Barriers to Mental Health Service Utilization by South Asian Communities in North America

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CPC 695: Counselling Psychology Research Project

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December 7, 2021

Abstract

South Asian (SA) communities in North America have been shown to have lower rates of utilization of mental health services when compared to the dominant Western demographic (Chaudhry & Chen, 2019). This literature review aims to (a) investigates some of the challenges that SA communities endure that reduce mental health service utilization and (b) provide suggestions for counsellors to help SA communities both within counselling sessions, as well as outside of counselling sessions. This literature review examines current research on SA communities and current barriers that exists that reduce the likelihood of this community seeking mental health support. Acculturation stress, stigmatization around mental illness and mental health support, and a lack awareness of available mental health services have contributed to lower rates of mental health service utilization (Islam et al., 2018). Counsellors can help SA communities seek mental health support by introducing cultural sensitivity in session and also improving mental health literacy outside of counselling sessions. Future research on SA mental health workers, the Mental Health Care Act (MHCA; Sharma & Kommu, 2019), as well as the impact of COVID-19 on SA communities can prove beneficial.

Barriers to Mental Health Service Utilization by South Asian Communities in North America

The utilization of mental health services in North America by nondominant populations such as Black, Indigenous, or other People of Color (BIPOC) is much lower than Western populations (Islam et al., 2018). Many BIPOC communities are less likely to report mental health conditions such as depression or anxiety, and are also less likely to seek out mental health support regarding these mental health conditions (Chiu et al., 2018). Amongst BIPOC communities, the South Asian (SA) population is one of the fastest growing demographics in North America; countries including India, Pakistan, Nepal, Bangladesh, and Nepal are all considered to be a part of the SA community (Daga & Raval, 2018). As a BIPOC community, the SA community's experiences and perceptions of mental health services may be unique when compared to the dominant Western population (Chaudhry & Chen, 2019). Additionally, the presence of stressors that are often experienced by BIPOC communities such as acculturation, financial stress, and stigmatization can also affect the degree to which mental health services may be accessed (Eng & TenElshof, 2020). Perceptions of mental health combined with stressors such as acculturative stress that are commonly experienced by SA communities contribute to their lower use of mental health services (Nadimpalli et al., 2016). Thus, to help SA communities in North America, we must acknowledge and understand some of the difficulties experienced when SA communities seek mental health support.

Within North America, the SA population is one of the fastest-growing populations (Islam et al., 2017). In Ontario alone, the SA community makes up 25% of total BIPOC communities in the province (Islam et al., 2017). The overall SA population includes members from various countries, cultures, and regions (Lane et al., 2016). The SA communities within

North America include groups of various religious backgrounds including Islam, Hinduism, Sikhism, and Buddhism (Lane et al., 2016). Members of the SA community originate from a wide range of countries including India, Pakistan, Nepal, Bangladesh, and Sri Lanka (Tummala-Narra et al., 2012). Despite the diverse range of religious and ethnic backgrounds that are found within SA communities, there are also a number of commonalities that unite the overall SA population (Joseph et al., 2020).

The stress that arises as a result of immigration and acculturation is shared amongst all of these groups within the SA population (Lui & Zamboanga, 2018). These communities commonly experience the demands of adjusting to a new culture, learning a new language, and adjusting to a new way of life. These stressors are further compounded by stigmatization that can prevent individuals within SA communities from seeking mental health help (Jang et al., 2019). Often times SA populations that experience acculturative stress may not be aware of potential resources that are available to them, or may not know of resources that can cater to their needs or cultural differences (Islam et al., 2017). Additionally, stigmatization of mental health within SA populations may lead to negative perceptions of mental health services, further contributing to the lower rates of utilization.

Stressors that arise from acculturation or experiencing stigmatization contribute to the barriers that members of the SA community experience in seeking mental health services (Chaudhry & Chen, 2019). Furthermore, perceptions held about mental health can enable further stigmatization of the individual, further reducing the likelihood of using mental health services (Gee et al., 2020; Zieger et al., 2017). These perceptions are often attributed to religious explanations or a belief in the supernatural, rather than on empirical research (Chaudhry & Chen,

2019) A lack of mental health awareness contributes to mental health stigmatization, which then reduces mental health service utilization (Arora et al., 2019).

The effect of stressors related to the immigration experience can contrast significantly by generation (Kent et al., 2020). Within North America, younger generations have displayed signs of assimilating to the dominant culture at a quicker rate than older generations (Islam et al., 2017). Younger members of the SA population as a result have experienced stress related to balancing the values of their traditional culture and North American culture (Joseph et al., 2020). This is due to the often conflicting belief systems between their traditional beliefs and Western culture. As younger generations adopt Western values, they may also be pressured to continue their traditions. This can result in stress as it can be unclear as to what values they should adopt from both Western culture and SA culture. Older generations often show more reluctance to adopt the values and principles of the dominant North American culture (Islam et al., 2017). While, acculturative stress can occur regardless of age, older generations may not experience the same stress that occurs from assimilation compared to younger generations as they are less likely to assimilate to the same extent. This difference in acceptance illustrates the contrast of how stressors are experienced within the SA population.

The aim for this literature review is to explore the barriers that exist for SA communities in North America that contribute to the underutilization of mental health services in. This literature review will specifically examine stigmatization, acculturative stress, awareness of mental health, and cultural sensitivity and its effects on mental health service utilization within SA communities. Afterwards, I will provide some of the implications for counsellors, including specific considerations that counsellors may need to be aware of when working with the SA population. Following this, I share various suggestions for future research that could benefit SA

communities. Lastly, I will synthesize the information to provide best practices for working with the SA population. This includes recommendations for counsellors when working within a counselling context, as well as outside of a counselling context.

Self-Positioning Statement

Upon reflection on my own values as well as the current literature, I have come to further understand some of the complexities of this topic. Many of the current findings propose a clear contrast in the utilization of mental health services when comparing ethnic minority populations such as the SA population with members of the dominant Western culture (Jang et al., 2019). These discrepancies in mental health service utilization between SA populations and the dominant Western culture may be indicative of the difference in mental health perceptions held between the two cultures (Kent et al., 2020). Experiences such as acculturation stress that negatively affect the mental well-being of SA populations become increasingly difficult to solve when combined with the lack of incentive to seek mental health support due to stigmatization (Miller, Yang, et al., 2011). In addition to acculturation, SA populations often report immigration and financial difficulties as common issues that are reported by SA populations. Many of these concerns can be addressed while seeking mental health services (Miller, Kim, et al., 2011).

Stigmatization within the SA communities also reduces the rates of mental health service utilization (Chaudhry & Chen, 2019). Stigmatization compounded with stressors such as acculturation, immigration stress, and financial stress can significantly affect the overall mental well-being of SA communities, as well as other BIPOC communities (Wong et al., 2017). Thus, I have strongly aligned myself with the position that counsellors, as agents of social justice need to address the significant underutilization of mental health services within the SA population (Chiu

et al., 2018). While my primary reasons for this alignment stem from findings of the current literature, there is also personal interest in this topic leading me to hold this position.

Being part of the SA community, I have witnessed how mental health is perceived within my life in my community. I have a firm position on this topic in which I believe mental health services are significantly underutilized in North America by many BIPOC demographics including SA communities (Eng & TenElshof, 2020). My alignment and interest on this topic stem from both personal anecdotal evidence, as well as findings from the relevant literature. I have recognized some of the factors that have led to a lack of mental health service usage such as stigmatization and acculturative stress (Logan et al., 2017). SA communities may endure a number of challenges that affect their overall mental well-being (Karasz et al., 2019). Thus, ensuring they receive support around mental health may significantly alleviate some of the pressures and stress that are experienced by this population (Islam et al., 2017).

Current literature has illustrated some of the factors affecting mental health service utilization within SA communities. My perspectives around stigmatization of mental health have evolved throughout the years as I better appreciate how many of these findings have applied within my own life. Stigmatization of mental health within the SA population has been prevalent not only within communities in North America but also in SA countries (Swaminath et al., 2019). Mental health stigmatization within SA countries has been attributed to a multitude of reasons. The most common of those reasons being a combination of perceptions of mental health as well as a lack of awareness of the subject (Wang et al., 2019). These factors will be further discussed within the literature review.

The underutilization of mental health services within the SA population can also vary within communities themselves (Islam et al., 2017). Newer immigrants within SA communities

are less likely to seek mental health support than older immigrants (Islam et al., 2017). Additionally, there is a disparity within generations, with second generation SAs becoming more willing to seek support than their first generation counterparts (Nadimpalli et al., 2016). This contrast in mental health service utilization has been attributed to mental health support, acculturation, and willingness to discuss mental health related concerns to name a few (Wang et al., 2019). These factors have not only been illustrated in current literature, but have also been evident in my own experiences.

Stigmatization of mental illness as well as mental health consultation through the use of mental health services has been a reoccurring experience within my own life. Often times those around me experiencing a form of mental distress would never receive the help that they need. Many close family and relatives would either fail to recognize the mental health condition present, or mislabel it and attribute it to another cause. I have witnessed the effect of not recognizing mental health and the role it has on our lives, leading to mental health not becoming normalized within the community. My perspective on how SA communities understand mental health services utilization has evolved over time. I have come to understand how the mental health perceptions of those close to me are indicators of a much larger concern involving SA communities as a whole.

As I have learned more about mental health, I have seen the consequences of the underuse of mental health help-seeking. It is commonly witnessed amongst a diverse range of BIPOC communities such as Asian communities, White immigrant communities, and Latinx communities (Wong et al., 2017). Many populations such as the SA community have become reluctant to seek support due to perceptions of how helpful they believe mental health consultation to be (Karasz et al., 2019). They may be hesitant to seek help as their concerns may

be related to topics that may not be understood by those not within their culture (Islam et al., 2017). Thus, as counsellors, it is important that we provide our services from a place of cultural sensitivity (D'Aniello at al., 2016).

Understanding and learning about some of the cultural norms, values, and practices of various SA populations could be beneficial to both counsellors as well as members of the SA community (D'Aniello at al., 2016). It can provide counsellors with insight and a greater appreciation for SA culture. Consequentially, clients who visit counsellors that have an understanding of their culture may feel more comfortable to share their own cultural experiences and struggles with their counsellor (Wong et al., 2017). This can also help SA clients create a stronger therapeutic alliance with their counsellor due to the greater understanding of SA culture, as well as potential differences between Western and SA cultures (Yoon et al., 2017). Counsellors should also recognize SA communities as well as other ethnic communities as members of BIPOC communities. As such, they may have unique experiences as a BIPOC community. Understanding some of the experiences these populations face can allow counsellors to facilitate an appropriate and culturally sensitive space that adheres to their client's needs (Yoon et al., 2017).

Literature Review

Mental health service utilization in North America by BIPOC communities such as Asian, Black, and Latinx populations has been reported to be significantly lower than White populations (Wong et al., 2017). Amongst these nondominant groups, the SA demographic is one of the most rapidly growing populations within North America (Islam et al., 2018). The SA population follows the trend of other immigrant populations and is less likely to use mental health services compared to Whites (Nath et al., 2018). The reasons for underutilization include

but are not limited to stigmatization, acculturation stress, lack of awareness, and cultural sensitivity (Islam et al., 2017). In this literature review, I will examine these four factors in detail to assess their effects on mental health service utilization by the SA population. I will also elaborate on the current rates of utilization of mental health by SA communities in North America.

Utilization Rates of Mental Health Services Across Populations

Mental health service utilization rates among immigrant populations is lower than those born in Canada (Islam et al., 2018). Minority populations who immigrated to Canada sought out mental health support at a rate of 7.4% compared to 15.6% of Canadian-born populations (Islam et al., 2018). Within BIPOC communities, recent polls have shown that 5.1% of the SA immigrants in Ontario visited some form of mental health support within 2017 (Chiu et al., 2018). This is much lower than the 11.6% of White populations in Ontario who utilized mental health support that same year (Chiu et al., 2018). The same study also found a difference in mental health utilization between SA immigrants, and SA members who were born in Canada, with 6.9% of Canadian-born SA citizens using a mental health service within the 2017 year (Chiu et al., 2018). While this study was limited to Ontario Canada, it illustrates the overall disproportionality of BIPOC communities utilizing mental health support compared to White populations (Chiu et al., 2018). It also indicates that newer SA immigrants are less likely to seek mental health support compared to Canadian born SAs. It can also be argued that both BIPOC and White populations may benefit from higher rates of mental health utilization, as all populations reported some degree of mental health distress in 2017 (Chiu et al., 2018).

There are also reported differences in mental health consultation between various immigrant populations. Non-White immigrants are significantly less likely than White

immigrants to seek mental health consultation. The SA population is approximately 37% less likely to seek mental health consultation than White immigrants (Islam et al., 2018). The number of years that immigrants have spent in Canada can also be a determining factor in the mental health consultation rate; newer immigrants are much less likely to seek mental health consultation than older immigrants (Chiu et al., 2018).

The SA community within the United States has been rapidly increasing, with the current population estimate at 3.2 million according to the U.S. Census Bureau (Sabri et al., 2018). Between 2000 and 2010 there has been an 81% increase of SA immigrants in the United States. Within Ontario, the SA population is the largest immigrant population (Islam et al., 2017). Ontario holds around 53% of Canada's total immigrant population, with its SA population rapidly growing (Islam et al., 2018). As the population of SA communities grows, the proportion of individuals that are not seeking mental health support within the community remains relatively stable (Sabri et al., 2018).

Meta-analyses that have examined the prevalence of mental health service utilization within Asian populations show consistent rates of underutilization amongst young adults in college (Gee et al., 2020). White college students have significantly higher rates of mental health service utilization compared to Asian Americans (Gee et al., 2020). In many cases, underutilization remains consistent despite symptom severity; Asian college students with significant mental health challenges access services at rates much lower than White students with similarly significant difficulties (Gee et al., 2020). The one area where underutilization is unstable is in first- versus second-generation immigrant status; second-generation students are more likely to access mental health services (Islam et al., 2017). Research on the reasons behind underutilization in these populations points to specific causal variables, including lack of

awareness of available services and willingness to disclose mental health challenges. This latter factor is part of a broader barrier observed in this population: stigmatization of mental health challenges (Gee et al., 2020).

Stigmatization of Mental Illness

People from SA communities tend to have a different understanding of mental health and its effect on an individual's overall well-being than people from Western cultures. In SA communities, there is a strong stigma attached to mental health difficulties and the treatment thereof (Boge et al., 2018). Literature that examines stigmatization within SA countries has often attributed negative mental health perceptions to factors such as *onset of responsibility* (Chaudhry & Chen, 2019). The onset of responsibility is the perceived cause of a phenomenon, which in this case the phenomenon is mental health related experiences, conditions, and disorders (Chaudhry & Chen, 2019). Many people of SA decent perceive the cause of these factors to be related to religion and/or supernatural factors, which differs from the Western conceptualization of mental health (Boge et al., 2018).

For example, individuals who identify as Hindu have often attributed mental health conditions and disorders to "karma" (Chaudhry & Chen, 2019, p. 155). Karma is the reciprocal effect of past actions committed; good actions result in a good effect or karma from that action, while bad actions will lead to a bad effect (Chaudhry & Chen, 2019). Hindu people believe that life is continuous after death. This belief posits the belief that life of all kinds, including humans, animals, as well as plant life is reincarnated after death, and a new cycle of life begins (Yoon et al., 2017). As part of this cycle, good and bad karma emerges from the deeds committed in the previous life (Chaudhry & Chen, 2019). In the case of childhood mental illness, it is believed that parents are being punished due to sins committed in their previous life, and the punishment

comes in the form of the child's mental illness (Chaudhry & Chen, 2019). The parents are therefore blamed by the community and regarded as having bad karma (Chaudhry & Chen, 2019). While Hinduism itself may not state that mental illness is caused by karma, it is perceived and interpreted as such by a considerable number of followers of the religion (Chaudhry & Chen, 2019).

A second form of stigma within SA populations is known as *courtesy stigma* (Chaudhry & Chen, 2019). Courtesy stigma occurs when the community holds negative perceptions about a family with a member experiencing a mental health condition. When one family member experiences a mental health condition, the entire family would be stigmatized. The family is isolated from other members of the community, or can endure difficulties in marriage and employment (Karasz et al., 2019). Often, courtesy stigma and onset of responsibility can be interrelated (Chaudhry & Chen, 2019). A family may have a member with a mental illness, leading the community to believe that the parents are being punished due to previous sins; this onset of responsibility then leads to courtesy stigma as the community socially isolates the family as a result (Chaudhry & Chen, 2019). It is not uncommon for members of the SA community to experience more than one form of stigmatization (Karasz et al., 2019).

Other forms of stigmatization within SA communities also stem from values that are taught within the culture (Yoon et al., 2017). Some of these values include personal achievement, conformity to cultural norms, and control of one's emotions (Yoon et al., 2017). Mental illness can make it challenging for individuals to adhere to these norms; these individuals may experience social disapproval (Lane et al., 2016). For example, an individual may have a mental illness which makes it more difficult for them to demonstrate emotional control. This could then lead to negative reactions from the community condemning that behavior (Yoon et al., 2017). In

another example, an individual may experience a mental illness such as fetal alcohol spectrum disorder (FASD) that makes it more difficult for them to achieve excellence within the education system. This could then bring negative beliefs or perceptions about that individual regarding their performance in school or educational institution (Yoon et al., 2017). Rather than acknowledging some of the difficulties that may come with the mental illness, members of the community may disapprove of their behavior and shun the individual (Karasz et al., 2019).

Due to the various forms of stigmatization, education and awareness initiatives related to mental health prove beneficial (Furnham & Swami,2018). Literature suggests that providing education, including general psychology courses can help create more positive perceptions of mental health (Furnham & Swami,2018). Stigmatization of mental health has been shown to be a prevalent contributor that reduces utilization of mental health services (Lane et al., 2016). As counsellors, understanding some of the existing forms of stigmatization within SA communities can further enhance the sensitivity that can be brought into the counselling context (Robitschek & Hardin, 2017). Ensuring that counsellors are aware of some of the barriers that exist for SA clients in regards to mental health is one method to ensure a culturally sensitive atmosphere. Understanding how barriers have affected SA clients can best be understood by taking time in session to learn about the client's experiences. This can not only strengthen the therapeutic relationship, but also provide insight into the personal experiences of the SA client that the counsellor is working with. While SA clients may be part of the same community, the barriers that they have experienced may vary from client to client. Thus, learning each client's unique circumstances is important for counsellors to avoid the assumptions that all SA clients experience barriers in the same manner.

Acculturative Stress

Acculturation occurs when a BIPOC community culturally associates themselves within the mainstream culture (Wang et al., 2019). Acculturation can occur with any two differing cultural groups, provided one is a part of a BIPOC community (Lui et al., 2018). Within many ethnic populations, the stress that comes with acculturation has been quite extensively documented (Wong et al., 2017). It is experienced not only within SA populations, but Asian populations as a whole (Jang et al., 2019). Many immigrants may experience the stress of needing to adopt Western values while also maintaining their own (Islam et al., 2018). With regard to mental health consultation, immigrants who have adopted more Westernized values of mental health are more likely to seek mental health support (Arora & Algios, 2019). There is also a general trend where second generation ethnic populations are more likely to adopt Western values compared to first generations of the same population (Islam et al., 2017).

One of the greatest contrasts between Western culture and many Asian cultures including SA culture is that many Eastern cultures are collectivist societies, while Western cultures tend to be more individualistic (Swaminath et al., 2017). In collectivist societies, there is an emphasis on extended families consisting of multiple generations living within the same household (Sumari et al., 2020). This contrasts with nuclear families which are more prevalent in Western culture. Collectivist cultures hold values of interpersonal relationships, cooperation, obedience and helpfulness towards others (Sumari et al., 2020). Individuals in a collectivist culture must consider the wellbeing of their community even when making individual decisions. There is a greater emphasis placed on the needs of the community over the needs of an individual (Sumari et al., 2020).

It is expected for many SAs to adhere to collectivist norms, and perform deeds that benefit the greater good within their community (Yoon et al., 2017). This includes family members as well as extended relatives. Being a part of a collectivist culture, many younger SAs are not given the same degree of independence that is commonly found in individualistic cultures (Chaudhry & Chen, 2019). This leads to parents as well as grandparents being heavily involved in the decision-making process of major life events for younger generations (Yoon et al., 2017). Younger generations are also expected to respect their elderly, which includes their parents and grandparents. Many of the cultural norms such as preserving and holding up the family name and reputation are taught at an early age (Yoon et al., 2017).

In terms of cultural norms and expectations, members of SA communities are taught to conform to the cultural norms, and going against cultural values can be consequential (Yoon et al., 2017). Those who disregard cultural values are often subject to social disapproval or can face disapproval from their family (Yoon et al., 2017). In SA communities, one example of where there are a number of cultural norms to follow is in marriage. Marriage is one of the most important events in SA culture (Joseph et al., 2020). It is an opportunity for two families to connect and bond. It is a sacred event where the decision of choosing the groom or the bride can involve the entire family (Joseph et al., 2020). The sacred event of marriage also means that divorce holds a strong degree of stigmatization (Islam et al., 2017). Regardless of the nature of the marriage, neither the husband nor the wife is expected to go through with a divorce. Hence, many reports will indicate lower divorce rates for many cultures in which arranged marriages are predominant (Islam et al., 2018). This can be problematic for those who wish to seek mental health support as the stigma around divorce would act as a barrier for seeking help.

Within SA communities, acculturation may unfold differently between men and women. One example of the values that are disproportionately enforced for women is sexual and romantic *purity*, thus dating before marriage is often frowned upon (Joseph et al., 2020). Romantic purity prohibits intimate relationships prior to marriage and is enforced much more heavily on women than men (Joseph et al., 2020). This perspective on purity contrasts with some of the values held by Western ideologies, where both men and women are given liberty to seek relationships prior to marriage (Joseph et al., 2020). Amongst SA women, the experience of acculturation can vary depending on whether they are married or single. Single women would experience greater conflict between their traditional SA values and Western values, due to the fact that purity would only affect those who are not with a spouse (Joseph et al., 2020). They are also likely to receive less support from family regarding concerns around gender roles as well as intimate relations (Joseph et al., 2020). This may make it more difficult for single women from SA communities to utilize mental health support and speak openly about their experiences relating to purity.

Acculturation can also be dependent on whether an individual is a first generation or a second generation immigrant (Islam et al., 2017). Second generation SAs more commonly experience conflict between their traditional SA values and adopted Western values (Islam et al., 2017). This conflict often becomes present during marriage. Partners may be conflicted between the marriage norms of their SA culture, in which marriage is a decision that involves the family, and Western norms that allow for more independence (Joseph et al., 2020). Those who choose Western norms for marriage may also be going against the wishes of their family, as they may continue to hold more traditional values (Islam et al., 2017). SA culture and heritage is often exercised in religious institutions, where members can continue to practice their beliefs

(Nadimpalli et al., 2016). This is a way for members to maintain their cultural values despite living within a contrasting set of norms set by the dominant Western population (Nadimpalli et al., 2016).

The degree to which Western values are adopted can be a product of other factors such as the values themselves, attitude towards Western values, as well as parenting styles (Nadimpalli et al., 2016). Values that are considered more integral within SA culture are less likely to change despite acculturation (Nadimpalli et al., 2016). Values such as household responsibilities, clothing choices, and language are more likely to change as a result of acculturation (Nadimpalli et al., 2016). Additionally, positive perceptions held by SA communities about Western values increase the likelihood of adopting Western practices. Parents who also experience a greater degree of assimilation display less conflict with their children (Nadimpalli et al., 2016). In contrast, there may be more conflict between second generation children and first generation parents if there is a greater contrast in acculturation between the two generations (Islam et al., 2017). The impact of acculturation can lead to a number of experiences within the SA community. Common impacts include feelings of not-belonging, intergenerational conflict, depression and anxiety (Islam et al., 2017; Karasz et al., 2019; Tabassum, 2017; Yoon et al., 2017)

Awareness of Mental Health Services

Understanding the benefits of mental health support has shown to increase mental health consultation, as well as create positive perceptions of mental health (Philip et al., 2019). Mental health literacy refers to an individual's awareness and understanding of mental health in a real life context (Furnham & Swami, 2018). Improving mental health literacy can improve the degree to which individuals are willing to seek help regarding mental health (Islam et al., 2018). It can

also bring greater compliance when treatment is presented during mental health consultation (Furnham & Swami, 2018). Furthermore, improving mental health literacy can reduce negative perceptions of others experiencing a mental illness (Furnham & Swami, 2018).

Mental health literacy can be improved by providing community programs in SA populations. Community support programs can help alleviate some of the stressors experienced by SA youth immigrants such as acculturation or stigmatization of mental health (Arora & Algios, 2019). Programs should aim to educate SA communities about mental health and mental illness, as well as provide strategies to help SA members when experiencing a mental health crisis (Arora & Algios, 2019). Community programs can also help raise awareness for mental health stigma, which is quite prevalent in SA communities (Arora & Algios, 2019). Mental health education programs in schools should also be considered to increase mental health literacy in SA communities. Mental health programs in schools can provide education to younger SA members. This is especially important as the minds of younger demographics are more malleable compared to older generations (Arora & Algios, 2019). Thus younger SAs may be more likely to understand the mental health education provided by these programs. Mental health education can also help young SA members recognize when they are experiencing a crisis or may be in need of mental health support (Arora & Algios, 2019).

Many Asian students are statistically less likely to visit mental health services compared to White students (Gee et al., 2020). The contrast in mental health consultation within schools between Asian and White students is attributed to barriers such as stigma, language differences, financial challenges, family barriers, or perception of mental health services (Gee et al., 2020). Thus, when introducing mental health programs in schools, program directors need to become aware of some of the potential challenges that Asian students endure when seeking help. Cultural

sensitivity should be included in public school programs to help BIPOC communities including the SA population to increase help-seeking behaviors (Gee et al., 2020).

Within SA communities, symptoms related to mental health are often also attributed to physical conditions, rather than other factors (Yoon et al., 2017). Certain symptoms such as fatigue or sleep disturbance may be perceived as physical illness such as a common cold (Karasz et al., 2019). Through psychoeducation, SA members can gain an understanding of mental health and how a poor mental state may contribute to physical symptoms, which may lead to more accurate perceptions of the effects of mental health. It could also possibly encourage more appropriate treatment measures such as self-care routines or seeking mental health services (Furnham & Swami, 2018).

The perceptions of mental health may also vary based on the generation of SA communities (Islam et al., 2017). Older generations may be more reluctant to seek mental health services due to more traditional beliefs regarding mental health (Nadimpalli et al., 2016). They may not recognize mental health from a medical or psychological framework, but rather based on more traditional perceptions. Thus, it is important that awareness campaigns not only adhere to younger generations, but also older immigrants as well.

Mental illness can be over attributed to environmental factors while neglecting genetic contributors. For example, symptoms of depression may be perceived as a result of poor social networks, rather than an imbalance of neurotransmitters (Karasz et al., 2019). While poor social networks may contribute to depressive symptoms, it is important to analyze these symptoms holistically rather than only attributing them to one factor (Islam et al., 2017). Creating awareness for the nature of various symptoms, as well as possible treatment options that have

been proven to work can help bring greater understanding for mental health as a whole (Zieger et al., 2017).

Cultural Sensitivity in a Counselling Context

Cultural sensitivity requires one to be aware of cultural differences in values, beliefs, and norms in others (Robitschek & Hardin, 2017). Within a counselling context, being culturally sensitive to clients is a crucial aspect of a therapeutic alliance (D'Aniello et al., 2016). Regardless of the form of therapy being used, counsellors' awareness of cultural differences is an important aspect of the counselling process (Robitschek & Hardin, 2017). Without considering cultural differences and approaching the session with a degree of sensitivity, there may be cases of misunderstandings or misinterpretations (Robitschek & Hardin, 2017). In some cases, therapists may misinterpret behaviors that are considered a norm in the client's culture. The way in which a therapist becomes culturally sensitive may vary depending on circumstances such as the form of therapy, client characteristics, or other circumstances (Robitschek & Hardin, 2017).

Within family therapy, a therapist can learn about the cultural norms and values by temporarily integrating themselves as a part of the family. One example of how a therapist can learn about their client's norms and values is through a therapeutic practice known as *joining* (D'Aniello et al., 2016). During the sessions, the therapist may wish to join the family and learn about how they practice their cultural values. A therapist who uses narrative therapy may allow the space for their clients to speak of their culture and learn based on the client's story (D'Aniello et al., 2016, p.236). Being culturally sensitive is a responsibility of each therapist and the way in which they attune to their client's cultural values. It is not dependent on the form of therapy, but more so the method of the therapist (D'Aniello et al., 2016). They must ensure they are learning

about the client's culture in a manner that is appropriate and will be acceptable by the client (D'Aniello et al., 2016).

Cultural Sensitivity and Barriers to Accessing Support

With regards to the SA population, cultural sensitivity affects the overall rates of mental health consultation in a number of ways. One of the common areas of discussion is the number of SA mental health workers. A study in Ontario by Islam et al. (2017) which examined SA communities' perspectives on mental health investigated barriers to accessing mental health services in the province. Many SA youth expressed the lack of SA mental health workers as a barrier for help-seeking (Islam et al., 2017). SA youth reported feeling more comfortable with discussing some of the stressors of their culture with mental health workers that are also part of their culture (Islam et al., 2017). Additionally, there is also a difference in treatment styles between what SA culture is accustomed to and what the Western culture provides. While many mental health services provide treatment through therapy, medication is often more commonly used within SA communities as treatment (Zieger et al., 2017).

Within mental health services, some youth experienced a lack of sensitivity towards their culture as a barrier to accessing services (Islam et al., 2017). Some had felt as though their hardships that were based on cultural values were not being considered. Rather the treatment was generalized, and often the cultural aspect was overlooked (Islam et al., 2018). Many youth did not feel as though they were aware of the mental health services available within the region (Islam et al., 2018). The services that they were aware of would often fail to consider cultural differences and values of SA populations (Islam et al., 2018). From a social justice standpoint, mental health services need to be mindful of the cultural values around mental health within SA communities (Islam et al., 2018). Bringing awareness of mental health services to SA

populations may require cultural sensitivity towards the SA population. As many SAs may not have extensive awareness of the available services, it is important for mental health service providers to understand the reasons behind this lack of awareness (Chaudhry & Chen, 2019).

Cultural Sensitivity in Schools

Practicing cultural sensitivity goes beyond the counselling context and to other institutions such as schools. SA youth have reported difficulties in attending mental health services within educational institutions due to a number of reasons (Arora & Algios, 2019). Many SA youth have reported a lack of mental health education within school curriculums, and a lack of school programs that raise awareness about mental health (Islam et al., 2017).

This can make it increasingly difficult for SA youth to seek mental health support; many SAs may not have awareness of mental health services, or have negative perceptions of mental health (Eng & TenElshof, 2020). Compounding negative perceptions about mental health with a lack of awareness provided by schools contributes to low rates of mental health support. While many schools may have counsellors for mental health consultation, without creating awareness about mental health, SA youth may continue to avoid them (Gee et al., 2020). Educational institutions are one of the key areas in which mental health support can benefit SA youth (Gee et al., 2020)

Implications for Counselling Psychology

The underutilization of mental health services by the SA community has a number of implications for counsellors when working with SA clients (Casey et al., 2021). When working with SA clients, counsellors who have awareness of some of the current barriers faced by SA communities are more likely to understand some of the systematic and societal disadvantages that exist within these groups (Casey et al., 2021). These counsellors would be able to recognize

SA clients as part of BIPOC communities, and thus be more attune to some of the disadvantages that SA communities and other BIPOC communities experience. When working with SA clients, a culturally attuned counsellor is more likely to be mindful of how their own biases and experiences may be different from their clients (Casey et al., 2021). Counsellors who are not of BIPOC communities will also benefit from gaining awareness of SA barriers. This awareness will grant counsellors greater insight into how SA clients may have experiences that are unique to their culture and unique to those who are part of BIPOC communities. This can help build stronger alliances between counsellors and SA clients, due to a greater degree of understanding of the potential challenges that SA clients experience. Building awareness of stigmatization can also allow counsellors to examine possible solutions to create a more welcoming experience for SAs who are able to seek mental health support (Benuto et al., 2020). Without first becoming aware of the stigmatization that exists, further steps to improve utilization cannot take place (Dueweke & Bridges, 2017). For counsellors, working to reduce barriers to mental health service utilization will involve working with the community outside of counselling sessions, as well as within counselling sessions (Casey et al., 2021).

Advocating for mental health service utilization and normalizing the experience of seeking help allows minority populations to become more comfortable with seeking mental health support when needed (Wu et al. 2017). Raising awareness about mental health and providing education about mental health throughout SA communities is a crucial step towards advocating for mental health service utilization (Swami et at., 2021). Low rates of mental health literacy lead to a decrease in mental health help-seeking (Zhou et al., 2019). Providing accurate information about mental health can also allow SA communities to utilize services and work through concerns such as acculturation stress (Swami et al., 2021). This will improve mental

health literacy, which can then improve rates of mental health help-seeking. While it is important for SA communities to improve mental health literacy, we must first understand and acknowledge the barriers that currently prevent this from happening (Swami et at., 2021). For counsellors, this involves recognizing current barriers for the SA communities and understanding what implications that has for their practice (Casey et al., 2021).

Mental Health Literacy

Mental health advocacy can be performed not only within a therapeutic setting but also outside of the counselling context. This can be done by improving mental health literacy amongst the general public (Gallagher & Watt, 2019). Improving mental health literacy will lead to an increase in help-seeking behavior; when individuals have a better understanding of mental health, they are more likely to understand the benefits of using mental health services (Gallagher & Watt, 2019). Individuals who have lower mental health literacy will often also hold negative perceptions of mental health services and treatment (Gallagher & Watt, 2019). Given these findings, improving mental health literacy within SA communities will likely also help reduce stigmatization (Loya et al., 2010). Many forms of stigma about mental health stem from misconceptions and beliefs about treatment (Swami et at., 2021). Therefore, providing education to improve literacy can benefit SA communities in understanding mental health (Gallagher & Watt, 2019).

Mental health literacy in Canada is higher regarding some mental health conditions than others in terms of recognizing symptoms of those conditions (Gallagher & Watt, 2019). For example, depression is better recognized than schizophrenia by Canadians irrespective of gender (Gallagher & Watt, 2019). Similar trends are also found among undergraduate students' recognition of mental health conditions. Students are more likely to interpret symptoms of

generalized anxiety disorder (GAD) as life stress, rather than believing them to be indicators of an anxiety related mental health condition (Gallagher & Watt, 2019). Students are also more likely to recognize certain conditions such as obsessive-compulsive disorder (OCD) than GAD (Gallagher & Watt, 2019). Mental health literacy amongst a younger population is critical as suicidal ideation is higher for young adults18 to 24 years of age (Gallagher & Watt, 2019). Additionally, younger populations in the SA community have also reported experiencing stress related to relationships, assimilation, and differences in values compared to older generations (Islam et al., 2017). Providing mental health literacy to a younger generation as well as raising awareness for available local resources for older generations is a crucial step in raising awareness within the SA community (Casey et al., 2021).

As counsellors, it is important we recognize various degrees of mental health literacy across demographics within the SA community. Factors such as the extent to which a client has assimilated with Western culture or the degree to which they recognize mental health can affect the perceptions they may walk in with when seeking help. In a counselling context, counsellors may need to gain further insight as to what perceptions their SA clients may hold. How a client perceives mental health may influence how they may interpret their own mental health adversities. Those who hold traditional views of SA culture may not hold the perception that their mental well-being may attribute to their overall quality of life. They may attribute mental health related conditions or symptoms to factors such as onset of responsibility, rather than a mental health related condition.

Counsellors may need to appreciate that clients who may hold negative perceptions about mental health may not be fully comfortable when first seeking help. Thus, for counsellors, honoring and validating their client's perceptions and feelings towards mental health is crucial.

This can help clients feel more comfortable settling into the counselling context, while also helping the counsellor recognize the unique perspective their clients bring to the session. Counsellors can also validate and recognize their clients' decision to seek mental health support. If the counsellor learns that their clients or their clients' close family and relatives hold negative mental health perceptions, it is important for counsellors to validate the difficulty in the decision to seek support. This can help bring cultural sensitivity into the session by recognizing some of the challenges that come with seeking mental health support within SA communities.

Current Barriers to Mental Health Literacy

Providing interventions for ethnic minority groups including SA communities requires careful consideration of some of the current barriers that hinder mental health service utilization (Na et al., 2016). One common problem with current interventions is that they are often generalized towards the public without adhering to specific demographics (Na et al., 2016). For example, in family counselling settings, if the counsellor fails to acknowledge the fact that SA families often follow a patriarchal structure, it may affect the relationship between a family and the counsellor. This can be especially problematic if the counsellor does not spend time learning about the structure of the family or understanding how to address various members of the family. As it is commonly the case that the eldest male is the most respected in a traditional SA family, they are often the ones who make big decisions for the family. Thus, if the counsellor decides to ignore this and give another family member the power to decide how the sessions should go forward, it can lead to detrimental results.

Some interventions for mental health literacy may not account for the specific barriers faced by the SA community and may adhere to a more general population (Tummala-Narra et al., 2017). A specific barrier would be the stigmatization of mental health. Beliefs about karma

originated from Hinduism and are often exclusively found within the SA population (Chaudhry & Chen, 2019). Interventions that do not take into account some of the concerns that SA communities may specifically face such as beliefs about karma may not be ideal when working with clients who experience a mental health condition. This may lead to the client attributing their mental health condition to karma which may affect the outcome of the intervention. Counsellors may need to adhere to their SA clients and appropriately adjust their techniques and strategies while being mindful of some of their clients' beliefs about mental health (Wu et al. 2017).

The relevance of cultural sensitivity and multicultural awareness have been recognized by the American Psychological Association (APA; Smith et al., 2006). As a result many graduate programs are required to provide education on diversity within populations including multicultural diversity. Guidelines have been developed that provide information on working with populations that have experienced historical oppression (Smith et al., 2006). Training, education, and supervision when working with minority populations have been recognized as important aspects of the graduate program curriculum. However, many graduate programs do not offer learning opportunities beyond a theoretical component such as a graduate course on culture in counselling (Smith et al., 2006).

Many graduate counselling programs that offer a practicum or an internship as part of the curriculum do not have cultural sensitivity as a required component of the practicum (Smith et al., 2006). Reports from graduate students indicate that experiential learning such as a practicum or an internship is one of the most beneficial components of their program, as it involves learning skills that will directly apply to their careers as counsellors (Smith et al., 2006). Despite current efforts, many graduate programs do not mandate cultural sensitivity as a part of the

experiential learning component (Smith et al., 2006). This neglects the need to introduce cultural sensitivity at a crucial period of time when students are beginning to learn some of the foundational skills of counselling.

Introducing cultural sensitivity in graduate programs is one of the most effective ways for counsellors to learn about the effect of cultural differences in session. It allows students to learn the skill of introducing cultural sensitivity into the session early on in their careers as counsellors. Hence, one direction that should be considered in the future for improving cultural sensitivity for counsellors is to mandate the training of working with multicultural populations. Programs can also enforce the education of multiculturalism and cultural sensitivity during the experiential learning component of graduate programs. This may be especially beneficial for students as they have reported the experiential component of their programs to be the most helpful.

A counsellor's role outside of sessions can take a number of forms. One of the ways in which counsellors can actively be involved in the community is by providing education and promoting multicultural education programs (Ponce et al., 2019). Counsellors can help facilitate education programs and workshops for students, as well as for other mental health professionals (Ponce et al., 2019). Counsellors can also provide assistance in working with bilingual or multilingual community programs that are designed to assist BIPOC communities. This can help counsellors learn about effective and proven ways to work with individuals who may speak English as a second language (Ponce et al., 2019). Working with multicultural programs can also assist nondominant ethnic groups such as SA communities work through some of the challenges that these communities often experience. It can also allow counsellors to witness and learn about

some of the difficulties that are commonly present for some of these communities through an experiential format (Ponce et al., 2019).

Cultural Variance vs. Cultural Responsiveness

One of the most significant debates regarding cultural adherence in a counselling context is the support for and against *cultural responsiveness* (Huey & Tilley, 2018). Cultural responsiveness is the theory that the effectiveness of mental health treatment increases when the practitioner considers their client's cultural norms, beliefs, and values. When a certain type of treatment does not adhere to a client's potential cultural barriers, the treatment will not produce preferable results (Huey & Tilley, 2018). Some of the arguments supporting cultural responsiveness state that cultural adherence in treatment will result in an increase in reported treatment progress by clients. Cultural responsiveness allows for clients to be able to work through the treatment interventions while also having their beliefs and values acknowledged. Using culturally adhered treatment is shown to be useful when working with clients experiencing trauma and depression (Huey & Tilley, 2018). Incorporating cultural sensitivity into counselling sessions is shown to enhance therapeutic relationships, thus, adhering treatment interventions to accommodate cultural differences also allows for clients and counsellors to bring a greater understanding for cultural differences (Casey et al., 2021).

Those who are against cultural responsiveness support the idea of *cultural invariance* (Huey & Tilley, 2018). This belief proposes that treatment will not be affected by cultural differences as mental health related problems will resemble similar symptoms across cultures and various ethnic communities (Huey & Tilley, 2018). As a result, the treatment would not need to be changed based on cultural backgrounds since the treatment would address the same symptoms across various cultural groups (Huey & Tilley, 2018). Those in support of cultural

invariance support the argument that mental health conditions and symptoms of mental health conditions show no notable differences across cultures (Huey & Tilley, 2018). For example, an individual of SA culture experiencing a form of depression will experience the same symptoms as an individual who is part of Western culture. Furthermore, cultural invariance also argues that treatment interventions and procedures then do not need to be adapted to various cultures, as all cultures show the same type of mental health conditions (Huey & Tilley, 2018).

The arguments for and against cultural sensitivity in a counselling context both propose valid points. However, when considering the impact of culture on certain types of mental health distress, it is important for counsellors to factor in the role that cultural sensitivity plays in a session. The stress that comes with acculturation for example, is one that is strongly influenced by cultural differences between SA and Western culture. Thus, bringing cultural sensitivity into a session can help to alleviate that stress, while also being conscious of the differences in culture between the client and counsellor. Acculturation is a form of stress that is related to the assimilation and adjustment to a new culture, which for SA clients is Western culture (Tummala-Narra et al., 2017). Thus, when working with clients who are experiencing stress that is a direct result of cultural differences, or cultural upbringing, cultural sensitivity in the session is a crucial component of the session (Casey et al., 2021).

There are a number of ways in which cultural sensitivity can be introduced into a session. Counsellors can research about their client's cultural norms and values. They can also spend time simply learning and listening to their client's experiences. Additionally, certain types of therapy such as cognitive behavioral therapy (CBT) can be modified to a more culturally suited format. When working with clients experiencing depression or trauma, modifying a treatment modality to accommodate for cultural differences can lead to greater progress compared to not modifying

it (Huey & Tilley, 2018). Counsellors may need to spend some time understanding whether their clients' presenting concerns are influenced by their cultural backgrounds, and then adjust the therapy accordingly going forward. But these steps can only be done once counsellors intend to introduce cultural sensitivity in the session.

The Effect of Cultural Sensitivity in a Counselling Context

Members of the SA community who may have negative perceptions of mental health treatment may be more reluctant to seek help relating to mental health (Daga & Raval, 2018). Thus, counsellors may need to be aware of the fact that clients from SA backgrounds may already have a certain perception of mental health services (Tummala-Narra et al., 2017). Failing to consider cultural differences for clients who already may hold negative perceptions about mental health may lead to less than desirable outcomes, as well as negatively affect the therapeutic relationship (Na et al., 2016).

Counsellors may also need to consider the degree of acculturation that their clients have experienced (Benuto et al., 2020). Therapeutic interventions may need greater adherence to cultural norms if the client has been less acculturated than other members of their community (Benuto et al., 2020). Members of SA communities that have adapted to Western values to a greater degree may be more willing to seek counselling despite the treatment not adhering to their cultural backgrounds (Na et al., 2016). Counsellors may also need to be aware of cultural norms that are more prominent in a collectivist society such as in SA communities (Tabassum, 2017). Learning more about the experiences of SA clients in session or through research on collectivist communities can provide insight into the norms and values of collectivist societies. Learning about SA communities as well as collectivist cultures becomes particularly relevant when discussing options for treatment. In many collectivist cultures, decisions for treatment may

not be based on the individual client, but rather a decision made by the family or community (Tummala-Narra et al., 2017). Therefore, when proposing various options for therapeutic treatment, counsellors should be mindful of who will be included in the decision-making process (Tummala-Narra et al., 2017). Counsellors may also need to examine whether a decision made by the family or community is what is best for the client as an individual.

There is some evidence to support culturally adhered treatment to be more effective for ethnic groups over regular treatment. Culturally adhered treatment refers to treatment that has been modified to respect the cultural norms and values of the client. For example, in a meta-analysis by Huey and Tilley (2018), two of the studies compared the effect of culturally adhered CBT and regular CBT. In the experimental group, the CBT treatment was culturally adhered to Chinese Americans (CA-CBT) and was administered for a 12-week session (Huey & Tilley, 2018). Compared to the regular CBT, CA-CBT showcased reduced symptoms of depression in the subjects. Similar findings were also illustrated when CBT was culturally adhered to Cambodian subjects while addressing posttraumatic stress disorder (PTSD). CBT was found to be more effective when it was tailored to the cultural needs and values of the Cambodian subjects (Huey & Tilley, 2018). These findings demonstrate the effectiveness of altering therapeutic strategies to individuals of a distinct culture. Thus, similar procedures should be considered when working with SA communities (Huey & Tilley, 2018).

Counsellors should also consider the type of therapy session they wish to have with clients of various ethnic backgrounds (Singh & Hays, 2008). Counsellors can consider providing group therapy sessions instead of one-on-one sessions when addressing mental health concerns that are shared experiences amongst SA clients (Singh & Hays, 2008). This allows multiple members of a cultural group to share their experiences of their mental health concerns, as well as

how their cultural values may have shaped their experiences. Having group sessions allows the clients to be surrounded by those who may have similar experiences based on shared cultural values and beliefs (Huey & Tilley, 2018). Within a group setting, one of the most important factors is for the group leaders to bring cultural sensitivity to the session (Grimes & Kivlighan, 2021). Group leaders as well other members who are aware of cultural differences and norms help create greater cohesion within the group. Clients who worked with culturally sensitive leaders are also more likely to report progress while attending group counselling (Grimes & Kivlighan, 2021). It is important to note that group sessions are not proven to be superior to individual therapy when working with Asian Americans. Individual and group therapy have been equally beneficial; however, practitioners can consider group sessions as an alternative (Huey & Tilley, 2018).

Within a counselling context, there are several considerations that practitioners would need to account for to ensure clients from a SA community can be part of a culturally sensitive atmosphere (Huey & Tilley, 2018). Understanding the client's native language or having some knowledge on the appropriate use of language can be beneficial for both the client and counsellor (Casey et al., 2020). Learning appropriate as well as inappropriate use of nonverbal communication can aid practitioners in familiarizing themselves with some of the cultural norms of their clients. Counsellors may also need to consider differences in experience between SA clients (Casey et al., 2020).

It is possible for two SA clients to have two completely unique experiences even though both are members of the SA community. Members of SA cultures may also each be a part of their own subculture, with its own set of beliefs and norms (Hart et al., 2021). As an example, one client who may identify as gay may have different experiences than another SA client who

does not identify as gay (Hart et al., 2021). Counsellors may also need to consider the demographic of the client, as these will impact their experience drastically (Benuto et al., 2020). A client from a SA community who identifies as a woman may have a different experience than a man from the same community (Tummala-Narra et al., 2017). A woman from a SA community may speak about some of the experiences of being a woman in a SA culture, and those experiences may not be applicable to a male client. Thus, it is crucial that counsellors consider not only some of the barriers within the SA community but how those barriers affect different individuals within the community (Tummala-Narra et al., 2017).

Intersectionality Within SA Communities

Despite being from the same culture, members of SA communities may have very distinct experiences and challenges depending on their demographic (Hart et al., 2021). Age, sex, gender, sexual orientation, and financial income are just some of the factors that can influence the experiences of SA individuals (Hart et al., 2021). Counsellors can also benefit from learning about intersectionality and how it can affect members of SA communities. For example, as previously mentioned, younger members of the SA community are more likely to adopt Western values compared to older generations. As a result it is very plausible that the experiences of younger and older generations of the SA community will each be unique (Hart et al., 2021).

Sexual orientation can also play a significant role in the experiences of SA individuals. Individuals who identify as part of the LGBTQ+ community may have unique experiences from being part of both the SA community as well as the LGBTQ+ community (Hart et al., 2021). Within SA communities, SA members who identify as gay or a part of the LGBTQ+ community often experience disapproval from their community as a result of conflicting beliefs between SA culture and the LGBTQ+ community (Hart et al., 2021). Thus clients who identify as both from

the SA community as well as the LGBTQ+ community may bring unique experiences being members of both communities (Hart et al., 2021). Counsellors should also be aware of how experiences can vary depending on whether their client identifies as a man or a woman (Tummala-Narra et al., 2017). Traditionally, SA culture follows a patriarchal structure, where the eldest man is considered the head of the household. Therefore, the experiences of SA individuals can vary greatly depending on whether they are male or female (Tummala-Narra et al., 2017).

Patriarchy in SA Culture

Perspectives and beliefs around cultural norms that pertain to gender roles of men and women are significantly affected by the belief system individuals follow within their community (Tummala-Narra et al., 2017). In traditional SA families, it is commonly the case that men carry the power especially if they are of the oldest generation in the family. When it comes to decision-making, their decision would carry the most weight (Tummala-Narra et al., 2017). SA families follow a patriarchal structure, and women are expected not to have premarital sex. Members of the SA community that follow this patriarchal structure are also much more likely to follow traditional beliefs of SA culture rather than follow Western belief systems (Tummala-Narra et al., 2017).

Intimate Partner Violence

Within SA marriages, intimate partner violence (IPV) is also shown to be prevalent. Within SA communities in the United States, reports of IPV have been as high as 77% for SA women for either physical or sexual abuse (Tummala-Narra et al., 2017). These high rates of IPV are sometimes attributed to traditional patriarchal belief systems (Tummala-Narra et al., 2017). In some cases holding on to traditional belief systems was correlated with having myth accepting beliefs about sexual abuse including rape (Koo et al., 2012). A greater association with

traditional beliefs was correlated with condoning sexually abusive behaviour for some individuals. Other findings however have found contradicting evidence suggesting that certain traditional belief systems were associated with reduced aggressive sexual behaviour (Koo et al., 2012). Based on the mixed results of current literature, it can be difficult to determine how a belief system can be applied to a client in the counselling context (Koo et al., 2012). Thus, it is imperative that counsellors understand, without assumptions how a belief system has shaped the client's worldview.

For counsellors, it is important to recognize the patriarchal structure that exists within SA culture as a whole (Tummala-Narra et al., 2017). Researching about current social justice topics that relate to patriarchy in SA communities can provide more information about the role that patriarchy has in SA culture. Additionally, counsellors can learn through their client's experiences, provided the client is willing to share at an appropriate time. Counsellors may wish to learn both from their clients as well as from current literature to ensure a more holistic perspective on the topic. It is also crucial to recognize how this patriarchal hierarchy may influence their client's experiences as it relates to their gender. Counsellors who may work with SA women may need to consider how a patriarchal hierarchy may have played a role in their life. Learning more about their client and how a patriarchal hierarchy may have impacted them directly can allow the clients to open up about their own experience as it relates to a broader phenomenon. It can also allow counsellors to learn more about their clients, and it can give context to presenting concerns should they relate to patriarchy in SA communities.

Cultural Sensitivity Implemented in Session

Understanding some of the barriers to seeking mental health services in SA communities is an essential component to bringing a culturally sensitive atmosphere in the counselling context

(Casey et al., 2020). It can help counsellors understand some of the difficulties that members of SA communities endure when seeking mental health services (Casey et al., 2020). With that said, it is also important to understand that members within the SA community may not all be affected in the same way by these barriers (Hart et al., 2021). Certain barriers such as stigmatization or acculturative stress may have varying effects across demographics within the community. Thus, counsellors may also need to understand how some of the existing barriers may apply to each SA client (Hart et al., 2021).

As discussed, there are a multitude of factors that can influence the experience of members in the SA communities. In order to bring sensitivity to the session, counsellors can implement various strategies when working with SA clients. Counsellors can take time to learn about some of their client's experiences during the initial sessions. Getting to know the client in the first few sessions can not only help counsellors learn about their client's experiences, but also build a therapeutic alliance. Counsellors will be able to learn about their client's unique experiences as it relates to their SA culture. It can also alleviate any doubts clients may have had regarding seeking treatment, or misunderstandings about seeking help in general. Taking the time to understand the client can also help counsellors determine the best form of therapy for their client. Counsellors can also consider modifying the plan of treatment to a more culturally sensitive approach. This can allow clients to work through sessions and also feel as though their cultural values are respected.

As the sessions progress, counsellors can check in with their client to ensure the sessions and therapy approach continue to be valuable. This can also help counsellors and clients determine if the direction of therapy is leading towards the desired goal. Counsellors can also check in with the client in regards to whether they are comfortable with the cultural sensitivity

that has been introduced. It will be helpful for the counsellor to learn if the cultural sensitivity has been introduced in a manner not desirable for the client. Asking the client what the counsellor can do to bring cultural sensitivity into the session can also prove insightful. This can help the client to express what their own needs may be and allow them to define what cultural sensitivity may look like to them. The counsellor can then help bring cultural sensitivity to the session by aligning with the client's desires and preferences.

The diversity within the SA community may require counsellors to uniquely tailor their client's treatment specifically towards them (Benuto et al., 2020). This can be done by examining current literature on current methods of altering treatment for cultural appropriation. Depending on the degree of knowledge of the counsellor on both the treatment as well as SA culture, they can also alter treatment with their client. SA clients all have unique experiences of their own, thus counsellors can also ask their clients to see whether they would prefer treatment that is more culturally attuned. Counsellors may need to evaluate some of their client's experiences and help create a form of therapy that would be appropriate for that client (Benuto et al., 2020). Due to the diverse range of experiences that clients from the SA community can bring, practitioners may not be able to apply the exact form of treatment from one individual to another (Wu et al., 2017). This requires practitioners to truly understand their client's cultural norms, values, and beliefs rather than applying the same interventions from one client to another. There may be differences in how a client may follow their cultural norms and values (Wu et al., 2017). Additionally, clients that have assimilated to Western values may not hold the same values as those who have not assimilated. These factors can vary between individuals, thus practitioners may need to proceed accordingly (Benuto et al., 2020).

Fundamental Next Steps for Research

Literature on mental health service utilization in SA communities is often focused on some of the effects of stigmatization, acculturation, or other stressors on BIPOC communities (Casey et al., 2020). Future directions for research on mental health service utilization could focus on therapeutic interventions that would be effective for working with SA populations. There has been some recent research on the effect of culturally adhered interventions on various ethnic minority groups (Wu et al., 2017). As mentioned previously, altering treatment to better suit clients with various ethnic backgrounds has shown to be beneficial when treating depression and symptoms of PTSD (Huey & Tilley, 2018). However, more information would be needed to determine which type of symptoms and mental health conditions would benefit from culturally sensitive treatments. Due to the diverse range of mental health diagnoses that are recognized today, understanding when to apply culturally sensitive treatment would be beneficial.

There may need to be further research to understand whether treating all mental health diagnoses in a culturally sensitive manner would yield similar benefits as those found in treating depressive or PTSD symptoms (Benuto et al., 2020). Perhaps further research in the area of cultural invariance may be needed to examine potential diagnoses that would not benefit from a culturally adhered treatment (Huey & Tilley, 2018). Due to the vast range of possible diagnoses that are available, there may be situations where culturally adhered treatment is appropriate and when it is not. Currently the research is unclear and often times contradictory in terms of when and how cultural sensitivity should be applied in session. This inevitably can lead to confusion for counselors, which may even lead to harm for clients. Further research needs to be done on when to apply cultural sensitivity in session, and when not to. Further research on perceptions of

certain diagnoses can also help bring greater understanding as to what areas may require greater mental health literacy (Huey & Tilley, 2018).

While much of the research has examined the effect of mental health perceptions for clients, there has not been the same degree of research on SA mental health workers. Mental health workers who identify as being from SA nations may also hold unique experiences as well as perspectives of mental health. Working in mental health related fields while being part of a culture that underutilizes mental health services may elicit a new perspective of mental health and mental health seeking. Research on mental health workers who are part of SA cultures may be valuable to learning how members of the SA community may bring mental health awareness into their own community. It can also give insight into challenges or adversities that are present for mental health workers in SA communities.

Research on current issues relating to the impact of COVID-19 isolation on the mental health of SA communities can be beneficial for SA communities. The effect of lockdowns and isolations has been quite evident across all populations including the SA communities (Kene, 2020). Researching the impact of isolation within a collectivist community can help bring insight into how to help SA populations heal from the challenging times created from the pandemic. The effect of isolation on SA populations who are statistically less likely to seek mental health support may contribute to further mental health related problems for SA communities.

Research that examines mental health policies implemented in SA nations can also provide valuable knowledge on the experiences of whole communities. The Mental Health Care Act (MHCA), which was implemented in India in 2017 (Kaur, 2018), can be a candidate for a policy that should be researched. The MHCA was established to bring mental health services to vulnerable populations in India. Learning more about how this policy may have altered or

brought change in India regarding mental health awareness can prove valuable for implementing similar changes in North America. The MHCA, mental health for workers, and the impact of COVID-19 will be discussed in further depth in the following sections.

Research on Mental Health Workers

There also needs to be further research on attitudes towards members of the SA community wishing to enter mental health professions. Much of the current literature examines the current attitudes of individuals who are experiencing a form of mental health distress. As findings suggest, there are often forms of stigmatization that exist when discussing mental health or associating with individuals experiencing mental health distress (Zieger et al., 2017). However, understanding whether the same extent of stigmatization crosses over to those who are wishing to enter a mental health profession can prove beneficial. One of the commonly reported findings from adolescents in Toronto was a complaint of a lack of counsellors with a SA background (Islam et al., 2017). Perhaps understanding the lack of representation of SA counsellors can bring insight as to the low rates of SA mental health workers.

Within India, there is a much greater disparity of mental health workers to those that are in need of mental health treatment compared to Western nations (Zieger et al., 2017). In India, there are around 0.3 psychiatrists for every 100,000 people; when compared to many Western countries that have 6.6 psychiatrists for every 100,000 people, there is evidently a much lower number of psychiatrists available (Zieger et al., 2017). This large disparity is partially attributed to previously explained factors such as perceptions of mental health and stigmatization. However, these public perceptions are geared towards the patients rather than the profession. Thus, further research on public perceptions of mental health professions in the SA community

can help bring awareness to potential barriers experienced within mental health professions (Zieger et al., 2017).

Learning more about potential barriers that may come with seeking to enter mental health professions can be beneficial to the community as a whole. It can act as a foundation for future solutions to help increase SA mental health workers. One of the ways in which cultural responsiveness is achieved is to have members from an ethnic group attend to members of similar cultural backgrounds (Huey & Tilley, 2018). This increases the likelihood that the practitioners already have insight into the cultural norms, beliefs, or even barriers of their client. Treatment can then be modified based on the mutually understood presenting concerns that may also be connected to the client's cultural values (Huey & Tilley, 2018).

Mental Health Care Act

As of April 7th, 2017, India introduced the Mental Health Care Act (MHCA; Sharma & Kommu, 2019). The MHCA is a new form of legislation to help some of the more vulnerable populations such as the homeless populations and children in India receive mental health support. The MHCA has replaced the former legislation, the Mental Health Act (MHA) of 1987 (Kaur, 2018). This new legislation introduced changes such as the decriminalization of suicide, as well as greater responsibility of legal guardians for their children (Sneha et al., 2018). Legal guardians must accompany their child while being admitted to a mental health facility (Sharma & Kommu, 2019). Separate psychiatric hospitals and nursing homes are mandatory for those under the age of 18 according to the MHCA, an increase from 16 which was the age set by the MHA (Sharma & Kommu, 2019). Many of the new laws put in place by the MHCA allow for children to be treated as children rather than being treated similar to adults. This allows for

greater protection for children while placing greater responsibility on the legal guardian (Sneha et al., 2018).

During assessments, mental health examinations must be done by at least two professionals, one of whom needs to be a mental health professional (Sharma & Kommu, 2019). The MHCA also states that those who are homeless and in need of mental health treatment should be directed to a mental health service if found by police (Sharma & Kommu, 2019). This bill also helped raise awareness for mental health and the need for people to seek treatment when needed (Sneha et al., 2018). Research on some of the systematic changes that the MHCA has introduced may be a useful way to examine how mental health perceptions can be changed with legislation. Despite the noticeable changes introduced by the MHCA, there are certain flaws to the legislation itself that should be considered, one of which is the lack of clarity around defining certain neurodevelopmental disorders, and whether those with neurodevelopmental diagnoses can benefit from the changes resulting from the MHCA (Sharma & Kommu, 2019). Additionally, there is little change made to issues regarding the mental health of members of the general population who would not be considered a vulnerable population (Sharma & Kommu, 2019).

Within North America, we can learn about some of the changes brought about by the MHCA and how they have affected people living in SA countries. This can provide insight into how SA communities in North America may benefit from similar laws enforcing mental health care. Research on MHCA may also allow counsellors to gain insight into some potential solutions to address some of the barriers to mental health within SA communities. Learning more about the impact that the MHCA had made since its introduction can also allow counsellors to learn more about how various demographics within SA communities were affected. The MHCA

aids various populations such as children, women, and those that are homeless in seeking mental health support (Sharma & Kommu, 2019). Research that examines the effect that mental health service utilization can have on these populations can be beneficial in understanding how various demographics may be affected after seeking mental health support (Sharma & Kommu, 2019). Perhaps a study that aims to investigate the effect of increased mental health resources and mental health care in SA countries may be beneficial. Studies such as this can reveal the impact of increased mental health resources on public perceptions of mental health.

COVID-19 and Mental Health Within SA Communities

While many of the barriers that reduce mental health service utilization within SA communities have existed for a long period of time, the impact of a global pandemic on mental health is recent (Kene, 2020). COVID-19 has had effects on multiple areas of life such as the medical danger of contracting the virus itself, the financial difficulties created by the lockdowns, and the effects of the lockdown on mental health (Kene, 2020). Research around this pandemic has continually uncovered new information about the effect of such a novel circumstance on mental health. Future research that examines some of the effects that lockdowns and other stressors from the pandemic have placed on the SA community specifically can be very beneficial and relevant to some of the current stressors within the SA community, amongst other communities (Kene, 2020).

Due to the many challenges caused by the pandemic, research on COVID-19 will likely be valuable for all demographics. However, certain effects of the virus such as the effect of lockdowns on mental health may have unique results on different populations (Jain et al., 2020). Within SA populations, it would be beneficial to understand how communities and families have managed to cope with lockdowns. SA populations are often part of a collectivist culture, where

multiple generations of families will reside in the same household (Koo et al., 2012). Research that examines the difference between larger collectivist households and Western households in their ability to cope with the lockdowns could be insightful into the effect of larger family support during isolation.

Future research can also be directed towards methods of coping through lockdowns and isolation within SA populations. Understanding how SA communities may cope with the effects of isolation on mental well-being can be beneficial for the community. It would be interesting to further examine how SA communities may attribute the effects of isolation. Research on how SA communities interpret their mental well-being while in lockdown can be insightful in learning whether they recognize when their mental health is being affected. This will be especially interesting for members of SA communities who may not have positive perceptions of mental health and mental health help-seeking. Research on COVID-19 and its effect on SA communities should be strongly considered going forward. It can be beneficial for both counsellors and the SA community in understanding how isolation can affect this community. It can also reveal unique challenges that the SA community may have needed to endure during this time.

Qualitative Research on SA Communities

While research on understanding barriers to mental health consultation has revealed several stressors within SA communities, it is often done through quantitative methods. Researchers may also need to consider more qualitative methods of gathering data, which can allow members of the community to share their experiences on mental health (Islam et al., 2017). Understanding some of the barriers that hinder mental health service use within SA through interviews and other qualitative methods can provide insight directly through the perspectives of members of this community (Islam et al., 2017). Furthermore, ways to bring cultural sensitivity

within educational institutions as well as in counselling contexts by asking members themselves could prove effective in increasing rates of mental health help-seeking within SA communities (Gee et al., 2020).

Gaining insight from members of the community would not only allow many members of BIPOC communities such as SA to voice their concerns, but also provide potential solutions to a social justice issue (Islam et al., 2017). Some of the recommendations already gathered by SA youth include a requirement of mental health programs within the education curriculum (Islam et al., 2017). It was also proposed that school counsellors need to be more involved in becoming more attune and proactive towards students (Gee et al., 2020). School counsellors may need to not only provide support for stress relating to academia, but also stress that relates to other life circumstances including cultural stressors (Gee et al., 2020).

Recommendations for Practice

Bringing cultural sensitivity into the counselling context can greatly enhance the experience for clients. It strengthens the therapeutic relationship between the counsellor and client, while also making sure the client feels understood when they are sharing their cultural experiences. Cultural sensitivity can benefit counsellors as well as clients as it allows for a greater understanding of the unique cultural norms and barriers of SA communities. Based on current literature, cultural sensitivity can be achieved in a multitude of ways, one of which is to understand the client and how they choose to follow their cultural beliefs and values. There may be several factors to consider including but not limited to the demographics of the client, the degree of acculturation they have experienced, their gender, and family history. The SA culture as a whole has a set of norms, beliefs, and values. However, individuals within SA communities may not subscribe to all of the set norms and values, or may choose to follow some but not

others. Some may choose to not follow any of their community's traditional norms, while others may choose to follow them quite extensively. For example, someone who does not believe in a patriarchal family may choose to not follow that norm, despite being a part of the SA community. That same individual may subscribe to the value of being in a collectivist culture and may decide to place a high value on family. Counsellors must also be cautious that they do not assume all members of the SA community will share similar beliefs and values of their culture. This section will specifically examine how cultural sensitivity can be introduced across two therapies: play therapy with children and grief therapy.

When working with children, counsellors may need to consider cultural differences while engaging in play therapy. Counsellors may also need to consider cultural differences between the child and care-taker. This section will examine some of the ways in which play therapy may need to be modified when working with BIPOC communities including SA populations. The way in which children interact with their parents, peers, and other individuals they come across is strongly dependent on their upbringing. Often times, it is the values and norms taught by the parents that SA children may follow. Thus, this section will examine ways to introduce cultural sensitivity when working with children.

Child play therapy is examined in this literature review as it is an important area that requires counsellors to introduce cultural sensitivity in unique ways. For young children, learning about their culture by simply asking the child about their culture may not be practical, as they may not be able to communicate accurately the impact of their own culture on their lives (Casey et al., 2021). They also may not be able to conceptualize how culture can impact one's life, or may find it difficult to understand what culture means (Casey et al., 2021).

In terms of grief therapy, this section will explore ways in which individuals from SA culture may display their grief. Grief and the process of grief can be quite different based on culture. Various cultures may grieve in different ways, and differences may lie even within cultures (Inman et al., 2014). Grief can vary within SA culture, depending on religion, norms and values of those experiencing grief (Inman et al., 2014). This section will also provide some considerations for counsellors when working with clients experiencing grief who are from SA communities. Learning of the traditional ways in which SA communities grieve can greatly help counsellors learn how grief may appear across cultures (Inman et al., 2014).

In other forms of therapy, it may be appropriate for counsellors to take time to learn from their clients. In grief therapy however, counsellors may also need to be sensitive to the experience of their client while grieving. It may not be an appropriate time to sit and learn about their culture, and the client may wish to address their grief rather than sharing their cultural norms. This can also help counsellors become mindful of differences between their own culture and SA culture in regard to experiencing grief.

Cultural Sensitivity in Play Therapy

Play therapy has been an effective method of therapy for children (Gonzalez & Bell, 2016). Child-centered play therapy (CCPT) is a form of play therapy that adheres to the needs of the child; it can be adopted for culturally diverse clients and has shown to be effective across diverse ethnic backgrounds (Gonzalez & Bell, 2016). Play therapy allows practitioners to utilize tools and props that can adhere to the client's cultural values and norms. There is a high degree of versatility when using play therapy with children, allowing for a culturally sensitive experience for children (Casey et al., 2021). It is also important for practitioners to take time to speak with the parents of the child to understand their cultural values and norms. There may be

times when the practitioner may not be able to apply their typical style of play therapy, but rather need to adjust the therapy for their client (Casey et al., 2021). Speaking with the parent can also provide parents with some information as to what the therapy may look like (Casey et al., 2021).

The mental health perceptions of the parent can have a strong influence on their decision to proceed with therapy for their child (Casey et al., 2021). Parents with more negative perceptions of mental health are less likely to place their children in therapy. Thus, it is crucial that counsellors not only form a therapeutic relationship with the child, but also the parent (Casey et al., 2021). There are also some factors that may not be in the control of the counsellor that may affect the prevalence of children of various ethnicities attending therapy. Some parents are less likely to place their child in therapy if the counsellor is not of the same culture (Casey et al., 2021). Parents may be reluctant to proceed with therapy for their children if they feel as though the counsellor may not understand their cultural values. Therefore understanding some of the family's cultural values, as well as learning about how they follow these cultural values can benefit both the counsellor and the client (Chang et al., 2005). Proceeding with a collaborative approach in which the counsellor is actively listening can help reduce negative perceptions over time (Chang et al., 2005).

When working with children in play therapy, it is also important for the counsellor to be aware of parenting styles and how they may vary across cultures (Casey et al., 2021). SA cultures may have differing methods for disciplining their child compared to Western practices. Clients from SA backgrounds may also display affection in ways that may be unfamiliar with Western practices (Casey et al., 2021). It is critical that counsellors recognize any cultural differences in communication between a child and their parents. Failing to do so may lead to misinterpreting the relationship dynamics between the parent and the child, which may affect

therapy itself (Casey et al., 2021). Despite recognizing various illustrations of affection or discipline in SA cultures, counsellors must continue to be mindful of the protocols in place to assess for any risk of harm, as per the *Canadian Code of Ethics for Psychologists* (Canadian Psychological Association [CPA], 2000). Despite differences in cultural norms, counsellors are not exempt from searching for any ethical concerns around risk for the child should it be a concern. Counsellors may need to report if they are aware of imminent risk to the child, despite the possibility of it being recognized as a method of discipline for the child through a cultural lens (CPA, 2000).

Cultural Considerations in Grief Therapy

Cultural differences in grief and loss can be diverse and unique to each culture (Gonzalez & Bell, 2016). When working with clients experiencing grief, it is important to recognize cultural perspectives of processing grief (Gonzalez & Bell, 2016). It may be helpful for counsellors to learn more about the process of grief, loss, and death within SA cultures when integrating grief therapy with cultural sensitivity (Gonzalez & Bell, 2016). Counsellors may need to ask clients how they perceive grief and about their beliefs and values around loss and death (Inman et al., 2014). When working with clients from SA communities, counsellors need to consider how the clients may cope with loss or grief (Inman et al., 2014). This would require counsellors to learn more about the coping mechanisms of SA clients, which are often rooted in cultural values and belief systems (Inman et al., 2014). SA cultures can have unique rituals for death and may have ways to process loss that are distinct from Western norms (Inman et al., 2014).

It is also important to note that due to the diverse range of religions and belief systems within SA cultures, there may be a diverse range of belief systems for dealing with grief (Inman

et al., 2014). For example, in Hinduism, death is followed by the cremation of the body. The cremation in this case is symbolic of the release of the deceased individual's soul from their physical body (Inman et al., 2014). This release helps lead to the reincarnation of the individual into their next life. In the religion of Islam, the body is surrounded by loved ones as they pray for the soul to safely reach the afterlife (Inman et al., 2014). Counsellors may also need to consider the implications of losing a family member and its effect on the family hierarchy (Inman et al., 2014).

Many traditional families follow a strong hierarchy in which the male is considered the head of the household (Tummala-Narra et al., 2017). Women and children also are traditionally given gendered roles and responsibilities (Tummala-Narra et al., 2017). Thus when a loss occurs within a family, counsellors may need to consider the impact that may have on family dynamics (Inman et al., 2014). Family members may find themselves filling in new and unfamiliar roles. Individual members within SA families in North America may also process grief in different ways (Inman et al., 2014). Perhaps children who have adopted more Western values may process their grief differently than their parents who follow more traditional beliefs (Inman et al., 2014). There may also be differences in how first and second-generation SAs adapt to new roles in a family following a loss (Islam et al., 2017). Those that do not follow traditional gender roles in a SA family may adopt new gender roles at a different pace than those who follow gender roles closely (Islam et al., 2017). Hence counsellors may need to consider how the family grieves, but also how the family adapts following a loss (Inman et al., 2014).

Reflexive Statement

As I reviewed the literature and current findings for mental health service utilization, my own perceptions and beliefs were also influenced. I learned about new ideas and concepts that I

had not considered prior. From a counselling lens, I have a greater appreciation for some of the cultural considerations I would need to take into account if I were to work with the SA community. I have also gained an understanding of the diverse range of beliefs, norms, and values that exist within SA communities. Through previous research, I was aware of the various demographics and subgroups that exist within SA communities, however, I had not considered how mental health can relate differently to each of them. A SA individual who also identifies as gay may have a different experience or barriers than the SA who identifies with another sexual orientation (Hart et al., 2021). Women who do not follow the traditional patriarchal family hierarchy may have differing perspectives about traditional values and norms than those who follow patriarchal family systems (Tummala-Narra et al., 2017).

While researching factors such as stigmatization and acculturation, I needed to remind myself of my own biases and experiences that could affect the research itself. I understand that my own beliefs about mental health and SA communities can affect how I perceive the research. Prior to this research, I had examined factors such as stigmatization of mental health within SA cultures, so I was aware of the perceptions held about mental health within the community. I was also aware of mental health stigma from my own experiences.

Due to my past knowledge and perceptions about the stigma, I needed to be careful not to allow my own biases to determine which studies I decided to use for my research. I avoided this by searching for studies from various perspectives and demographics. For example, I searched for perceptions of mental health from both first and second-generation SAs. I also searched for similarities and differences between SA populations and other ethnic groups. This allowed me greater understanding of the effects of stigmatization and acculturation on various ethnic groups, and to better understand how these factors can affect a nondominant group.

In a counselling context, there are several new concepts that I learned about during my research, one of which is the debate on cultural responsiveness and cultural invariance (Huey & Tilley, 2018). I had not considered that there may be some mental health conditions that can benefit from culturally adhered therapy while others may not. There may be some conditions that show similar symptoms across cultures. Applying cultural sensitivity has been a much more complex discussion than I originally anticipated previously viewing it as a black and white topic. There may be cases where cultural sensitivity would provide for a greater experience. There may be other cases where cultural sensitivity may not affect the treatment should the practitioner determine their clients display the same symptoms across cultures (Huey & Tilley, 2018).

My view on cultural sensitivity has also shifted upon researching how culture can heavily impact a client's worldview. Counsellors must not only consider the cultural norms, values, and beliefs of the culture of their client but also how their client personally follows those beliefs (Casey et al., 2021). The demographic of the client can influence their own perspectives on cultural values. There may be differences in cultural beliefs between men and women in SA communities and between first and second-generation SAs in North America (Tummala-Narra et al., 2017). There may also be differences in values depending on an individual's personal sexual orientation or identification. These are factors that should be considered when applying cultural sensitivity to a session (Hart et al., 2021). Thus, taking the time to learn about the client and their personal values and build a relationship can prove beneficial for counsellors as well as clients (Casey et al., 2021).

Conclusion

Mental health services in North America are used far more commonly by those who identify as part of Western culture compared to those in the SA community (Miller, Yang et al., 2011). The underutilization of mental health services by SA individuals can be attributed to a multitude of factors. Stigmatization, acculturation stress, lack of mental health awareness, as well as cultural sensitivity are all contributors that reduce mental health service utilization within SA communities (Karasz et al., 2019). Stigmatization within SA populations can be quite extensive, significantly affecting the rate of mental health consultation within the community (Sharma & Kommu, 2019). Some of the underlying causes for mental health stigmatization have been shown to be quite complex and stem from beliefs and perceptions that have been held on for generations (Nath et al., 2018). In order to truly understand the nature of stigmatization within SA communities, there must be some level of understanding of the culture as a whole. As many of the perceptions are often derived from cultural beliefs, some degree of knowledge of these cultural beliefs may be required to further understand how stigmatization may have originated from them (D'Aniello et al., 2016).

Stressors such as acculturation have also been a factor that affects mental health service utilization (Wang et al., 2019). Furthermore, stigmatization of mental health contributes to lower rates of mental health help-seeking in SA communities. As a BIPOC community, SA communities may be experiencing stressors that cannot be applied to dominant Western populations (Yoon et al., 2017). Thus, understanding some of these stressors and how they affect the overall mental well-being of this population is an important aspect of becoming more culturally sensitive (D'Aniello et al., 2016). In order to increase mental health service utilization within SA communities, we must first understand some of the stressors that hinder this

population from seeking mental health support. Only by doing so, can we move forward in learning about ways in which we can work towards finding ways to provide mental health support for this group (Islam et al., 2018). Becoming attuned to the experiences of BIPOC communities such as the SA communities will be imperative in addressing some of the disparities of mental health service utilization (Chaudhry & Chen, 2019).

While there is no single method of becoming culturally sensitive, it is an important part of building a therapeutic alliance with members of SA communities (Robitschek & Hardin, 2017). Additionally, helping raise awareness outside of a counselling context and addressing this as a social justice issue may positively impact how mental health is perceived within this community (Zieger et al., 2017). Mental health consultation can provide SA communities a degree of support for their mental well-being. However, this support cannot be provided with some of the current barriers that exist that reduce mental health consultation in SA communities (Karasz et al., 2019). Thus, it is crucial that this issue is recognized and that counsellors attune to the experiences of SA communities.

While SA culture encompasses a wide range of countries including but not limited to India, Pakistan, Bangladesh, and Nepal, the underuse of mental health services is displayed across the SA community entirely (Daga & Raval, 2018). As discussed, there have been a number of common factors that have led to mental health underuse (Islam et al., 2017). These are factors that should be considered in a counselling context to help bring cultural sensitivity when working with SA clients. Some of these factors mentioned will affect SA to a different degree based on their own experiences, beliefs, and values (Casey et al., 2021).

Applying cultural sensitivity may require counsellors to become aware of the traditional values of SA culture, but also the values of the client they are providing therapy to (Na et al.,

2016). Their client may be from a SA background, however, they may have their own values and beliefs that may not follow traditional beliefs (Koo et al., 2012). This can be dependent on the client's own views of traditional values, the degree of acculturation they have experienced, their gender, or their sexual orientation (Hart et al., 2021). Thus, cultural sensitivity may require sensitivity to the personal beliefs of the client in relation to SA culture (Koo et al., 2012). Counsellors would need to be aware of therapeutic decisions for treatment for their clients. Many SA families will make decisions on treatment as a family, rather than individually (Tummala-Narra et al., 2017). In families that follow a traditional patriarchal structure, the eldest male in the household would have the most weight in the decision-making process. Decisions on treatment from an individual that holds little power in the family may not have the greatest influence on the decision-making process for treatment (Koo et al., 2012).

Deciding on therapy modality is a crucial component of enhancing cultural sensitivity in a counselling context. While some findings suggest that cultural adherence of the therapy modality can benefit the client, this may not be true for all mental health related conditions (Huey & Tilley, 2018). In cases where symptoms may be universal or very similar across cultures, culturally adhering the treatment may not be effective as suggested by the arguments for cultural invariance. Until further research finds more definitive conclusions, counsellors should be mindful of how they are applying cultural sensitivity in their sessions. Culturally adhering certain forms of therapy will require the counsellor to have competency in altering therapy in an effective way that is sensitive to the client's culture. If counsellors are not confident in their ability to culturally adhere a sensitive treatment modality, it may be more beneficial to refrain from making changes in cases where symptoms may be universal (Huey & Tilley, 2018).

Future research on understanding when to apply cultural sensitivity and alter treatment modality for the client can bring insight on using culturally sensitive treatment (Huey & Tilley, 2018). Current literature examines culturally sensitive treatment for symptoms of depression and PTSD, however, there still remains a great number of diagnoses that would benefit from research on cultural sensitivity (Huey & Tilley, 2018). In a counselling context, counsellors would benefit from understanding which conditions would benefit from a culturally sensitive approach, and which forms of treatment would not be effective with a culturally sensitive approach (Huey & Tilley, 2018). Research on cultural sensitivity on various diagnoses can allow for a greater understanding of which forms of mental health conditions may display universally similar symptoms across various cultures (Huey & Tilley, 2018).

Learning about mental health service utilization can provide greater insight into cultural sensitivity, as well as some of the complexities that can arise when applying it in session. Cultural sensitivity can look vastly different with different SA clients, each with their own beliefs about SA culture (Hart et al., 2021). In India, the MHCA allows for greater care for vulnerable populations such as children, and has illustrated how legislation can bring positive change to those wanting to seek mental health support (Sharma & Kommu, 2019). The MCHA has taken steps towards greater mental health utilization in India, and it can be used as a learning opportunity for reducing barriers for SA in North America (Zieger et al., 2017). Mental health services within SA cultures have been underused due to a multitude of factors as discussed (Islam et al., 2017). Counsellors can help reduce some of these barriers by collaborating with clients in the counselling context, while also learning about their client's values outside of the counselling context (Casey et al., 2021).

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