

**Capstone Research Project: Culturally Adapted Cognitive Behavioural Therapy for South
Asian Canadians experiencing Anxiety**

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Table of Contents

Abstract	4
Introduction	5
Self-positioning Statement	8
Literature Review	13
Brief History of Cognitive Behavioural Therapy.....	14
Research on Culturally Adapted Cognitive Behavioural Therapy for South Asians.....	15
<i>Pilot Testing: Awareness, Assessment and Adjustments</i>	18
<i>Protocol</i>	23
<i>Testing the CaCBT Training Manual</i>	24
Culturally Specific Adjustments and Cultural Barriers.....	28
Ethics	36
Principle I: Respect of Dignity of Persons and Peoples.....	37
Principle II: Responsible Caring.....	40
Principle IV: Responsibility to Society.....	43
Implications for Counselling Psychology	44
Counsellor Competence.....	45
Research Implications.....	47
Comparing CBT and CaCBT in Practice.....	48
<i>Scenario #1: Building Rapport and Therapy Style</i>	49
<i>Scenario #2: Therapy Techniques</i>	51
<i>Scenario #3: Assessment of Acculturation</i>	52
Assessment and Engagement.....	52

<i>Assessment</i>	53
<i>Engagement</i>	55
Social Supports.....	56
Fundamental Next Steps for Research	57
Training.....	58
Awareness and Education.....	59
Advocating for Accessibility of Care.....	61
Recommendations for the Practice	62
Reflexive Self-Statement	66
Conclusion	70
References	73
Appendix A: Methodology	79
Appendix B: Mental Health Resources for South Asians in Canada	84

Abstract

South Asian individuals experience depression and anxiety and require culturally sensitive therapy. Cognitive behavioural therapy (CBT) has decades of evidence to support its effectiveness in treating anxiety and depression. Culturally adapted psychotherapies go beyond the basic understanding of therapeutic interventions and explore the influence that culture has on individuals presenting concerns. As ethnic diversity and mental health challenges like anxiety continue to grow in Canada, it is important that culturally adapted psychotherapies become the mainstream therapeutic intervention for the South Asian community. This capstone research project addresses the following research question: *As an evidence-based psychotherapy, how can cognitive behavioural therapy be culturally adapted for South Asian populations experiencing anxiety?* Consideration of the author's personal relationship and connection to the research and author is explored. Ethics and an extensive literature review on the interconnectedness of CBT and South Asian culture is critically analyzed. Clinical implications of culturally adapting CBT are addressed. Barriers to help-seeking behaviour and limitations to the current research are also explored.

Keywords: anxiety, barriers to help-seeking behaviours, cognitive behavioural therapy, culturally adapted, South Asian

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South Asians are a growing group of culturally diverse people who, encompassing 25% of minority groups across the country, are quickly becoming the largest ethnic group in Canada (Islam et al., 2017; Naeem et al., 2021). South Asians encompass a fusion of cultures, traditions, and experiences that create unique identities (Shah et al., 2023). As with other culturally diverse populations, South Asians face issues and challenges regarding mental health which are likely to go unaddressed (Islam et al., 2017; Karasz et al., 2019; Naeem et al., 2021). Social factors such as migration, language barriers, dual identity, and cultural pressures can considerably affect the quality of life and daily functioning of South Asians (Karasz et al., 2019; Naeem et al., 2021).

The negative impact of these social factors causes decreased access and use of appropriate mental health care, furthering discrimination towards South Asians in mental health care services (Naeem et al., 2021). Furthermore, these negative social factors may contribute to higher risk of mood and anxiety disorders for South Asians (Naeem et al., 2021; Shah et al., 2023). Researchers have explored the potential barriers to help-seeking behaviour for South Asians (Basri et al., 2021; Islam et al., 2017) and understand the necessity of considering the influence that an individual's culture can have on their view of mental health (Naeem et al., 2019a; Patel et al., 2022). Barriers can reduce access to services, discourage conversations about mental health, and increase stigma (Islam et al., 2022; Karasz et al., 2019). Therefore, improving mental health services for South Asians in Canada is important (Naeem et al., 2019a).

Improving mental health services for South Asian populations should focus on the significant contributions of population dynamics (Islam et al., 2022). Population dynamics in this context refers to family dynamics, cultural expectations, and religious or spiritual beliefs (Islam

et al., 2022). It is essential to focus mental health research and practice on frequently adapting and adjusting current psychotherapies, services, and resources for culturally diverse populations to reduce inequities in health-care services and improve access to appropriate care (Naeem et al., 2021). These adapted therapeutic components are important to counsellors and the counselling field to help support the delivery of culturally appropriate mental health care.

Defining key terms and phrases will support an understanding of this capstone project and the research question that is explored in the literature review. According to the *Diagnostic and Statistical Manual of Mental Disorders 5-Text Revision (DSM-5-TR)*, *anxiety* refers to persistent or excessive fear of a particular object or situation in which the response is beyond that of developmentally appropriate stages (American Psychological Association [APA], 2022). Symptoms are persistent for six months, or more and cultural context is considered by clinicians when determining the excessiveness of the response (APA, 2022). Symptoms include excessive worry, difficulty controlling worry, symptoms causing significant distress in areas of functioning, symptoms not attributable to other factors (e.g., drug use or abuse, medication), other medical conditions, or explained by another mental disorder. Additionally, anxiety includes three or more of the following: restlessness, easily fatigued, difficulty concentrating, irritability, muscle tension, and sleep disturbances (APA, 2022).

Barriers to help-seeking behaviours refer to difficulties, concerns, and stigma around access to support, trust, and confidentiality in services (Salaheddin & Mason, 2016; Shi et al., 2020). Barriers to help-seeking behaviours may also include a preference for dealing with problems using informal, alternative treatment methods (Salaheddin & Mason, 2016; Shi et al., 2020). *Cognitive behavioural therapy (CBT)* is a talk-based therapy used to challenge inaccurate, unhelpful, or negative thoughts, beliefs, and attitudes through awareness of perceptions and

behaviours (Ackerman, 2017; Mayo Clinic, 2019). *Culturally adapted cognitive behavioural therapy* (CaCBT) refers to adapting and adjusting traditional CBT while maintaining the theoretical framework to benefit a diverse population (Hwang, 2020; Naeem et al., 2021). These definitions will help the reader to better understand the components of this capstone project.

South Asian refers to an individual who is a descendant of India, Pakistan, Sri Lanka, or Bangladesh (Stat Can, 2022). Additionally, South Asian can refer to a person who descends from Nepal, Bhutan, or Maldives (Basri et al., 2021; Goel et al., 2021; Naeem et al., 2019a; Patel et al., 2022; Sharma et al., 2020) Afghanistan, Africa (Naeem et al., 2019a), Trinidad/Tobago, Guyana, and Fiji (Sharma et al., 2020). There is no universal definition of the term *South Asian*, and the inclusion or exclusion of different cultures based on demographics can often lead to confusion and could potentially be a barrier to receiving mental health support if such support is based on a cultural definition.

This capstone research project will focus on the following research question: *As an evidence-based psychotherapy, how can cognitive behavioural therapy be culturally adapted for South Asian populations experiencing anxiety?* This capstone includes an exploration of a self-positioning statement, a literature review, and ethics. The literature review focuses on the cultural adaptation process of CBT for South Asians experiencing anxiety. This capstone also explores the implications of culturally adapted CBT for therapy and mental-health care professionals and the importance of acknowledging barriers to help-seeking behaviour. This capstone research project identifies recommendations for the counselling field and also includes a reflexive self-statement and concluding sentiments with an overview of this project.

Self-positioning Statement

Reflections encompass understanding internal judgments and ethical considerations for therapy (Canadian Psychological Association [CPA], 2017). Reflections should begin by acknowledging the interest or appeal, which direction to take and why, previous knowledge of and experience with the subject, and biases and grounding theories (Mayhew, 2023). Reflections encompass understanding internal judgments and ethical considerations for therapy (CPA, 2017). Self-reflection is integral to the research process to address biases on the topic and explores how these biases can influence the way we present research.

I wanted to write about a topic I was passionate about and would enjoy researching. I decided to focus on culturally adapted cognitive behavioural therapy (CaCBT) for South Asian populations experiencing anxiety. My interest in this topic developed from wanting to explore the perceptions of mental health in South Asian communities in Canada. Identifying as South Asian, my initial interest was to explore barriers to help-seeking behaviour in South Asian communities due to personal experiences. Completing a year in this master's program empowered me to be more critical of the information I was reading and the topics I was researching. I began to narrow down an area of interest and focus on a topic that could not only benefit the South Asian community and the counselling field, but also improve my understanding of the importance of cultural influences on the mental well-being of this population. This led to more open discussion about mental health in my personal life and a growing desire to further benefit the counselling field by building cultural awareness, continuing research, and advocating for culturally adapted psychotherapies. Though evidence supports the effectiveness of CaCBT, I am also curious about how other psychotherapies can be culturally adapted and I am hopeful for future research to this end.

Continuing research on current psychotherapies that have been adapted for diverse populations led me to find evidence-based research on CBT's benefits as a culturally adapted intervention. I decided to focus on adapting and adjusting for the future of counselling rather than solely focusing on the issues of the past. I chose to focus on culturally adapting CBT over other types of psychotherapies because (a) there is evidence to show the effectiveness of CaCBT for anxiety and depression (Mayo Clinic, 2019) which are common concerns for South Asians (Basri et al., 2021; Goel et al., 2022; Islam et al., 2017; Naeem et al., 2019); and (b) CBT is a well-known psychotherapy for counsellors and the general public (Ackerman, 2017; Islam et al., 2017). Because evidence supports CBT's effectiveness and ease of accessibility and understanding, CBT became the appropriate option for discussing culturally adapted psychotherapies.

I identify as South Asian, and it can be easy to empathize with people with similar lived experiences about cultural issues. However, understanding biases are part of being a competent counsellor. Looking back on my experience, I noticed that mental health was rarely discussed in my family and often dismissed. I experienced stigma around mental health and learned how my culture acknowledged mental health concerns. My interest grew in wanting to research psychotherapies that would benefit South Asian communities and use this information to spread appropriate information about available resources. I understand that pressure and expectations can lead to mental health struggles (Islam et al., 2017), and support systems may be unavailable (Basri et al., 2021). However, understanding a particular experience does not indicate the same experience.

Similar experiences between the counsellor and the individual may lead to unconscious reactions or projections toward a client, known as countertransference (Dixon, 2018). As a future

professional, understanding and acknowledging the impact of personal experiences on emotions, thoughts, and feelings (Dixon, 2018) regarding a particular issue or challenge determines competency in the counselling practice. Countertransference can occur when an individual describes an experience I am familiar with, to which my reaction might not be helpful. For example, a client may express an experience in which they are facing issues with cultural pressures and gender expectations. As I have experienced similar situations, providing insight that allowed me to process my emotions can be easy. However, concerns for the individual's experience and my reaction are crucial. I cannot assume the client can process or behave in a similar way to me.

To account for countertransference, I must acknowledge my present feelings and prepare to be open about my concerns. Conducting internal work before assessing individuals I serve within the South Asian community can help me to provide appropriate care and provide a better understanding of unique differences. For example, seeking counselling for personal concerns, advocating for culturally adapted interventions, and encouraging cultural awareness are starting points to successful internal work. Even though I may have experienced situations like those experienced by the people I will serve, my experience does not reflect an understanding of their experience. I will never fully understand their experience, but I can validate it and focus on interventions adapted for South Asian populations. I must take the time to research and discuss my approach with trained professionals as I grow in this practice. Understanding cultural nuances is crucial during counselling, but I must acknowledge that my own experience, no matter how similar, do not equate to being the experiences of individuals I will work with.

My grounding theory focuses on addressing concerns using a person-centred, strength-based approach. A person-centred approach (also known as Rogerian therapy) is based on the

premise that individuals are innately driven by and contain the ability to grow and self-actualize (Yao & Kabir, 2023). The counsellor's role is to create a judgement-free space for the individual to conduct healthy self-exploration (Yao & Kabir, 2023). The counsellor does not offer advice but, using reflection and clarification of prompts and questions, directs the session towards increasing the individual's self-awareness, as the individual is the expert in their own life (Yao & Kabir, 2023). This strength-based approach focuses on individuals' strength and autonomy and builds on virtues of resilience and resourcefulness (Stoerkel, 2019).

Much like the person-centred approach, the strength-based approach is led by the individual and encourages the individual to affect change in themselves (Stoerkel, 2019). With South Asian individuals, concerns arise from the need to appear perfect (Islam et al., 2017), as cultural expectations focus on error and negative instances rather than strength and positive approaches (Islam et al., 2022). In my experience as a South Asian, the strength-based approach resonates with me because I grew up in a culture that focused on negative aspects rather than encouraging strengths and positive qualities. I want to ensure that the approach I align with focuses on building the skills, knowledge, and strengths that clients already possess.

CBT focuses on challenging negative thoughts (Ackerman, 2017), and I want to address adverse issues through a positive lens by incorporating strengths and direction from the individual. Person-centred, strength-based approaches integrated with CBT as the theoretical framework are intended to challenge negative thoughts. With CaCBT, the focus is on adjusting the delivery of CBT to focus on awareness and knowledge about the person's culture while maintaining the theoretical framework (Naeem et al., 2019b).

I had no prior knowledge of CaCBT before this capstone project. In researching the perception of mental health in the South Asian community, I came across a recent article

(CAMH, 2023) focusing on adapting and adjusting current interventions to benefit South Asian Canadians. My interest piqued when I became aware that there was research indicating the effectiveness of CaCBT as well as techniques within the CBT theoretical framework that could be adjusted for CaCBT. I do not have formal training in traditional CBT or CaCBT; however, I plan to pursue this training as a professional.

Navigating culturally specific resources can be challenging and provide additional barriers to South Asians experiencing anxiety (Rathod et al., 2019). Experiences navigating available resources can shape how we interpret the information we find and how we react to information that is not available. Lack of information can provide insight into the necessary future of the research. As for personal attitudes regarding culturally adapting CBT for South Asians experiencing anxiety and CBT as the chosen psychotherapy, I am conflicted. Currently, my emotions are scattered, though I am working towards a place of understanding. I am confused and frustrated, but I am progressing toward understanding the complexities of culturally adapted health care. I am confused as to why it has taken so long to focus our attention on adapting mental health care for diverse populations and frustrated that the conversation is still occurring in parts of Canada. Growth requires channelling that confusion and frustration towards making changes in the healthcare system and advocating for diverse individuals. Growth leads to the beginning of change, adjusting the training process and regulating the adaptation of existing psychotherapies. Despite the turmoil of my personal emotions, I am excited to see what changes can occur and how to encourage future generations to continue speaking up about mental health and encourage older generations to join in these conversations. Speaking up validates the experiences of South Asians and the lasting effects they can have on our health if they go untreated.

As I complete this master's program, I consider myself an ethically minded person and take pride in my commitment to continue practicing ethics in the future. Considering the client's needs and protecting their privacy throughout the therapeutic experience is important. A positive, successful therapeutic relationship is built on trust, and that begins with adhering to ethical practices. My views on ethics have remained the same since the beginning of this master's program, but now I have the correct policies to encourage ethical behaviours. This begins with respecting individual and cultural differences and knowing that clients require personalized care.

To understand the research, I must focus on my position within the literature. Being South Asian comes with unique experiences and challenges. As a growing minority group, it is easy to conclude that there is a lack of representation within the mental health field (Basri et al., 2021). Exploring how I fit into my research topic and the existing literature can help me understand the impact my interests, beliefs, grounding theories, and biases can have on individuals of South Asian origin. Understanding personal attachment and insights requires additional consideration of ethical practices.

Literature Review

The research in this literature review will provide insight into the research question: *As an evidence-based psychotherapy, how can cognitive behavioural therapy be culturally adapted for South Asian populations experiencing anxiety?* This includes explaining traditional CBT for anxiety and analyzing the research on culturally adapted CBT (CaCBT) for South Asians experiencing anxiety within Canada. CaCBT refers to adapting and adjusting traditional CBT while maintaining the theoretical framework to benefit a diverse population (Hwang, 2020; Naeem et al., 2021). This analysis will include recent studies using CaCBT, the need for the continuation of CaCBT research, suggestions on how to adapt CBT for South Asians

experiencing anxiety, and the implications for cultural adaptation of CBT moving forward. This literature review will also address common concerns for South Asians and barriers to help-seeking behaviour as a starting point to adapting CBT and its limitations. Understanding and acknowledging barriers to help-seeking behaviours can help counsellors focus on their practice. Knowledge of limitations addresses competence, cultural awareness in mental health care professionals, and ethical practices.

Brief History of Cognitive Behavioural Therapy

CBT is a talk-based psychotherapeutic intervention (Ackerman, 2017; Mayo Clinic, 2019) that focuses on challenging inaccurate, unhelpful, or negative thoughts, beliefs, and attitudes through awareness of perceptions and behaviours (Ackerman, 2017; Rathod et al., 2019). CBT was first introduced and practiced by a psychiatrist, Aaron Beck, in the 1960s (Chand et al., 2023), in which he conducted research on idiosyncratic content and cognitive distortions for individuals with depression (Beck, 1963). Beck's seminal work addressed issues with previous psychological research on depression, which focused on the motivational-affective model (Beck, 1963). This model categorizes and interprets verbal behaviours of individuals with depression rather than cognitive processes (Beck, 1963). During Beck's initial work with individuals with depression, he noticed distortions in their thought processes that lacked validity (Chand et al., 2023). This discovery identified depression as a cognitive concern rather than a mood disorder (Beck, 1963; Chand et al., 2023). Beck's clinical observations and empirical data allowed for the focus to shift from behavioural emphasis to incorporating cognitive, emotional, and behavioural aspects (Chand et al., 2023). Including cognitive, emotional, and behavioural elements into therapy allows the individual and counsellor to address negative patterns and determine their effects on presenting concerns and daily functioning (Chand et al., 2023).

During CBT interventions, counsellors explore an individual's beliefs and experiences to evoke cognitive beliefs, emotions, and behaviours to create a treatment plan (Rathod et al., 2019). Since culture influences one's experiences, beliefs and assumptions about self, others, and the world (Ackerman, 2017; Rathod et al., 2019), it can influence mental health concerns. Therefore, addressing how culture influences beliefs about health, health care, and trust and knowledge in services is integral to the cultural adaptation process (Rathod et al., 2019). For the purpose of this capstone, “cultural adaptation process” refers to the steps required to adapt traditional CBT for South Asian individuals.

CBT is currently the most widely researched and used psychotherapy since its development, with evidence to support its effectiveness (Ackerman, 2017; Chand et al., 2023). Current CBT practices include a focus on automatic thoughts (interpretations of events), cognitive distortions (errors in logical thinking leading to inaccurate conclusions), and beliefs or schemas (core ideas about self and world, assumptions, and rules) (Chand et al., 2023). With these basic principles in mind, counselling can work towards adapting CBT to benefit culturally diverse populations. Understanding the theoretical framework of CBT can help counsellors know when and where to adapt and adjust CBT to be culturally specific.

Research on Culturally Adapted Cognitive Behavioural Therapy for South Asians

Culturally adapted psychotherapies refer to adapting and adjusting existing mental health care services and interventions to benefit ethnically diverse populations (Hwang, 2020). For this capstone research project, the focus is on CBT as a culturally adapted framework, in which the interventions and goals of CBT are adjusted to benefit South Asians experiencing anxiety. Cultural adaptation in mental health is important to ensure service users receive appropriate and

effective care, tailored to their cultural backgrounds and unique differences (Naeem et al., 2019b).

CBT focuses on exploring a person's beliefs, attitudes, and experiences, which can be influenced by culture (Rathod et al., 2019). Culturally adapted CBT (CaCBT) for South Asians can thus lead to opportunities to address culturally specific treatment outcomes while positively impacting therapeutic relationships with this specific cultural group (Naeem et al., 2019b; Rathod et al., 2019). Positive treatment outcomes can result from proceeding with cultural adaptations of CBT and strengthening the therapeutic relationship, highlighting a counsellor's desire to practice in a more culturally competent manner (Rathod et al., 2019). Access to available resources and services can increase due to the ability to provide culturally adapted services, leading to greater equality in healthcare access (Naeem et al., 2019b).

The introduction of cultural awareness in cognitive therapies began in 1989 by Lopez et al., which has since informed aspects of cultural awareness in counselling (Naeem et al., 2023b). Since this time, there have been frameworks that have addressed cultural influence. For example, the Social Cognitive Framework highlighted cultural issues and sensitivity. The development of this model uncovered concerns with mental health services and the inclusion of cultural influences (Naeem et al., 2023b). In 2009, the Southampton Adaptation Framework utilized aspects of previous research on cultural awareness in therapy as the basis to study the benefits of culturally adapted CBT for South Asian, African-Caribbean, Chinese, Middle Eastern, and African populations (Naeem et al., 2023b).

Cultural adaptation aims to adjust therapy delivery without jeopardizing the theoretical framework (Naeem et al., 2019b). When discussing CBT and guidelines for assessment, CaCBT is an evidence-based approach to working with South Asian individuals experiencing anxiety

(Naeem et al., 2021; Rathod et al., 2019). Though anxiety and depression are comorbid diagnoses (APA, 2022), for the scope of this capstone research project, the focus will be on anxiety because CBT deals with unhelpful patterns in thinking, and individuals experiencing anxiety have negative thoughts about self and others, as well as a negative world view (Naeem et al., 2019b). This section will focus on CaCBT and the adaptation process.

Researchers have conducted studies that provide insight into the benefits of CaCBT for South Asians. Recent research from the Centre for Addictions and Mental Health (CAMH) based in Toronto, Canada, highlights the importance of continuous research and how mental health professionals can improve the practice to fit the needs of their clients, regardless of cultural identities (CAMH, 2023). A one-size-fits-all approach has different benefits than it was once believed to have (CAMH, 2023). It is important to note that the research on CaCBT was primarily conducted by Naeem and colleagues, which impacts the limitations of this area of research. These limitations will be explored further in the limitation section of this paper.

CAMH continues to release research and information to suggest that CaCBT is a beneficial psychotherapy for South Asian populations (CAMH, 2023). As CBT is commonly used to address depression and anxiety, South Asians can benefit from CBT that acknowledges beliefs, values, language, and cultural background (CAMH, 2023). CaCBT is effective and accepted by people with lived experiences (CAMH, 2023). The researchers met with participants diagnosed with depression and anxiety, including family members, caregivers, and community leaders (CAMH, 2023). The research allowed a better understanding of beliefs, experiences and thoughts about mental health and related services (CAMH, 2023). Data collected was used to adjust CaCBT and training for counsellors (CAMH, 2023). According to self-reports, participants receiving CaCBT report lower mental health symptoms and higher overall health

(CAMH, 2023). Visits to mental health services decreased, indicating that CaCBT reduced strain on the healthcare system in Canada (CAMH, 2023). Researchers seek funding to implement national training for CaCBT (CAMH, 2023).

Understanding the effectiveness of CaCBT is essential for counselling and counsellors (Naeem et al., 2019b). Naeem et al. conducted a research study to develop and test CaCBT using a mixed-method approach (Naeem et al., 2019b). Using qualitative research methods and open-ended questions, they collected information to produce more-or-less accurate guidelines for the cultural adaptation of CBT in the early stages (Naeem et al., 2019b). Interviews evolved into semi-structured interviews, in which researchers explored beliefs about a particular problem, its causes, treatment (medical and non-medical), and barriers to mental health (Naeem et al., 2019b). Interviews included clients, caretakers, counsellors, mental health professionals, and community leaders (Naeem et al., 2019b).

Pilot Testing: Awareness, Assessment and Adjustments

This pilot study by Naeem et al. (2019b) was conducted to discover the acceptability of CaCBT and the use of randomized control trials (RCT) for adapted counselling effectiveness (Naeem et al., 2019b). The results indicated that counsellors must be aware of cultural knowledge and prepare for therapy accordingly, guide culturally aware assessments and engagement, and adjust existing therapeutic processes and techniques (Naeem et al., 2019b). The significance of this research for counselling and counsellors is to ensure that work is being done before adapting CBT to culturally diverse populations (Naeem et al., 2019b). This research highlights the importance of being a competent counsellor and encourages counsellors to pay attention to how they address cultural concerns with diverse populations (Naeem et al., 2019b). This study also highlights the importance of mental health care professionals being aware of

relevant issues and the willingness to prepare for therapy using a culturally adapted framework (Naeem et al., 2019b). Naeem et al. (2019b) summarized the strengths of understanding and acknowledging the need for CaCBT. Mental health professionals should recognize the link between cultural aspects and the need to adapt traditional psychotherapies, identify the necessary steps to culturally adapt, and understand the changes required to effectively deliver CaCBT to South Asian individuals (Naeem et al., 2019b). In addition, Naeem et al. (2019b) highlighted that adapting psychotherapies can only be beneficial if barriers to help-seeking behaviour are addressed, if practitioners are willing to be address these barriers, and if counsellors are aware of their assumptions, biases, and prejudices (Naeem et al., 2019b).

The researchers recommend minor adjustments focusing on adapting CBT to address barriers that may impact the therapy process (Naeem et al., 2019b). CaCBT should aim to understand the individuals' cultural background and adjust and make appropriate changes to the delivery of therapy and techniques (Naeem et al., 2019b) without altering the theoretical framework of CBT (Naeem et al., 2019b). With these adjustments, the therapeutic process maintains the rules of CaCBT by retaining the flexibility of cultural influences and underpinnings of the theoretical framework (Naeem et al., 2019b). Naeem et al., (2019b), summarized that there are benefits in learning about a client's culture in preparation for therapy and in understanding the influences of culture, religion, and spirituality which may impede help seeking behaviours and one's overall health and wellbeing.

As indicated by Naeem et al., (2019b), additional considerations for awareness and preparation include accessibility and capacity of the healthcare system. A common barrier to help-seeking behaviour for South Asians is a lack of understanding regarding anxiety and family support (Naeem et al., 2019b). The research highlights that psychoeducation and family

involvement could provide support and reduce barriers to health care (Naeem et al., 2019b). The research focused on exploring and understanding cognitive errors and dysfunctional beliefs (Naeem et al., 2019b). Cognitive errors and dysfunctional beliefs were identified as feelings of dependence on others, submitting to demands of authority and sacrificing one's need for family (Naeem et al., 2019b). These dysfunctional beliefs were identified as being dysfunctional to a Western or non-South Asian counsellor. Understanding and acknowledging differences in Western versus non-Western views is important as cultures vary in terms of which ways of thinking are deemed appropriate.

Counsellor awareness and preparation before sessions are followed by assessment and engagement during initial sessions (Naeem et al., 2019b). The assessment was identified as *inquiring about beliefs* surrounding mental health, healing, and causes of symptoms (Naeem et al., 2019b). Engagement was identified as counsellors *paying attention* to non-verbal cues, using examples from therapy, offering a personal connection, and using family as a valuable resource for South Asian individuals (Naeem et al., 2019b). Naeem et al. identified that counsellors should begin sessions by assessing prior mental health knowledge, including beliefs, family history, and religious or cultural influences (Naeem et al., 2019b). The purpose of this assessment was to lead to insights regarding the impact of an individual's beliefs and attitudes towards mental health and available services.

The researchers have illustrated the importance of exploring beliefs about mental health by asking individuals about their beliefs and their family's beliefs. Exploring beliefs determines the impact of religious or cultural influences on perceptions of mental health (Naeem et al., 2019b). Naeem et al.'s (2019b) research assessment revealed participants' culture, religious and spiritual beliefs, and knowledge of the healthcare system. These researchers inquired about

personal and familial beliefs about mental health, mental health care, healing and healers, and prior knowledge and expectations of healthcare.

The themes within the engagement process focused on non-verbal cues, using examples from therapy, offering a personal connection, and using the family as a supportive resource (Naeem et al., 2019b). Non-verbal cues focused on body language and changes in language and expression to address potential concerns with authority figures. In some such instances, experiences were minimized, and the client began to withdraw, providing minimal information about their experience to maintain obedience to authority figures.

Using examples from therapy, the study discussed the risks and benefits of previous clients in similar situations. This discussion ensured that present clients knew the counsellor's ability to practice culturally appropriate methods (Naeem et al., 2019b). Using examples can help provide clients with personal connections, aiding the therapeutic relationship, and building strong rapport (Naeem et al., 2019b).

The most important piece of engagement for South Asians is using family connections as a valuable resource for treatment. In initial sessions that reveal family as the cause of the presenting concern, it can be beneficial to include family with careful consideration (Naeem et al., 2019b). In Naeem et al.'s (2019b) study, the inclusion of family incorporated consent from the individual and collaboration between the client and counsellor on rules and boundaries (Naeem et al., 2019b). The family was used to help gather information, support the individual, and encourage them to continue with counselling (Naeem et al., 2019b). This allowed the incorporation of additional knowledge and cultural influences to be applied to the presenting concerns. Naeem et al., (2019b) identified that the final step to creating CaCBT is in the clinical application of therapy. Changes to the therapy style, homework assigned, and techniques would

therefore differentiate from the traditional CBT approach with a more culturally adaptive therapy.

Additionally, discovering techniques beyond CBT's traditional paper and pen techniques can allow counsellors to search for culturally specific ideas (Naeem et al., 2019b). In these instances, engaging the family can help make the switch from the written word to family engagement and connection (Naeem et al., 2019b). Naeem et al. (2019b) tested this theory in their research and found it was beneficial to educate individuals on types of cognitive distortions and ask how the individual referred to these distortions in their own language, rather than searching for direct translations (Naeem et al., 2019b). Naeem et al. (2019b) explored the importance of considering language barriers. The individual can place the concepts within their cultural contexts and discover vocabulary relevant to their lived experience (Naeem et al., 2019b). Furthermore, with South Asian individuals, mental health concerns may appear as physical symptoms, so counsellors should ensure these symptoms are included in any expression of the presenting concern (Naeem et al., 2019b). This research can be replicated by using concepts from traditional pen-and-paper interventions and adapting them to incorporate breathing exercises.

Finally, this research addressed techniques and structural aspects of therapy. Culturally adapted therapy techniques require an understanding of the culture's strengths and how to incorporate concepts that the individual is already familiar with. For example, mindfulness exercises such as breathing and muscle relaxation are common for many non-Western individuals (Naeem et al., 2019b). Integrating them into the therapeutic process can comfort many South Asians as part of their spiritual and religious connections (Naeem et al., 2019b). Breathing techniques and muscle relaxation can be beneficial for South Asians experiencing

anxiety as they can help reduce the physical symptoms of anxiety and can be practiced with or without guidance (Naeem et al., 2019b). Specific mindfulness practices can reduce symptoms such as restlessness, difficulty concentrating, irritability, muscle tension, and sleep disturbances.

With the inclusion of simple therapy techniques that require minor adjustments, a final point to note for South Asians and CaCBT is the discussion of the structural factors of therapy. Structural characteristics of therapy require educating South Asian individuals on the therapeutic process during initial sessions. Informing the individual about the number of sessions, the structure of the therapy, the focus of each of the sessions, and what may occur during each session may decrease distress and feelings of anxiousness towards the process (Naeem et al., 2019b). Further research has suggested similar adjustments to CBT as a culturally adapted intervention (Rathod et al., 2019).

Protocol

In 2021, a protocol was released using Canadian participants to develop and evaluate CaCBT for South Asian communities facing challenges with mental health services, using a multi-phase, mixed methods study (Naeem et al., 2021). This protocol was introduced to determine guidelines for developing culturally adapted interventions for South Asian individuals. The protocol suggested a three-phase approach to develop culturally adapted CBT guidelines (Naeem et al., 2021). In brief, Phase 1 included culturally adapting CBT for South Asians with lived experiences of depression and anxiety (Naeem et al., 2021); Phase 2 focused on pilot testing the effectiveness of CaCBT using quantitative research methods and RCT (Naeem et al., 2021); and Phase 3, required the implementation and evaluation of CaCBT and necessary training for mental health professionals working with South Asian communities (Naeem et al., 2021).

Furthermore, it is crucial to evaluate counsellors' competence in implementing CaCBT and individual satisfaction (Naeem et al., 2021). The significance of trial development, implementation, and evaluation of CaCBT is to ensure researchers' due diligence in applying therapeutic practices and new interventions (Naeem et al., 2021). The outcome of this protocol will benefit health services in Canada for South Asians by reduce reducing depression and anxiety (Naeem et al., 2021). The goal of this research is to help guide and develop better services and adjust existing interventions to help diverse groups (Naeem et al., 2021). The research conducted to test this protocol resulted in the creation of a training manual for CaCBT for South Asians which is referenced in Appendix B.

Testing the CaCBT Training Manual

In 2023, Naeem et al. conducted a study to test the abovementioned protocol to develop and evaluate CaCBT for South Asians. The reappearance of Naeem's research will be discussed further as a limitation due to the lack of research on CaCBT for South Asians experiencing anxiety. This 2023 research study completed three phases in Vancouver, Toronto, and Ottawa to obtain information on key themes regarding CaCBT for South Asians in Canada (Naeem et al., 2023a).

Phase 1 explored input from community members on how to adapt CBT and meet the needs of South Asian individuals in Canada, including individuals with lived experiences with mental health, caregivers, and mental health professionals (Naeem et al., 2023a). Interviews gathered information on adapting CaCBT manuals for future use (Naeem et al., 2023a) and were conducted to gain insight into mental health, depression, anxiety, and the treatment options available (Naeem et al., 2023a). The strengths of this research, as outlined by Naeem et al. (2023a), include a high follow-up rate and participant retention, participant satisfaction with

CaCBT, and increased interest and support of the research. However, these strengths also come with drawbacks, which including difficulty connecting with participants due to the virtual nature of the research and a decrease in follow-up due to unreliable technology and mental health services outside of the research study (Naeem et al., 2023a).

The findings of this research identified five themes: (a) awareness and preparation, (b) access and delivery of care, (c) assessment and engagement, (d) adjustments to therapy, and (e) ideology and ambiguity (Naeem et al., 2023a). These concepts have been presented in previous research by Naeem and colleagues and were discussed in detail above. Mental health professionals should consider the significance of South Asians as a collectivist culture rather than expect individuals to go against their cultural beliefs and values (Naeem et al., 2023a). The information gathered was used to create a CaCBT manual to be used and tested in Phase 2.

In Phase 2, a pilot study was conducted to test the CaCBT manual for feasibility, acceptability, and effectiveness of CaCBT (Naeem et al., 2023a). Counsellors were trained in either CaCBT or CBT, and participants were randomly placed in one of the two groups (Naeem et al., 2023a). Participants received 8 to 12 weeks of therapy, in which they completed satisfaction surveys (Naeem et al., 2023a). Thirty-six weeks after completing the baseline evaluations, participants were asked to complete surveys again (Naeem et al., 2023a). Results indicated overall higher satisfaction with treatment using the CaCBT approach compared to the CBT group regarding task (agreement on therapeutic tasks), goal (agreement on therapeutic goals), and bond (development of an affective bond between client and counsellor) (Naeem et al., 2023a). Participants reported feeling understood and supported by the counsellors, who were knowledgeable and competent (Naeem et al., 2023a).

Secondary, non-statistically significant results indicated that participants in the CaCBT group scored lower on all symptom measures, highlighting a reduction in symptoms compared to the standard CBT group (Naeem et al., 2023a). However, there were statistically significant improvements in the mental health of South Asian participants born in Canada in the CaCBT group compared to standard CBT groups. Although this difference was not seen for South Asians born outside of Canada, it suggests that Canadian-born South Asian individuals may widely accept CaCBT. The takeaway is understanding the significance of being a Canadian born South Asian versus being born outside of Canada. This highlights how mental health and mental health care are conceptualized.

Phase 3 included implementing and evaluating the CaCBT manual by training mental health professionals to improve interventions (Naeem et al., 2023a). Twenty-nine professionals participated and were measured on knowledge, competency, and satisfaction before and after training in CaCBT (Naeem et al., 2023a). Pre- and post-training scores were measured to determine if the manual for CaCBT influenced participants' culturally sensitive knowledge and awareness (Naeem et al., 2023a). Training consisted of virtual sessions (half-day), and mental health professionals were provided the latest version of the CaCBT manual for review prior to training (Naeem et al., 2023a). The research in phase 3 highlights the importance of evaluating how the development of a new manual for CaCBT can increase cultural competence, knowledge, and awareness for counsellors already familiar with the traditional CBT framework (Naeem et al., 2023a). The results indicated a significant increase in counsellors' cultural knowledge, overall knowledge, awareness, knowledge after training and average satisfaction (Naeem et al., 2023a).

This research highlights the importance of CaCBT for South Asian individuals and the field of psychology. In addition, it places importance on providing culturally adapted mental health care and reducing barriers to help-seeking behaviours (Naeem et al., 2023a). The recent research allows for understanding the relevance of adapted mental health care today and for the future of counselling. This research enables the mental health profession to understand South Asian concerns rooted in cultural identities (Naeem et al., 2023a). South Asians experiencing anxiety can understand the counselling process in a language they understand (Naeem et al., 2023a). When mental health professionals take the time to learn about cultural influences and differences, the result is better treatment outcomes and stronger therapeutic relationships (Naeem et al., 2023a). Because the research by Naeem et al. (2019b; 2021; 2023a) is the only current research on CaCBT for South Asians in Canada experiencing anxiety, it is important to highlight the need for more research to expand culturally adapted interventions in the future.

As part of the process of reviewing the literature on the topic of CaCBT for South Asians experiencing anxiety, it is vital to acknowledge and understand the limitations of the research. The same key researcher (Naeem and colleagues) conducted much of the research highlighted in the literature review. To understand the validity of the research, we must consider this fact and the reality that this research topic lacks researcher validity.

The research shows the lack of representation of researchers focusing on culturally adapted CBT for South Asians experiencing mental health concerns and, even more so, those who experience anxiety. The choice to include the research conducted by Naeem et al. was to highlight the limited number of researchers who have completed or are interested in research on culturally adapting psychotherapy. The conversation around representation is a common barrier for many South Asians experiencing anxiety and can deter them from seeking help (Basri et al.,

2021). Not only does a lack of representation in the research influence barriers to help-seeking behaviour, but a lack of acknowledgement and understanding of cultural influences can impact the need for help-seeking behaviour and the therapeutic relationship (Naeem et al., 2023a).

Along with the therapeutic relationship, there may be a negative view of mental health services due to difficulty finding culturally sensitive resources and difficulty finding counsellors who consider the impact of cultural influences on mental well-being (Basri et al., 2021).

Culturally Specific Adjustments and Cultural Barriers

With knowledge of the importance of CaCBT, counsellors and other mental health care professionals should be aware of the potential barriers for South Asian individuals. Seeking help for anxiety for many South Asians results in unique challenges (Islam et al., 2017; Karasz et al., 2019; Naeem et al., 2021). Karasz et al. (2019) detailed in their literature review that mental health considerations in South Asian communities require a thorough understanding of South Asians' conceptualization of mental health. Though previous research is limited, research has focused on approaching stigma associated with mental health concerns (Karasz et al., 2019). Addressing barriers can identify areas of concern and suggest how to navigate aspects of CaCBT to benefit South Asians experiencing anxiety (Basri et al., 2021; Islam et al., 2017).

Help-seeking behaviour refers to the act of searching for help from both formal (services and professionals) and informal (peers, family, friends) avenues concerning mental health (Doll et al., 2021). Barriers to help-seeking behaviours consist of difficulty and concerns around accessing support and services based on stigma or a lack of trust or confidentiality (Salaheddin & Mason, 2016; Shi et al., 2020). This results in informal or alternative treatment methods (Salaheddin & Mason, 2016; Shi et al., 2020). Common barriers to help-seeking behaviour in South Asians include stigma, language, accessibility, lack of representation, and mental health

literacy (Basri et al., 2021; Chaudhry & Chen, 2018; Islam et al., 2017; Islam et al., 2022; Naeem et al., 2019a). Circling back to the topic of CaCBT for South Asians experiencing anxiety, addressing the barriers to help-seeking behaviour can provide insight into the community's negative thoughts, beliefs, attitudes, and behaviours toward mental health (Ackerman, 2017). These thoughts, beliefs, attitudes, and behaviours can be attributed to feelings of anxiety and other mental health concerns (Ackerman, 2017).

Two studies by Islam et al. (2017) and Basri et al. (2021) addressed barriers to help-seeking behaviours. Islam et al. (2017) utilized qualitative research methods and semi-structured interviews of 10 South Asian youth (aged 15-23) in the Peel Region of Toronto, Canada (Islam et al., 2017). Recruitment for the study was completed using non-random sampling by placing recruitment flyers in public locations and on social media and approaching youth workers to encourage participation (Islam et al., 2017). Some challenges arose during recruitment in which researchers found that youth were not as likely to participate due to the stigma of mental health (Islam et al., 2017). Written consent and parental consent for participants under 18 was obtained (Islam et al., 2017). Interviews were one-on-one and took place in locations convenient to the participant (Islam et al., 2017).

Basri et al. (2021) also utilized qualitative research methods and semi-structured interviews of 14 young people (aged 18-21+) at a university in Texas (Basri et al., 2021). Participants were recruited using flyers posted around the university campus in high-traffic areas and on social media (Basri et al., 2021). Written consent was obtained, and interviews were conducted one-on-one in private rooms on campus, ranging from 15 to 45 minutes, to examine participants' past and current views, beliefs and experiences relating to mental health and the services available, including barriers and facilitators to help-seeking behaviours (Basri et al.,

2021). Interviews in both research studies were transcribed and coded using qualitative analysis, and codes were categorized into themes and subthemes (Basri et al., 2021; Islam et al., 2017).

In these two research studies, a number of themes emerged regarding barriers to help-seeking behaviour: stigma, accessibility, lack of South Asian representation in the mental health field including lack of individuals with lived experiences (Basri et al., 2021; Islam et al., 2019), and lack of mental health literacy (Islam et al., 2017). Knowledge of these barriers to help-seeking behaviour for South Asian individuals provides the counsellor with necessary information to culturally adapt CBT. As counselling is not a one-size-fits-all approach (CAMH, 2023), understanding specific barriers allows the counsellor to make the necessary adjustments to CBT for a particular individual.

Stigma is defined as others' negative beliefs, views and attitudes about mental health or individuals with mental health concerns (Borenstein, 2020; CMHA, 2023). Stigma can be experienced in South Asian cultures based on a belief of supernatural causes, blame placed on the individual for contracting the mental health concern, or social devaluation for the family members of an individual with a mental health concern (Chaudhry & Chen, 2019). Stigma has been reported as a significant barrier to help-seeking behaviour for many South Asians (Basri et al., 2021; Islam et al., 2017; Naeem et al., 2019a) and the most significant cultural factor when discussing issues in family and community settings (Basri et al., 2021). Terms such as counselling, therapy, depression, anxiety, or psychosis have negative perceptions (Basri et al., 2021), resulting in labels such as crazy, mad, or insane (Basri et al., 2021; Chaudhry & Chen, 2019). The source of the stigma develops from community members' beliefs, views, and attitudes about people with mental health concerns (Chaudhry & Chen, 2019). Mental health concerns are

viewed as a weakness, resulting in a stigma that evolves into denial and claims that professional help is unnecessary, thus diminishing the individual experience (Basri et al., 2021).

Participants in the Islam et al. study stated that mental health stigma developed from a fear of the consequences of speaking about mental health concerns, ignorance, and lack of mental health knowledge (Islam et al., 2017). Additionally, stigma was informed by the fear of losing good reputations (Chaudhry & Chen, 2019) and fear of being misjudged by non-South Asian mental health care professionals (Basri et al., 2021). Addressing concerns with stigma in CaCBT context for South Asians experiencing anxiety was important in this study because it allowed the client to understand the barrier of stigma and how it related to their concerns (Islam et al., 2017).

The suggestion to incorporate family and community involvement in therapeutic treatment may sometimes be harmful if the stigma and lack of family support are barriers to help-seeking behaviour. Including family and community in treatment plans may not offer the appropriate support if introduced too early and should not occur until the client is comfortable (Naeem et al., 2019b). A family and community-based approach would require working through stigma and finding ways to build additional support systems (Naeem et al., 2019b).

Participants in the Basri et al. study reported language as an additional barrier to help-seeking behaviour, even after overcoming the stigma around mental health (Basri et al., 2021). It is crucial to acknowledge language as a barrier because many South Asian individuals may not feel comfortable communicating their views and concerns about mental health as there may be different ways to express concerns in their primary or cultural language (Basri et al., 2021; Islam et al., 2017; Naeem et al., 2019b). Basri et al. (2021) identified that addressing language barriers requires mental health professionals to provide CaCBT in the clients' primary or cultural

language or connect them with resources and community members to offer support in their primary language (Naeem et al., 2019b). Additionally, mental health professionals could educate themselves on cultural nuances and beliefs regarding mental health in South Asian communities to better support their clients (CPA, 2017).

Accessibility to appropriate services presented additional challenges due to long wait times and the cost of services (Basri et al., 2021; Islam et al., 2017). Participants in the Islam et al. (2017) study felt mental health services were insufficient as there may be a limit on the number of sessions available, and infrequent sessions deterred students from seeking consistent help (Islam et al., 2017). In contrast, participants in the Basri et al. study expressed concerns with services available during university, which provided additional barriers due to limited insurance coverage and/or the financial inability to purchase additional health care coverage (Basri et al., 2021). These participants discussed the need for a competent counsellor familiar with interventions for South Asians and to inquire about medical coverage and provide brief therapeutic interventions to ensure techniques can be practiced without the counsellor's supervision (Naeem et al., 2019b).

Some participants, in the Islam et al. study suggested creating mental health programs to foster social connections with other South Asians and build resilience to face issues with cultural identities (Islam et al., 2017) without using terms such as *mental health* (Islam et al., 2017). As stigma may be present, many young South Asians felt their parents would be supportive of group extracurricular activities rather than mental health services (Islam et al., 2017).

Participants in the Islam et al. study reported a lack of representation of South Asian mental health care professionals voicing concerns about Western approaches to mental health (Islam et al., 2017). Western approaches do not encompass South Asian concerns, and though

one is not better than the other, they require emphasis on different aspects of the lived experience (Islam et al., 2017). Additionally, it was reported that South Asians were not represented in the population of individuals utilizing mental health services, leading to the belief that their experiences were unimportant or did not require help (Basri et al., 2021; Islam et al., 2017).

Participants in the Basri et al. (2021) study reported that opening up to counsellors was difficult because they were not raised to be open about concerns, especially regarding mental health. Young people felt that their concerns were not taken seriously or felt the counsellor might have been frustrated with their apprehension to speak up (Basri et al., 2021). Non-South Asian counsellors were unfamiliar with South Asian issues and felt counsellors would benefit from being culturally competent (Basri et al., 2021). Culturally adapted CBT requires counsellors and other mental health care professionals to understand and acknowledge cultural influences for the individuals they serve (Basri et al., 2021; Islam et al., 2017; Naeem et al., 2023a).

Participants in the Islam et al. (2017) study were asked about their knowledge of mental health services and those available for South Asians, and most responded that they did not feel confident in their awareness of the services available. Some individuals stated that their limited knowledge of mental health and the services available prevented them from receiving the required care (Islam et al., 2017). They indicated that education on mental health care, mental health services, and signs of mental health distress would be helpful before entering university (Islam et al., 2017). These participants were aged 15-23, three were born in Canada, and seven were immigrants from India, Pakistan, Bangladesh, Trinidad, and Guyana (Islam et al., 2017). Youth were given a list of mental health services and asked to rate their knowledge or familiarity (Islam et al., 2017). On average, participants were familiar with one-third of the services, which is cause for concern, as many were service users. The lack of familiarity suggests other factors

that could impact their knowledge of mental health services (Islam et al., 2017). This suggests that those struggling may not actively seek mental health services and resources, leading to lower knowledge of services (Islam et al., 2017). Regarding the research question, *using cognitive behavioural therapy as a culturally adapted intervention for South Asian populations experiencing anxiety*, this research highlights the importance of continuing research to ensure the availability of culturally adapted services and resources. Services and resources targeting South Asians should address the stigma that is common in these communities and educate individuals on the importance of mental health care.

Another research study by Islam et al. (2022) addressed the issue of barriers to help-seeking behaviours from the perspective of service providers. They conducted a qualitative study that focused on understanding mental health issues and barriers to accessing services in South Asian youth from the perspective of healthcare providers. Using semi-structured interviews, researchers noted that parents hesitate to seek help for their children due to fear of breach of confidentiality. The lack of knowledge on the importance of privacy and confidentiality in the health system causes delays in treatment and additional barriers to help-seeking behaviours (Islam et al., 2022). Researchers suggested that psychoeducation is vital for common mental health concerns for South Asians, mental health resources targeting South Asian populations, and the effectiveness of interventions (Islam et al., 2022; Naeem et al., 2023a) such as CBT, specifically culturally adapted CBT. South Asian youth felt that connecting with a South Asian community member or mental health professional would help them understand mental health stigma (Islam et al., 2022).

The researchers also indicated that community and faith-based services as the frontline to mental health care can provide culturally safe spaces within conventional organizations and build

relationships with community resources (Islam et al., 2022). The lack of mental health literacy was rated by service providers as being poor, with a rating of 1.73 on a 5-point scale (1=no knowledge of mental health; 5=expert level of mental health) (Islam et al., 2022). This research is important for the counselling field as it shows the perspective of mental health service providers and the discrepancies in the health care system. These perspectives may allow counsellors to collaborate with other health service providers on how to better assist South Asians experiencing anxiety and how to refer them to the appropriate services. To do so, healthcare providers must be trained to recognize and minimize the barriers to help-seeking behaviours for South Asians experiencing anxiety.

The importance of acknowledging barriers to help-seeking behaviour for South Asians is to discuss the importance of inequities in the services available and discuss the significance of culturally adapting CBT (Islam et al., 2022; Naeem et al., 2021). Counsellors who take the time to understand the individual's concerns and research appropriate avenues of resources provide the individual with better care and build stronger relationships within the community (CPA, 2017). Culturally adapted CBT challenges unhelpful, inaccurate thoughts and behaviours by remaining true to the individuals' cultural identification (Naeem et al., 2019b).

Additionally, there are likely to be limitations regarding sample size. Islam et al. (2017) conducted research using 10 participants in a highly South Asian populated area in Toronto, Canada, and Basri et al. (2021) conducted research within a single university. Due to the small sample sizes of these studies, this research cannot be generalized. However, it can help further researchers understand inequities in mental health care for diverse populations. Participants in the Basri et al. (2021) study were of Indian and Pakistani descent, which excludes individuals who identify as South Asian from other countries (Basri et al., 2021). In the Islam et al. (2017)

study, participants were mental health service users, as they were recruited through youth workers. Stigma resulted in difficulties with both recruitment and follow-up. Due to the differences in stigma and socialization experienced by female and male youth, female participants were more accessible to recruit than their male counterparts, even after including a male interviewer (Islam et al., 2017).

Ethics

Counsellors must understand and follow guidelines set out by regulatory bodies to ensure ethical practices and decision-making. The *Code of Ethics*, as set by the Canadian Psychological Association (CPA), provides guidelines for ethical practices for counsellors and outlines the duty these professionals have to society, including adhering to key principles with individuals we serve (CPA, 2017). This section will include important details regarding ethical practice when assisting South Asian individuals with anxiety using the CaCBT framework. The *Code of Ethics* consists of four principles, each highlighting the critical aspects of ethical practices and decision-making, and are organized by priority (CPA, 2017).

Principle I focuses on respect for the dignity of individuals; Principle II emphasizes responsible caring; Principle III incorporates integrity in relationships; and Principle IV determines responsibility to society. This capstone will explore the prominent principles of the Code of Ethics, including Principles I, II, and IV. Each principle provides direction for providing appropriate care and allows counsellors to take the necessary precautions when dealing with clients with varying concerns and from diverse populations. The following section will explore these principles in relation to this project's research question: *As an evidence-based psychotherapy, how can cognitive behavioural therapy be culturally adapted for South Asian populations experiencing anxiety?*

Principle I: Respect of Dignity of Persons and Peoples

Principle I focuses on respecting the dignity of individuals and treating each person as a human worthy of moral treatment (CPA, 2017). Basic understanding of Principle I includes informed consent, freedom to consent, privacy and confidentiality, emphasizing non-discrimination (CPA, 2017).

An area of importance within this capstone is the informed consent process and non-discrimination concerns. The informed consent process is required with each individual and is not specific to South Asian populations. However, certain aspects of informed consent require further consideration for South Asian individuals. With South Asian people, counsellors must ensure their clients fully understand the implications of consenting to counselling, and the freedom to withdraw consent (CPA, 2017) is crucial in their understanding of the therapeutic process.

Within the context of consent, South Asian individuals may consider mental health a private matter and discussing their mental health with others, even counsellors, could be considered an intrusion of privacy (Naeem et al., 2019b). South Asian individuals suspect their community may discover their mental health concerns, which may bring shame to their families and community (Basri et al., 2021; Naeem et al., 2019b). Because many South Asians experience dual identities, they may find it challenging to discuss private matters due to the stigma around mental health (Islam et al., 2017). Dual identity is when individuals have two cultural identities they are deeply immersed in (Islam et al., 2017). With South Asian Canadians, the two cultures include identifying as South Asian and Canadian. The issues with dual identity focus on the imbalance between the two identities and the influence of family and social dynamics that impact cohesion (Islam et al., 2017). Therefore, counsellors should be aware of possible deterrents to

help-seeking behaviour and explore cultural impacts on the presenting concern. Counsellors may provide additional services that can help in this regard, such as translators or the opportunity for clients to research wording in their cultural context (Naeem et al., 2019b). Language expression and comprehension are considered additional barriers for many South Asians (Basri et al., 2021; Islam et al., 2017), even after addressing the stigma-related barriers (Basri et al., 2021).

Additionally, to be competent in the delivery of informed consent, consideration of language is crucial (CPA, 2017). According to Principle I, when the person's first language differs from the counsellor's, the counsellor should provide a translator (CPA, 2017). Counsellors should ensure that the consent process is understood, using simple language, and allowing the client to ask questions and understand the ongoing process of consent (Basri et al., 2021; CPA, 2017). Engaging in the consent process as a collaborative conversation helps build rapport and trust and shows the cultural competence required to support South Asian individuals. During the consent discussion, counsellors should also engage the client in conversations about stigma around mental health concerns. This requires uncovering cultural factors and how they relate to stigma and shame around mental health, which is important to ensure safety and privacy (Naeem et al., 2023a). Concerning this capstone's research question, understanding, and acknowledging language in the informed consent process may reduce barriers and allow further exploration of adapting CBT to use culturally appropriate language.

For example, the use of terms like “homework” and “cognitive model” can have a negative impact if cultural influences and context are not considered (Naeem et al., 2019b). Naeem et al. found that the word 'homework' can have negative connotations, showing the importance of considering the cultural impact of certain words. South Asian individuals already experience anxiety around academic pressures, which can be triggered by additional homework

and the need to be 'perfect' (Islam et al., 2017). As language is known to be a barrier to South Asians seeking help for mental health, it is essential to consider how specific terms and concepts are interpreted and translated into the individual's primary or cultural language (Naeem et al., 2019b). Using words to describe homework, such as experiments or exercises (Naeem et al., 2019b), can alleviate the stress and concerns around homework and academic pressure, resulting in positive engagement (Islam et al., 2017). According to Principle II of the *Code of Ethics*, to minimize harm the counsellor must consider the influence of language on how we communicate information (CPA, 2017). In doing so, the counsellor can provide information in a manner more conducive to a client's understanding.

Counselling should contribute to fair practices that benefit the individual or group and ensure the inclusion of vulnerable and disadvantaged individuals (CPA, 2017). This is referred to as non-discrimination practices in the Code of Ethics (CPA, 2017). South Asian individuals have reported a lack of representation amongst mental health care providers (Basri et al., 2021; Goel et al., 2022) and feel a lack of representation within the community of mental health service users (Islam et al., 2017). This lack of representation limits access to services and the recognition of concerns (Islam et al., 2017). South Asians do not feel heard by non-South Asian professionals and feel as though their concerns are not viewed with cultural competency (Basri et al., 2021).

Understanding client concerns and cultural influences is important to ensure appropriate research and collaborative approaches are taken to provide sufficient care (CPA, 2017). For South Asians, non-discriminative practices may include finding a counsellor willing to learn about culturally specific issues and how cultural identity plays a role in their concerns. Research has shown that South Asian individuals who are confident in their counsellors' competence

report feeling heard and validated (Bains, 2023; Basri et al., 2021; Naeem et al., 2023a). Non-discriminative practices highlight counsellor competence by acknowledging the scope of practice.

Principle II: Responsible Caring

Principle II addresses responsible caring, emphasizing competence, self-knowledge, and risk/benefit analysis (CPA, 2017). Competence refers to the counsellors' confidence to appropriately provide care to the individual with lived experience by using relevant existing knowledge and knowing when to seek supervision (CPA, 2017). According to Principle II, counsellors should be current with pertinent information and how it would benefit the individuals they serve (CPA, 2017). Being current with relevant information may include understanding the literature about South Asians, and mental health, and the benefits of CaCBT.

In addition, relevant information may also include consulting peers and supervisors and continuing education and training (CPA, 2017). With the growing interest in the benefits of CaCBT for South Asians experiencing anxiety, the research, information, and resources are helpful for counsellors' knowledge acquisition (Naeem et al., 2023a). Research has shown the positive impact that a culturally knowledgeable mental health care professional can have on the therapeutic relationship, treatment outcome, and reduction in dropout rate (Bains, 2023; Basri et al., 2021; Patel et al., 2022; Rathod et al., 2019; Sharma et al., 2020). A competent counsellor must maintain a level of connection and understanding with the client to encourage a commitment to counselling (Bains, 2023).

Self-knowledge requires awareness of the scope of practice, and this is achieved by engaging in activities within the counsellor's competence and knowing when to delegate to competent professionals, refer, or obtain supervision and consultation (CPA, 2017). Consulting

with South Asian practitioners and community leaders by asking clients about important figures can provide additional support and maximize benefits for the individual (Islam et al., 2017).

Counsellors should assess their experiences, identities, beliefs, and differences, and understand how these aspects can impact the therapeutic process (CPA, 2017).

With South Asian individuals, initial counselling sessions include inquiring about cultural identities and differences (Naeem et al., 2019b). Using a person-centred approach, counsellors can allow the individual to decide which aspects of their lived experience influence their presenting concern (Naeem et al., 2019a). Many South Asians have collectivist values, impacting their health views (Naeem et al., 2019a), and this conceptualization of health includes family, community, and spirituality considerations (Naeem et al., 2019a). Highlighting social support as a positive adjustment and a source of resilience encourages South Asians to deal with stressors (Naeem et al., 2019a). Discovering ways to incorporate their values and support systems helps reduce distress when the counsellor acknowledges their understanding of cultural experiences (Naeem et al., 2019a).

Additionally, appropriate training and education can be obtained by researching additional resources and inquiring with peers about their knowledge of available resources (CPA, 2017). These resources should address CaCBT, common issues among South Asians, and how to apply interventions appropriately. Counsellors can collaborate with services highlighting South Asians' mental health to provide resources within the community. In South Asian cultures, the possible influences of culture, family and gender expectations, and mental health concerns may influence help-seeking behaviours (Naeem et al., 2019b).

CAMH is an organization that researches concerns with South Asians and mental health. CAMH is also the leading researcher in CaCBT for South Asian individuals in Canada. This

research has helped to generate evidence-based psychotherapeutic practices which are the central tenet of this capstone's research question. CAMH provides mental health professionals resources, including toolkits and CaCBT manuals, as outlined in Appendix B. Appendix B also provides other valuable Canadian resources.

Education includes highlighting barriers, allowing for a better understanding of the issues South Asians face and how traditional CBT may not result in the same outcome (Naeem et al., 2021). Education can include asking the individual about their cultural identity during initial sessions for the counsellor to understand the importance of culture and the possible influences the culture can have on the presenting concern (Basri et al., 2021). Understanding cultural impacts allows counsellors to research and ensure appropriate care (Islam et al., 2017; Naeem et al., 2019b). It is essential to acknowledge the unique experience of each South Asian and continuously adapt and adjust traditional CBT to fit the needs of the individuals we serve without taking away from the theoretical framework (Naeem et al., 2019b). Education on CBT, CaCBT, and South Asian concerns encourages the counsellor to adapt specific aspects of traditional CBT to fit the needs of the individual experiencing anxiety.

Counsellors should ensure that providing care maximizes benefits and minimizes harm (CPA, 2017). Maximizing benefits include selecting assessment tools, interventions and modalities that are relevant, customized, and based on evidence to support the individuals' treatment process (CPA, 2017). This helps to ensure that Principle II of responsible caring is upheld in practice. Including consultation and collaboration from organizations and professionals in other disciplines is important. Counsellors should remain relevant to the cultural identity and beliefs of the individual and advocate for the individual when appropriate (CPA, 2017). Counsellors who use CaCBT with South Asian individuals should consider competence to

deliver adapted modalities and know when to consult and collaborate with other professionals (Basri et al., 2021; Patel et al., 2022; Rathod et al., 2019). Further, awareness and knowledge of other disciplines are beneficial to refer and advise using other services as needed (CPA, 2017). For example, referring to disciplines such as law, social work, and medicine can help if there happens to be a disclosure of harm to self or others or abuse towards self or others (CPA, 2017), or if their views of health use a medical perspective, focusing on physical symptoms (Sharma et al., 2020).

Principle IV: Responsibility to Society

Finally, Principal IV stresses an ethical responsibility to society. It is essential to acknowledge the benefit of CaCBT on the South Asian community overall, as South Asians are a collectivist culture (Naeem et al., 2019a). Involving the family can help encourage the continuation of CaCBT interventions and ensure a general knowledge of mental health care (Naeem et al., 2019b). Part of our responsibility to society requires contributions to the practice of counselling by progressing forward with the research (CPA, 2017). By respecting cultural differences, expectations, and customs (CPA, 2017) counsellors can engage in CaCBT with South Asian clients regardless of their own cultural background.

Additionally, the growth of self as a professional requires acknowledging biases, continuous training, and acquiring skills and knowledge (CPA, 2017) to benefit South Asians dealing with mental health concerns. Growth includes developing expertise and training for other members of the counselling profession (CPA, 2017). Growth requires channelling feelings, thoughts, and beliefs about cultural groups to make changes in the healthcare system and advocate for diverse individuals (Dixon, 2018). Growth leads to the beginning of making changes, adjusting the training process, and regulating the adaptation of existing psychotherapies

(Naeem et al., 2023a). Despite personal emotions, there should be excitement to see what changes can occur and how to encourage future generations to continue speaking up about mental health. It is important to continue these conversations to validate the experiences and the lasting effects they can have on our health if they go untreated.

Having a broad understanding of South Asian issues and concerns is not enough to provide appropriate care to the people we serve, however the information can help us understand common concerns and build on these aspects to understand the unique experiences of South Asian individuals. The client will determine the direction of the counselling session instead of the counsellor trying to fill in the blanks (Rathod et al., 2019). In practice, the individual may express feelings of pressure to succeed in school and have developed anxiety-like symptoms as a result. According to my understanding of CaCBT, a trained, competent counsellor will inquire further about where the pressure comes from, what it looks like and how they have been dealing with it until now. The counsellor allows the individual to provide their story rather than use their general knowledge of South Asian issues to make their conclusions. However, their general knowledge can enable them to know when to direct the counselling process towards CaCBT or to continue digging deeper into the individuals' experience.

Implications for Counselling Psychology

The mental health care profession continually works to provide the appropriate adaptation to traditional psychotherapies (Naeem et al., 2023a). The implications for counselling require understanding cultural views, values, traditions, and beliefs around mental health (Chaudhry & Chen, 2019). Mental health in South Asian communities is often viewed negatively, especially with regard to receiving counselling and therapy and in terms of the negative perceptions of psychosis (Chaudhry & Chen, 2019). These negative implications label

individuals as crazy, mad, or insane (Basri et al., 2021; Chaudhry & Chen, 2019). Developing interventions should engage the client and their cultural presentation to ensure mental health professionals consider all aspects of the human experience (Naeem et al., 2019b). The implications for counselling will highlight ethics, counsellor competence, research implications, comparing CBT and CaCBT in practice, assessment, engagement, social supports, and culturally adapted CBT.

Counsellor Competence

Counsellors' competence using CaCBT for South Asians experiencing anxiety can be demonstrated in various ways. Mental health professionals may have biases about South Asian individuals, impacting their quality of care. A competent counsellor should acknowledge their biases and assumptions (CPA, 2017) about South Asian cultures as a first step in learning about their areas of growth within the profession. Consideration of personal beliefs, biases and countertransference is required when cultural differences are present (Naeem et al., 2019b). For example, South Asian youth are known to depend on family, submit to authority, and sacrifice their needs over family obligations (Naeem et al., 2019b). To Western counsellors, this may produce biases regarding family dynamics, but to South Asian individuals, it is culturally appropriate behaviour (Naeem et al., 2019b).

Counsellors must be willing to learn about the clients' cultural identities to avoid stereotyping, cultural incompetence, ethnocentrism, and prejudice (Arthur, 2018; Naeem et al., 2019a). These can cause the counsellor to make assumptions about the client's values, beliefs, and behaviours that may not be accurate or relevant to the presenting concern (CPA, 2017; Naeem et al., 2019b). Individuals who identify as South Asian may not have the same experiences despite their cultural identity (Naeem et al., 2019b).

Understanding differences in cultural influences begins with exploring cultural influence as unique to the individuals rather than generalizing it to all people from that ethnic group (Naeem et al., 2019b). Not exploring cultural influences may show a lack of knowledge or understanding of the influences of culture, which can result in a lack of competence in their practice and ineffective care (Naeem et al., 2023a). Mental health professionals should exercise caution in applying their own cultural identities that result in assumptions about other cultures or in applying views that their culture is superior. These views cause judgment based on cultural norms and values (Arthur, 2018). Biases and assumptions may also occur when the individual's primary language differs from the counsellor's, which causes miscommunication and misunderstandings, impacting the quality of care and support (CPA, 2017). Addressing language barriers requires mental health professionals to provide CaCBT in the clients' primary or cultural language or connect them with resources and community members to offer support in their primary language (Naeem et al., 2019b).

Addressing biases and assumptions shows the client that there is a level of understanding about differences and how they can impact the therapeutic relationship. In a counselling session, the counsellor can inform the client that their knowledge of other cultures may be limited. However, the counsellor can express that they are willing to learn and understand the influence their client's culture has on their presenting concern. Addressing these differences in the initial intake process allows the client to understand that their counsellor will practice culturally competent care (CPA, 2017). Personal connections require the counsellor's competence on when sharing is beneficial to the session and when it is not, as sharing too much may affect the therapeutic relationship.

Research Implications

Besides cultural competence, counsellors must be aware of research regarding the adaptation and adjustment of CBT for South Asians experiencing anxiety. This is to ensure that policymakers and program managers know the mental health needs of South Asians (Naeem et al., 2023a). Evaluating and understanding the research about culturally adapted interventions ensures that the development of mental health services in Canada is effective for South Asians, and that the implementation of these interventions and the associated training in the community is also effective (Naeem et al., 2023a). Research has provided mental health professionals with evidence supporting the effectiveness of tools and interventions and investing in CaCBT for South Asian individuals (Naeem et al., 2023a). Mental health professionals can use information from the research to make recommendations and improve their practice (Naeem et al., 2023a). The research shows that CBT is effective for dealing with anxiety and depression using techniques that focus on challenging negative, unhelpful thoughts, beliefs, and attitudes (Ackerman, 2017; Rathod et al., 2019). For example, a frequently used CBT intervention involves identifying negative thought patterns and exploring ways to challenge these thoughts (Ackerman, 2017).

In the context of CaCBT for South Asians, many of the negative thought patterns are influenced by culture, and examining cultural influences becomes critical in understanding concerns. Discussing negative thought patterns can help the counsellor learn and explore negative thoughts due to cultural influence. If the client discloses negative thoughts about academic pressures, the counsellor can help them explore the cultural influences such as familial and community expectations. However, understanding research on the effectiveness of CBT for South Asians is crucial. If the counsellor knows that traditional CBT has been proven less

effective for South Asian individuals experiencing anxiety, it can help them adapt and adjust CBT to be culturally relevant. This can provide cultural competence, and the client can see the counsellor's efforts to ensure therapy is tailored to the individual.

In addition, counsellors use the research to uncover areas of CBT that need to be adjusted for South Asian individuals. If the research indicates that adapting and adjusting traditional CBT to better fit the needs of South Asians is beneficial and effective, then counsellors must ensure they take the necessary steps to improve mental health care for South Asians. Additionally, counsellors must be aware of biases from the researcher's perspective and limitations to the current research. A competent counsellor will be more critical of the research before applying it to South Asian clients.

The research can allow for changes in policies and training for mental health professionals. Policymakers and professionals who develop new interventions must consult with mental health professionals who work closely with South Asian communities or are themselves from the South Asian community (Islam et al., 2022). This improves mental health care for South Asians, as it decreases the barrier of stigma and lack of representation of South Asians in mental health care and mental health practice (Islam et al., 2017; Naeem et al., 2023a). Finally, the recent research by Naeem et al. can address and clarify any unmet needs and gaps in research and current services (2023a).

Comparing CBT and CaCBT in Practice

To effectively adapt CBT for South Asians culturally, an understanding of traditional CBT is required. The implication of understanding traditional CBT allows for understanding what CBT was intended for and where and how to adjust it (Hwang, 2020). If we know the areas in which changes need to be made, we can continue researching the effectiveness of these

changes and the effectiveness of adjusting current policies (Naeem et al., 2019a). In this section, I will be comparing CBT and CaCBT for South Asians experiencing anxiety, including examples of how it can be presented in the counselling practice. I will also explore implications for the counselling practice.

A CBT intervention identifies cognitive distortions and beliefs. CBT is based on the premise that individual emotional experiences are dictated by the individuals' interpretations of the experience (Curtiss et al., 2021). In comparison, CaCBT focuses on individual emotional experiences as dictated by interpretations based on cultural influences (Naeem et al., 2019b). The distinct difference is the focus on cultural influences and expectations that alter the interpretation of the experience. The overall focus of CBT, regardless of its cultural adaptation, is to view situations from more than one perspective (Naeem et al., 2022). The following section will explore common concerns for South Asians experiencing anxiety, how CBT would be applied, and the adjustments required to employ a CaCBT approach.

Scenario #1: Building Rapport and Therapy Style

Consider the following example: a South Asian client is experiencing anxiety due to a recent family conflict. The client tells the counsellor they find it challenging to balance family expectations and their sense of self (Basri et al., 2021; Islam et al., 2017). The client is concerned that their family would not understand their need for independence in a collectivist culture (Naeem et al., 2023a). The counsellor may begin the session by building rapport with the client and developing an understanding of how their cultural beliefs are related to family dynamics (Basri et al., 2021; Islam et al., 2017). Incorporating cultural values and beliefs into therapy can provide comfort and understanding, allowing the approach to be more personalized and tailored to the client's unique experience (Naeem et al., 2019b). The counsellor may also address stigma

related to seeking help for family conflict and provide coping strategies that are culturally appropriate and relevant (Naeem et al., 2019b).

Using CBT, a counsellor could discuss techniques to challenge or restructure the negative thought or belief as a cognitive exercise and ask the individual to engage in an exercise that would confirm or deny the belief as a behavioural exercise (Curtiss et al., 2021). In this case, CaCBT suggests assessing cultural influences and values (Naeem et al., 2023a) and addressing the meaning of being part of a collectivist culture before suggesting interventions. An example of an effective technique would be adjusting the therapy style to fit the client's presenting concerns. In this example, the counsellor can begin by using the collectivist nature of the culture to use collaborative approaches and ease into an independent approach. Once supported, clients can exercise their independent beliefs, values, and behaviours (Naeem et al., 2022).

Therapy style refers to directive versus non-directive counselling and knowing when to use a collaborative approach (Naeem et al., 2019b). The knowledge of using a directive versus non-directive approach depends on how culturally immersed the individual is; however, the belief is that mental health professionals are to provide guidance and solutions (Naeem et al., 2019b). It is suggested that the therapy style for South Asians experiencing anxiety is initially directive and leads to collaboration (Naeem et al., 2019b). A directive approach can provide psychoeducation on how the therapeutic process works and the advantages of working together to provide culturally appropriate guidance (Naeem et al., 2019b). South Asian individuals may doubt the counsellors' competence when using a Western approach, which indicates a lack of understanding and awareness of cultural influences and nuances. Individuals experiencing anxiety may feel unheard, causing further issues with their worldview, sense of self, and others (Naeem et al., 2019b).

Scenario #2: Therapy Techniques

Therapy techniques can be adjusted and adapted to benefit South Asian individuals. Suppose a South Asian client seeks counselling because they are experiencing anxiety related to work stress. In traditional CBT, the counsellor may focus on addressing the client's current concerns related to work stress and encourage the client to engage in self-care practices that are culturally appropriate and relevant (Naeem et al., 2019b).

Though this is helpful, non-Western individuals prefer problem-solving approaches and behavioural strategies (Naeem et al., 2022). Moreover, the counsellor can incorporate cultural values and beliefs into therapy by discussing the importance of work and achievement in South Asian cultures and providing strategies to manage work stress while balancing cultural expectations (Islam et al., 2017).

The counsellor must be aware that some techniques for managing stress, such as breathing exercises and muscle relaxation, are commonly practiced in non-western cultures and may have spiritual or religious attachments (Naeem et al., 2022). Therefore, as part of the initial session, exploring spiritual and religious affiliations would help determine the therapeutic technique needed for treatment (Naeem et al., 2022).

Additionally, counsellors must be culturally aware and approach these techniques sensitively to understand cultural influences and encourage practical use (Naeem et al., 2022). With South Asians experiencing anxiety, it is crucial to meet the client where they are to develop the necessary adjustments to CBT. This could include providing resources outside of one-on-one counselling, group therapy, or referral to South Asian professionals to ensure the client feels a sense of comfort and representation.

Scenario #3: Assessment of Acculturation

Suppose a South Asian client is experiencing anxiety related to cultural identity and discrimination. The counsellor may explore feelings, thoughts and behaviours regarding discrimination using traditional CBT. However, the intervention must be culturally sensitive, as topics relating to discrimination and racism may elicit hesitation from the client.

In this case, an assessment of acculturation is beneficial. Assessment of acculturation focuses on addressing issues with the acculturation process, including racism, discrimination, and immigration (Naeem et al., 2022). Acculturation refers to balancing two cultural identities while acclimating to the current culture of society (Naeem et al., 2022). Counsellors can explore shame, guilt, trauma, and stigma during this process (Naeem et al., 2022).

The counsellor may address the stigma related to mental health within the South Asian community and provide coping strategies that are culturally appropriate and relevant, as described previously (Islam et al., 2017; Naeem et al., 2019b). The counsellor may also incorporate cultural values and beliefs into therapy by discussing the client's cultural identity and providing a safe space to discuss their experiences of discrimination (Naeem et al., 2019b). The counsellor may also discuss strategies for managing discrimination while maintaining cultural identity (Islam et al., 2017).

Assessment and Engagement

Assessment and engagement are critical components of CaCBT for South Asians experiencing anxiety (Naeem et al., 2019b). These components require building rapport, information gathering, case formulation and engaging the client to continue with the counselling process (Naeem et al., 2023a). The following section will focus on the implications of assessment and engagement in the therapeutic process.

Assessment

In CBT, assessment begins with confidentiality, building rapport, and gathering information for case conceptualization (Naeem et al., 2022). In CaCBT, assessment requires the components mentioned above with the addition of focusing on cultural influences. An inexperienced counsellor may focus on assessment; instead, taking time to build rapport is beneficial (Naeem et al., 2022). As mentioned above, confidentiality is crucial for building rapport. South Asian individuals may fear family and community discovering they are getting help for mental health concerns. Therefore, conversation about confidentiality should continue throughout the counselling process to reassure the client that their information is not shared unless a safety concern is present (Naeem et al., 2022).

During the assessment phase, the counsellor may inquire about the client's knowledge of mental health treatment, services and resources, and expectations about therapy outcomes (Naeem et al., 2022). For instance, a client may have limited knowledge of mental health services and speak about mental health with stigma, racism, or feelings of shame and guilt (Naeem et al., 2019b). In addition, the counsellor may introduce the client to the CBT framework and CaCBT alternates (Naeem et al., 2022). Knowing previous beliefs and attitudes about mental health can help counsellors adjust and adapt CBT to fit the individual's experience.

Additional aspects of the assessment process include learning and understanding the client's experiences with stigma, racism, and discrimination (Naeem et al., 2022). The discussion of stigma, racism, and discrimination may cause clients to be reluctant to share their experiences, mainly if they believe the discussion may make the counsellor uncomfortable or are under the impression that the issue is not worth sharing (Naeem et al., 2022). The importance of these conversations is for the counsellor to engage about the effects of the experience on the client's

mental health and to recognize noticeable changes in behaviour (Naeem et al., 2022). Working with the client, the counsellor should focus on collaboration to develop safety and empowerment rather than ignoring the experience (Naeem et al., 2022).

Additional assessment barriers include family and community stigma (Naeem et al., 2022). Some South Asian individuals may be interested in counselling but hesitate due to the counsellor being from the same culture or ethnic group as themselves (Naeem et al., 2022). The client may fear a breach of confidentiality in that they fear their problems may be shared in the community (Naeem et al., 2022). The counsellors' cultural identity can help or hurt the clients' ability to share concerns, and the client may hesitate to share if they subscribe to the view that concerns stay within the family (Naeem et al., 2022). Building a strong foundation of trust and rapport is essential to improve the client's confidence in the therapeutic process (Naeem et al., 2022).

To reiterate, reviewing confidentiality and limits to confidentiality in the first session is crucial (Naeem et al., 2022). Providing a safe space and exploring cultural influences can increase the counsellor's knowledge and provide insight into treatment options (Naeem et al., 2022). Assessment requires significance to be placed on building a respectful, empathetic relationship (Naeem et al., 2022) that is open, honest, and authentic (APA, 2017; Naeem et al., 2022). Knowing that South Asian cultures are collectivist, it is essential to build a strong, positive, warm, and collaborative relationship in which the counsellor and client work together to improve outcomes (Naeem et al., 2022).

The counsellor may discuss strategies for coping with stigma and discrimination related to mental health in the South Asian community (Naeem et al., 2019b). They may also discuss the importance of self-care practices that are culturally appropriate and relevant to the client (Basri et

al., 2021). The counsellor may incorporate cultural values and beliefs into therapy to help clients feel more comfortable discussing their experiences (Naeem et al., 2019b). In this example, using religion as a coping strategy to deal with distress can be beneficial, but it requires understanding the individual's religious experience (Naeem et al., 2019b). During initial sessions, exploring religious or spiritual beliefs may significantly impact anxiety symptoms and the therapeutic relationship (Naeem et al., 2019b).

Many South Asian individuals experiencing anxiety may be influenced by culture, religion or spirituality, and the belief that a higher power is responsible for health issues (Naeem et al., 2019b). The belief in external causes of concern can lead to religious coping mechanisms to deal with distress and increase stigma related to mental health (Naeem et al., 2019b). For example, some South Asians believe mental health struggles are caused by lack of faith to their families' religious beliefs, increasing stigma and further impacting feelings of depression and anxiety (Naeem et al., 2019b). South Asians dealing with anxiety may develop a persistent fear of disappointing families due to their perceived lack of religious loyalty (Naeem et al., 2019b). The counsellor can use this information to incorporate important aspects of religious experience to help the client bridge the gap between behaviours and beliefs and the imbalance between the two (Naeem et al., 2019b).

Engagement

The counsellor may engage with the client by building rapport and creating a safe and comfortable environment for them to share their experiences. They may use culturally appropriate language and techniques to establish trust and make the client feel understood (Naeem et al., 2019b). The counsellor may also incorporate cultural values and beliefs into therapy to make it more relevant and meaningful to the client (Naeem et al., 2019b).

Aspects of engagement, as discussed above, require consideration of the implications of the counselling practice. As mentioned, initial sessions are crucial as they can help the counsellor determine the focus of future sessions and the influence of cultural dynamics on the client (Naeem et al., 2022). Knowledge of symptom management can help a client who is expecting immediate relief for anxiety-related symptoms such as restlessness, fatigue, issues with concentration, irritability, muscle tension, and sleep disturbances (APA, 2022). The implication of counselling is to improve engagement and increase clients' confidence in the counsellor (Naeem et al., 2022).

Engagement requires consideration of non-verbal cues, using therapy to confirm the counsellor's ability and personal connections, and using the family as a resource when appropriate (Naeem et al., 2022). The implications for counselling highlight that South Asian clients require these components to be open about their concerns and work towards building rapport and trust (Naeem et al., 2022). These aspects indicate to the client that the counsellor is willing to take the time to notice cues and discuss concerns that may not be addressed in the client's daily life (Naeem et al., 2022).

Social Supports

Additionally, assessing clients' current social supports and how those supports affect their experience with anxiety can provide insight into their daily lives (Naeem et al., 2019b). Though this is not specific to South Asian clients, it should be noted that South Asian clients are a collectivist group of people; therefore, there is potential for concerns to be rooted in intergenerational trauma (Naeem et al., 2023a). Using social support may require including family in the therapeutic process, if necessary and consented to by the client, as distress may be related to family issues (Naeem et al., 2019b).

To ensure that including family is the right decision for the client, discussing the importance of social support and how to incorporate it into the therapeutic process can be effective. The benefits of family involvement include information-gathering, supporting the client and supporting the client to return for follow-up sessions (Naeem et al., 2019b). Family involvement can provide background on relevant cultural beliefs and values and the significance of the role of family and community in the client's presenting concern (Naeem et al., 2019b). In the counselling session, cultural beliefs and values can highlight family history patterns relevant to the client's concerns.

For example, South Asians experiencing anxiety may feel excessive fear about their academics. Academic pressures concern many young South Asians, emphasizing obedience and dependence (Islam et al., 2022). In this instance, incorporating family can allow the individual to express the overwhelming pressure they feel and how it can affect other areas of their well-being. Open and honest discussions can enable counsellors to educate families and provide insight using CaCBT techniques (Naeem et al., 2019b).

It is common for South Asian individuals to feel that family support is lacking (Basri et al., 2021; Karasz et al., 2019; Sharma et al., 2020). A counsellor should explore other support systems outside the family, such as friends, counsellors, and community organizations (Basri et al., 2021). Exploration of these additional supports is important for mental health and self-care and will help validate their social systems while simultaneously facilitating connections at an individual and community level (Basri et al., 2021).

Fundamental Next Steps for Research

Areas of improvement should focus on examples from participants to highlight individual experiences and ways to improve awareness, assessment, and adjustment factors of traditional

CBT to benefit South Asian Canadians. Knowledge about what to focus on when adapting CBT is crucial; however, specific examples may help mental health care professionals understand the experience, such as academic pressures, relationships with others, and worldviews (Ackerman, 2017; Islam et al., 2017; Naeem et al., 2019b).

South Asians experiencing anxiety may benefit from CaCBT. To ensure effective therapy, it is important to consider the unique cultural factors that may influence how anxiety is experienced and expressed in this population. Some fundamental next steps for CaCBT for South Asians are implementing training, advocating for accessibility, raising awareness of CaCBT, and continually following ethical guidelines. These fundamental next steps for CaCBT will be explored in the subsequent section.

Training

Recent research has contributed to developing, using, and evaluating CaCBT for South Asians (Naeem et al., 2023a), as evidenced in this capstone literature review. Because the research by Naeem et al., (2023) is the most recent adaptation of CBT for diverse populations, it has been used to create training manuals to ensure culturally sensitive practices in mental health care (Naeem et al., 2023a). Developing training manuals for culturally competent mental health care professionals supporting South Asian clients requires understanding mental health concerns among South Asians as being influenced by family, biology, sociocultural and religious values, and beliefs (Naeem et al., 2023a). Collaboration on a training manual would stress the need to establish best practices and encourage further research. Training in CaCBT should be available for all healthcare professionals because health care should be a collaborative, interdisciplinary field. Recognizing that mental health concerns with physical symptoms are overlooked and underdiagnosed (Karasz et al., 2019) can help identify areas to adapt in the future.

Awareness and Education

Raising awareness about CaCBT is crucial to improving services for South Asians experiencing anxiety (Naeem et al., 2023a). As the research continues to grow on the validity and reliability of CaCBT for South Asians, raising awareness is the next step to continuously developing research, training, and culturally competent mental health professionals (Naeem et al., 2023a).

The counsellor may engage in community outreach activities to raise awareness of CaCBT and its benefits to South Asian individuals. This may include speaking at community events, hosting workshops, or partnering with local organizations to promote mental health awareness (Naeem et al., 2021). As a fundamental next step, advocating and raising awareness can help encourage future research and build on the importance of culturally adapted CBT. Mental health services can be challenging, but providing information in different languages may increase access to mental health services and treatment options for South Asian individuals, especially access to services and treatment available with a reduced or no-cost option (Naeem et al., 2023a).

Alongside awareness of CaCBT for South Asians, education is required. Not only is it necessary to provide this education to members of the South Asian community, it is also important for mental health professionals of all backgrounds to be culturally aware (Naeem et al., 2023a). A fundamental next step in counselling education could be additional professional workshops, awareness campaigns, courses, and required training (Naeem et al., 2021). The counsellor may educate mental health professionals and other service providers on CaCBT for South Asians experiencing anxiety. This can help increase awareness and understanding of the

unique cultural needs and beliefs of South Asian individuals, including the essential role of family as a collaborative approach for South Asian individuals (Naeem et al., 2023a).

An additional next step includes counsellors educating clients on the benefits of CaCBT and how it can help them manage their anxiety symptoms (Naeem et al., 2023a). They can provide information on the importance of culturally specific mental health services, they can share what the research suggests about CaCBT, and they can address any concerns or stigma attached to mental health. Utilizing CaCBT to reduce stigma allows the client to be informed and understand the way in which services and resources can be adapted, and this may help them become comfortable with the process. Media outreach can be beneficial by using social media to raise awareness about CaCBT and its benefits, including writing articles and creating social media content (CAMH, 2023). The counsellor may partner with other mental health professionals or organizations to increase awareness of CaCBT (CAMH, 2023). This collaborative process encourages mental health professionals to educate their clients on the benefits of culturally adapting mental health care. This can allow important information to reach a larger audience and provide more resources for South Asians experiencing anxiety.

Additionally, this includes a culturally competent counsellor to provide information on the benefits and effectiveness of CaCBT and to communicate the importance of finding a counsellor that is the best fit for the client. Within the context of therapy or education, relating mental health concepts to the individual's cultural beliefs, values, and behaviours can facilitate psychoeducational efforts to decrease stigma and provide space to correct any misconceptions about mental health among South Asians. This is known as cultural bridging (Chaudhry & Chen, 2019) and can help provide an understanding of mental health for South Asians. This knowledge

can support understanding their concerns in terms they are familiar with (Chaudhry & Chen, 2019).

Overall, raising awareness of CaCBT for South Asians experiencing anxiety is an essential component of providing adequate mental health services now and in the future (Naeem et al., 2023a). In the future, mental health professionals can continue to engage in community outreach, provide education to clients and other mental health professionals, use media outreach, and form partnerships to help increase awareness and improve the level of understanding of the unique cultural needs and beliefs of South Asian clients. As we know, stigma is a significant barrier to help-seeking behaviour; therefore, continued education on concerns for South Asian individuals would reduce the stigma surrounding mental health within the community, in addition to promoting South Asian mental health providers and users (Naeem et al., 2023a). This can help encourage more South Asians to continue to seek mental health services.

Advocating for Accessibility of Care

Accessibility is an additional concern for many South Asian individuals experiencing anxiety (Basri et al., 2021; Islam et al., 2017). In the context of this capstone, *accessibility* encompasses affordability, quality, and quantity of mental health care providers (Basri et al., 2021), limited representation of South Asian mental health care professionals, and lack of knowledge of mental health (Islam et al., 2017). Mental health care should be more accessible and affordable, which can be a step toward providing appropriate mental health care and resources for South Asian individuals (Basri et al., 2021). Changes in the affordability of mental health care services and resources, training culturally sensitive mental health professionals, and providing specific help targeting South Asian communities would likely significantly improve mental health help-seeking and access (Basri et al., 2021).

Advocacy may also require advocating for interpretation services, utilizing community-based organizations, and continued cultural sensitivity training to reduce language barriers and increase cultural awareness and competence (Basri et al., 2021). The training manual on mental health care and services requires adjustments to facilitate counsellors' understanding, training and competence regarding the South Asian mental health experience and the need for culturally adapted and competent service providers (Naeem et al., 2023a). Focusing on awareness, education, and advocacy would ensure that future considerations would highlight the importance of CaCBT use in South Asian individuals experiencing anxiety.

Recommendations for the Practice

Counsellors must understand the cultural and social factors influencing anxiety among South Asians (Naeem et al., 2019b). This includes the pressure to conform to family and community expectations, experiences of discrimination, and stigma around mental health issues (Islam et al., 2017). It is recommended that counsellors use a culturally sensitive approach, incorporating cultural influences, traditional practices, beliefs, and values into therapy and providing education about anxiety and its treatment (Naeem et al., 2023a). Building trust and rapport with clients is also crucial, as many South Asians may hesitate to seek help due to cultural taboos around mental health (Naeem et al., 2019b). Creating a safe and non-judgmental space for clients to share their experiences and emotions is important. Finally, counsellors should be aware of the diversity within the South Asian community and tailor their approach to their client's specific cultural, linguistic, and religious backgrounds (Naeem et al., 2023a).

The literature review in this capstone highlights the continuous need to adapt and adjust CBT for South Asians in Canada. Although the same group of researchers completed most of the research cited within this capstone (Islam et al. and Naeem et al.), it showcases the constant

adaption and implementation of current psychotherapies and the need to readdress issues within the South Asian community. It provides a starting point for counsellors and mental health professionals to identify growth areas and make appropriate adaptations and adjustments to fit their client's needs (Naeem et al., 2023). To do so, counsellors must gather appropriate information during assessment (Naeem et al., 2023). The recent research in this capstone cannot be generalized to the entire South Asian population in Canada; however, it brings to light the importance of adapting and adjusting interventions to benefit other individuals. Healthcare professionals should take the time to address cultural issues be aware of how cultural issues can affect a person's mental well-being (Naeem et al., 2019b).

Additionally, further research can provide greater consistency in methodologies, including larger sample sizes to discover who could benefit from CaCBT while maintaining the focus on immigration, acculturation, and language as barriers to help-seeking behaviours (Naeem et al., 2023a). Recommendations for culturally adapted CBT for South Asians experiencing anxiety include the current implementation of CaCBT (Naeem et al., 2023a). Because recent research findings have reported that CaCBT is suitable and acceptable, mental health professionals using it to improve treatment for South Asians experiencing anxiety (Naeem et al., 2023a).

The researchers indicate the impact that this research will have on services for South Asians by using CBT to improve mental health literacy and self-management (Naeem et al., 2021). The results may also improve well-being and satisfaction with mental health services and relationships, quality of life, and everyday functioning for individuals with depression and anxiety (Naeem et al., 2021).

To continually highlight the success of CaCBT, South Asian individuals must participate in counselling. To encourage participation, healthcare professionals can use the suggestions put forth regarding collaboration. Collaboration can include involving South Asian community leaders, using the family as support, or encouraging South Asian individuals who have benefited from counselling to share their experiences with others in the community (Islam et al., 2022; Naeem et al., 2023a).

Suppose there is community support for mental health care as there is for other aspects of the cultural experience. In that case, there may be an increase in South Asians experiencing anxiety when utilizing services. It is a long road to recovery and reducing stigma, but each conversation can support someone in their journey to mental health care support. Researchers are focusing on tailoring interventions to target the specific needs of South Asians to improve efficacy and potentially lead to a reduction in dropout rates (Naeem et al., 2021).

A common barrier to help-seeking behaviour is the cost and availability of resources. Therefore, it is recommended that South Asians be offered free or low-cost services and that there is increased representation of South Asians using mental health services and South Asian professionals (Islam et al., 2017).

Moreover, it is recommended that mental health professionals be aware of the gaps in the literature about CaCBT because much of the Canadian research conducted in the past five years has been by Naeem and colleagues. Therefore, current research is limited and needs to be revised to reduce biases and assumptions. As a variety of researchers complete future research on adapting and implementing CaCBT for South Asian populations, it will be possible to mitigate this research bias. Encouraging further research requires understanding and acknowledging cultural influences on South Asian experiences and how to incorporate cultural identity to

provide client-centred, tailored interventions. This does not imply that only CBT can be culturally adapted, but it begins the conversation around other therapeutic approaches that have the potential to be culturally adapted.

Research by Goel et al. (2022) suggested recommendations for eating disorder treatment. Though their research focused on eating disorders for South Asian women (Goel et al., 2022), it is possible to generalize the treatment outcome to South Asians experiencing anxiety, as the recommendations encompass common issues with help-seeking behaviours. Goel et al. (2022) suggested campaigns to reduce the stigma of mental health and mental health services by highlighting the available resources, collaborating with South Asian community members, and training to provide culturally sensitive care. More culturally knowledgeable mental health care professionals are required to accommodate South Asian individuals experiencing anxiety, as presenting concerns often include cultural and religious influences (Basri et al., 2021).

At the time of this capstone, there is limited research on the cultural backgrounds of counsellors in Canada and whether more South Asian counsellors are entering the field. However, there is a wealth of research on the importance of cultural competence in Canada, as it is a growing and diverse country. The resources are available but educating the public about their existence matters. Appendix B highlights mental health resources for South Asians, including Psychology Today, where counsellors can be found based on location, language, and area of specialization. It's important to be knowledgeable about resources for diverse groups and it's important to educate the public on the significance and accessibility of these services.

Addressing the research question, *as an evidence-based psychotherapy, how can cognitive behavioural therapy be culturally adapted for South Asian populations experiencing anxiety* is crucial to the clinical practice of culturally adapted psychotherapies. This research

question can help continue research as the results of CaCBT have proven effective for South Asian populations. Additionally, this research can inform policymakers and other healthcare professionals about the importance of considering the individual's cultural identity as a foundation for effective mental health care and as a way to reduce barriers to help-seeking behaviours.

Reflexive Self Statement

As a future counsellor, I must ensure I am competent in working with individuals from diverse populations. I pride myself in knowing when to consult or gain supervision to determine how to proceed with specific clients. I need to continually make changes and address biases and countertransference in my thoughts, beliefs, and emotions regarding specific issues. These specific issues include mental health stigma, anxiety experiences, cultural and gender expectations, and achievement. This also requires me to continually work towards understanding my internal processes to ensure no judgment is placed on the client. I must be familiar with recent research and be more critical of the information. This will allow me to continue to ask questions and focus on understanding the diversity in clients lived experiences.

If my supervisor is not culturally aware, my own awareness allows me to share information on the aspects of South Asians' lived experiences and adaptation and adjustments to CBT as someone who is part of both the mental health profession and the South Asian culture. Based on the research in this literature review, I know the importance of collaborating with South Asian professionals to work together to support clients. This literature review has shown me how to use the resources available, such as CAMH, and has taught me to stay current on the research regarding South Asian mental health. It has also taught me to work with community

members to spread awareness and educate the public on the importance of help-seeking behaviour.

From migration to dual identity (Islam et al., 2017), the need for culturally adapted psychotherapies is growing as Canada becomes more diverse. The current research on culturally adapted psychotherapies for South Asian clients can be a starting point for growing our understanding of other culturally diverse populations within Canada. Naeem et al. recommended five key themes to culturally adapt CBT successfully. I agree with the recommendations and the need to constantly review and adapt my assessment and engagement process with clients of South Asian origin. I will be able to adopt these recommendations as I know the barriers to help-seeking behaviours are primarily stigma and lack of knowledge. This understanding allows me to explore beliefs about mental health and educate others by spreading awareness about the growing area of research for culturally adapted interventions.

After completing an extensive capstone research project, I have learned that the focus should be on the importance of encouraging culturally competent counsellors, regardless of the culturally diverse population they are serving. Lack of knowledge and lack of understanding increases stigma around mental health care, causing fear as a barrier to help-seeking behaviour. I have learned that people who do not have the appropriate information about mental health care cannot receive the help they need. Mental health care should be taught at various stages in an individual's development, including at school, work, and in the community. South Asians have a long way to go in understanding mental health and health care. However, using the recommendations and understanding the effectiveness of the research in this capstone, the counselling field can begin adapting and adjusting CBT interventions to be beneficial for South

Asian individuals experiencing anxiety. As physical health is stressed, mental health should be equally stressed.

In addition, it has become clear that there is not a well-rounded quantity of research regarding culturally adapted cognitive behavioural therapy for South Asians experiencing anxiety. This has shown me the importance of culturally adapting CBT, as the research has proven effective. Continued research can help change policies and improve education about mental health and the supports that are available. Continued research can demonstrate that mental health services are dedicated not only to the concerns of South Asian and the cultural influences that affect them, but also to the concerns of other culturally diverse populations. Continued research can help mental health practitioners to be competent in their ability to care for and support the cultural identities of many diverse populations.

I want to continue encouraging open conversations about mental health and providing sufficient information for individuals to seek out appropriate mental health care. I also want other mental health care professionals to know the struggles of South Asians experiencing anxiety and how we can support South Asians by being culturally competent, continuing researching, communicating with community members, and consulting with South Asian professionals.

We do not need to understand every lived experience our clients go through. However, we can provide support by doing our part to understand that their problems are different from Western norms. I want to decrease mental health stigma in South Asian communities and provide the people we serve with the appropriate care. Continued research also teaches practitioners that mental health care and treatment is not a one-size-fits-all approach. CaCBT (during the assessment phase) should focus on how much the cultural identity impacts the

presenting concern. Since not all experiences or identifications are the same, counsellors can use CaCBT as a process rather than following specific guidelines. This means that depending on the client's involvement with their culture, interventions can change and adapt. One individual who identifies as South Asian may not be as immersed in their culture as another, which is why we use the framework of CaCBT during assessment to explore the cultural impacts of experiences. I want to focus on a person-centred, strengths-based approach that tailors' interventions to be culturally inclusive.

After completing this literature review, the part that frustrates me is that being a South Asian mental health care professional can either help or hinder the therapeutic process for South Asians experiencing anxiety and seeking mental health care (Naeem et al., 2022). My frustration is due to knowing that having the same cultural background as your client can help build rapport and relatability; however, it can also hurt the relationship as there is knowledge of community stigma (Naeem et al., 2022). Community stigma may increase the fear about information being shared within the community, as many problems should never leave home (Naeem et al., 2022). Stigma is still a significant barrier to help-seeking, and reducing stigma requires education, awareness, and continued conversations about confidentiality. Understanding that clients may not want to share information due to community stigma may alter how I practice. However, I look forward to opportunities to educate my clients about the benefit of CaCBT for South Asians and that, as their counsellor, I have taken the necessary steps to provide sufficient care.

During this research process, I have learned that the need for representation is just as essential as the need for understanding the implications of counselling and the therapeutic relationship. In my understanding of counselling, South Asians are hoping for a relationship that meets their needs and goals of understanding their presenting concerns, the impact of mental

health on their overall well-being, and the impact of cultural influences on their concerns. As a South Asian, I aimed to focus my research from a place of understanding while minimizing biases, judgements, and transference. The amount of research, resources, and services available to help South Asians experiencing mental health concerns, including anxiety, is comforting. However, the lack of knowledge, understanding and awareness of the effects of mental health on overall well-being and the general awareness of the resources available are not where they should be.

Conclusion

Canada is a growing diverse country, with South Asians quickly becoming the largest ethnic group (Basri et al., 2021; Naeem et al., 2021). South Asians come from unique backgrounds and have unique identities informed by cultures, traditions, and experiences (Shah et al., 2023). As is the case with other culturally diverse groups, South Asians face issues and challenges regarding mental health care. Issues with mental health are likely to go unaddressed due to social factors such as migration, language, dual identity, and cultural expectations that may affect quality of life and daily functioning (Karasz et al., 2019; Naeem et al., 2021).

These social factors can have negative impacts and cause a decrease in the utilization and access to appropriate care, causing additional barriers such as discrimination in mental health services (Naeem et al., 2021). This causes South Asians to be at a higher risk of mood and anxiety disorders (Naeem et al., 2021; Shah et al., 2023). Research focuses on barriers to help-seeking behaviour (Basri et al., 2021; Islam et al., 2017) and emphasizes the need to consider cultural influences on views of mental health (Naeem et al., 2019a; Patel et al., 2022).

This capstone research project focused the following research question: *As an evidence-based psychotherapy, how can cognitive behavioural therapy be culturally adapted for South*

Asian populations experiencing anxiety? The research within this capstone explored the adaptation process for traditional CBT. Evidence shows the effectiveness of using culturally adapted CBT for South Asian individuals. CBT is a commonly used intervention for clients experiencing anxiety and depression, using talk-based approaches that focus on challenging inaccurate, unhelpful, or negative thoughts, beliefs, and attitudes through increased awareness of perceptions and behaviours (Ackerman, 2017; Mayo Clinic, 2019). Using a culturally adapted framework, CaCBT maintains the theoretical framework of traditional CBT with the inclusion of cultural dynamics (Hwang, 2020; Naeem et al., 2021).

Additionally, this capstone highlighted the importance of culturally competent health care professionals to reduce barriers to help-seeking behaviours for South Asians experiencing anxiety. Barriers reduce access to services, discourage conversations on mental health, and increase stigma (Islam et al., 2022; Karasz et al., 2019). Improving mental health services for South Asians is important in Canada (Naeem et al., 2019a) and should focus on the significant contributions of population dynamics (Islam et al., 2022). To reduce inequities in health care services and access to care, it is important to focus the research and practice of counselling on frequently adapting and adjusting traditional CBT (Naeem et al., 2021). Acknowledging discrepancies in the mental health profession allows counsellors to provide culturally appropriate care.

Furthermore, this literature review addressed the specific cultural adjustments made to CBT to improve outcomes and reduce early termination for South Asian individuals (Bains, 2023; Basri et al., 2021; Patel et al., 2022; Rathod et al., 2019; Sharma et al., 2020). The areas of focus for this capstone address awareness and preparation for therapy, accessibility and delivery of interventions, assessment and engagement, adjustments to therapy, and cultural dynamics

including racism, discrimination and other factors that impact mental health care (Naeem et al., 2023a). Knowledge of the components of this capstone has led to exploring the implications for counselling, which focuses on understanding cultural influences and their impact on mental health, fundamental next steps for research, recommendations for the practice, and reflexive self-statements.

In conclusion, research on the effectiveness of CaCBT for South Asians experiencing anxiety highlights that traditional CBT can be adapted to meet the mental health needs of culturally diverse individuals, and that the continuation of research will help adjust the therapeutic process as needed. This capstone research explored the need for adapting and adjusting theoretical frameworks to ensure clients receive appropriate care and support that is beneficial to their specific journey and connection with their culture.

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Appendix A

Methodology

Authors	Year	Title	Sample Size	Selection/ Recruitment	Data Collection Process	Data Analysis Process	Qual/Quan/Mixed/Case Study	Notes on Findings
Farah Islam, Syeda Qasim, Muhanad Ali, Michaela Hynie, Yogendra Shakya & Kwame McKenzie	2022	South Asian youth mental health in Peel Region, Canada: Service provider perspectives	22 frontline mental health service providers	Random sampling using recruitment flyers posted in public areas and emailed to mainstream and culturally specific mental health organizations ; via social media (Twitter and Centre for Addiction and Mental Health's Evidence Exchange Network)	-informed consent -semi-structured in-depth interviews and focus groups (March to June 2015) - average 1 hour and a half - audio recorded	-Islam, Qasim & Ali analyzed transcripts independently; conducted process peer debriefing for consistency; obtained consensus in analysis and interpretation before sharing with senior supervisors for review and feedback -findings were relayed to participants to ensure resonance and member checking -asked about pathways to care, mental health and recovery, barrier to and facilitators of seeking mental health care, knowledge of mental health services, stigma, mental health care experience, current practices, recommend -thematic analysis and coding to identify, analyze, and report patterns within the interview transcripts guided by the research questions -Manual analysis, codes were organized into subthemes, overarching themes -thematic maps were used to outline themes and patterns and detailed analysis was written for each	Qualitative	-Themes: A) South Asian culture, religion, and family dynamics, B) experiences of discrimination, C) impact of migration, D) beliefs around mental illness and help-seeking, E) help-seeking trajectories and therapy recommendations, and F) sex differences

Farah Islam, Amanpreet Multani, Michaela Hynie, Yogendra Shakya & Kwame McKenzie	2017	Mental Health of South Asian youth in Peel Region, Toronto, Canada: A qualitative study or determinants, coping strategies, and service access	-10 South Asian youth (age 15-23)	-convenience sampling -recruitment flyer posted in public areas of congestion (community centres, public libraries, universities) and through social media -youth workers were approached to encourage clients to participate (social workers, school counsellors, religious leaders, psychiatrists, mental health therapists) -difficult to recruit due to stigma of mental health	-informed consent -semi-structured in-depth interviews/focus groups - average one hour and a half - audio recorded	-interview was transcribed using thematic analysis - identify, analyze, and report patterns within the interview and describe interview in rich detail -coding: conceptually/theory driven -comparative technique and iterative refinement process was used throughout -qualitative analysis was done manually; codes were organized into subthemes and overarching themes -themes and patterns relating to the interview questions were searched and illustrated using a thematic map; detailed analyses were written for each theme	Qualitative	-varied definitions of MH, recovery covering psychological, cognitive, social, environmental, behavioural -lack of SA MH professionals in the field -long wait times -fees not covered -lack of professionals specialized in youth issues -lack of variety in terms of models of MH care -medicalized models of health care -lack of diversity in services used -education system -not providing enough info on MH; not incorporated in curriculum -would prefer to learn about the importance of MH, warning signs and resources -guidance counsellors were not easily accessible or did not effectively address MH needs -restrictions on number of sessions for university students- limited efficacy and care and ability to develop relationship with MH professional -stigma (at family & community level) -MH service knowledge -family & cultural dynamics -environment - outside the home -university resources - quality and quantity of services -access to help- affordability, quantity of MH care providers, quality of MH care providers -stigma, language, conversation
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<p>Tamanna Basri, Kavita Radhakrishnan, & Donna Rolin</p>	<p>2021</p>	<p>Barriers to and Facilitators of Mental Health Help-Seeking Behaviors Among South Asian American College Students</p>	<p>14</p>	<p>-convenience sampling (university students) -only included descendants from India and Pakistan (does not encompass all SA</p>	<p>-informed consent -semi-structured interview (15-45 minutes); in English -audio recorded and transcribed verbatim using secure online platforms</p>	<p>-conventional qualitative content analysis of interviews performed using coding categories derived from tests -analysis began after first interview; transcribed along with supplementary information from observations -responses were coded, analyzed, categorized into themes (further divided into subthemes) -quotes were examined and categorized (no identifying information was retrieved) -each interview was transcribed using descriptive, thematic analysis; authors met weekly to discuss codes and generate initial themes,</p>	<p>Qualitative</p>	<p>-not limited to, depression, anxiety, agoraphobia, post-traumatic stress disorder, and suicidal ideation -Facilitators: friends, the environment, cultural competence of MH practitioners -institutional level: changes in affordability, quality of providers, targeted help for growing marginalised group (yield greatest improvement in rates of MH help-seeking) -Personal level: unpack MH stigma within the community, create productive conversations (yield better understanding for SA individuals of their own MH), greater awareness and capacity for helping others -universities circumvent many barriers and provide numerous resources -nurses: first lines of help - play critical role in recognition, understanding, and treatment of MH -struggle between wanting professional help to deal with the stress and not seeking help because of parental disapproval of involvement with MH professionals -CHANGE IS SLOW -family dynamics -environment - outside the home -university resources - quality and quantity of services -access to help - affordability, quantity of MH care providers, quality of MH care providers -cultural dynamics - stigma, language, conversation</p>
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<p>Farooq Naeem, Andrew Tuck, Baldev Mutta, Puneet Dhillon, Gary Thandi, Azaad Kassam, Nimo Farah, Aamna Ashraf, Ishrat Husain, M. Omair Husain, Helen-Maria Vasiliadis, Marcos Sanches, Tariq Munshi, Maureen Abbott, Nicholas Watters, Sean A. Kidd, Muhammad Ayub, & Kwame McKenzie</p>	<p>2021</p>	<p>Protocol for a multi-phase, mixed methods study to develop and evaluate culturally adapted CBT to improve community mental health services for Canadians of South Asian origin</p>	<p>Unknown (study protocol)</p>	<p>-Purposive sampling from four different target groups; patients with depression and anxiety, caregivers and family members of individuals affected by anxiety and depression, mental health professionals and SA community opinion leaders through partnering agencies within local communities -snowball sampling used to facilitate recruitment to fulfill total sample for each target group</p>	<p>-informed consent -semi-structured lasting 1 hour, held virtually -interviews will be audio recorded, fully transcribed, and checked for accuracy -interviews conducted by research assistants who will receive regular supervision from research team -special attention is paid to gender equality among participants due to sex/gender interaction affecting type and quality of information disclosed in qualitative research settings -local privacy protocols through WebEx</p>	<p>PHASE 1: Cultural adaptation of CBT for SA populations in Canada experiencing depression and anxiety using stakeholder consultations and qualitative methodology -collected data will be analyzed for systematic content and themes -immersion of research by reading transcripts several times and identifying emerging themes and categories -regular research team meetings held throughout analysis, facilitating further exploration of responses, discussion of deviant cases and agreement on recurring themes. -identified themes will be coded and organized into wider theme categories -software to facilitate analytical process -analysis will begin as interviews are being conducted -triangulation of themes and concepts; comparing themes with different participants to test validity of data PHASE 2: Pilot test the newly developed CaCBT for feasibility, acceptability and effectiveness via quantitative methodology and a randomized controlled trial PHASE 3: Trained therapists working with SA populations to use CaCBT with their clients. Evaluate therapist competence in using CaCBT as well as client satisfaction with the newly developed therapy</p>	<p>-multiphase mixed method</p>	<p>-high rate of depression and anxiety for SA Canadians -lower rates of access to mental health care and poorer outcomes -the impact of culturally adaptive CBT intervention on service users will be to improve their mental health literacy and improve self-management capabilities through CBT -may lead to improvement in well-being and improve satisfaction with health services; improve relationships, quality of life and functioning -improve efficacy with possibly fewer dropouts and higher satisfaction -outcomes will benefit health services in Canada by reducing the burden of depression and anxiety and provide better care for SAs -expect results to guide development of better services; tailor existing services to be culturally adaptive</p>
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Farah Islam, Nazilla Khanlou & Hala Tamim	2014	South Asian population in Canada: migration and mental health	-South Asian populations across five Canadian Community Health Survey (CCHS) cycles from 2007-2011 - 265, 056 SA Canadian born; 997, 706 SA immigrants -between ages 25-64	-Statistics Canada conducted an annual CCHS	-organization and analysis of CCHS surveys for South Asians aged 25-64, with mental health diagnosis -four different mental health outcomes (self-reported clinically diagnosed and self-perceived variables); presence of mood disorders and anxiety disorders assessed based on questions where participants were asked if they have such disorders diagnosed by a health professional -self-perception of own mental health and stress -analysis of sociodemographic and social support variables; sense of belonging to the community	-four multivariate logistic regression models run separately for SA Canadian born and SA immigrants examining the four dichotomous mental health outcomes; significance was set at $p < 0.05$; odds ratios and 95% confidence interval -preliminary data analysis was carried out using IBM SPSS version 21 -multivariate regression analysis was conducted using STATA version 12 -Data analysis was conducted at the Statistics Canada York University Research Data Centre and approved for release	-Quantitative	-No significant difference in reports of diagnosed mood disorder for SA Canadian born (3.48%) and SA immigrants (3.49) -varied on all other mental health outcomes -SA immigrants have higher estimated prevalence rate of anxiety disorders and significantly higher estimated prevalence rate of extremely stressful life stress -SA Canadian born had higher estimated prevalence rate of fair-poor self-reported mental health status -CCHS cycles 2007-2011 were merged for multivariate regression analysis
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Appendix B

Mental Health Resources for South Asians in Canada

1. **Centre of Addiction and Mental Health (CAMH)**

Culturally Adapted Cognitive Behavioural Therapy (CaCBT) for Canadians of South Asian Origin: Therapy Manual for Depression and Anxiety

<https://www.camh.ca/-/media/files/cacbt-for-south-asians-manual-eng.pdf>

2. **Punjabi Community Health Services (PCHS)** - Calgary, Alberta

Provides health and social services in diverse communities; leads the way in equitable care for diverse South Asian communities. <https://www.pchsocalgary.com/>

3. **Moving Forward Family Services** - Vancouver, British Columbia

Provides free short-term and affordable long-term counselling options to underserved communities. <https://movingforward.help/>

4. **South Asian Canadians Health & Social Services (SACHSS)** - Brampton, Ontario

Culturally and linguistically appropriate services for South Asian men, women, seniors, and youth. <https://sachss.ca/>

5. **South Asian Health Institute (SAHI)** - Lower Mainland, British Columbia

Improves health for South Asians through innovation and evidence-based strategies.

<https://www.fraserhealth.ca/health-topics-a-to-z/south-asian-health/south-asian-health-institute>

6. **Psychology Today**

Resources, articles, and catalogue of mental health care professionals by location, language, and area of specialization. <https://www.psychologytoday.com/ca>