

# SAPHA Policy Statement:

## Mental Health

### Table of Contents:

Topic: Mental Health	2
Purpose	2
Problem Statement	2
Background	2
SAPHA's Key Positions	4
Supporting Evidence + Impact	4
Recommendations	5
Policy	5
Direct Service Provision	5
References	6

## Topic: Mental Health

### Purpose

The purpose of this policy statement is to outline SAPHA's commitment to addressing and advocating for the various mental and behavioral health issues prevalent among SAA communities, as well as to reduce stigma and discrimination. This includes raising awareness for policymakers and advocacy organizations, advocating for healthy dialogue, supporting evidence-based interventions, and increasing access to and funding for mental health services, including integration of mental health screenings in primary care settings and other direct service offerings.

### Problem Statement

South Asian Americans (SAA) face unique mental health disparities, including both internal and external barriers to accessing care. In understanding these issues, SAPHA encourages mental health practitioners and researchers to factor in the unique challenges that SAA communities face when seeking mental healthcare in order to increase equitable access to mental health resources, decrease stigma, and improve quality of life for SAA patients.

### Background

The South Asian community is one of the most diverse and fastest-growing groups within the United States. As of 2019, there were around 5.4 million South Asians living in the United States, yet there is limited research available on mental health and mental illness in the South Asian community (1).

However, with the limited research that is available, studies have found several reasons as to why South Asians might experience poor mental health, including internal stigma, acculturation, abuse and neglect, and intergenerational conflict. A literature review compiled by the National Institutes of Health (NIH) in 2020 reported that South Asian women and older adults suffer from disproportionate rates of mental illness as compared to other immigrant groups (1).

There are various internal and external barriers to obtaining access to mental healthcare. For instance, some individuals may believe that experiencing mental health struggles is a sign of moral or spiritual weakness, which can in turn decrease their likelihood of seeking out mental healthcare. In contrast to the Western cultural contexts in which individualism is emphasized, many South Asian American families and communities emphasize collectivism and family cohesion. Therefore, a family member who exhibits symptoms of mental illness may fear social judgment; SAA community members may fear that seeking out mental healthcare can be seen by their community as "a failure of [their] family to solve the problem" (2). Fear of community judgment may preempt an individual to internalize mental health stigma and shame.

While internalized stigma is an example of an internal barrier, external barriers also can prevent South Asians from accessing adequate mental healthcare. A SAA patient's negative experiences with a mental health professional who is not culturally competent may further reinforce a latent notion within the patient that mental healthcare is not necessary. To avoid this outcome, mental health professionals should reflect on any assumptions they carry about certain groups based on implicit biases. Another external barrier is language access: finding a mental health professional who speaks the language that the patient feels most comfortable using to express their emotions, especially in rural areas, can present an additional challenge, even when the patient in question has overcome the internal barriers to seeking out mental healthcare. Some SAA patients may feel most comfortable with a therapist or psychiatrist of South Asian descent; indeed, practitioners of South Asian descent are likelier than their peers of other backgrounds to demonstrate fluency in a South Asian language. However, the U.S. Census Bureau reported in 2023 that only about six percent of all mental health practitioners are of Asian descent (and that figure is notably not disaggregated by Asian ethnic group) (2), demonstrating the lack of South Asian cultural perspectives and insights in the mental health workforce.

There is evidence that discrimination and racism against South Asians lead to greater instances of psychological stress. The impacts of racism and discrimination against South Asians can contribute to mental health distress, including anxiety, depression, and suicidal ideation (2). According to a 2022 SAPHA report, discrimination against South Asians has led to numerous health outcomes including anxiety, depression, stress, and self-reported health and health behaviors (2). Minority stressors involving racism, sexism, heterosexism, homophobia, ableism, casteism, and classism become more vulnerable to psychological distress (2,3).

Minoritization can contribute to feelings of alienation in addition to distress, leading marginalized SAAs to resort to hiding their identities and repressing any associated emotional distress (2,3). Studies of LGBTQIA+ SAAs report that when trying to openly discuss gender or sexuality within South Asian communities, LGBTQIA+ SAAs are often pathologized or dismissed. Internalized homophobia also remains a major issue in which South Asians within same-sex relationships still remain in their opposite-sex relationships to maintain their familial responsibilities (2,3).

In addition to encountering internal and external barriers when accessing mental healthcare, SAA communities must navigate the myth of the model minority. The model minority myth is a sociological narrative that upholds Asian Americans as inherently successful, hard-working, and competent. In addition to being deployed to demonize other racial categories, the model minority myth has reinforced monolithic stereotypes about Asian Americans that can be dismissive of and harmful to SAA mental health (4). Internalizing the "model minority myth" stereotypes lead to greater psychological distress as upholding unrealistic expectations of success based purely on one's ethnicity can result in difficulty adjusting to challenges, anxiety, stress, and depression, among other poor health outcomes. It is vital to advocate for and develop mental health policies that consider the complexities of the South Asian American experience. The development of

these policies requires collaboration from community members and leaders, physicians, other healthcare professionals, and patients. Furthermore, policies regarding SAA mental health must consider comprehensive access to and quality of preventive services, crisis interventions, and treatment options for mental illnesses.

### SAPHA's Key Positions

1. **Raising Awareness:** SAPHA is committed to improving the well-being and health of South Asians living in the United States. By ensuring that South Asian mental health issues are addressed, SAPHA is dedicated to promoting awareness among practitioners as well as within South Asian communities of risk. SAPHA also strives to foster recognition for the legitimization of mental illness and its symptoms among South Asian communities and reduce inherent stigma.
2. **Advocacy for Healthy Dialogue:** SAPHA's position on creating healthy dialogue both within and between SAA communities as well as healthcare practitioners for increased awareness towards mental health will allow for improvement in mental health outcomes.
3. **Guiding Research and Policy:** SAPHA is dedicated to informed policymaking on public health issues specific to South Asians; thus, South Asian mental health is an integral topic that must be meaningfully addressed through policy interventions.

### Supporting Evidence & Impact

There are limited studies available on mental health interventions within the South Asian community. However, there have been some significant findings from existing studies of SAA mental health that highlight the need for better policy surrounding mental healthcare.

- Emergency physician, Dr. Tehreem Rehman, conducted a study in 2013 and “found that mental health professionals’ lack of understanding of Pakistani cultural values and religious beliefs was the primary reason for participants’ resistance towards continuing treatment” (5). A mental health professional with an understanding of their patient’s cultural background, whether that be through personal experience or training, can significantly improve the patient’s experience. There is no need to spend time explaining cultural values, and the mental health professional can spend more time finding appropriate treatment (2).
- Moreover, it is worthy to note that a study done in the UK found that social interventions, such as crisis interventions for acute incidents, or longer-term care like advocacy, case management and counseling, either for the individual or a family, were more effective in treating depression in a group of South Asian women than medicinal therapy alone (2).

- Integrating behavioral health services, such as mental health screenings, into primary care has proven effective in reducing access barriers to treatment and reducing the severity of depression as an outcome (1).

## Recommendations

Below are several policy recommendations to advance mental healthcare for South Asian communities. These policies are directed towards various groups within the community (researchers, federal and state policymakers, healthcare professionals, as well as religious and community leaders).

### Policy

- Providing grants or training to support future therapists from minority communities, such as South Asians, through a state-sponsored program. Some examples of current grants include the SAMHSA-funded [Minority Fellowship Grant](#), and private grants provided by organizations such as the [Social Justice Scholarship](#) through Trauma Institute & Child Trauma Institute.
- Increasing funding for research on mental health/mental illness in the SA community (prevalence, risk factors, potential protective factors, and associations with chronic diseases). For instance, the American Psychological Association's [Visionary Grants](#) program seeks to support innovation and fill much needed gaps in mental health research for education and intervention.
- Integrating mental health screenings into primary care visits.

### Direct Service Provision

- Building cultural competency among mental health professionals so they can meaningfully support SAA clients. Some cultural competency certifications include:
  - [HHS: Improving Cultural Competency for Behavioral Health Professionals](#)
  - [The Berkeley Center for Cultural Humility \(CHUM\), based at the University of California Berkeley, provides six innovative, immersive, and culturally responsive trainings, virtually and in-person to audiences around the world.](#)
- Fostering collaborations between mental health professionals, SAA community leaders, and community-based organizations (CBOs).

## References

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