Mental Health Awareness: South Asia
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Introduction/Abstract

Widely across the South Asian community, mental health issues remain shrouded in stigma, with many families struggling to even acknowledge their existence, let alone provide the necessary support. Cultural norms, lack of awareness, and deep-rooted expectations have created a landscape where mental illness is often brushed aside as 'laziness' or 'weakness of character.' These values remain in South Asian immigrants, denoting familial communication regarding mental health as a complicated and stingy topic. Elizabeth J. Kramer, clinical epidemiologist and medical writer at the Charles B. Wang Community Health Center in New York, and her colleagues, explain factors that cause the negligence of mental health care in Asian Americans, such as social stigma, shame around the topic, and maintaining high familial dignity and reputation, preventing Asians from seeking care (Kramer et. al. 2002). Such evaluation brings up the question: how can the lack of mental health awareness in South Asian cultures be shifted to improve immigrants' lifestyles? Through implementation of awareness programs in South Asian educational institutes and culture-sensitive therapy, emerging from increased governmental funding, immigrant families can grasp positive mental health practices from their childhood and carry those values out of their country of origin.

Understanding Western Culture

In Western cultures, mental health is slowly becoming a conversable topic, while this topic lacks the awareness and recognition it requires to reach this point in South Asian communities. For example, American public figures, such as US Olympic gymnast Simone Biles, are starting to recognize and prioritize their mental health, creating acceptance and awareness for these disorders publicly. Marcus Thompson II, senior columnist at The Athletic,

emphasizes that American sports culture doesn't commonly discuss mental health, yet Biles' withdrawal from her finals in Tokyo was unexpected but courageous (Thompson II 2021). Instances like these highlight how American society, though some aspects of it do not accept mental health, there is progress- a pattern that only is occurring in Western cultures. Through progress, as noted by Biles' withdrawal, the American public has room for conversation about mental health, ultimately increasing awareness: a circumstance that would never arise in the South Asian community.

Further, through increased awareness in the West, an increased economic output has risen; careers in psychology in Western cultures have also grown, highlighting how Western cultures have started to accept the idea of mental health concerns. The US Bureau of Labor Statistics, a government organization, confirms that "overall employment of psychologists is projected to grow 6 percent from 2022 to 2032, faster than the average for all occupations" (BLS 2024). Through this growth, it is clear that Western cultures have established a higher amount of acceptance in regards to mental health concerns, as fields working with mentally ill patients are predicted to increase, perhaps due to the growth in publicity of the existence of these disorders, as exemplified by public figures, such as Biles.

Understanding South Asian Culture

Although true in the West, South Asian cultures seem to be behind on this trend, with much of the population not accepting mental health complaints or believing in mental disorders. Due to not being able to get targeted help, South Asians have high rates of depression and anxiety, commonly seen through somatization (the expression of emotional or mental stresses in a physical manner), yet receive minimal, if not any, help for it- due to instilled values of mental

health not being a real issue. These values carry when South Asians immigrate to other countries, where ostracism, discrimination, and racism are highly prevalent, adding to deteriorating mental health. Alison Karasz, PhD professor at the Albert Einstein College of Medicine's department of family and social medicine, and her colleagues, agree that South Asian immigrants disproportionately face depression and anxiety compared to their white counterparts, even when adjusting for socioeconomic differences (Karasz et. al. 2019).

Karasz's finding highlights a major complication with immigrant mental health, which Sadiq Naveed, Psychiatry Residency Program Director and Psychiatry Clerkship Director at the Kansas University Medical Center, and his colleagues connect to low government funding towards mental health, especially in impoverished areas where mental health crises take an exacerbated toll. In India, for example, Naveed finds that "less than 1% of the total national budgets [is] allocated to [mental health infrastructure]", and that "[t]here is also a shortage of psychiatrists and other mental health professionals, clinical psychologists, as well as social workers" (Naveed et. al. 2020). Insofar as mental health resources are minimal in these immigrants' home countries, along with stigma, the negligence of mental illness is an inevitable circumstance. With these sources in consideration, it is clear that a possible reason for declining immigrant mental health is due to lack of care from their country of origin.

Immigration and Mental Health

Immigrants from South Asia, as from any country, tend to take their values and culture with them, spelling out disaster for communities where mental health is heavily looked down upon, such as impoverished areas. The issue carries over when these individuals, who have been surrounded without support for mental health, immigrate to other, first world countries,

where ostracism and culture shock worsen mental health, yet the attitude towards not receiving help remains. As Karasz established, Laurence Kirmayer, doctor and professor of psychiatry at the McGill University in Canada, and his colleagues, further that the disproportionate amount of mental disorders in South Asian immigrants is due to "social and economic strain, social alienation, discrimination, status loss, and exposure to violence" (Kirmayer et. al. 2011). Although it is veritably impossible to reduce the effects of immigration, South Asian attitudes towards receiving treatment for the disorders, such as depression and anxiety, caused by immigration, is a better targeted area for change.

Yet, studies have shown that immigrants have better health, known as the 'healthy immigrant effect,' than their non-immigrant counterparts, meaning perhaps South Asian immigrant mental health is not a true concern. Shoshana Neuman, professor of economics at Bar-Ilan University in Israel and specialist in the economics of education, argues that new immigrants are beacons of better health, bringing healthier lifestyles, including physical activity, dieting, and close familial relationships in their host countries (Neuman 2014). This phenomenon has been studied for decades, yet although perhaps true for physical health, not enough research has been done on its correlation to mental health. Sarah Elshahat, professor at the faculty of social sciences at the McMaster University in Ontario, and her colleagues, delineates that after thorough research, no consistent conclusion can be made regarding mental health's inclusion in the healthy immigrant effect (Elshahat et. al 2021), ultimately establishing that although the healthy immigrant effect may be true to some extent, there is not enough research for it to be confirmed in regards to improved mental health in immigrants as well, just physical health.

Proposed Solutions

As mental health is not a commonly discussed topic in South Asian cultures, a proposed solution may be to allow for communities to have access to awareness efforts and paths for treatment, in order for immigrants to carry more positive standards of mental health to host countries. Looking through a financial lens, the Indian government, for example, only allocates a minimal amount to mental health and psychiatric wellbeing of its citizens, in comparison to western countries, such as the United States, allocating much more than India's funds. Tarannum Ahmed, consultant in the Indian government's Ministry of Health, corroborates that the Indian government has decreased its funding for mental health resources, creating an underutilization of funds, essentially manifesting an increase in mental illness burden in India. Fiscally, Ahmed finds that the Indian government decreased mental health funding by ten million rupees from 2018 to 2019; although there was increased healthcare funding by 137% in 2021, mental health funding remained the same (Ahmed 2022). On the contrary, according to the US Department of Health and Human Services, a government department, the Biden-Harris Administration has granted "more than $64 million in funding to address the nation's mental health crisis" (HHS 2023). This difference in funding trends highlights the priority that each nation has in regards to mental health, depicted in not only cultural norms and publicity of mental illness, but also governmental funding. There seems to be a clear positive correlation with government funding towards mental health and publicity of mental health.

Thus, one method of increased awareness comes directly from increased governmental funding, allowing counselors and social workers that check in with families to provide a beneficial and healthy shift from a culture of rejection to gradual acceptance. Nishat Uddin, master of public health from the George Washington School of Medicine and Health Sciences,

writes that providing families with "culturally appropriate mental health services that are accessible and affordable" would serve as a route into breaking generational stigma around the topic (Uddin 2023). Through increased funding, this would be made possible- if the government modeled American funding allocation in regards to mental health and prioritized funding towards this sector, an increase in culturally competent social workers would be feasible. Furthermore, Muhammad Shah, bachelor of medicine at Queen's University Belfast, and his colleagues, empirically found that in Bosnia and Syria, social worker interventions and home visiting "have shown promising results in improving mental health outcomes" (Shah et. al. 2023). Through empiric backing in two countries, it is highly likely that social intervention, yet only possible through increased funding, will serve as a viable solution to increasing access to mental health resources while decreasing stigma in South Asia.

Along with periodic check-ins, another solution involves the integration of mental health awareness practices in South Asian education systems, in order for conversations to begin amongst the next generation. Ashutosh Atri and Manoj Sharma, child and adolescent psychiatry fellow at the University of Texas Health Sciences Center and professor and chair of social and behavioral health in public health at the University of Nevada, respectively, find that involving students in workshops that are centered around mental health and direct social support available at campuses would produce sustainable results (Atri & Sharma 2006). Although this article focuses on education programs in the United States for South Asian immigrants, to decrease immigration stress, the same approaches discussed in the study can be applied in the immigrants' country of origin to break stigma related to mental health from childhood, by integrating mental health awareness efforts in schools themselves, for students, as well social worker intervention for families.

An overlying limitation with these solutions is the potential strength of cultural teachings, leading families to outwardly reject attempts by educational programs or the government to increase mental health awareness and care. Aneesa Shariff, psychologist at the University of British Columbia, explores the collectivist nature of South Asian culture, highlighting that "individuals are expected to sacrifice their personal desires to ensure the well-being of their families when individual and group goals conflict" (Shariff 2009). Thus, although stigma decrease efforts may be attempted, cultural conformity, or the conformity to cultural norms, may increase, and South Asians may choose to adhere to their culture and reject awareness efforts.

However, a rejection scenario is unlikely, as behind rejection lies a reason. If this root reason, whether that be minimal access, familial reputation, or deep-rooted expectations, is broken down, through social workers and educators who deeply understand the culture and reasons behind South Asian attitudes towards mental health, acceptance, through gradual, will occur.

Conclusion

Addressing the lack of mental health awareness in South Asian cultures is a multifaceted challenge that requires a comprehensive approach. Increasing government funding in order to incorporate mental health education and to employ culturally-competent social workers to engage with families serves as a promising strategy to combat this generational issue. While cultural norms and stigma pose significant barriers, breaking down root causes through tailored interventions can foster greater acceptance and support for mental health within these communities. By empowering South Asians to prioritize their psychological well-being from an early age and throughout their lives, the quality of life of immigrants is greatly improved;

sustained, collaborative efforts between policymakers, educators, and mental health

professionals are essential for meaningful progress in this critical area.

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