
Out of Sight, Out of Mind: Addressing Mental Health in the Canadian South Asian Diaspora

Megan Verma¹

¹Department of Biochemistry, Microbiology, and Immunology, Faculty of Medicine, University of Ottawa, Ottawa, ON, Canada

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In Canada, South Asian (SA) communities account for 2.6 million individuals, reflecting 7.1% of the population [1]. This group is expected to double within the next twenty years, comprising a substantial proportion of the racialized public [1]. Likewise, the number of Canadians reaching the diagnostic threshold for various mental illnesses has increased nearly two-fold in the past decade [2], underscoring the need for more mental health care services. Despite higher instances of disease “severity” [3], the Canadian SA diaspora exhibits greater apprehension towards mental illness and associated interventions [4], a trend consistent within communities in the United States and United Kingdom [5], [6]. This finding is largely attributed to perceived taboos and a paucity of culturally relevant treatments, both of which pose significant impediments to service accessibility. Evidently, the complex relationship between SA Canadians, psychological care, and practitioners requires sensitive mediation. This translates to a dialogue that enables stakeholders to redefine their understanding and galvanizes specialists to employ more holistic measures. Therefore, mental health within the South Asian diaspora demands a bilateral approach incorporating collective psychoeducation and culturally adaptive interventions.

A recent Canadian report suggests that mental health is generally an unspoken subject within South Asian groups, exacerbating misconceptions and creating additional obstacles to care [4]. Given SA communities often exhibit collectivist values, “courtesy stigma” deters individuals from addressing mental illness because of the adverse social implications for those around them [6]. This phenomenon is rooted in interdependent self-construal, meaning that many South Asians situate their introspective perceptions according to their surrounding community [6]. Within the context of mental health, such manifests in cultural ideologies that emphasize conformity

and regulation, sometimes to the detriment of emotional wellbeing [6], [7]. To illustrate, the Hindu concept of karma dictates that negative outcomes are the result of past misdeeds committed by an individual and their kin. This belief system may thus ascribe personal fault to a person living with mental illness, triggering broader social isolation and poor self-esteem [6]. The association between such principles and collective acceptance clearly highlights the importance of community within South Asian culture.

Consequently, improving psychoeducation among SA Canadians may mitigate stigma and encourage intracommunal cooperation. Because family heavily influences South Asians’ self-perception [4], effective mental health literacy must enlist this crucial axis of support. Additionally, having psychoeducation delivered by community leaders may further enhance its credibility and accessibility. Through such initiatives, SA Canadians are empowered to lead discussions on mental wellbeing within a culturally relevant milieu, enhancing engagement and individual outcomes.

When therapy is sought, many SA patients report feeling disengaged by practitioners’ cultural blind spots and generalized methodologies [4]. Although cognitive behavioural therapy (CBT) is a highly effective psychological treatment [8], its individualist orientation could trigger friction when faced with collectivist attitudes [9]. For instance, CBT typically involves challenging core beliefs, the origins of which vary between cultures. While a Western perspective may anchor these thinking patterns to independent self-perceptions, a South Asian viewpoint rationalizes them relative to external factors [10]. Furthermore, large-scale CBT evaluations often fail to mention cultural background or use overly general groupings like ‘Asian’ [11], making it difficult to gauge the relationship between patients’ backgrounds and interventional efficacy. Given these

factors, culturally transposing CBT is dependent upon practitioners' recognition of their own biases and adaptation to patients' value systems.

To address this, the Centre for Addiction and Mental Health (CAMH) has recently pioneered culturally-adaptive cognitive behavioural therapy (CaCBT) for South Asian Canadians [4]. By interviewing a mixture of community members, specialists, and caregivers, researchers gained insight into common accessibility barriers and themes. In so doing, they developed a training manual for practitioners and a multilingual pamphlet for the general public. The former contains a wide variety of content ranging from chapters on familial connection to problem-solving handouts [12]. Most strikingly, this manual situates psychotherapeutic methods within a South Asian context. For example, anxiety management techniques are accompanied by suggestions on food and religious meditation because many South Asian communities believe in "multidimensional" healing [12]. Other chapters encourage therapists to question their assumptions and consult with SA colleagues to expand their cross-cultural understanding. As a whole, this resource provides an invaluable collection of exercises, case studies, and most importantly, South Asian outlooks on mental wellbeing.

While the Canadian South Asian population rapidly grows, mental health care must evolve to address this group's psychological needs in a culturally relevant manner. From a psychoeducational standpoint, such requires awareness of collectivist belief systems and the corresponding significance of community support. As demonstrated by the CaCBT training manual, mental health practitioners can foster meaningful therapeutic connections by incorporating elements of SA belief systems in common techniques. Overall, opening the dialogue on mental health amongst South Asian Canadians further enriches community wellbeing, placing a brighter future within mind and sight.

REFERENCES

1. Statistics Canada. The Canadian census: A rich portrait of the country's religious and ethnocultural diversity. <https://www150.statcan.gc.ca/n1/daily-quotidien/221026/dq221026b-eng.htm> (2021).
2. Stephenson, E. Insights on Canadian society mental disorders and access to mental health care. <https://www150.statcan.gc.ca/n1/pub/75-006-x/2023001/article/00011-eng.htm> (2023).
3. Chiu, M., Lebenbaum, M., Newman, A. M., Zaheer J. & Kurdyak P. Ethnic differences in mental illness severity: A population-based study of Chinese and South Asian patients in Ontario, Canada. *J. Clin. Psychiatry* 77, 6699-6710 (2016).
4. Naeem, F. et al. Culturally adapted cognitive behaviour therapy (CaCBT) to improve community mental health services for Canadians of South Asian origin: A qualitative study. *Can. J. Psychiatry* 69, 54- 68 (2024).
5. Birtel, M. D. & Mitchell, B. L. Cross-cultural differences in depression between White British and South Asians: Causal attributions, stigma by association, discriminatory potential. *Psychol. Psychother. Theory, Res. Pract.* 96, 101–116 (2023).
6. Chaudhry, T. & Chen, S. H. Mental illness stigmas in South Asian Americans: A cross-cultural investigation. *Asian Am. J. Psychol.* 10, 154–165 (2019).
7. Shambraw, A. L., Botha, F. B. & Dozois, D. J. A. Accounting for differences in depression stigma between Canadian Asians and Europeans. *J. Cross. Cult. Psychol.* 46, 597–611 (2015).
8. David, D., Cristea, I. & Hofmann, S. G. Why cognitive behavioral therapy is the current gold standard of psychotherapy. *Front. Psychiatry* 9, 1-3 (2018).
9. Iwamasa, G. Y., Hsia, C. & Hinton, D. Cognitive-behavioral therapy with Asian Americans. in *Culturally responsive cognitive-behavioral therapy: Assessment, practice, and supervision* (ed. Hays, P. A.) 117-140 (American Psychological Association, 2007).
10. Bhargava, R., Kumar, N. & Gupta, A. Indian perspective on psychotherapy: Cultural issues. *J. Contemp. Psychother.* 47, 95–103 (2017).
11. Naeem, F. Cultural adaptations of CBT: A summary and discussion of the Special Issue on Cultural Adaptation of CBT. *Cogn. Behav. Ther.* 12, 1-20 (2019).
12. Naeem, F., Virdee, G.K. & Rao, S. Culturally adapted cognitive behavioural therapy (CaCBT) for Canadians of South Asian origin. <https://www.camh.ca/en/science-and-research/institutes-and-centres/institute-for-mental-health-policy-research/publications/culturally-adapted-cognitive-behavioural-therapy> (2022).