshpande, 2018). George et al. (2015) defined *acculturative stress* as "the challenges that an immigrant goes through while embracing a new culture and way of life" (p. 9). Liem et al. (2021) proposed that acculturative stress develops in the social, work, and individual domains. Other typical migration difficulties that immigrants face are views on mental illness, gender expectations, loneliness, aging, and poor health (Karasz et al., 2019). These aspects, in addition

to gender roles, cultural expectations, and norms, affect the acculturative process and thus add more stress (Sharma et al., 2020).

Moreover, the stress that accompanies these various issues for immigrants is associated with various mental-health consequences, such as anxiety, depression, and substance abuse (Tummala-Narra & Deshpande, 2018). South Asians are one of North America's largest and fastest-growing populations and considered a minority. Nevertheless, this group is entirely invisible and under researched in terms of mental health (Sharma et al., 2020). In addition, Karasz et al. (2019) pointed out that the prevalence of mental-health disorders is relatively high among South Asian immigrants, and the majority do not have access to treatment. My research primarily involved practitioners' cultural competency with regard to mental-health matters that affect South Asian immigrants in Canada and the efficacy of treatment strategies for this population.

Individualistic Values and Collectivistic Values

The negotiation of cultural identity presents challenges for immigrants. Immigrants often come from diverse cultural backgrounds, and each culture prioritises its solidarity, conformity, cooperation, and family cohesion (Karasz et al., 2019). This creates difficulties because immigrants must maintain their ethnic identity through collectivism while they incorporate the individualistic values, beliefs, and ideals prominent in Western culture (Sharma et al., 2020). More collectivist frameworks often view mental-health or psychological issues as individual problems that bring shame to the family if they discuss them outside it (Karasz et al., 2019). Regardless of the mental-health issues that South Asian immigrants face, the family expects the members to resolve them within the family rather than seek outside support. Examples of individual problems can include minor anxiety to significant depression and trauma. As a result,

immigrants from these cultural backgrounds are likely to keep problems to themselves and seek professional mental-health support only as a last resort (Karasz et al., 2019).

Language as a Barrier

The problem of language is one of the largest obstacles to adequate mental-health care for immigrants. As Krystallidou et al. (2024) noted, language is one of the main barriers that hinder immigrants from reporting their mental-health issues and symptoms correctly. Clinicians who use interpreters need help to understand their clients' cultural backgrounds, views on illness, and experiences (Krystallidou et al., 2024). However, use of interpreters can prevent the formation of good therapeutic rapport between practitioners and their clients. Also meaning can be lost through translations due to lack of direct translation terminology. Researchers have also indicated that language factors limit clinicians' development of culturally sensitive treatment and clinical interventions for immigrants (Al Shamsi et al., 2020). They also interfere with the ability of the practitioners to evaluate the effectiveness of therapies with time.

Treatment Interventions

The literature has indicated that adopting general intervention modalities without clients' cultural dimensions is not suitable in working with immigrant clients (Filler et al., 2020). Bandyopadhyay (2021) also pointed out that this 'one-size-fits-all' framework is not helpful because it fails to capture the cultural background and refugees' experience that distinguishes one immigrant from another, even from the same nationality. These individual differences are met by culturally responsive models that are more fluid than categorical. In addition, they are grounded in the community's cultural values and the client's particular history, desires, and situation. Bempong et al. (2019) also discovered that such interventions are not tailored to the challenges that recently arrived immigrants face. In the same vein, Apers et al. (2023) pointed out that

mental-health guidelines derived from survey data collected from native populations fail to account for the life experiences of new immigrants. Clinicians need to integrate cultural concerns into treatment and make cultural adaptations such as respecting family boundaries and others that embrace their heritage (Bandyopadhyay, 2021). Organisations' engagement with immigrant communities in culturally altering interventions advocates for their mental and physical health and enhances practitioners' cultural sensitivity (Zou et al., 2023).

Cultural Competency of Practitioners

According to the literature, mental-health practitioners lack cultural competency training and an appreciation for, understanding of, and effective interactions with individuals from diverse backgrounds (Karasz et al., 2019). Only some therapeutic approaches are adequately culturally sensitive to address clients' mental-health needs. Practitioners tend not to consider proper cultural assessments or clients' cultural requirements, preferences, beliefs, cultural practices, and family systems, which they must incorporate into treatment planning appropriately (Bandyopadhyay, 2021; Karasz et al., 2019). Because of their lack of understanding of how cultural perspectives affect the presentation of issues and the recovery process, it becomes a barrier to care for immigrant populations who struggle with mental-health problems (Bandyopadhyay, 2021).

In many different immigrant communities, having mental-health issues can become a stigma and shameful to the family, culture, or community. Practitioners who work with these immigrant populations do not consistently tackle cultural barriers with appropriate sensitivity despite the stigma of the anticipation of psychological issues within these communities and the common view of such difficulties in a shameful light (Karasz et al., 2019). According to the literature, effective care for any cultural group lacks a nuanced understanding of the attitudes of

that community toward mental illness, which emphasises the gap in the literature and the need for more profound knowledge of diverse perspectives (Karasz et al., 2019).

Research Problem Statement

The literature has revealed the mental-health problems that immigrants face and why they do so (Shea & Wong, 2022). Despite the many calls for culturally relevant treatment, only some studies have sought to conceptualize and test ways to develop and deliver these treatments to meet the needs of immigrants. This shows that many current treatment methods need to be more sensitive to culture or accurately capture the cultural realities of immigrants to any society, hence the need for improvement in the usability of the methods. The literature does not sufficiently address how practitioners can best create an environment in which immigrant clients feel at ease in discussing their mental-health concerns without the apprehension of evaluation (Sadusky et al., 2023). This is an area where there is a lack of research.

Various groups' immigration-related stress/trauma and mental disorders are clearly associated (Karasz et al., 2019). When practitioners counsel immigrant populations, it is evident that they lack education on their culture, traditions, and the unique challenges that each specific population faces (Lau & Rodgers, 2021). Although the literature has linked immigration stress to the risk of mental-health issues and the absence of culturally sensitive care, clinicians still lack an understanding of culturally inclusive interventions that effectively help immigrant clients. Fajth and Lessard-Phillips (2022) noted that mainstream options ignore multidimensional immigrant experiences and treatment variance because of a lack of appreciation for the sociocultural impacts. Despite the recognition of the importance of adaptation, researchers have insufficiently specified how practitioners can respect diversity through trauma-informed, culturally matched care. This represents a gap in how they can best treat this population's

mental-health problems while they honour their cultural values and unique challenges. Therefore, my overarching research question was, “What culturally inclusive strategies can be integrated into mental-health interventions to address Canadian South Asian immigrants’ psychological needs effectively while respecting their diverse cultural backgrounds and experiences?”

Justification of the Study

The mental health of South Asian immigrants in Canada is at risk because of acculturative stress, cultural shame, prejudice, and barriers to timely and appropriate care. These challenges compromise the ability of immigrants to seek assistance for mental-health problems and have resulted in treatments that do not fit collectivist communities’ focus on the integrity of the family and cultural identification rather than the individual approach inherent in Western systems of mental health. Consequently, in this study I aimed to fill this important gap by discussing the cultural sensitivity of the strategies that are required to address the mental-health needs of South Asian immigrants in Canada properly.

Even though current approaches might have some culturally responsive components, they do not pay adequate attention to the collectivist orientation of the South Asian culture and, therefore, often provide therapeutic disservices. The purpose of this research was to bring awareness to and discuss culturally competent intervention methods that better address the needs of this group. In addition to improving their well-being, I also aimed to develop and validate treatment models that are culturally sensitive to reduce the stigma that immigrants from South Asia attach to mental disorders and enhance their perceptions of mental health, which contradict their cultural norms and beliefs. Therefore, the study conclusion could be useful to Canadian

practitioners and a prototype for other multicultural contexts to ensure inclusivity, cultural sensitivity, and effectiveness for the target population.

Significance of the Research

The secondary data from this study reveal the need for culturally responsive interventions and present findings that may be helpful to practitioners in broadening their knowledge on counselling immigrants. This research is relevant to many people, such as immigrant groups, therapists/practitioners, mental health professionals, researchers and other groups of immigrants. Although the findings help increase appreciation of cultural competencies and provide directions on how to incorporate culturally responsive practices into therapeutic models, genuine competency entails further education, experience, and personal exploration beyond the outcome of this study.

The findings of this research will equip practitioners with the knowledge to acknowledge, respect, and integrate the unique cultural aspects of immigrants' lives into therapy, which those who seek counselling or mental-health support will find more effective and appreciate. This will help immigrants to manage the acculturative stress of living in a new country. Practitioners' education on cultural aspects and incorporation of immigrants' opinions/recommendations on treatment approaches will enhance the approaches and make them more effective for this population. In addition, this research has expanded on this topic and indicates that more research on culturally sensitive and practical mental-health treatment approaches for immigrants is required.

Theoretical Framework

The biopsychosocial theory was helpful to this research because it involves the interactions of different factors in health and illness and takes into consideration the biological,

psychological, and social aspects and their interrelations in disease (Engel, 1977). Thus, culture shifts include shifts in these domains for immigrants, which impact the neuroendocrine function, coping roles, and social support. It is important to document such multifaceted encounters with the mental-health challenges that immigrants face from the acculturative stress that occurs in the biological, psychological, and social dimensions. This theory is useful in discovering ways to address multiple spheres for change with specific therapies.

According to the biopsychosocial model, a combination of biological, psychological, and social processes shapes health and illness (Lowe, 2023). Acculturative stress can trigger the human stress-response system and result in a chronic impact on the immune and cardiovascular systems. This physiological pressure can worsen or precipitate mental health disorders, including anxiety and depression. At a psychological level, immigrants are required to change their ways of perceiving reality and acting in the host country, which puts into question their individuality and ways of handling the stressors. These psychological changes result in feelings of alienation, low self-esteem and stress, especially when accompanied by the factor of being out of familiar culture (Bolton & Gillett, 2019). Factors such as adapting to a new culture, discrimination, lack of social support, and socioeconomic changes, including employment problems, language issues, and changes in family roles, affect the well-being of immigrants. These factors are relevant to the research problem because they point to the influence of culture and acculturative stress in mental health treatment for South Asian immigrants.

The biopsychosocial approach also implies that culturally adapted treatments involve flexibility and multidimensional assessment to meet diverse needs. It is important that interventions align with clients' values, are delivered in preferred languages, and involve relevant community and natural supports. This optimises their cultural relevance and engagement

in care. Overall, this theory is a framework for conceptualising immigrants' mental health in a cultural adaptational context to guide the development of culturally sensitive interventions.

Definition of Terms

Acculturation: The process of cultural change and psychological adaptation that individuals experience when they encounter a new culture (Karasz et al., 2019). This process can be stressful because they must find a balance between their original cultural identity and the norms of the host society.

Acculturative stress: The challenges that immigrants face during acculturation, including psychological strain from having to adapt to a new cultural environment (Sharma et al., 2020).

Culturally adapted cognitive behavioural therapy (CA-CBT): CBT that is modified to respect and integrate the cultural beliefs, values, and practices of clients from diverse backgrounds (Naeem et al., 2019). This adaptation includes changes in language, culturally relevant metaphors, and the inclusion of family.

Help-seeking behaviour: The process through which individuals seek assistance for mental-health issues. Immigrants' cultural beliefs about mental health, stigma, and trust in healthcare systems influence this behaviour (Sharma et al., 2020).

Trauma-informed care: A therapeutic approach that recognises and responds to the impact of trauma on individuals to ensure that services are delivered in a way that acknowledges the cultural context of trauma, particularly among immigrant populations (Aggarwal & Lewis-Fernández, 2020).

Intersectionality: A framework for understanding how multiple social identities—such as race, gender, class, and immigration status—intersect to create the unique experiences of oppression and privilege that impact the mental-health outcomes of immigrants (Karasz et al., 2019).

Cultural brokers: Individuals who facilitate communication and understanding between immigrants and healthcare providers to bridge cultural differences and improve access to mental-health services (Krystallidou et al., 2024; Shah & Tewari, 2019).

Ethnic identity: The feeling of being connected to a particular ethnic group and the ways that it affects interactions and the ability to cope with a new culture. This identity affects the mental health as well as the acculturation experiences of immigrants (Bandyopadhyay, 2021).

Cultural competency: The ability to appreciate cultural differences, and communicate with people in different cultural settings. This skill is vital to mental-health practitioners who are assigned to attend to immigrants because it creates a culture-sensitive environment in treatment (Aggarwal et al., 2014).

Culturally competent models of care: The culturally competent and enhanced psychotherapeutic models that practitioners use to deliver better mental-health care. These models are important in designing ways of addressing immigrant clients within the treatment plan to respect their cultural beliefs (Aggarwal & Lewis-Fernández, 2020).

Collectivist culture: The culture that keeps family, community, and group unity rather than individualism as top priorities. In this type of culture, mental-health problems are addressed at the family and community level (Karasz et al., 2019).

Researcher's Positioning Statement

Because I come from an immigrant family, this is an important topic considering the pre- and postmigration difficulties that immigrants face. Depending on their difficulties and how they handle them, they might resort to counselling. However, if they do, practitioners must ensure that they take a culturally sensitive mental-health treatment approach. Many immigrants come from a collectivist culture, so no matter the treatment approach that practitioners choose, they must

consider their background. I completed my internship at the Multicultural Health Brokers Cooperative. My clientele were mainly immigrants and refugees, the majority of whom had complex trauma issues that stemmed from their experiences in their homeland. I have seen how migration-related trauma, acculturative stress, and discrimination have impacted immigrants' mental health. As a result, I often have to be flexible in the treatment approaches that I use by integrating culturally appropriate therapeutic techniques such as mindfulness practices or faith-based approaches. In addition, I must ensure that my trauma-informed care is sensitive to clients' traumatic experiences. I have found that these clients highly value their cultural values, ideals, and beliefs.

Practitioners must evaluate the cultural aspects of their clients' lives in the initial sessions and appropriately incorporate cultural aspects into the mental-health treatment approach. Expanding my cross-cultural competency is of utmost importance to me as I progress in the counselling field. This value is especially prevalent in Canadian society, because multiculturalism is a prominent characteristic. Although I consider being from an ethnic culture one of my strengths, I know that it is a lifelong experience upon which I can always build. It has always fascinated me that in my lifetime I will not have learned about the many diverse cultures worldwide. Even within the same culture, various individual differences exist because of the many subcultures. If practitioners expand their cross-cultural competency and increase their knowledge about it, it has a high potential to help them to understand their clients' perspectives. It is essential that counsellors focus on their cross-cultural competency and expand their cultural knowledge, especially when they work with immigrant populations in multicultural societies such as Canada.

Learning the different customs and values of clients' cultures shows a level of respect and dignity for them, which can also significantly help in rapport building. As an immigrant from a South Asian background, I have specific experiences and cultural lenses that could have led to biases in my approach to and analysis of the research material. There is no right or wrong in one's culture regarding values, beliefs, customs, and thinking, even if they differ significantly from those of other cultures. Practitioners must keep their minds open to the different ways of thinking. Acquiring this knowledge helps therapists to understand their clients' worldviews, which can differ significantly from their own. Acquiring cross-cultural competency also helps therapists to understand different cultures and clients' unique beliefs and values that influence them as individuals. Developing cross-cultural competency was especially important in conducting my research, given my ethnic identity and upbringing.

As I progressed through my master's program, I became aware that some treatment approaches were developed through a Westernised or Eurocentric lens. Because I come from an ethnic background, I immediately recognised that some of these treatment approaches would not be effective in treating ethnic individuals, and I planned to expand my research to inform other researchers and health practitioners that no single approach is inherently better suited to all cultures or individuals. In conducting this research, I continually engaged in self-reflection to counteract this bias and avoid transference and countertransference. Through self-reflection and self-awareness, I became mindful of my beliefs, values, behaviours, attitudes, and biases. Researchers must maintain objectivity to prevent their biases, behaviours, judgments, and attitudes from affecting how they conduct their research. Practitioners choose treatment approaches that best fit their values and perspective, which is significant. However, I also believe that practitioners could adapt some mental-health treatment approaches that are more culturally

suiting to clients such as immigrants. This will enhance their knowledge and skills and enhance their cross-cultural competency to enable them to serve diverse clients effectively. My goal is to strengthen practice by culturally adapting it via the research to reduce practitioners' biases and better meet the needs of diverse clientele, including immigrant communities.

Because I am South Asian, I know that in our culture we tend to keep our problems to ourselves and turn to professional mental-health support as a last resort (Karasz et al., 2019). Like individuals from any cultural background, immigrants often seek counselling that integrates and respects their cultural beliefs, values, and experiences. In addition, adapting therapeutic techniques and being flexible to align treatment with clients' cultural backgrounds and personal preferences is of utmost importance.

Because I am an immigrant in Canada, which is part of my identity, I am bound to have biases. First, I must be aware that each immigrant's experience is significantly different. We all face various difficulties in the process of immigration, at differing levels. Although many immigrant cultures emphasise values such as solidarity, conformity, cooperation, and family cohesion, this does not apply to all of them. These differences can be positive or negative and heavily dependent on the country of origin, migration context, and each immigrant's life course.

In this research it was essential that I be careful not to generalise my and my family's experiences, values, and beliefs to all immigrant groups. For example, my family immigrated to Canada 24 years ago, and it was a vastly different experience from those of individuals who are immigrating to Canada now. To counteract any biases that might have arisen as I conducted this research, it was important that I continuously engage in self-reflection to be aware of their impact on me and ensure that they did not affect how I conducted the research. Moreover, I consulted with my supervisor regularly to gain an outside perspective on my work and to ensure

that I balanced my identities and experiences with the data analysis and findings. I also formed an advisory committee composed of individuals from diverse immigrant backgrounds to review my methods and results and provide feedback through varying cultural lenses. In addition, I have objectively represented the range of perspectives in the literature without prioritising views that are close to my own experiences and beliefs.

Overview of the Paper

In conducting a detailed research analysis, I examined the current literature on culturally inclusive strategies to effectively address immigrants' psychological needs while being considerate of their cultural background. Chapter two describes the methods of my literature search and includes the databases that I accessed, the search engines and parameters that I used, descriptions of significant studies, the challenges that I face in the literature search process, and the limitations of the methodologies. Chapter three is a detailed literature review in relation to the research question. In a thematic analysis I identified three themes with regard to culturally inclusive strategies that effectively address immigrants' psychological needs. This chapter then concludes with a summary of the findings. Chapter four is an overview of how to apply this research to clinical practice, as well as how practitioners can integrate the research findings factor into their practice. Last, chapter five includes my final recommendations and potential questions for future research. In addition, the conclusion is my reflection on the capstone process, including what I have learned from both a clinical and a research perspective.

Chapter Two: Methods of Literature Search

This chapter is a review of the methodology behind the literature search on culturally sensitive mental-health treatment for immigrant populations. I utilised various scholarly databases and search engines to locate current peer-reviewed research on this topic and searched specific databases such as PsychINFO, PubMed, CINAHL, and Scopus and key terms such as *culturally sensitive treatment*, *immigrants' mental health*, and *cultural competency in counselling*. My inclusion criteria limited my search to studies published between 2019 and 2024 that addressed culturally adapted approaches in counselling psychology or the provision of mental-health services to immigrants. I considered both empirical investigations and literature reviews to gain insight. Although the searches surfaced valuable findings, it is important that I acknowledge certain limitations, such as the potential for publication bias, the constraints of the timeframe and geographical scope, and inherent subjectivities in evaluating the significance of source materials.

Databases and Search Engines

I utilised a variety of databases and search engines to locate relevant literature on culturally sensitive mental-health treatment for immigrant populations. The first database was PsycINFO. As the primary source for psychological studies, it was essential that I search this database because it contains literature such as journal articles, books, dissertations, and reports related to counselling psychology and the mental-health field. Another database was PubMed, which is freely accessible through the National Centre for Biotechnology Information. PubMed indexes biomedical research, including works on mental and public health. Because of its broad coverage of health-related literature, it was suitable for a search.

In addition to databases, I used the Google Scholar search engine to identify extra studies and gray literature that I might have missed elsewhere. Google Scholar casts a wide net across academic works. I also searched the CINAHL database because it indexes works related to nursing and other health-related professions. This source revealed literature on mental-health interventions and culturally sensitive care. In addition, I searched Scopus, a citation index and abstract database that covers various fields of study and therefore offers insights into science, technology, medicine, the social sciences, and the humanities with regard to culture and therapy.

Search Parameters

I identified the search terms to achieve a broad literature search that encompassed critical concepts related to culturally sensitive mental-health interventions for immigrants. The vital terms and term combinations that I employed included *culturally sensitive treatment*, *immigrants' mental health*, *acculturative stress*, *collectivist cultures and therapy*, and *cultural competency in counselling*. I connected these keywords by using Boolean operators such as AND OR to refine the results and ensure a comprehensive collection of sources. For instance, the searches included terms such as *culturally competent care AND immigrants*, *psychological well-being*, and *acculturative stress/mental health care for immigrants*.

Initially, the preliminary search yielded an overwhelming number of articles, some too broad or lacking relevance to the specific population (South Asian immigrants in Canada). As a result, a process of refinement was necessary. I screened the preliminary results according to titles and abstracts to filter out articles that did not explicitly address the intersection of cultural sensitivity and mental-health interventions. This phase enabled me to eliminate studies that were either too general (e.g., that addressed immigrants as a whole without focusing on acculturative stress) or not peer reviewed. Useful sources included empirical data on acculturative stress and

culturally adapted therapeutic approaches. In contrast, less relevant sources focused primarily on the general immigrant experience without offering substantial insights into mental health. Further refinements included the use of more specific terms such as *mental-health disparities in South Asian immigrants* and *cultural adaptations in CBT for immigrants*. This iterative process ensured that I retrieved the most relevant and up-to-date literature that created a robust foundation for this review.

Inclusion and Exclusion Criteria

The criteria that included or excluded studies narrowed the search to research that captured the critical factors. The studies that I included were published in peer-reviewed journals between 2019 and 2024; they focused on the provision of mental-health treatment to the immigrant population. Also, I included research on a culturally competent approach to mental-health services. Last, only articles written in English and published within the last five years (2019 to 2024) met the timeframe criterion.

I excluded specific studies such as feeder sources to complement my inclusion standards. Consequently, I excluded investigations outside the mental-health treatment or counselling psychology field. The task involved consulting and considering cultural factors in conducting the assessment and intervention. I included only studies for which abstracts and full text were accessible to facilitate proper analysis of the results. Moreover, I removed papers published before 2019 because they did not meet the specified timeframe criterion.

Types of Literature and Evaluation of Studies

The literature that I reviewed for this project comprised a mix of empirical studies, literature reviews, meta-analyses, theoretical papers, and policy documents. This diversity of sources enabled a comprehensive exploration of culturally sensitive approaches to mental-health

care for immigrants. Nevertheless, I particularly emphasised the identification of primary research sources, which are studies that present original empirical findings. These primary studies were the basis for my analysis, whereas I used the secondary sources, including literature reviews and meta-analyses, only to support the primary material. I also selected works that contained estimated data in which the researchers expected certain kinds of impacts, such as the effect of acculturative stress on the mental health of immigrants. For instance, Karasz et al. (2019) conducted empirical research to establish the success rate of Western theories of psychological therapy among collectivistic immigrants. Their conclusions underlined the inefficiency of such models and the necessity of culturally sensitive therapeutic interventions, which rendered their work valuable to my investigation.

Though Shah and Tewari (2019) did not conduct a primary study, their meta-synthesis of numerous intervention models helped to identify aspects of culturally competent mental-health care. It was a secondary source that verified the need for cultural sensibility training for mental-health professionals, which was evident in all of the reviewed studies. To that end, I assessed the relevance of each selected study based on how well it would answer the proposed research question on culturally appropriate immigrant interventions. In selecting research articles, I paid special attention to articles that revealed empirical evidence of the connection between mental-health interventions and acculturative stress. Further, it was essential that I include only studies in which the researchers explicitly presented a hypothesis or had a clear investigative perspective, because they were a more comparable base for the outcomes among different immigrant groups.

Literature Search-Process Challenges

One of the most significant obstacles that I face was accessing the full texts of specific articles. Many papers, especially those published in high-impact journals, required subscription fees, which limited their accessibility. In some cases, only abstracts were available, which hindered my ability to assess the relevance and quality of these sources fully. This was particularly problematic when I wanted to include recent, peer-reviewed studies. Older studies published in lesser-known or 'exotic' scientific journals were also difficult to access because they were not readily available through the primary academic databases. This issue delayed the screening process because I had to devise alternative strategies, such as requesting articles through interlibrary loans or seeking open-access alternatives, to complete the study. Consequently, the scope of the research was slightly narrowed because I could not fully incorporate certain potentially relevant studies.

Another key challenge was the inconsistency in terminology that the researchers used across the literature. Different researchers employed different terms to describe similar concepts related to culturally sensitive mental-health treatments. For instance, they used phrases such as *culturally sensitive treatment*, *culturally adapted interventions*, *cultural competence in counselling*, and *multicultural psychotherapy* to describe related themes. These terminological differences made it difficult to capture relevant studies by using a single set of search terms. I employed Boolean operators to address this issue and refined my search strategies multiple times by adding synonyms or related terms to broaden my search without diluting the relevance of the studies. However, this iterative refinement of search terms extended the duration of the literature-review process because it required multiple rounds of searching, filtering, and cross-referencing to ensure comprehensiveness.

In addition to issues with terminology, many of the studies addressed overlapping or tangential aspects of mental-health care, which made it challenging to isolate research specifically focused on cultural sensitivity in immigrant mental-health care. For instance, some researchers addressed mental-health outcomes for immigrant populations but did not explicitly focus on culturally adapted interventions. Others explored general immigrant experiences with healthcare systems without addressing the nuances of culturally tailored treatment models. This overlap made it challenging to determine the extent to which the studies were directly relevant to the research question. It was critical that I screen both the abstracts and, where available, full texts to include only studies that focused on culturally competent mental-health interventions. This also meant constant changes to my inclusion and exclusion criteria as my work continued to reign in the focus.

The quality and designs of the studies under review were another primary concern. The quality of the included studies was also fairly heterogeneous, but their methodological quality varied significantly. Some included small sample sizes, or the researchers collected qualitative data or data that they collected from questionnaires and surveys. Some of the studies had weak control groups or presented no hypotheses at all. However, because the methodological approaches also limited these studies, it is important to make generalisations cautiously from these comparisons. Thus, only papers with a clear focus on empirical evidence, especially the reports of randomised controlled trials or extensive cross-sectional studies, were of primary interest. However, this also meant that some qualitative findings, though crucial to an interpretation of immigration, were often less important than more formal quantitative approaches.

Limitations of the Methodology

Another weakness of this study was the possibility of publication bias. Research with positive or statistically significant results are more likely to be published and easily accessed than negative or non statistically significant results. Thus, it is possible that the studies I found and whose results I included in the paper only reflect the positive experiences of culturally sensitive intervention while overlooking those studies that would show the relative inefficiency or constraints of a culturally sensitive approach. This exclusion may have led to an overemphasis and bias towards the positive outcome of interventions and frameworks for immigrants. Moreover, I filtered my research to include only the articles published between 2019 and 2024 to accommodate the most current practices. However, this timeframe restriction may have also disbarred specific initial or preliminarily investigative works that might have offered a historical perspective and instantly recognized earlier advancements in culturally sensitive mental health care treatment.

Most of the reviewed studies were relevant to the Canadian context and its immigrants, specifically the South Asian population. Although this focus adds richness to the understanding within the Canadian context, it restricts the transferability of the findings to other geographical locations with different healthcare systems, immigration policies, and cultural systems. The problems that immigrants might encounter in other countries such as the USA, Great Britain, or Australia might differ, and strategies that are adequate in one culture zone cannot be applied to another. However, I found some variations in the design and quality of the individual studies. Some of the literature that I reviewed included small subject populations, did not include control groups, or were nondiscriminatory in terms of methodology, which could have reduced the validity of the conclusions. Some researchers noted that they collected quantitative data, but

some collected only qualitative data, which restricted the generalisation and comparison of the results of different interventions. In addition, some of the analysed studies were cross-sectional, which suggested relationships among variables but did not show cause-and-effect relationships.

Another limitation was that different authors used different terminology in their respective studies. As I mentioned above, I used various terms, including *culturally sensitive treatment*, *culturally adapted interventions*, and *cultural competence*, which have similar or related meanings. This variation in the definition and deployment of critical terms hampered a direct comparison of the studies or the integration of their findings. At times, the authors of the studies referred to cultural competence with regard to treating immigrant populations interchangeably with the overall delivery of mental-health care, which limited the identification of focused interventions that target culture.

Other sources of bias were almost inevitable during the review process, especially when I assessed the relevance of the source materials. Some subjectivity in screening the studies for inclusion and exclusion was also unavoidable, although I established a set criterion for this purpose. To some extent, I interpreted the data as qualitative especially in assessing datasets in which the evaluations were subjective. The researchers could have addressed this limitation by increasing the number of people who conducted the reviews or establishing a more representative review committee to lessen individual differences. Furthermore, comparing different sets of immigrant groups raised methodological issues because the researchers targeted specific cultural groups or geographical areas. Hence, it was difficult to gain an overall picture of different sets of immigrant communities.

Significant Methodological Limitations That Impact the Findings

In many of the studies the relatively small sample sizes were a limitation. For example, Karasz et al. (2019) and Bandyopadhyay (2021) included small samples of participants from particular cultural or regional backgrounds. However, their sample size should have been larger; their small sizes limited the generalisation of their findings because the participants might not accurately have represented the target immigrant groups. Therefore, although such research contributes invaluable knowledge, it is important to generalise the findings to a more extensive or diverse immigrant population cautiously.

Some of the researchers used self-report measures to gather data on their participants' mental-health experiences and the usefulness of the interventions (Karasz et al., 2019). The strength of self-reported data is that they are subjective. However, distortions such as social-desirability bias or recall bias can affect these data. Low response rates are also possible if the participants do not state their mental-health issues or downplay them by hiding ailments such as depression and anxiety. The limitation of over- or underestimating the true impact of culturally sensitive interventions hinders the generalisability of the results.

Most of the studies that I reviewed were cross-sectional in that the researchers collected their data at one point in time. This hampered their capacity to determine how culturally appropriate actions affect mental health in the long term. For instance, although in their meta-analysis Shah and Tewari (2019) made recommendations for short-term interventions, they failed to present data on the long-term applicability of such techniques. Without longitudinal data, it is difficult to assess whether culturally adapted interventions lead to lasting improvements in mental health or merely temporary relief.

As I mentioned earlier, the use of inconsistent terminology across the studies posed challenges in synthesising the findings. Different researchers used varying definitions for critical concepts such as *cultural competence* and *culturally adapted interventions*. This inconsistency made it challenging to compare the studies directly; and the researchers might have interpreted similar interventions differently based on their cultural or disciplinary perspectives. This lack of standardisation hinders the ability to draw definitive conclusions and underscores the need for more precise, consistent terminology in future research.

Although some researchers identified intersectional factors such as gender, age, and socioeconomic status, most did not explore them in depth. The impact of multiple overlapping social identities on mental-health outcomes is often under researched, particularly with regard to the unique mental-health challenges of different subgroups of immigrants (e.g., women, older adults, refugees). This gap limits the ability to understand the full spectrum of needs of immigrant populations and suggests that future researchers should pay greater attention to intersectionality.

Chapter Three: Review of the Literature

The research question for this paper was “What culturally inclusive strategies can be integrated into mental-health interventions to address Canadian South Asian immigrants’ psychological needs effectively while respecting their diverse cultural backgrounds and experiences?” Through a thematic analysis of empirical studies, literature reviews, and theoretical papers, I will answer the research question and critically review the existing literature on culturally inclusive mental-health treatment interventions for South Asian immigrants in Canada.

New immigrants often suffer from acculturative stress, loss, and discrimination, which profoundly impact their mental health (Gyan et al., 2023). As the need for mental-health services increases, conventional Euro-American therapeutic paradigms will not be as effective because they do not address the collectivistic orientation of immigrant groups. The purpose of this chapter is to identify culturally competent interventions that will enhance immigrants’ mental health by incorporating their cultures into treatment plans. The thematic analysis that I present revealed three major themes that emerged from the literature: (a) culturally tailored interventions, (b) strategies to enhance help-seeking behaviour, and (c) culturally responsive frameworks. An inductive analysis was done which involved grouping specific findings into generalized themes.

Theme 1: Culturally Tailored Interventions

According to the literature, culturally adapted interventions are instrumental in enhancing the quality of life of immigrants because they reduce acculturative stress, maintain clients’ cultural identity, and support their integration into the host culture (Baeza-Rivera et al., 2022; Kim et al., 2012; Liem et al., 2021). These interventions address the different kinds of stressors

that immigrants face; for instance, the pressure of conflicting cultures. Culturally appropriate programs focus on these problems because the social networks that they introduce are based on the cultural frameworks of the immigrants, which can help them to overcome feelings of loneliness and exclusion (Kristiana et al., 2022; Tian & Li, 2024). According to the existing literature, cultural identity is essential to immigrants because it enables them to maintain connections with their culture as well as the culture of the host country, which, in turn, improves their emotional state (Bandyopadhyay, 2021; Sharma et al., 2020).

First, among all of the types of mental-health programs, community-based programs are more effective because peers and family members collaborate to form support networks within the cultural communities of immigrants (Liem et al., 2021; Orang et al., 2023). For instance, narrative therapy is culturally appropriate because it helps clients to describe their immigration experiences and reinterpret the difficulties from a cultural perspective that legitimises their experiences and decreases their sense of isolation (Kim et al., 2012). Immigrants can work through a range of emotions by telling their stories and, in the process, develop a form of coping rooted in their cultural experience.

Another successful model is the community-referred mental-health program because the leaders of immigrants or cultural mediators often initiate such programs. Some of these programs involve family-participation interventions such as family entertainment events, family skills-training sessions, or family group therapy, which are essential sources of support in a collectivistic culture (Zou et al., 2023). Also, these programs can include cultural activities of the home country, such as religious or spiritual practices familiar to the immigrants. Not only do such activities offer familiarity and comfort, but also avenues through which people can

positively interface with their host culture to ensure that they are assimilated into the culture of the new country.

The Significance of Group Therapy

Another significant finding of the literature analysis is that culturally appropriate group therapy lessens immigrants' stress levels and is more beneficial for their mental health (Orang et al., 2023; Zou et al., 2023). The study also revealed that group therapy enables immigrants to interact with other individuals from their cultural backgrounds and assists in their recovery and acclimatization. Although some immigrants can avoid interaction or may feel uncomfortable sharing personal stories in front of others for cultural reasons or stigmatized issues such as mental health, a group setting can also provide an essential level of support and recognition. This social-cultural platform helps people share their experiences on matters that concern them culturally and mentally to improve their cultural values and strengths (Orang et al., 2023).

Studies have also indicated that culturally adapted group therapy works best when the therapists can relate to their patients' backgrounds, making the therapy more appropriate. At the same time, group therapy may seem ineffective to some of the immigrants, especially for those who feel uncomfortable in a group and who prefer a more personal and individual approach. However, for people who are hesitant to attend individual therapy, there is an opportunity for immigration groups to act as a mediator for people to receive the needed help. Moreover, when recruiting healthcare coordinators or cultural intermediaries, it may be helpful to involve them in a group and assess barriers to the delivery of services in terms of cultural relevance and acknowledgment of the immigrants' cultural background (Zou et al., 2023). Finally, group therapy does not only address mental health issues but also assists immigrants in seeking help in a culturally appropriate manner, even though the preferences of the individuals differ.

Theme 2: Strategies to Enhance Help-Seeking Behaviour

The literature reveals that promoting help-seeking behaviour is essential to immigrants' mental health, because early intervention can prevent the progression of psychological distress into more severe conditions (Karasz et al., 2019; Krystallidou et al., 2024; Sharma et al., 2020). It is essential to promote help seeking by matching mental-health services to immigrants' cultural and community resources. Many approaches have proved effective, including culturally tailored approaches for making contact with the targeted population to offer mental health services to them, information in clients' languages, and involvement of community members in mental health interventions. Community-based organizations are mainly involved in the provision of mental health information to immigrant clients in their home languages and integrate culturally responsive interventions (Krystallidou et al., 2024). These organisations also involve community and religious leaders to facilitate conversations about mental health to ensure that people feel more comfortable by speaking to someone they know (Krystallidou et al., 2024). Those that involve cultural brokers or translators who are familiar with the immigrants' cultures and the healthcare system of the host country have also been effective. They help to overcome cultural barriers, translate idioms and phrases, and take into consideration their cultural background, which increases the availability and relevance of mental-health services. The third intervention method is the recruitment of cultural mediators to enhance the uptake of mental-health services. Cultural intermediaries offer both language translation services and cultural interpretation, which significantly facilitates interactions and minimises the feeling of isolation in healthcare (Krystallidou et al., 2024). These mediators further help the immigrant population because they address them in their native languages and understand their belief systems, which

leads to trust in mental-health practitioners and the willingness to seek help from them. At the same time, this can readily provide help that is sensitive to the immigrants' cultural background.

Integration of Family and Social Support in the Therapeutic Process

Another major finding from the literature is that the integration of family members into the therapeutic process enhances the help-seeking behaviour of immigrants, particularly those from collectivist cultures such as South Asia (Kristiana et al., 2022; López-Zerón et al., 2019; Sharma et al., 2020). Because collectivist cultures prioritise the actions of family in making decisions, the decision to seek mental-health care is a family rather than an individual decision. It is possible to enhance the uptake of and success in mental-health therapy for immigrants by involving other family members because of their cultural and collectivistic perspective on therapy (Sharma et al., 2020). The cultural adaptation of family-based therapy models, consistent with the collectivist nature of the culture, enhances attendance and service participation. In family-centred therapy, therapists consider the child and the family to create a supportive environment and ensure that the child and the whole family are comfortable with seeking assistance (Kristiana et al., 2022). This approach is integrated within the family to change the mindset of the family members and minimise the embarrassment of seeking help for mental illness because they consider it a family affair.

Specifically for South Asian immigrants, family support is important because their culture is more collective, and family members are involved in mental-health interventions, which is more acceptable to the culture and reduces the stigma of mental-health services by presenting them as a communal approach (Kristiana et al., 2022). This kind of family involvement improves the perceived relevance of mental-health care and increases the utility of interventions because it incorporates culturally relevant values and practices. The culturally

adapted intervention that addresses acculturative stress is culturally modified family therapy, which is designed for immigrant families (López-Zerón et al., 2019). This therapy includes family therapy and the cultural context in its approach; it supports and treats the entire family rather than individual members and addresses the stress of acculturation (Sharma et al., 2020). Because it engages all of the family members in therapy, culturally modified family therapy is instrumental in addressing the conflicts that people of different generations face during the acculturation process. It offers a platform for families to share stories about their migration.

One of the major findings from the literature is that alongside family support, social support is essential in reducing immigrants' acculturative stress (Baeza-Rivera et al., 2022; Kristiana et al., 2022). Family, ethnic communities, and friends play a crucial role in accommodating immigrants because they offer emotional and practical assistance and share the cultural values that promote a feeling of belonging (Tian & Li, 2024; Zou et al., 2023). For instance, ethnic communities help immigrants to maintain their cultural practices and socialise with like-minded people, which reduces their feelings of loneliness and rejection (Hombrados-Mendieta et al., 2019).

Second, a significant result in the literature is that the effectiveness of peer-support systems boosts immigrants' propensity to seek help (Orang et al., 2023; Zou et al., 2023). Organized self-help programs assemble immigrants with people from their country of origin who have undergone similar acculturation processes. It is about destigmatizing mental health by offering support in the form of culturally appropriate and non-shaming conversation. This view is essential to immigrants because it breaks the cycle of hiding mental health problems and seeking help from a professional. Furthermore, peer-support networks are designed so people embrace one another without prejudice, and seeking professional services is less threatening

(Orang et al., 2023). Such networks are instrumental to immigrant populations, who might have little trust for trained mental-health professionals. Hearing about positive peer experiences increases the participants' comfort with a formal treatment and bridges the gap between informal support and professional mental-health care (Zou et al., 2023).

Other programmes include community intervention that is culturally designed for immigrants (Lai et al., 2020). These interventions typically entail working with people from immigrant populations, described as "consumers," or persons with mental health issues or their close ones or leaders. Such consumers help programs overcome shame or lack of trust because of previous unpleasant experiences with conventional healthcare facilities (Castillo, 2020). The process involves the employment of cultural intermediaries, who are those people who have knowledge of both the emigrants' culture and the culture of the hosting country and can assist in the creation of a link between the two cultures (Krystallidou et al., 2024).

Faith-Based Interventions and Spiritual Leaders

Another major finding is that religion and spirituality significantly influence immigrants' help-seeking behaviour, particularly that in South Asian communities where mental health can intersect with spiritual beliefs and practices (Dombou et al., 2023; Karasz et al., 2019; Naeem et al., 2019; Sharma et al., 2020). Religious leaders play a central place in these communities, thus the need for their involvement to ensure increased acceptance of mental health services. Research has evidenced that when religious leaders engage in mental health advocacy by providing positive messages in their sermons and urging their congregants to seek out professional assistance, they significantly contribute to the process of de-stigmatization of mental health (Dombou et al., 2023; Sharma et al., 2020). The integration of religiously informed

treatments with conventional treatments, like integrating CBT with components of spirituality like meditative or prayerful practices, is found to work with South Asian immigrants.

Cultural competence in spiritual matters ensures that therapy is effective because the client is more comfortable participating (Naeem et al., 2019). Religious leader integration into programs can help reduce cross-cultural barriers through acceptance of mental health services, such as educating leaders on signs of mental health problems and where to refer people with such problems. That being said, there may be some negative aspects: leaders may not be prepared to handle patients with mental disorders, or there may be discrepancies between religious and medical treatment. However, faith-based strategies encourage help-seeking behaviors and decrease mental-health service utilization stigmatization among immigrants.

Practitioner's Competency of Gender and Intersectional Barriers

The literature has shown that practitioners' knowledge and competence with regard to gender and intersectionalities are essential to improve the help-seeking behaviours of immigrants (Delara, 2016; Sharma et al., 2020; Zou et al., 2023). Although the cultural competence of therapists in outreach programs and those who use family-centred therapeutic approaches can increase the propensity to seek help, it is also important to consider gender and other intersecting identities. Cultural norms for gender roles and expectations in immigrant cultures might dissuade mostly women from seeking mental-health services. This might make South Asian women feel more vulnerable when they seek help for mental health issues since they are expected to be caregivers, and therefore, their own needs are not a priority but those of the family (Sharma et al., 2020). This, combined with possible financial dependence on family members, may hinder their capacity to seek independence.

Gender and immigration status also have to be taken into account because immigrant women have different access to mental health services than men or non-immigrant women (Delara, 2016). Specific tactics include providing female-only services, culturally appropriate child care during therapy, or accommodating scheduling so that women of color feel welcomed and appreciated. Furthermore, mental health providers need to design care-seeking models that are gender and culture-specific for families of immigrant status. This involves cultural orientation on the roles of caregiving, gender roles, and family relations and encouraging women to seek assistance without feeling they are being culturally irrelevant or irresponsible (Zou et al., 2023). These culturally sensitive approaches help in making sure that mental health care intervention does not only address the deficit in South Asian women but also plays the role of making sure that the women engage in the services.

Theme 3: Culturally Responsive Frameworks

A major finding from the literature is that culturally appropriate approaches and models are crucial to mental-health services for immigrant groups from diverse cultural backgrounds, such as the South Asian population (Karasz et al., 2019; Khatri & Assefa, 2022; Krystallidou et al., 2024; Oppedal et al., 2020). Culturally competent care frameworks are essential to ensure that mental-health services for immigrants are adequate. These frameworks modify mental-health interventions to reflect the cultural values, beliefs, and practices of clients (Karasz et al., 2019). Without such sensitivity, mental-health care risks imposing the Western paradigm on immigrants, which negatively impacts their willingness to seek care and the efficacy of the intervention. Culture-informed models are based on the premise that culture pervades not only beliefs and perceptions but also conceptions of mental health and illness, as well as help-seeking behaviours (Gopalkrishnan, 2018). Therefore, in treatment, cultural competence is a requisite for

mental-health professionals to ensure that their clients, especially immigrants, feel comfortable with seeking treatment.

These frameworks ensure cultural relevance, sensitivity, and competence and address mental-health and illness issues (Brooks et al., 2019; Li, Miles et al., 2023). Mental-health care professionals must adapt and move beyond the conventional linear, non-culturally diverse therapy model and embrace a multiculturally competent therapy model that is appropriate to the more culturally diverse world that is emerging. An example of a culturally appropriate model is the Cultural Formulation Interview (CFI), which guide therapists' work in culturally informative contexts (Jarvis et al., 2020). The CFI is included in the *Diagnostic and Statistical Manual of Mental Disorders: DSM-5™ (5th ed.; American Psychiatric Association, DSM-5 Task Force, 2013)*; it helps mental-health providers to evaluate their clients' cultural perspectives, beliefs, and practices concerning their mental health. In addition, it examines how culture intervenes with their clients' perceptions of their mental-health concerns, the values that they attach to their symptoms, and what they believe would benefit them (Jarvis et al., 2020).

The CFI is a well-known standardised instrument whose primary purpose is to improve culturally appropriate psychiatric treatment. This model, which is part of the *Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, DSM-5 Task Force, 2013)*, requires that providers conduct structured interviews with client to determine how culture has shaped their mental-health beliefs, presentation, and expectation of treatment (Aggarwal & Lewis-Fernández, 2020). The CFI consists of questions on clients' cultural background, cultural beliefs about the causation of illness, and culture as it relates to their psychosocial context and access to services. This tool enables clinicians to collect essential data, which helps to modify the therapeutic approach according to each client's cultural background. It also helps clinicians to

develop culturally sensitive ways for clients to cope with hardships in life. For instance, South Asian clients might receive support from religion or kinship, which can supplement treatment modalities and increase their effectiveness (Karasz et al., 2019), the CFI enables mental-health providers not only to regard culture as a hindrance to care, but also as a factor that enhances care.

Clinicians can apply cultural knowledge to rectify the injustice witnessed in mental health. This is done by implementing a model that goes from cultural sensitivity to cultural proficiency, which is possible sequentially. For instance, at the beginning, it is possible to introduce cultural competence by raising awareness of the cultural differences of patients, including the central values, beliefs, and ways of communication. In the next phase, clinicians adopt cultural competence and integrate this into practice, meaning clinical approaches are adjusted to reflect cultural understanding. Finally, with cultural proficiency, providers apply culturally sensitive practices within their organizations and work towards the system changes that will enhance health disparities, including policies that address the cultural needs of culturally diverse groups. Every step should include training, critical thinking, and participation with the members of the community in order to deliver care in a culturally sensitive manner. The proactive approach of this research enables healthcare providers to develop better and fairer mental health interventions with desirable patient outcomes in various groups.

Cultural Competency in Mental-health Practice

The literature has indicated that cultural competence in mental health practice entails assessing and working on cultural disparities (Krystallidou et al., 2024; Shah & Tewari, 2019). Before mental health caregivers can begin to address clients' cultural backgrounds, they need to know their own cultural biases and how that could affect their work. Furthermore, they have to express concern for their clients' ethnicity and attempt to apply this knowledge in treatment

(Krystallidou et al., 2024). For example, understanding that South Asian clients value collectivism enables therapists to deal with family matters, communication, and decision-making processes in therapy. On the other hand, they should not dismiss the possibility of a generalization and stereotyping of learners. Collectivism is one of the most defining values of cultures in South Asia, but it does not mean that all individuals from South Asia will fit this definition. There is always the risk of assuming that all clients within a particular culture will respond similarly to therapies, ignoring individual differences and thus providing suboptimal therapies. This can lead to confusion and may even slow down work and interaction in therapy. Culturally competent care involves mental health clients' need to establish a rapport with their healthcare givers by acknowledging their cultural identity and uniqueness. Cultural competence and cultural match related to the treatment modalities are positive predictors of change in clients' mental health status (Shah & Tewari, 2019). Also, clients with language issues need an interpreter or cultural broker to help address cultural issues in treatment.

Strengths and Weaknesses of Existing Treatment Approaches

Literature has shown that existing therapeutic models are frequently deficient in their ability to provide culturally informed trauma treatment for immigrant clients because of the lack of attention to cultural competence and clients' trust, autonomy, and safety throughout the therapeutic process (Bandyopadhyay, 2021; Cobb et al., 2019; Salami et al., 2018). A consideration of trauma and its treatment are lacking in many therapeutic approaches that fail to take into account practitioners' cultural competence and clients' trust, self-determination, and safety at each stage of therapy. Immigrants might be reluctant to seek mental-health services because of cultural or personal prejudices as a result of cultural values or previous poor

experiences (Salami et al., 2018). Several types of therapies lack trauma-informed care, which embraces cultural competence, trust, choice, and the protection of clients throughout the process.

Many traditional therapeutic approaches are limited in their ability to serve immigrant populations because practitioners often need to account adequately for cultural factors and experiences such as acculturative stress. According to Cobb et al. (2019), some conventional models are restricted in their ability to help this diverse group to understand the acculturation process. Particular theories involve cultural prejudices that fail to take into consideration the crossing of two worlds. Some frameworks also do not specify strategies that are demonstrably necessary; for example, to reduce the mental-health stigma and develop meaningful initial relationships that might be necessary for communities with stigmatised views (Shahwan et al., 2022). For instance, Naeem et al. (2019) revealed that culturally informed cognitive behavioural therapy (CBT) integrates Western and culturally sensitive approaches. It also builds skills and respects various customs that clients consider valuable. On the other hand, theories are prone to cultural misunderstandings because of the wrong perception of acculturative stress in the absence of awareness.

Most therapeutic treatments are meant to improve the population's health. However, they only sometimes meet immigrants' diverse needs (Krystallidou et al., 2024). Research has revealed that the interventions designed for nonimmigrant populations often fail to incorporate several issues that are relevant to newly arrived immigrants, such as adjustment issues, language translation, alterations in their social and economic status, and the dissolution of social support systems (Apers et al., 2023; Bempong et al., 2019). Because of the failure to consider the complex problems that immigrants face, such as pre-and postmigration trauma and difficulties with sociocultural adaptation, standardised intervention models can be either ineffective or

culturally insensitive when clinicians apply them to different immigrant populations (Bandyopadhyay, 2021).

Not only do many therapeutic interventions fail to address the essential needs of immigrant clients, but the research has also shown that therapeutic efficacy is often contingent upon sociocultural and biological characteristics that can differ in ethnic communities (Krystallidou et al., 2024). Cultural factors are important considerations in addressing mental-health issues, because society's perceptions of disorders vary significantly across groups (Karasz et al., 2019). Without a nuanced comprehension of diverse perspectives on shame, coping strategies, and help seeking, clinicians risk misaligning treatment approaches with their clients' cultural frameworks, which reduces their applicability and success (Karasz et al., 2019). Effective care necessitates insight into the worldview of each community regarding mental wellness and distress.

The Need for Cultural Adaptations

One major finding was that although the available EBIs are helpful in some ways, they are developed in Western culture and might need to be more consistent with the cultural norms of immigrants (Bloemraad et al., 2023; Castro et al., 2023; Rotheram-Borus, 2021). For example, CBT is one of the most investigated and used therapeutic approaches, and it originates in individualism and personal responsibility beliefs. It involves individual ideas and decision-making, which may not be very helpful to people in collectivistic cultural backgrounds who embrace group and mutual responsibility. However, for immigrants from collectivist cultures, mainly South Asian, such notions might translate poorly if the mental model embraces the family, community, and social responsibilities. Consequently, standard CBT might not work well for such groups, at least when it has yet to be modified to accommodate culturally appropriate

ideals and narratives. Therefore, cultural adaptations make EBIs valuable and suitable for use with immigrant clients. Such changes include adapting the content, format, and method to deliver an intervention to clients. For instance, modifications of verb forms, the incorporation of cultural beliefs and values, and modifications of the therapy modality, such as the inclusion of family, can increase the effectiveness of the culture-centred intervention approach.

Culturally adapted CBT (CA-CBT) and trauma focused CBT (TF-CBT) are examples of culturally adapted interventions that have been reported to boost the clients' mental health, increase engagement levels, and reduce dropout rates because of cultural sensitivity (Joo & Liu, 2020; Naeem et al., 2019). Such changes are critical as they integrate clients' cultural beliefs, increasing their comfort and engagement in therapy. However, there are challenges to its implementation; mental health workers are sometimes insensitive to people's cultural beliefs, and there are few training materials available (Krystallidou et al., 2024). Further, modifying interventions takes longer and costs more than conventional treatments, thus presenting a problem for systems that have constrained financial and human capital, especially in the developing world (Joo & Liu, 2020; Perera et al., 2020). Culturally tailored EBIs are more effective not only in reducing mental-health symptoms but are also in engaging clients with treatment (Rotheram-Borus, 2021).

Cultural Adaptations of Cognitive Behavioural Therapy

Literature has shown that CA-CBT has emerged as a highly effective intervention to address the mental-health needs of diverse populations, particularly immigrants (Kananian et al., 2020; Menon et al., 2024; Naeem et al., 2023). Standard CBT, which is evidence supported, was initially designed in the Western, individualistic culture. This presents difficulties, especially in treating clients from collectivist cultures in which the family, the community, and spiritual

systems comprise almost the entire framework of mental health and/or coping strategies.

CA-CBT reduces this deficit because of adjustments to the central CBT tenets to integrate cultural values and practices into therapy to make them relevant to clients. Studies have shown that CA-CBT improves clients' involvement and achieves better therapeutic results when the interventions correspond with cultural norms as it is tailored to address the cultural context and unique needs of clients from diverse backgrounds which differs from traditional CBT (Naeem et al., 2019; Rathod et al., 2019). These adaptations are essential for immigrants who experience acculturative stress and barriers to healthcare access and utilisation; culturally appropriate interventions are therefore desirable (Bernal et al., 2009; Castro et al., 2023).

CBT is one of the most popular therapeutic models that has been modified to fit cultural differences and address the needs of immigrants in their country (Naeem et al., 2023). CA-CBT maintains the basic concepts of CBT—namely, that positive thinking is healthy—but the approach to the delivery of these concepts is adjusted to reflect each client's cultural beliefs (Naeem et al., 2019). In the case of South Asian immigrants, therefore, in CA-CBT clients might maintain their religious/spiritual beliefs or collectivistic orientation during the therapy process as viable solutions. The use of terms and metaphors from clients' culture enhances their understanding of the ABC model and active participation in therapy (Naeem et al., 2019). Moreover, CA-CBT also integrates the family into the therapeutic procedure, because the family is highly important in decision making and support in South Asian culture.

Trauma-Focused Cognitive Behavioural Therapy for Immigrant Populations

The literature has shown that TF-CBT is an effective EBI for individuals with trauma-related mental-health issues, including posttraumatic stress disorder, depression, and anxiety (Chipalo, 2021; Henkelmann et al., 2020; Ramirez de Arellano et al., 2014; Thielemann et al.,

2022). Refugees especially, as I mentioned earlier, undergo all forms of trauma before, during, and after their migratory journey and develop mental-health problems such as posttraumatic stress disorder, depression, and anxiety (Henkelmann et al., 2020). TF-CBT is a manualised, time-limited intervention that enables clients to work through issues related to trauma as well as to learn new ways of building resilience. However, interventions for immigrants might need modification to make them culturally appropriate. Cultural modifications of TF-CBT encompass using clients' culture to address trauma, strengths, and recovery in therapy (Bryant-Davis, 2019). For instance, many immigrants from different parts of the world explain their traumas by using religious words, which defines their attitudes toward the trauma. Religious orientations of culture in South Asia—for example, karma or fate—can in some way influence the perceptions or experiences of victims of trauma (Sharma et al., 2020). When mental-health providers consider their environment's cultural beliefs and adapt them, TF-CBT is culturally compatible and acceptable to clients. Moreover, TF-CBT for the immigrant population must incorporate family into the therapy, unlike the models that work with other populations, because family is a crucial aspect in collectivist cultures of the processing and handling of trauma. Family-inclusive TF-CBT not only enhances the treatment outcomes for immigration clients, but also lessens the stigma on trauma and mental health in the family and among the community (Chipalo, 2021). This strategy is consistent with much of the collectivism evident among immigrants from many parts of the world, where the status of the person is linked with the status of the family.

Summary of Key Findings

The three main themes that I have identified in this paper—culturally tailored interventions, strategies to enhance help-seeking behaviour, and culturally competent frameworks/models of care—interact synergistically to address the mental-health needs of South

Asian immigrants in Canada. Each theme contributes to a comprehensive approach that partially addresses the problem of inadequate culturally sensitive mental-health care, but further work remains. Culturally tailored interventions play a crucial role in acknowledging the unique stressors that South Asian immigrants face, such as acculturative stress, by integrating cultural practices into therapy. These interventions, which include community-based programs and family-inclusive therapy, foster resilience and promote dual belonging to both the home and host cultures. This approach aligns with the biopsychosocial framework because it addresses the psychological (mental-health coping mechanisms), biological (stress responses), and social (community and familial support) dimensions of immigrants' experiences. Strategies to enhance help-seeking behaviour focus on removing barriers such as stigma and language differences by involving cultural mediators, community leaders, and peer-support systems. Such strategies improve trust and comfort in seeking professional help, thus addressing the social and psychological components of the biopsychosocial model.

The inclusion of faith-based leaders and community-driven education programs further reinforces cultural alignment and makes mental-health services more approachable and less stigmatised. Culturally competent frameworks and models of care emphasise the training of practitioners to understand and adapt to immigrant backgrounds and consider their cultural beliefs and values. Models such as the CFI help clinicians to recognise the influence of culture on perceptions of illness and treatment, which creates trust and effectiveness in therapy, a key aspect in both the psychological and social components of the biopsychosocial approach. These themes together address part of the problem because they suggest ways to bridge the gaps in conventional therapy that fail to account for cultural contexts. However, challenges such as resource allocation and consistent practitioner training remain. The interaction of these themes

supports a holistic, culturally integrated care model that emphasises cultural competency and community-centered practices within a biopsychosocial framework and significantly improves the psychological well-being of South Asian immigrants.

Chapter Four: Applications to Clinical Practice

Explanation and Integration of the Literature Review

Mental-health issues among South Asian immigrants in Canada are unique because of their acculturative stress, cultural shame, prejudice, and limited access to quality services (Hennessey, 2023). The literature has overwhelmingly suggested that they experience a great deal of stress because of the conflict that arises from their cultural frame of reference and the adjustments demanded of them. The pressure that results from acculturation, which is the balance between retaining one's own culture and assimilating into a new culture could result in stress, depression, and other related ailments (Hennessey, 2023). In their collectivist culture, South Asians value family cohesiveness and community welfare relative to the individualism that is characteristic of Western cultures. This cultural difference implies that most conventional forms of therapy, which originated in the Western world, inadequately respond to the needs of these clients.

To apply the findings from the literature to practice, practitioners must embrace the biopsychosocial model—the biological, psychological, and social determinants of mental health. For immigrants, cultural change impacts these domains significantly and thus drives the need to incorporate culture into any mental-health treatment process. This approach, CA-CBT, is a culturally sensitive version of CBT, which includes family involvement and religious observation (Kirkbride et al., 2024). Evidence from the literature has shown that this approach enhances the effectiveness of the treatment of South Asian immigrants because of the culture match between the therapy modality and their cultural norms. Such adaptations make therapy easier for clients to accept, which enhances the therapeutic relationship. Also, culturally sensitive interventions that acknowledge the collectivistic culture that is commonplace in South Asia

increase the likelihood that clients will get well, which will consequently elevate their mental-health status, particularly with regard to the manifestations of anxiety and depression.

Application for Aspiring Practitioners

Mental-health practitioners should have a general appreciation for the cultural factors in mental health. The literature suggested that postmigration mental-health problems that arise because of the culture of South Asian immigrants include acculturative stress and the stigma of mental illness. Consequently, practitioners must be aware of cultural differences and diversity and incorporate cultural beliefs and practices into therapy whenever possible. This calls for cultural sensitivity, a process through which therapists learn about their clients' cultural backgrounds and adapt the therapy to their cultural context (Tanaka-Matsumi, 2022).

An example of this is the use of postmodern therapies, including narrative therapy, which enable clients to analyse the migration process and the problems in a culturally appropriate manner. Telling their migration stories empowers South Asian clients within their cultural belief systems because they are able to make sense of the hardships that they have experienced (Semmler & Williams, 2000). The second implication is that practitioners should consider the collectivist characteristics of South Asian culture because family and community are core components of South Asians' lives.

Spirituality is yet another determinant of mental health for the many immigrants from South Asia. Faith and spirituality give meaning to their mental-health problems or disorders. It is important that practitioners appreciate this and ensure that they use faith-based interventions whenever possible. This might include asking clients to meditate, pray, or discuss their religious orientation as a way of helping them to meet their spiritual as well as mental-health needs (Omwenga, 2020). By incorporating these culturally relevant elements into therapy, young

practitioners have a better context to establish closer connections with their clients and, as a result, are able to work on their clients' mental-health issues in a more supportive environment.

Implication of Findings - Culturally Adapted Psychotherapeutic Models

Literature reveals that some psychotherapeutic models have been culturally adapted to accommodate immigrant clients, and that there is a need for more research (Castillo, 2020; Koç & Kafa, 2019; Naeem et al., 2019). As mentioned before, one is CA-CBT, which involves the use of standard CBT techniques, but in a version that is sensitive to clients' cultural differences (Naeem et al., 2019). For South Asian immigrants, this cultural meaning can include prayer or meditative practice and the inclusion of familial and communal support during therapy. CA-CBT is very efficient in the treatment of depression, anxiety and other related disorders among the immigrant population (Naeem et al., 2019). Compared to the standard CBT, the symptom changes for South Asian clients using CA-CBT are greater (Naeem et al., 2019). This discovery underscores the need to incorporate culturally relevant client values and beliefs in treatment, including family engagement and spirituality, since such methods increased client engagement and made positive therapeutic change. The key to CA-CBT's success lies in its flexibility: Clients and therapists negotiate how to use CBT in a way that is sensitive to the clients' cultural backgrounds; this can include altering the language during the therapy sessions, changing the nature of clients' homework, and reshaping religious beliefs through reattribution (Huey et al., 2023). Thus, CA-CBT treats the symptoms and helps clients fit the therapeutic process into their cultural beliefs, making for more effective treatment and a richer counseling experience.

Another culturally adapted model of treatment is TF-CBT, which is also culturally adapted to treat immigrants who experience trauma during migration (Li, Li, et al. 2023). As I indicated earlier, some immigrants, especially refugees, come from troubled regions of the world

and have witnessed or been victims of violence, political persecution, or forced displacement. TF-CBT enables these clients to work through traumatic events, get support from the community, as well as learn coping strategies based on the collectivist culture. Therefore, the cultural and trauma-sensitive nature of the adapted TF-CBT model remains a valuable framework to address the mental health of immigrants.

The concept of the cultural adaptation of existing evidence-based interventions (EBIs) is a fundamental approach to increasing the relevance of mental-health treatments for immigrants (Kerker et al., 2024). Although empirical evidence has shown the effectiveness of EBIs, CBT, CA CBT, TF CBT, and so on to treat various mental-health disorders, their original prototypes do not encompass the cultural values and social-justice experiences of diverse clientele populations. The theme of culturally adapted model reveals the extent to which these therapeutic models must be adapted to address the cultural orientations of immigrants, especially those from collectivistic cultures in South Asia. It also underscores the necessity of adapting mental-health interventions to make them culturally relevant to immigrant groups as a means of increasing attendance in and satisfaction with the programs, as well as enhancing the efficacy of mental-health treatment.

Recommendations for Clinical Practice

Culturally competent practice at the individual level should start with cultural screenings during the assessment phase (Handtke et al., 2019). This includes learning more about clients' ethnicity, culture, spirituality, families, and faith. This information is invaluable in formulating a culturally appropriate treatment plan to embrace clients' cultural practices and strengthen the therapist-client relationship. Practitioners should use culturally appropriate therapies, including CA-CBT, whenever necessary. Therapists have reported that these interventions work well with

South Asian origins because they embrace cultural factors such as the unity and strength of the family and their religious beliefs (Karasz et al., 2019). They must also consider their clients' language preference and hire interpreters or offer services in their preferred language.

Community engagement involves working with leaders and clergy to change perceptions and increase awareness of mental health so that people within a community will seek treatment when they have a mental health condition (Campbell, 2021). However, it can also be a source of conflict because it can go against cultural norms of mental health, where it is considered a personal or shameful issue. Leaders and clergy must tread this carefully, explaining mental health as a form of communal health and wellness that does not deviate from the cultural paradigm. It helps create a culture where asking for assistance is encouraged and desirable. Stigma is rife in South Asian communities, which is why trusted and respected leaders can help to change the perceptions and persuade people to seek treatment. Other initiatives include community intervention programs that offer information on mental health and available services, make immigrants feel comfortable with seeking help from the services, and avoid the feeling of loneliness. Another strategy for community engagement is peer-support programs. Some of these programs, which involve matching people with others who share their cultural background, offer an environment in which people feel comfortable with others whom they meet. Peer support is also a gateway to additional professional support if they still need it.

The policy level requires more significant funding for culturally responsive mental-health services (Krystallidou et al., 2024) to develop culturally tailored interventions and cultural-competence training for mental-health professionals. Further, political measures should prescribe cultural competence training as part of the clinical curriculum to better prepare practicing clinicians to attend to multicultural consumers. Other policies must also target the systemic

barriers to South Asian immigrants' access to care, including the language barrier and ethnic minorities' lack of access to culturally appropriate healthcare. This means that policymakers should advance their political initiatives to make language services obligatory and cultural mediators accessible to immigrants who need mental-health care.

Current legislation and policies in Canada do not fully consider the mental-health issues of immigrants (Ng & Zhang, 2020). Services to treat mental illness exist, but the organisations or facilitators are often not well prepared to deal with issues that arise from cultural diversity. For example, most mental-health policies rarely take into consideration the culture that the South Asian community attaches to mental-health issues, which often hinders them from seeking any assistance. This policy void has left many South Asian immigrants in a mental-healthcare desert, which means that many do not access the services, and the conditions of those with mental-health disorders remain untreated.

Policymakers must incorporate change and promote policies that become part of culturally sensitive mental-health care. Policy initiatives that encourage immigrant-receptive cultural policies, including language-translation services, culturally sensitive caregivers, and the destigmatisation of mental-health-care services, will help immigrants to welcome the services (Zghal et al., 2020). For instance, policies that support the inclusion of cultural-competency education in curricula for clinical training will help to prepare future mental-health professionals to handle culturally diverse clients.

The incompatibility between the culture of South Asian immigrants and the Western approaches to therapy that have been dominant in Canada is another important factor (Islam et al., 2022). Collectivism is prevalent in South Asia, where family and community are core to one's individualism and worth. On the other hand, Western culture's individualistic and self-

improvement-oriented therapies are different. Some of these barriers can hamper the effectiveness of therapy, mainly if they are not acknowledged. The available literature also indicated that the results will improve if therapists consider these cultural dimensions, especially when they engage the family in the therapeutic process. Practitioners must therefore reduce this cultural divide by ensuring that their therapy models align with their clients' culture.

Practitioners' Training in and Education on Cultural Competence

The literature has revealed that many therapists, especially those with a Western-oriented background, must be adequately trained in cultural sensitivity and aware of how their culture can influence the therapy process (Huey et al., 2023; Krystallidou et al., 2024; Li, Li, et al. 2023; Theodosopoulos et al., 2024; Uher et al., 2023). This is important because cultural sensitivity allows the therapist to recognize and appreciate the client's cultural endowment and prevents the therapist from dismissing cultural values inherent in the client. Appropriate training assists therapists in being able to modify their demeanor, build trust, and communicate with their clients. The final primary challenge in creating culturally appropriate care is suitable education and training of mental-health personnel.

Training in cultural competence should ideally consist of theoretical education and skill building (Uher et al., 2023). With immigrant clients, a lack of training can lead to miscommunication, incorrect diagnoses, and the use of measures that are not acceptable in clients' cultures and do not meet their needs. Workers need to understand that manifestations of disorders and each culture's perception of and approach to sickness vary culturally. For instance, South Asian clients might present somatic manifestations of mental illness, with complaints such as headaches or gastrointestinal issues (Naeem et al., 2019). The inability to understand cultural practices causes clinicians to ignore such signs or diagnose them as physical ailments rather than

associating them with psychological causes. Therefore, mental-health care providers must be trained in how culturally sensitive communication and symptom presentation occur. This involves being able to establish working relationships with clients from diverse cultures and understanding how power relations, gender, and family relationships influence the process of therapy (Sharma et al., 2020). For instance, South Asian clients might feel uneasy about sharing their concerns with providers of the opposite gender, especially if they come from a traditional background. In such circumstances, counselors should establish sensitivity by raising the issue of any possible culture-related discomfort at the initial stages of counseling and then working on the way forward. With cultural competency, mental-health providers can handle cultural issues of sensitivity to gain their patients' trust.

The literature has shown that even though culturally competent care frameworks are crucial to the delivery of mental-health services for immigrants, implementation issues exist (Theodosopoulos et al., 2024). The deficits include inadequate access to culturally competent mental-health providers because this training in clinical programs is often inadequate or not included at all (Krystallidou et al., 2024). However, cultural competence is not a finite concept; providers must continually develop cultural competence. The diversity of immigrant populations also presents a challenge: Cultural competence cannot be simple knowledge about cultures, because each person's background differs depending on gender, race, class, education, and so on. As a result of the above findings, counselors must use culturally sensitive and flexible practices beyond what is considered normal. This means being able to be receptive to change and be ready to listen to every one of the clients that are served. It includes the incorporation of cultural self-awareness, where the counselor recognizes his or her limitations and prejudices and pledges to learn more. The final challenge is more organisational support in healthcare organisations,

because the lack of support can hinder competent, culturally competent care. For instance, the use of interpreter services or cultural mediators is limited, and mental-health-care practitioners struggle with clients who speak other languages (Krystallidou et al., 2024). Furthermore, when they use the time-based model of conventional therapy, therapists might require more time to engage in a deeper cultural analysis before they can gain the trust of immigrant clients. However, according to the literature, cultural competence is useful in decreasing the mental-health disparities among immigrants.

Cultural Competency in Practice: Addressing Intersectionality and Diversity in Care

Cultural competency for practitioners, means incorporating these cultural differences into therapeutic practices (Curtis et al., 2019). Because most South Asian immigrants come from collectivist cultures, traditional individualistic theories of therapy do not meet their needs most of the time. One of these needs is the involvement of family and community in the treatment process, which is crucial in collectivistic cultures and their approach to mental health.

Researchers have noted that various family-intervention models are effective in reducing the measured stigma and increasing help-seeking behaviour of South Asian immigrants, in particular because mental health is a private matter that they discuss only within the family (Karasz et al., 2019). Recovery must focus on culture and the role of spirituality, which makes spiritual resources such as faith healers or prayers and meditation in therapy so important.

Clients are more likely to trust and engage in treatment when the approaches are consistent with their cultural beliefs, such as in collectivist cultures. For example, when practitioners incorporate religious beliefs and family into CA-CBT for depression and anxiety, it is more effective than the standard CBT for South Asians. This explains why cultural competence training is crucial for therapists, and they must be aware of the need to embrace their

clients' diverse cultural values during the intervention process to ensure effective and culturally appropriate practice.

Chapter Five: Recommendations and Conclusion

Summary of the Findings

This study began with the research problem of the need to address the significant mental-health issues of South Asian immigrants in Canada. Their acculturative stress, cultural shame, and language barriers hinder them from receiving appropriate care. The research question was therefore to pinpoint culturally appropriate interventions to address these problems without compromising the cultural ethos of these people. I conducted a thematic analysis of the literature published between 2019 and 2024 on culturally appropriate mental-health interventions. Significant findings identify culturally adapted programs, approaches to improving help-seeking behaviour, and the use of culturally appropriate support models as necessary. My research has confirmed the need to develop culturally sensitive mental-health programs for South Asian immigrants in Canada. Within this population, acculturative stress is a common issue because individuals have to balance adherence to the norms of a specific culture with their ability to accept the norms of the host country. In addition to acculturative stress, their mental-health issues are stigmatised culturally, and the language barrier poses a significant challenge to them. Such issues prevent South Asian immigrants from seeking professional assistance effectively, and their mental-health issues compound with time. Nevertheless, the research has demonstrated that culturally adapted therapies to address these problems include CA-CBT and trauma-focused interventions that acknowledge and integrate endearing cultural beliefs such as family unity and spirituality and are more appropriate and acceptable to South Asian consumers. For example, CA-CBT incorporates the cultural beliefs of clients into the therapy, and they are more inclined to work through their symptoms of anxiety and depression. I therefore recommend trauma interventions for immigrants who have experienced trauma at some stage during their migration

process to ensure that they receive culturally appropriate methods of dealing with it. In conclusion, it is imperative to ensure that mental-health programmes are culturally sensitive to South Asian immigrant populations.

Take-Home Message

The main implication of this research is that culturally appropriate services are required to enhance mental-health services for South Asian immigrants in Canada. This is why individuals from this culture with mental-health issues face discrimination, prejudice, and numerous barriers to seeking and obtaining proper care: acculturative stress, cultural shame, and language barriers. Hence, the inclusion of culturally sensitive treatments such as CA-CBT and other trauma-informed CBT that are compatible with culturally endorsed concepts such as familialism and spirituality significantly improve engagement and response to the treatment.

Furthermore, practitioners must be trained and reminded of clients' diverse cultural backgrounds to ensure that the clinical setting is culturally appropriate. Culturally appropriate practices, the encouragement of community support, and the use of culturally appropriate intermediaries in the treatment process will make mental-health services more accessible and effective. The take-home message is clear: Culturally appropriate treatment for mental-health issues is not only helpful, but also essential to the well-being of South Asian immigrants. This approach improves the mental-health status of clients as well as the effectiveness of mental-health care systems in terms of inclusion.

Recommendations for Future Research

The findings of this research show that the following areas need further research. A pivotal question for future research is, "What modifications are possible to enhance mental-health services for South Asian immigrants in rural or low-access areas?" Geographically, they

are distinct from urbanized regions, with a smaller population density and lower density of people who might be older immigrants or people with limited English language skills and resources. Culturally competent care is still relatively underdeveloped, and therefore, multilingual telehealth services, mobile mental-health clinics, and local training of caregivers in cultural competence are necessary to address the needs of these populations. These adaptations will also guarantee that South Asian immigrants receive culturally appropriate interventions and comprehensive healthcare services. Furthermore, although previous research highlighted trauma in immigrant adults, limited research exists on secondary traumatisation in children who have not witnessed a traumatising event but feel the effects. Other questions for future research are, “In what ways does intergenerational trauma manifest in South Asian immigrant families, and what specific practices might benefit both parents and children?” Answers to these questions will inform the emergence of family-based approaches to address families’ needs.

More research is also required on the structure and feasibility of mental-health services for different immigrants in urban and rural areas. This includes an exploration of how such programs can be delivered to fit diverse cultural, linguistic, and socioeconomic needs. The importance of faith-based interventions also needs to be explored. Faith workers, who have significant influence on South Asian populations, can serve as cultural intermediaries between Eastern culture and Western mental-health services. Researchers also need to conduct cross-sectional studies to assess the sustainability of culturally modified therapies, because most evidence is only over a short term. Future researchers should determine whether these therapies offer permanent changes in patients or whether they must be frequently adjusted. Finally, more research is needed on affordable, accessible, and culturally appropriate interventions in the community that utilise technology, such as teletherapy and mobile applications. These platforms

can prove helpful to those who are unable to seek usual mental-health treatment and will increase the availability of culturally sensitive care.

Reflections on Learning and Its Meaning for Professional Practice

This study has been beneficial in fostering an understanding of cultural competence in mental-health practice. One of the most important findings is the understanding that Western therapy models for immigrant clients can be more effective. The current mental-health models in practice must be expanded to integrate culturally sensitive models, and mental-health professionals need to understand the cultural differences of their clients. This shift calls for an expanded understanding of how cultural antecedents, including collectivism and spirituality, influence the mental-health outcomes of South Asian immigrants.

Discussions of cultural approaches to mental-health practice require not only the acknowledgement of cultural differences, but also modifications of interventions to fit clients' cultural belief systems. For example, the approach of the biopsychosocial model is a simple way of explaining the occurrence of mental-health issues as a consequence of biological, psychological, and social factors. However, the application of this model needs modification, especially for culturally diverse populations and immigrants. Culture is vital to the perception of mental health and stress, responses to them, and different interventions; and practitioners must fully account for these cultural elements to avoid being noncompetent in treatment planning.

The second takeaway from this study is the need for reflective practice and lifelong learning in practice settings. Practitioners must continue to refine their cultural competence; they must believe that being culturally competent requires constant updating because of the potential for new cultural settings and cultural experiences. In conducting this research, I have learned that therapists need to understand much more, such as the true nature of immigrants' mental-health

issues and that collectivism and spirituality are critical factors in maintaining mental health. All of these ideas have made me more focused and determined to improve my cultural competency. I will always be mindful of the need to be respectful of clients' cultural identity and to make them feel at ease.

In addition, in this study I have recommended advocacy as an essential aspect of psychiatric nursing. Even though single practitioners' good intentions and actions can lead to culturally sensitive mental-health care for immigrants, more structural change is also necessary. Mental-health professionals are obliged to lobby for culturally appropriate policies such as improved funding for culturally tailored treatments and the provision of compulsory cultural sensitivity courses as part of the curriculum for clinical training. Such initiatives are crucial to making mental-health care support available to and appropriate for all people, especially immigrants.

In conclusion, this research has enriched my knowledge of the mental-health issues that South Asian immigrants face and the role of culturally appropriate interventions in managing these issues. In the future I will strive to apply this information to practice, advance my cultural intelligence, and campaign for improved mental-health policies. In so doing, I wish to help to build a mental-health care system that is sensitive to the needs of any population and that fosters the health and strength of all, regardless of individual differences.

References

- Aggarwal, N. K., & Lewis-Fernández, R. (2020). An introduction to the cultural formulation interview. *FOCUS, 18*(1), 77–82. <https://doi.org/10.1176/appi.focus.18103>
- Aggarwal, N. K., Balaji, M., Kumar, S., Mohanraj, R., Rahman, A., Verdeli, H., Araya, R., Jordans, M. J. D., Chowdhary, N., & Patel, V. (2014). Using consumer perspectives to inform the cultural adaptation of psychological treatments for depression: A mixed methods study from South Asia. *Journal of Affective Disorders, 163*, 88–101. <https://doi.org/10.1016/j.jad.2014.03.036>
- Al Shamsi, H., Almutairi, A. G., Al Mashrafi, S., & Al Kalbani, T. (2020). Implications of language barriers for healthcare: A systematic review. *Oman Medical Journal, 35*(2), 1–7. <https://doi.org/10.5001/omj.2020.40>
- American Psychiatric Association, DSM-5 Task Force. (2013). *Diagnostic and statistical manual of mental disorders: DSM-5™ (5th ed.)*. <https://doi.org/10.1176/appi.books.9780890425596>
- Apers, H., Van Praag, L., Nöstlinger, C., & Agyemang, C. (2023). Interventions to improve the mental health or mental well-being of migrants and ethnic minority groups in Europe: A scoping review. *Cambridge Prisms: Global Mental Health, 10*. <https://doi.org/10.1017/gmh.2023.15>
- Baeza-Rivera, M. J., Salazar-Fernández, C., Manríquez-Robles, D., Salinas-Oñate, N., & Smith-Castro, V. (2022). Acculturative stress, perceived social support, and mental health: The mediating effect of negative emotions associated with discrimination. *International Journal of Environmental Research and Public Health, 19*(24), 16522. <https://doi.org/10.3390/ijerph192416522>
- Bandyopadhyay, M. (2021). Gestational diabetes mellitus: A qualitative study of lived experiences of South Asian immigrant women and perspectives of their health care providers in Melbourne, Australia. *BMC Pregnancy and Childbirth, 21*(1). <https://doi.org/10.1186/s12884-021-03981-5>
- Bempong, N.-E., Sheath, D., Seybold, J., Flahault, A., Depoux, A., & Saso, L. (2019). Critical reflections, challenges and solutions for migrant and refugee health: 2nd M8 Alliance Expert meeting. *Public Health Reviews, 40*(1). <https://doi.org/10.1186/s40985-019-0113-3>
- Bernal, G., Jiménez-Chafey, M. I., & Domenech Rodríguez, M. M. (2009). Cultural adaptation of treatments: A resource for considering culture in evidence-based practice. *Professional Psychology: Research and Practice, 40*(4), 361. <https://doi.org/10.1037/a0016401>
- Bloemraad, I., Esses, V., Kymlicka, W., & Zhou, Y.-Y. (2023). *Unpacking immigrant integration: Concepts, mechanisms, and context*. <https://thedocs.worldbank.org/en/doc/454db131e2fb1cd039409bd6f78e1778-0050062023/original/Social-integration-FINAL-FORMATTED.pdf>

- Bolton, D., & Gillett, G. (2019). *The biopsychosocial model of health and disease: New philosophical and scientific developments*. Open Access. <https://library.oapen.org/handle/20.500.12657/22889>
- Brandt, L., Liu, S., Heim, C., & Heinz, A. (2022). The effects of social isolation stress and discrimination on mental health. *Translational Psychiatry*, *12*(1), 1–11. <https://doi.org/10.1038/s41398-022-02178-4>
- Brooks, L. A., Manias, E., & Bloomer, M. J. (2019). Culturally sensitive communication in healthcare: A concept analysis. *Collegian*, *26*(3), 383–391. <https://doi.org/10.1016/j.colegn.2018.09.007>
- Bryant-Davis, T. (2019). The cultural context of trauma recovery: Considering the posttraumatic stress disorder practice guideline and intersectionality. *Psychotherapy*, *56*(3), 400–408. <https://doi.org/10.1037/pst0000241>
- Campbell, A. D. (2021). Clergy perceptions of mental illness and confronting stigma in congregations. *Religions*, *12*(12), 1110. <https://doi.org/10.3390/rel12121110>
- Castillo, E. G. (2020). Community interventions to promote mental health and social equity. *Current Psychiatry Reports*, *21*(5), 1–14. <https://doi.org/10.1007/s11920-019-1017-0>
- Castro, F. G., Berkel, C., & Epstein, D. R. (2023). Cultural adaptations and cultural factors in EBI implementation with Latinx communities. *Frontiers in Public Health*, *11*. <https://doi.org/10.3389/fpubh.2023.1007328>
- Chipalo, E. (2021). Is trauma focused-cognitive behavioral therapy (TF-CBT) effective in reducing trauma symptoms among traumatized refugee children? A systematic review. *Journal of Child & Adolescent Trauma*, *14*(4). <https://doi.org/10.1007/s40653-021-00370-0>
- Cobb, C. L., Branscombe, N. R., Meca, A., Schwartz, S. J., Xie, D., Zea, M. C., Molina, L. E., & Martinez, C. R. (2019). Toward a positive psychology of immigrants. *Perspectives on Psychological Science*, *14*(4), 619–632. <https://doi.org/10.1177/1745691619825848>
- Cross, T., Bazron, B., Dennis, K., Isaacs, M., & Benjamin, M. (1989). *Towards a culturally competent system of care: A monograph on effective services for minority children who are severely emotionally disturbed*. <https://spu.edu/-/media/academics/school-of-education/Cultural-Diversity/Towards-a-Culturally-Competent-System-of-Care-Abridged.ashx>
- Curtis, E., Jones, R., Tipene-Leach, D., Walker, C., Loring, B., Paine, S.-J., & Reid, P. (2019). Why cultural safety rather than cultural competency is required to achieve health equity: A literature review and recommended definition. *International Journal for Equity in Health*, *18*(1), 1–17. <https://doi.org/10.1186/s12939-019-1082-3>
- Delara, M. (2016). Social determinants of immigrant women's mental health. *Advances in Public Health*, *2016*, 1–11. <https://doi.org/10.1155/2016/9730162>

- Dombou, C., Omonaiye, O., Fraser, S., Cénat, J. M., Fournier, K., & Yaya, S. (2023). Barriers and facilitators associated with the use of mental health services among immigrant students in high-income countries: A systematic scoping review. *PLOS ONE*, *18*(6). <https://doi.org/10.1371/journal.pone.0287162>
- Engel, G. L. (1977). The need for a new medical model: A challenge for biomedicine. *Science*, *196*(4286), 129–136. <https://doi.org/10.1126/science.847460>
- Fajth, V., & Lessard-Phillips, L. (2022). Multidimensionality in the integration of first- and second-generation migrants in Europe: A conceptual and empirical investigation. *International Migration Review*, 019791832210892. <https://doi.org/10.1177/01979183221089290>
- Filler, T., Jameel, B., & Gagliardi, A. R. (2020). Barriers and facilitators of patient centered care for immigrant and refugee women: A scoping review. *BMC Public Health*, *20*(1), 1–12. <https://doi.org/10.1186/s12889-020-09159-6>
- George, U., Thomson, M. S., Chaze, F., & Guruge, S. (2015). Immigrant mental health, a public health issue: Looking back and moving forward. *International Journal of Environmental Research and Public Health*, *12*(10), 13624–13648. <https://doi.org/10.3390/ijerph121013624>
- Gopalkrishnan, N. (2018). Cultural diversity and mental health: Considerations for policy and practice. *Frontiers in Public Health*, *6*(179). <https://doi.org/10.3389/fpubh.2018.00179>
- Government of Canada. (2024, May 16). *The Daily — Half of racialized people have experienced discrimination or unfair treatment in the past five years*. [www150.statcan.gc.ca](https://www150.statcan.gc.ca/n1/daily-quotidien/240516/dq240516b-eng.htm). <https://www150.statcan.gc.ca/n1/daily-quotidien/240516/dq240516b-eng.htm>
- Gyan, C., Chowdhury, F., & Yeboah, A. S. (2023). Adapting to a new home: Resettlement and mental health service experiences of immigrant and refugee youth in Montreal. *Humanities and Social Sciences Communications*, *10*(1). <https://doi.org/10.1057/s41599-023-01572-7>
- Handtke, O., Schilgen, B., & Mösko, M. (2019). Culturally competent healthcare—A scoping review of strategies implemented in healthcare organizations and a model of culturally competent healthcare provision. *PLOS One*, *14*(7), 1–24. <https://doi.org/10.1371/journal.pone.0219971>
- Henkelmann, Jens-R., de Best, S., Deckers, C., Jensen, K., Shahab, M., Elzinga, B., & Molendijk, M. (2020). Anxiety, depression and post-traumatic stress disorder in refugees resettling in high-income countries: systematic review and meta-analysis. *BJPsych Open*, *6*(4). <https://doi.org/10.1192/bjo.2020.54>
- Hennessey, K. (2023, August 18). *Navigating mental health as a South Asian immigrant*. Mood Disorders Society of Canada. <https://mdsc.ca/navigating-mental-health-as-a-south-asian-immigrant/>

- Hombrados-Mendieta, I., Millán-Franco, M., Gómez-Jacinto, L., Gonzalez-Castro, F., Martos-Méndez, M. J., & García-Cid, A. (2019). Positive influences of social support on sense of community, life satisfaction and the health of immigrants in Spain. *Frontiers in Psychology, 10*(2555). <https://doi.org/10.3389/fpsyg.2019.02555>
- Huey, S. J., Park, A. L., Galán, C., & Wang, C. X. (2023). Culturally responsive cognitive behavioral therapy for ethnically diverse populations. *Annual Review of Clinical Psychology, 19*(1), 51–78. <https://doi.org/10.1146/annurev-clinpsy-080921-072750>
- Islam, F., Qasim, S., Ali, M., Hynie, M., Shakya, Y., & McKenzie, K. (2022). South Asian youth mental health in Peel Region, Canada: Service provider perspectives. *Transcultural Psychiatry, 60*(2), 136346152211193. <https://doi.org/10.1177/13634615221119384>
- Jarvis, G. E., Kirmayer, L. J., Gómez-Carrillo, A., Aggarwal, N. K., & Lewis-Fernández, R. (2020). Update on the cultural formulation interview. *FOCUS, 18*(1), 40–46. <https://doi.org/10.1176/appi.focus.20190037>
- Joo, J. Y., & Liu, M. F. (2020). Culturally tailored interventions for ethnic minorities: A scoping review. *Nursing Open, 8*(5), 2078–2090. <https://doi.org/10.1002/nop2.733>
- Kananian, S., Soltani, Y., Hinton, D., & Stangier, U. (2020). Culturally adapted cognitive behavioral therapy plus problem management (CA-CBT+) with Afghan refugees: A randomized controlled pilot study. *Journal of Traumatic Stress, 33*(6), 928–938. <https://doi.org/10.1002/jts.22615>
- Karasz, A., Gany, F., Escobar, J. I., Flores, C., Prasad, L., Inman, A. G., Kalasapudi, V., Kosi, R., Murthy, M. K. S., Leng, J., & Diwan, S. (2019). Mental health and stress among South Asians. *Journal of Immigrant and Minority Health, 21*(S1), 7–14. <https://doi.org/10.1007/s10903-016-0501-4>
- Kerker, B. D., R. Gabriela Barajas-Gonzalez, Rojas, N. M., Norton, J. M., & Brotman, L. M. (2024). Enhancing immigrant families' mental health through the promotion of structural and community-based support. *Frontiers in Public Health, 12*. <https://doi.org/10.3389/fpubh.2024.1382600>
- Khatri, R. B., & Assefa, Y. (2022). Access to health services among culturally and linguistically diverse populations in the Australian universal health care system: Issues and challenges. *BMC Public Health, 22*(1), 1–14. <https://doi.org/10.1186/s12889-022-13256-z>
- Kim, H., Prouty, A. M., & Roberson, P. N. E. (2012). Narrative therapy with intercultural couples: A case study. *Journal of Family Psychotherapy, 23*(4), 273–286. <https://doi.org/10.1080/08975353.2012.735591>
- Kirkbride, J. B., Anglin, D. M., Colman, I., Dykxhoorn, J., Jones, P. B., Patalay, P., Pitman, A., Sonesson, E., Steare, T., Wright, T., & Griffiths, S. L. (2024). The social determinants of mental health and disorder: Evidence, prevention and recommendations. *World Psychiatry : Official Journal of the World Psychiatric Association (WPA), 23*(1), 58–90. <https://doi.org/10.1002/wps.21160>

- Koç, V., & Kafa, G. (2019). Cross-cultural research on psychotherapy: The need for a change. *Journal of Cross-Cultural Psychology, 50*(1), 100–115. <https://doi.org/10.1177/0022022118806577>
- Kristiana, I. F., Karyanta, N. A., Simanjuntak, E., Prihatsanti, U., Ingarianti, T. M., & Shohib, M. (2022). Social support and acculturative stress of international students. *International Journal of Environmental Research and Public Health, 19*(11), 6568. <https://doi.org/10.3390/ijerph19116568>
- Krystallidou, D., Temizöz, Ö., Wang, F., de Looper, M., Maria, E. D., Gattiglia, N., Giani, S., Hieke, G., Morganti, W., Pace, C. S., Schouten, B., & Braun, S. (2024). Communication in refugee and migrant mental healthcare: A systematic rapid review on the needs, barriers and strategies of seekers and providers of mental health services. *Health Policy, 139*, 104949. <https://doi.org/10.1016/j.healthpol.2023.104949>
- Lai, D. W. L., Li, J., Ou, X., & Li, C. Y. P. (2020). Effectiveness of a peer-based intervention on loneliness and social isolation of older Chinese immigrants in Canada: A randomized controlled trial. *BMC Geriatrics, 20*(1). <https://doi.org/10.1186/s12877-020-01756-9>
- Lau, L. S., & Rodgers, G. (2021). Cultural competence in refugee service settings: A scoping review. *Health Equity, 5*(1), 124–134. <https://doi.org/10.1089/heap.2020.0094>
- Li, J., Li, J., Yuan, L., Zhou, Y., Zhang, W., & Qu, Z. (2023). Cultural adaptation of trauma-focused cognitive behavioral therapy for trauma-affected children in China. *Psychological Trauma: Theory, Research, Practice, and Policy*. <https://doi.org/10.1037/tra0001523>
- Li, S., Miles, K., George, R. E., Ertubey, C., Pype, P., & Liu, J. (2023). A critical review of cultural competence frameworks and models in medical and health professional education: A meta-ethnographic synthesis: BEME Guide No. 79. *Medical Teacher, 45*(10), 1–23. <https://doi.org/10.1080/0142159x.2023.2174419>
- Liem, A., Renzaho, A. M. N., Hannam, K., Lam, A. I. F., & Hall, B. J. (2021). Acculturative stress and coping among migrant workers: A global mixed-methods systematic review. *Applied Psychology. Health and Well-being, 13*(3), 491–517. <https://doi.org/10.1111/aphw.12271>
- López-Zerón, G., Parra-Cardona, J. R., & Yeh, H. (2019). Addressing immigration-related stress in a culturally adapted parenting intervention for Mexican-Origin immigrants: Initial positive effects and key areas of improvement. *Family Process, 59*(3). <https://doi.org/10.1111/famp.12481>
- Lowe, R. (2023). *Biopsychosocial Model*. Physiopedia. https://www.physio-pedia.com/Biopsychosocial_Model
- Menon, S., Katona, C., & Glover, N. (2024). The effectiveness and acceptability of culturally adapted cognitive behavioural therapy for traumatised refugees and asylum seekers: A systematic review. *Mental Health Science*. <https://doi.org/10.1002/mhs2.85>

- Naeem, F., Khan, N., Nazia Sohani, Safa, F., Masud, M., Ahmed, S., Thandi, G., Baldev Mutta, Azaad Kasaam, Tello, K., Muhammad Ishrat Husain, Muhammad Omair Husain, Kidd, S. A., & McKenzie, K. (2023). Culturally adapted cognitive behaviour therapy (CaCBT) to improve community mental health services for Canadians of South Asian origin: A qualitative study. *The Canadian Journal of Psychiatry, 69*(1).
<https://doi.org/10.1177/07067437231178958>
- Naeem, F., Phiri, P., Rathod, S., & Ayub, M. (2019). Cultural adaptation of cognitive-behavioural therapy. *BJPsych Advances, 25*(6), 387–395.
<https://doi.org/10.1192/bja.2019.15>
- Nalongo Bina, K. (2024). The impact and future of teletherapy in mental health support. *Research Output Journal of Biological and Applied Science, 4*(3), 15–19.
<https://doi.org/10.59298/rojbas/2024/421519>
- Ng, E., & Zhang, H. (2020). *Health reports: The mental health of immigrants and refugees: Canadian evidence from a nationally linked database*. Statistics Canada.
<https://www150.statcan.gc.ca/n1/pub/82-003-x/2020008/article/00001-eng.htm>
- Omwenga, N. (2020). *Exploring the relationship between spirituality and mental health among Kenyans living in the United States: A review of literature*.
<https://spark.bethel.edu/cgi/viewcontent.cgi?article=1487&context=etd>
- Oppedal, B., Keles, S., Cheah, C., & Røysamb, E. (2020). Culture competence and mental health across different immigrant and refugee groups. *BMC Public Health, 20*(1).
<https://doi.org/10.1186/s12889-020-8398-1>
- Orang, T. M., Missmahl, I., Gardisi, M., & Kluge, U. (2023). Rethinking mental health care provided to migrants and refugees: A randomized controlled trial on the effectiveness of value based counseling, a culturally sensitive, strength-based psychological intervention. *PLOS One, 18*(3), e0283889. <https://doi.org/10.1371/journal.pone.0283889>
- Perera, C., Salamanca-Sanabria, A., Caballero-Bernal, J., Feldman, L., Hansen, M., Bird, M., Hansen, P., Dinesen, C., Wiedemann, N., & Vallières, F. (2020). No implementation without cultural adaptation: A process for culturally adapting low-intensity psychological interventions in humanitarian settings. *Conflict and Health, 14*(1).
<https://doi.org/10.1186/s13031-020-00290-0>
- Ramirez de Arellano, M. A., Lyman, D. R., Jobe-Shields, L., George, P., Dougherty, R. H., Daniels, A. S., Ghose, S. S., Huang, L., & Delphin-Rittmon, M. E. (2014). Trauma-focused cognitive-behavioral therapy for children and adolescents: Assessing the evidence. *Psychiatric Services, 65*(5), 591–602.
<https://doi.org/10.1176/appi.ps.201300255>
- Rathod, S., Phiri, P., & Naeem, F. (2019). An evidence-based framework to culturally adapt cognitive behaviour therapy. *The Cognitive Behaviour Therapist, 12*, e10.
<https://doi.org/10.1017/S1754470X18000247>

- Rotheram-Borus, M. J. (2021). Designing evidence-based preventive interventions that reach more people, faster, and with more impact in global contexts. *Annual Review of Clinical Psychology*, 17(1), 551–575. <https://doi.org/10.1146/annurev-clinpsy-081219-120453>
- Sadusky, A., Yared, H., Patrick, P., & Berger, E. (2023). A systematic review of client's perspectives on the cultural and racial awareness and responsiveness of mental health practitioners. *Culture & Psychology*, 1354067X2311566. <https://doi.org/10.1177/1354067x231156600>
- Salami, B., Salma, J., & Hegadoren, K. (2018). Access and utilization of mental health services for immigrants and refugees: Perspectives of immigrant service providers. *International Journal of Mental Health Nursing*, 28(1), 152–161. <https://doi.org/10.1111/inm.12512>
- Semmler, P. L., & Williams, C. B. (2000). Narrative therapy: A storied context for multicultural counseling. *Journal of Multicultural Counseling and Development*, 28(1), 51–62. <https://doi.org/10.1002/j.2161-1912.2000.tb00227.x>
- Shah, S., & Tewari, N. (2019). Cognitive behavior therapy with South Asian Americans. In G. Y. Iwamasa & P. A. Hays (Eds.), *Culturally responsive cognitive behavior therapy: Practice and supervision* (2nd ed., pp. 161–182). American Psychological Association. <https://doi.org/10.1037/0000119-007>
- Shahwan, S., Goh, C. M. J., Tan, G. T. H., Ong, W. J., Chong, S. A., & Subramaniam, M. (2022). Strategies to reduce mental illness stigma: Perspectives of people with lived experience and caregivers. *International Journal of Environmental Research and Public Health*, 19(3), 1632. <https://doi.org/10.3390/ijerph19031632>
- Sharma, N., Shaligram, D., & Yoon, G. (2020). Engaging South Asian youth and families: A clinical review. *International Journal of Social Psychiatry*, 66(6), 584–592. <https://doi.org/10.1177/0020764020922881>
- Shea, M., & Wong, Y. J. (2022). A two-way street: Immigrants' mental health challenges, resilience, and contributions. *One Earth*, 5(8), 845–848. <https://doi.org/10.1016/j.oneear.2022.07.010>
- Tanaka-Matsumi, J. (2022). Counseling across cultures: A half-century assessment. *Journal of Cross-Cultural Psychology*, 53(7-8), 957–975. <https://doi.org/10.1177/00220221221111810>
- Theodosopoulos, L., Fradelos, E. C., Panagiotou, A., Dreliozi, A., & Tzavella, F. (2024). Delivering culturally competent care to migrants by healthcare personnel: A crucial aspect of delivering culturally sensitive care. *Social Sciences*, 13(10), 530–530. <https://doi.org/10.3390/socsci13100530>
- Thielemann, J. F. B., Kasparik, B., König, J., Unterhitzenberger, J., & Rosner, R. (2022). A systematic review and meta-analysis of trauma-focused cognitive behavioral therapy for children and adolescents. *Child Abuse & Neglect*, 134, 105899. <https://doi.org/10.1016/j.chiabu.2022.105899>

- Tian, Z., & Li, Q. (2024). Exploring the ethnic cultural integration path of immigrant communities based on ethnic inter-embedding. *Economics*, 18(1). <https://doi.org/10.1515/econ-2022-0090>
- Tummala-Narra, P., & Deshpande, A. (2018). Mental health conditions among South Asians in the United States. In M. Perera & E. Chang (Eds.), *Biopsychosocial approaches to understanding health in South Asian Americans: Cross-cultural research in health, illness and well-being* (pp. 171–192). Springer. https://doi.org/10.1007/978-3-319-91120-5_9
- Uher, A., Fisher, M. H., & Josol, C. K. (2023). Cultural competency training for the social service professions: A systematic literature review. *Multicultural Learning and Teaching*, 0(0). <https://doi.org/10.1515/mlt-2022-0024>
- Willis, H. A., & Neblett, E. W. (2023). Developing culturally-adapted mobile mental health interventions: A mixed methods approach. *MHealth*, 9(1). <https://doi.org/10.21037/mhealth-22-19>
- Zghal, A., El-Masri, M., McMurphy, S., & Pfaff, K. (2020). Exploring the impact of health care provider cultural competence on new immigrant health-related quality of life: A cross-sectional study of Canadian newcomers. *Journal of Transcultural Nursing*, 32(5), 104365962096744. <https://doi.org/10.1177/1043659620967441>
- Zou, P., Alam, A., Shao, J., Luo, Y., Huang, Y., Zhang, H., Wang, W., & Sidani, S. (2023). Midlife transition experiences of South Asian immigrant women in Canada: A qualitative exploration. *Canadian Journal of Nursing Research Archive*, 55(3), 305–318. <https://doi.org/10.1177/08445621231153525>