

# Mental Health and Wellbeing: a South Asian Perspective

Presented to CASSA  
January 27, 2025  
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About me.





# Your Learnings

Move from individual to contextual understanding of mental health

Understand barriers to accessible and inclusive mental health care

Reflect on strategies to co-create mentally healthy communities.

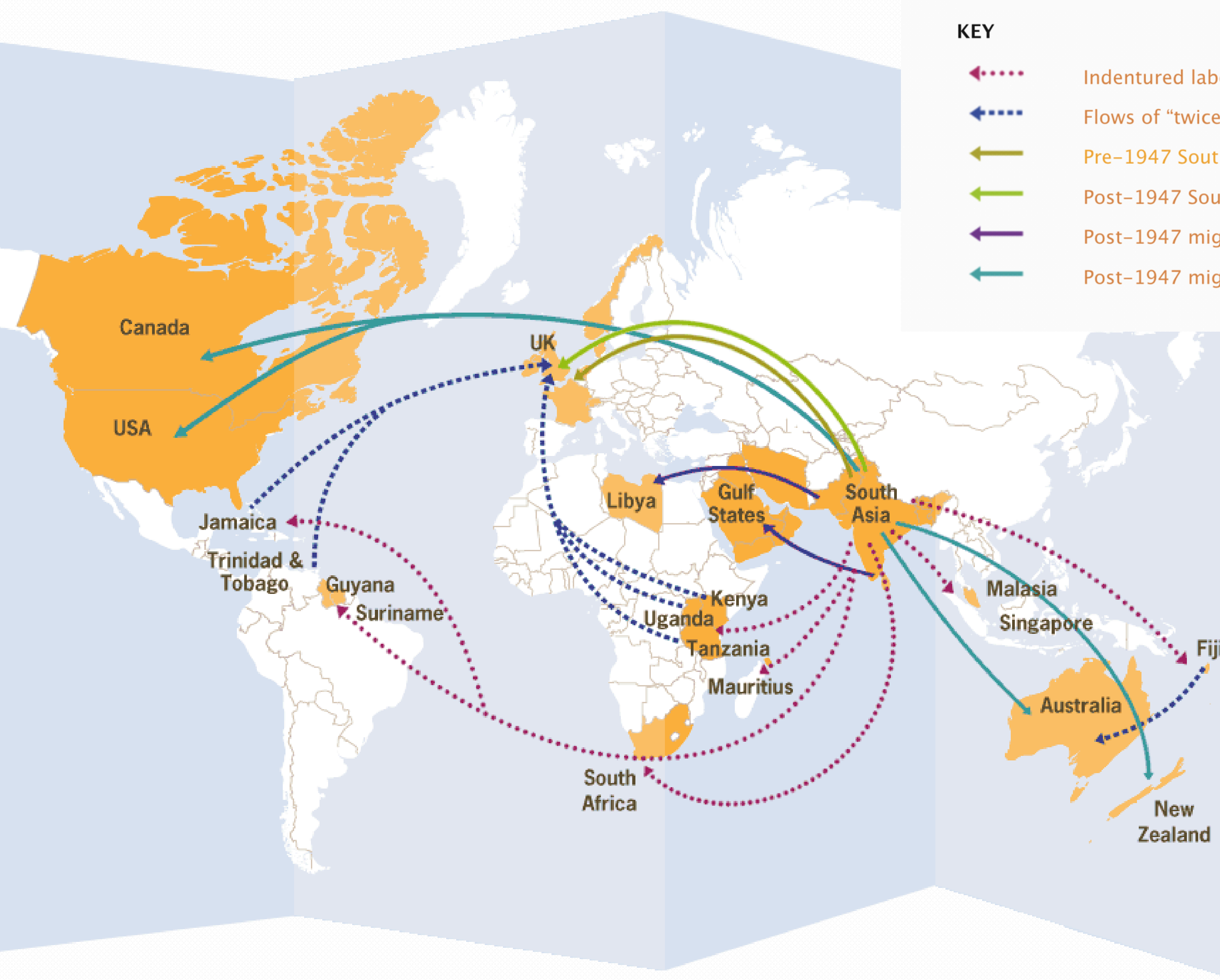




# South Asia

Pakistan  
India  
Nepal  
Bangladesh  
Sri Lanka  
Maldives  
Bhutan





- KEY
- ◄..... Indentured labour from South Asia
  - ◄..... Flows of “twice/thrice migrants”
  - ◄..... Pre-1947 South Asian migration to the UK
  - ◄..... Post-1947 South Asian migration to the UK
  - ◄..... Post-1947 migration to the Middle-East
  - ◄..... Post-1947 migration to the USA, Canada, Australia and New Zealand

# Major Migration Flows

(Map of Major South Asian Migration Flows | Striking Women, n.d.)



# South Asians in Canada

Immigration began in 1800s

2021 Census:

2.5 million

Largest visible minority group

Top Source Countries (2016-2021):

1. India

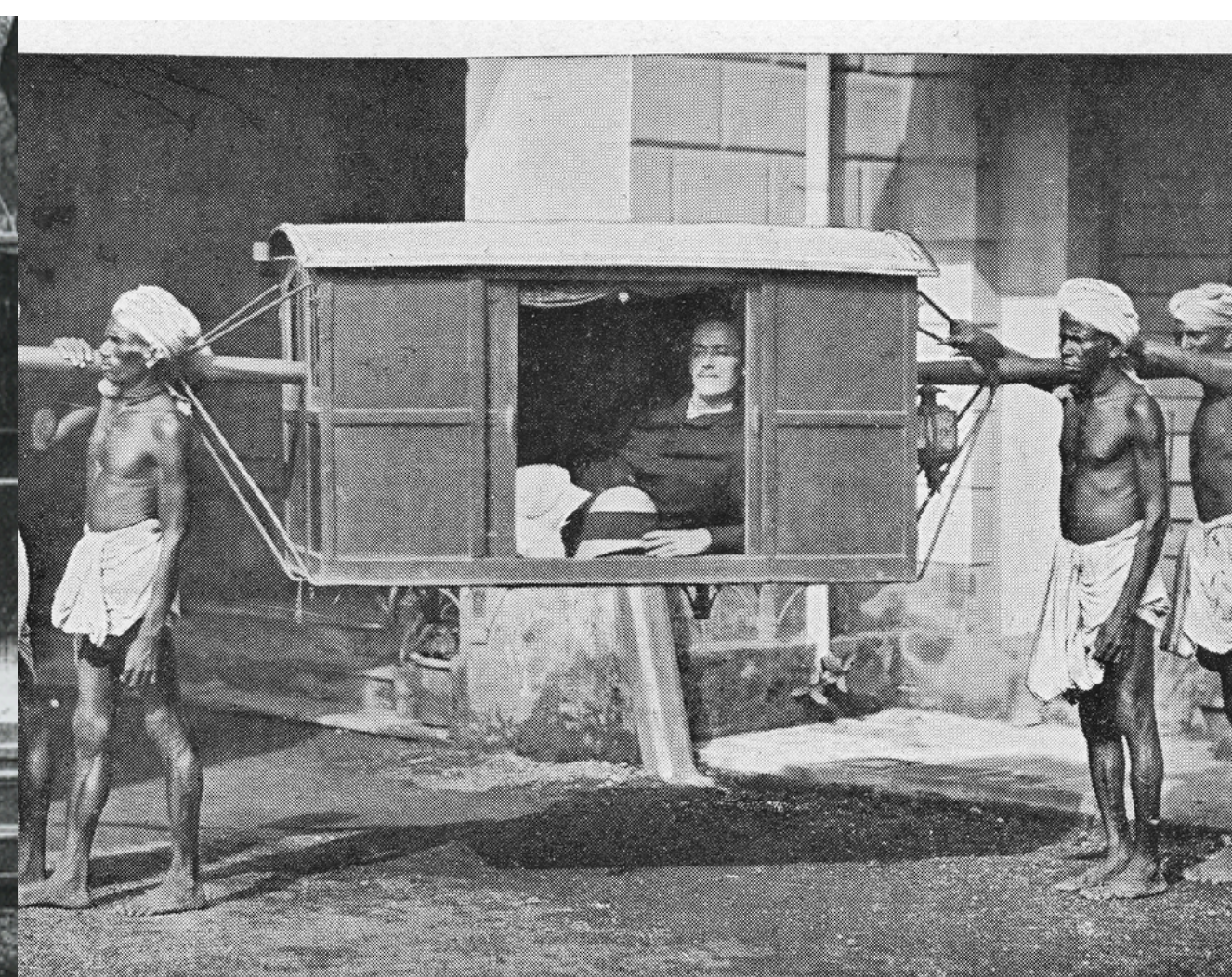
2. Pakistan

3. Sri Lanka





# Understanding the Critical Context



Toronto • Analysis

## A Muslim family was killed in Canada 3 months ago. Many wonder why party leaders are 'silent' on Islamophobia

'We can't have politicians be allowed to get away with pushing this issue to the backburner,' advocate says

[Shanifa Nasser](#) • CBC News • Posted: Sep 14, 2021 4:00 AM EDT | Last Updated: September 14, 2021



MEDIA & CULTURE | SOCIAL POLICY

## The familiar rise of anti-Indian racism in Canada

The country has a history of blaming vulnerable minorities for longstanding problems. Stop with the misleading narratives and put son





# Historical Context

## Western Imperialism

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Changed South Asia's political, economic, and social landscapes.

Violence, exploitation, subjugation, divide & conquer.

Healing practices were banned, dismissed, appropriated.

## 100+ Years of War & Violence

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+++ have died due to war, violence, genocide, famine, disease.

Torture, sexual violence, displacement, natural disasters, climate change and forced migration.

## Canada's Racism

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Discriminatory immigration, employment, housing, voting, citizenship policies, laws, and practices, 1800-1900s.

- Komagata Maru Incident
- Anti-Asiatic Exclusion Riot
- Continuous Journey Act



# Historical Trauma

“Historical trauma...is **cumulative** emotional and psychological **wounding** over the lifespan and **across generations**, emanating from massive group trauma experiences.”

(Heart, 2003, p. 7)





# Historical Trauma

What has been the impact  
of...

Colonial violence  
Political violence  
Partition  
Bangladesh Liberation War  
Operation Blue Star  
Religious violence  
Sri Lankan Civil War  
Famines...

on our collective wellbeing?

*Shhh!*

Historical Unresolved Grief  
Historical Trauma Response

**We don't talk  
about it.**



# Contemporary Context

## Neocolonialism

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Continued influence and control of middle- and low-income countries.

Contributes to political and economic instability and poverty.

Driver of emigration.

## Social oppression

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Systematic mistreatment, exploitation, and abuse of a group (or groups) of people by another group (or groups),

White supremacy, misogyny, transphobia, classism, casteism, ableism.

## Policies & practices

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Canadian 'multiculturalism' rests on conditional inclusion.

Model minority/Perpetual outsiders

Temporary Foreign Workers  
Immigrants as "labour source"  
Bill 21 & Bill 96 (Quebec)



# Racial or Racism-Based Trauma

**Cumulative** impact of racism, including:

- Interpersonal experiences
- Community experiences
- Historical trauma
- Systemic racism

**Enduring** cognitive, affective, somatic responses to racism that might develop due to **intensity** and **frequency** of racist experiences.

**Lack of coping/healing strategies** also increases the likelihood of traumatization.

(Hargons et al., 2022; Rowe, 2020; Williams et al., 2021)



## WHAT IS RACIAL TRAUMA



An emotional or physical pain that results from experiences of racism. It involves ongoing collective injuries due to exposure and re-exposure to experiences of racial discrimination

## WHAT ARE THE SYMPTOMS?

Fear, hypervigilance, headaches, insomnia, body aches, memory difficulty, self-blame, confusion, shame, guilt, sadness, numbness, disconnection, increased sensitivity to threat, intrusive thoughts or images, decreased immune system functioning, difficulty focusing or concentrating, and irritability

## CONTRIBUTING FACTORS?

Historical race related events, inter-generational trauma, cross generational exchanges, cumulative personal/vicarious encounters, lack of support and representation

## WAYS TO COMBAT?

- Acknowledge: reflect and identify range of emotions. Accept those feeling and thoughts. Remember, we all respond differently.
- Discuss: Utilize support systems to minimize the tendency to internalize the experience
- Seek Support: personal support or self explore through counselling professionals and mentors



# Contemporary South Asian Context

Geopolitical forces intersect with social and cultural power structures within the South Asian region and continue within diasporic communities.

## **Second Colonization\* & Neoliberalism**

Western colonization of social structures and minds.

Individual vs community responsibility is emphasized.

Value determined by education and acquiring credentials.

## **Social & Political Oppression**

Casteism

Colorism

Religious persecution

Gender-based violence

Nationalism

Anti-LGBTQ

\*(Nandy, 1988)



"Trauma decontextualized in a person looks like personality. Trauma decontextualized in a family looks like family traits. Trauma decontextualized in people looks like culture."

Resmaa Menakem



# Community Impacts of Collective Trauma

## **Fear**

Fear of losing cultural and spiritual practices

Fear of scarcity

Hypervigilance/anxiety

## **Distrust & Isolation**

Mistrust of systems/structures

Closed to 'outsiders'

Intra-community mistrust  
("Walls have ears")

## **Internalized Oppression**

Idealizing the oppressor

Denigrating own people/culture

Low collective self-confidence



# Community Impacts of Collective Trauma

## **Social Fragmentation**

Community violence

Competitiveness,  
comparisons, envy

Individualistic survival  
strategies

## **Problematic Coping**

Preoccupation with death

Passive victimhood  
Fatalism

Substance use/addictive  
behaviors

## **Cultural Disconnection**

Lost connections to  
heritage, values, practices

Alienation

Identity Confusion



A photograph showing several hands of different skin tones gently cupping a small, realistic model of the Earth. The globe shows continents and oceans. The hands are positioned around the globe, with some holding it from the top and others from the bottom. The background is blurred green foliage. A dark purple rounded rectangle is overlaid on the right side of the image, containing white text.

# Insights into Mental Health and Wellbeing



"Caution needs to be exercised in treating South Asian populations in Canada as a monolithic entity; rather we need to view them as multiple populations with unique mental health needs."

(Islam et al., 2014)



# INTERGENERATIONAL TRAUMA



GRANDPARENTS

The Partition of India of 1947,  
Oppression, Domestic Violence,  
Abuse, PTSD, Patriarchy, Chemical  
Dependency, Extreme Poverty



PARENTS

Liberation War in Bangladesh  
(1971), Alcoholism, Physical  
Abuse, Repressed Anger, Emotional  
Abuse, Untreated Mental Illness,  
Codependency



YOU

Approval Seeking, Identity  
Confusion, Eating Disorder,  
Depression, Anxiety, Alcoholism,  
Attachment Issues, Codependency

## BREAK THE CYCLE

@BROWNGIRLTRAUMA

WWW.BROWNGIRLTRAUMA.COM

(Browngirltrauma, 2024).



# Adults & Older Adults

## **“Healthy Immigrant Effect”**

New immigrants typically healthier.

But, health declines steeply with length of stay.

Research into mental health changes ongoing.

Suggestion that mental health declines similarly.

Newer immigrant cohorts have poorer mental health.

(Mason et al., 2024)

## **Canadian Community Health Survey (2011)**

### **Immigrants**

Higher anxiety & stressful life events.  
Women have higher depression risk.

Similar rates of mood disorder between groups.

### **Risk Factors:**

Food insecurity  
Poor health status  
Immigrated before adulthood

### **Canadian-Born**

Poorer self-reported mental health.

### **Risk Factors:**

Unemployment  
Lack of physical activity  
No family doctor

(Islam et al., 2014)





# Adults & Older Adults

Women have greater prevalence and risk of mental health disorders and poor mental health. Higher risk of poor postpartum mental health.

South Asian (and Chinese) patients admitted to hospital with more severe symptoms and aggressiveness, suggesting delayed help seeking

Social isolation and exclusion, depression, and loneliness concerns for older adults.

(Bulut et al., 2021; Chiu et al., 2016; Islam et al. 2014; Veenstra et al., 2020; Vigod et al., 2021)





# Children & Youth

South Asian (and East Asian) youth in Toronto report significantly higher OCD and anxiety symptoms.

Girls report higher racism-related distress.

Gendered cultural experiences contribute to eating disorders, delayed treatment among girls.

Acculturation stress, inter-generational conflict, academic pressure, financial stress, divorce, mothers' untreated depression contribute to mental health concerns.

Settlement stress and parenting style (harsh vs. warm) correlate with poorer mental health for children.

(Beiser et al., 2015; Dissanayake et al., 2024; Hilario et al., 2023; Islam et al., 2017; Mustafa et al., 2018)



# Racism & Well-being



South Asian Canadian adolescents who experience racism report poorer overall mental health and less mental health support (Hilario et al. 2023).

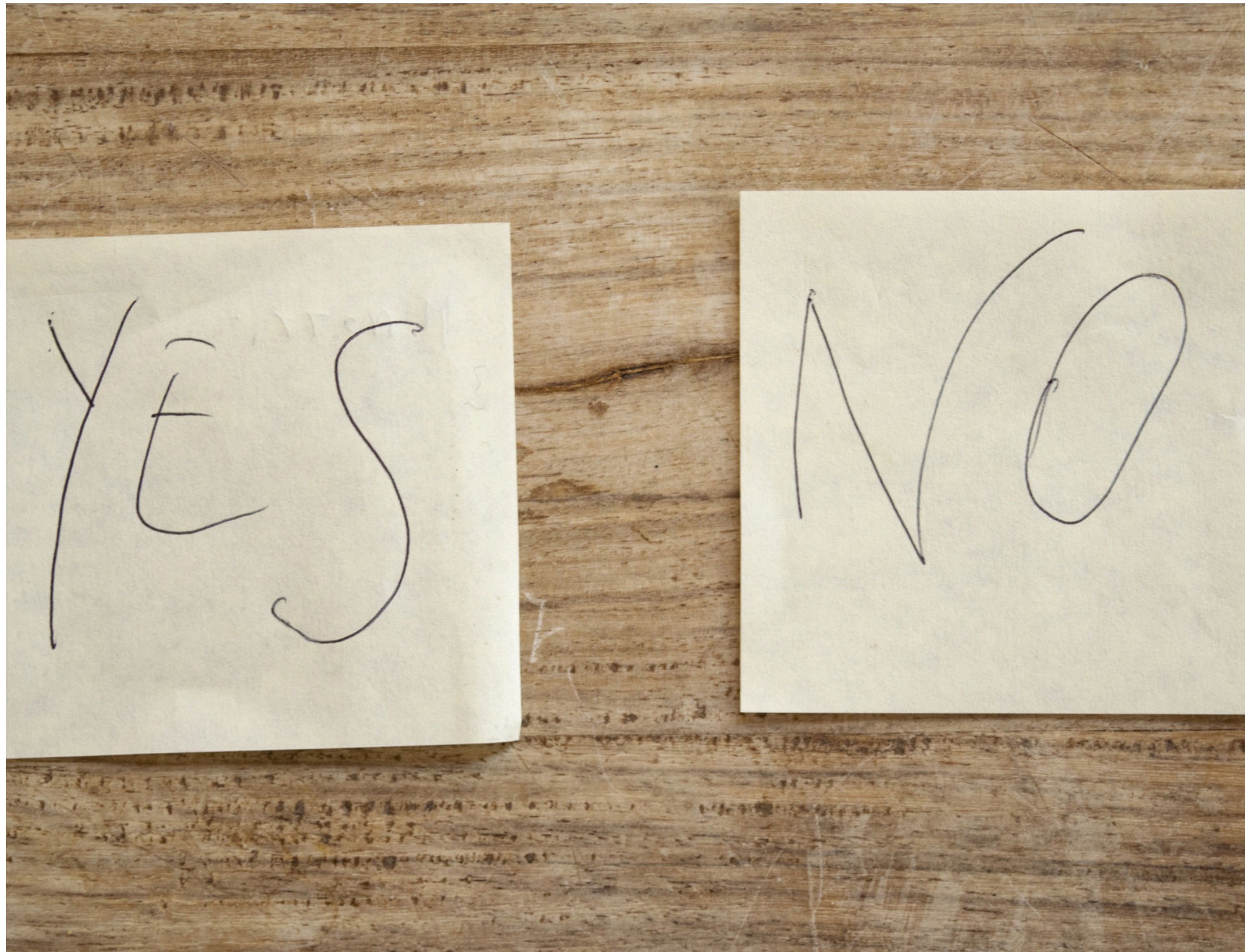
COVID-related racist incidents and stigmatization contribute to emotional burden and psychological stress for South Asians in Canada (Sanford et al., 2022).

Workplace ostracism, microaggressions, violence, and leadership's lack of response negatively impact psychological safety and belonging (Kim & Zhang, 2024; Kim et al., 2023).

Internalized racism associated with greater degree of negative mental and physical health (Gale et al., 2020).



# Mental Health Supports



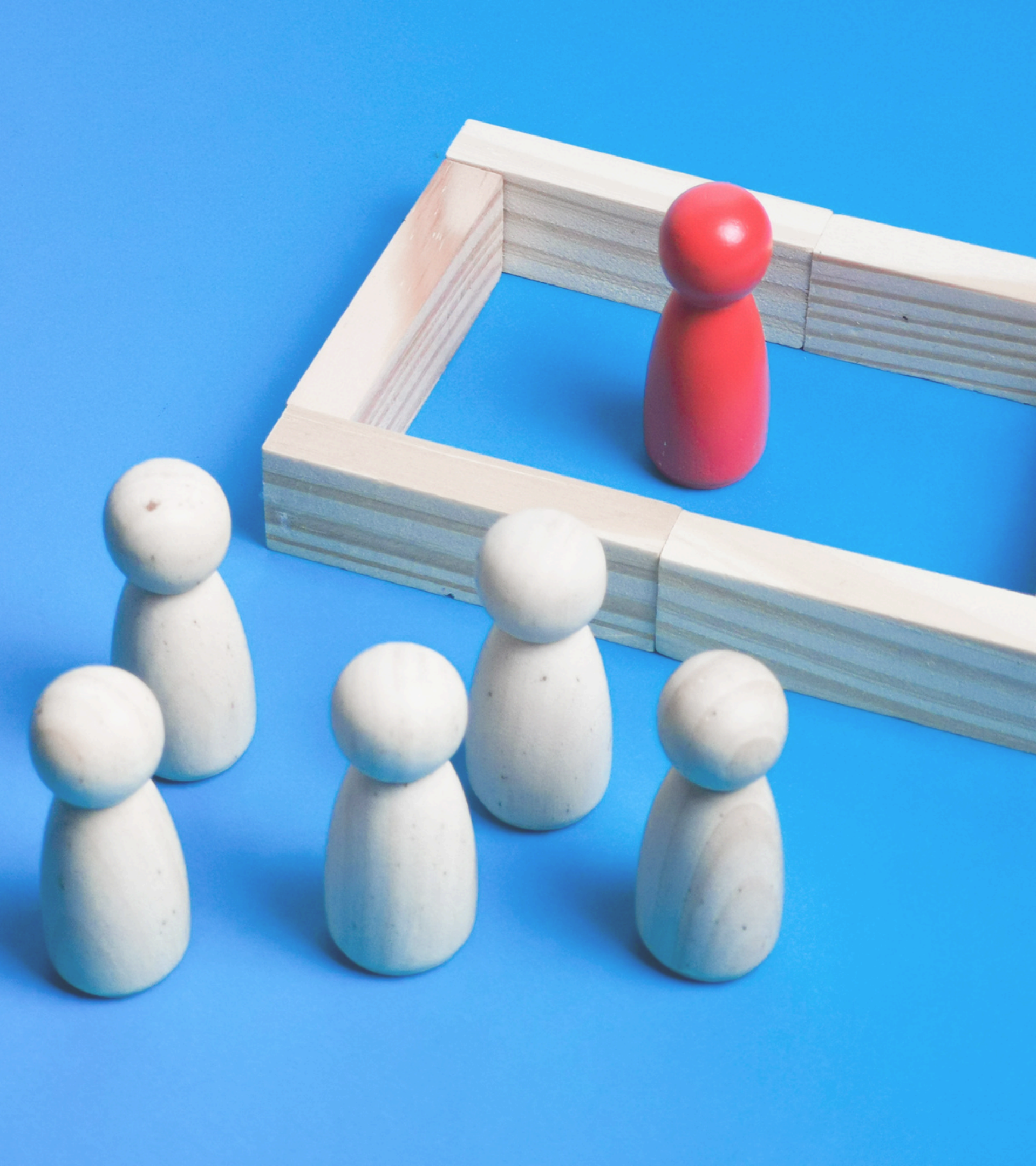
Despite their higher needs, significant portion of South Asians do not seek formal mental health support (including alternative health).

South Asians tend to turn to social connections, traditional medicine, and/or spiritual practices.

Many delay seeking help, resulting in more serious symptoms and distress.

(Naeem et al., 2019; Chiu et al., 2018; Durbin et al., 2015; Ng & Zhang, 2021).





# Barriers to Access & Inclusion

Exploring Individual,  
Community, and Structural  
barriers to inclusive mental  
healthcare and wellbeing.



# Barriers

## Individual Factors



## Beliefs

Stigma ("There's something wrong with me")

Mistrust of systems ("I can't trust doctors")

Fatalism ("This is God's will")

Minimization ("It could be worse")

Family & social concerns ("My family will suffer")

## Feelings

Shame

Fear

Confusion

Helplessness

## Lack of Awareness

"I don't know where to go"

"I don't know what signs to look for"

"What is mental health?"



# Barriers

## Family, Community Factors



Cultural expectations and roles related to gender and hierarchy

Stigma & fear of isolation

Abuse & lack of support

Community leaders might lack knowledge

Mistrust and negative perceptions of healthcare system

Minimization and misunderstanding of symptoms



# Barriers

## Structural Factors: Neoliberal Policies

Neoliberal policy emphasizes free-market capitalism, privatization, deregulation, and reduced government intervention in the economy.

It prioritizes individual responsibility over collective welfare, often at the expense of public services and social equity.



Mental health is a personal responsibility.

Mental illness an individual problem requiring individual, cost-effective solutions.



# Barriers

## Structural Factors: Healthcare System

### Access Limitations

Family physician shortage  
Long wait lists  
Limited resources  
Two-tiered system

### Fragmented Care

Lack of team-based primary care  
Poor continuity  
Silo'd care

### Racism

Discrimination  
Lack of culturally, linguistically appropriate services  
Collectivist values stigmatized  
Somatic symptoms misunderstood

### Over-medicalization & Provider strain

Biomedical approaches dominate  
Carceral care  
Inadequate training  
Burnout



# Barriers

## Structural Factors

### Geography

Lack of accessible transit  
Care not available where people live  
Suburbs stigmatized  
Limited internet access

### Education

Lack of childcare  
Healthcare training in English or French only  
Unrecognized credentials of foreign-trained professionals  
Collectivist values stigmatized

### Financial

Lack of paid time off  
Lack of benefits/limited benefits  
Precarious work  
Limited income  
Unemployment



# Barriers

## Structural Factors: Workplaces

### Organizational Culture

No buy-in from leaders  
'Urgency culture'  
Unhealthy behaviors rewarded  
Poor transparency & communication  
Lack of accountability

### Hostile Environments

Racism  
Harassment  
Bullying  
Retribution for speaking out  
Stigma/Gossip

### Inadequate Support & Resources

Understaffing  
Lack of resources to complete tasks  
Inflexible schedules  
Disrespect for time  
Poor onboarding/training

### Cultural Insensitivity

Not trauma-informed  
"Cultural tax"  
Lack of knowledge/awareness  
Tokenism





# Creating Mentally Healthy Communities



# Start with US.

**Mental health is a shared responsibility.**

**Connect:** Foster community connections. Interdependence is our strength!

**Learn:** Educate yourself and others. Reclaim our ancestral wisdom.

**Advocate:** Use your privilege wisely.

**Engage:** Participate in and create pathways for mutual aid.



# Culturally Appropriate Services

## **Cultural Integration in Care**

Religious teachings, spirituality, and traditional healing.

Engage cultural and community leaders in health promotion.

Include cultural group members as interpreters and advocates.

## **Collectivist and Family-Centered Approaches**

Center collectivist values

Emphasize interdependence.

Involve family, extended family, and community members in treatment.

Encourage mutual intergenerational sharing and storytelling.

## **Accessible and Relatable Communication**

Use simple, relatable language

Discuss body sensations when exploring symptoms.

Provide multilingual materials with interactive diagrams and personal stories of resilience.



# Culturally Appropriate Services

## **Community Engagement and Outreach**

Storytelling events and connect with grassroots programs (e.g., SOCH Mental Health, Laadliyan).

Integrate mental health promotion into settlement, community, and cultural services.

Take services to where needs are and prioritize accessibility.

Address social determinants of health.

## **Holistic and Peer-Oriented Support**

Emphasize the integration of mind, body, and spirit.

Peer support options and highlight shared experiences.

## **Collaborative and Relational Approaches**

Prioritize relationships over transactional partnerships.

Collaborate with health education programs to build culturally inclusive practices.

## **Welcoming and Inclusive Environments**

Build warm, soothing, and inviting physical spaces (move away from sterile, corporate designs).

Acknowledge current world events and their impact on mental health.



# My Approach

## **Building Community**

Partner with therapists and clinicians from South Asian and Global South communities. Share resources and referrals. Learn with each other. Connect with community agencies.

## **Refining Therapeutic Approach**

Incorporate a relational-cultural framework, emphasizes the importance of relationships and systemic influences. Unlearning.

## **Education & Awareness**

Clinical supervision, community presentations, teaching Master's level students

## **Research**

Leading scoping review project with U of T MSc. OT students exploring South Asian women's perinatal experiences.





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