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**Breaking Barriers: The Impact of Peer Support on
Mental Health among South Asian Youth**

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Abstract

Numerous studies have reported a steady rise in mental health concerns within South Asian Canadians that are often left untreated and unmet. South Asian Canadian youth (≥ 15 years) in particular have been reported as one of the least likely groups to access mental health supports that are readily available to them. This qualitative study sought to investigate the service access barriers experienced by South Asian youth populations in Canada and explored the potential peer support interventions may have on mitigating the barriers to mental health access. Semi-structured interviews were carried out with South Asian youth (16-25 years old) living in Peel Region (Brampton, Mississauga, Caledon), that is home to a significant proportion of Ontario's South Asian population. Participants (n=19) shared their personal experience regarding accessing mental health support and peer support. The data was analyzed utilizing a thematic analysis approach. The study revealed how peer support, despite obvious limitations such as adequate training, and mental health supports offered in school settings helped the youth to navigate their issues. They offered recommendations for how peer support programs could be structured and communicated to South Asian communities in order to improve youth mental health. These findings suggest a potential role peer support interventions may provide through alignment with South Asian youth's cultural identity to address the barriers that have arisen in mental health access. Moreover, these insights underscore the urgency of culturally sensitive interventions and the recognition of the diverse needs within the South Asian youth population. By integrating peer support interventions that resonate with the cultural identities of South Asian youth, mental health barriers can be effectively addressed, contributing to improved mental health outcomes within this community.

Introduction

Mental health programs and services have drawn increasing attention to the healthcare field over the last decade. This has been in part due to the advance in understanding that “good” health requires the assessment of physical, social, mental, and environmental factors (Secker, 1998). A topic of particular interest has centered around the role culture plays in influencing the efficacy of mental health services worldwide. Cultural nuances in mental health services continue to draw increasing attention, specifically with a focus on how cultural norms impact a population's access and utilization of these services (James et al., 2002). Studies utilizing the cultural competence model have highlighted the importance of integrating cultural knowledge into the training and generation of mental health services to increase their efficacy when working with minority and racialized populations (Hernandez et al., 2009). Analysis of the significant contribution peers have played in recognizing and addressing cultural norms within the mental health framework has been on the rise in an attempt to widen access to mental health services for minority and racialized groups. These efforts have been linked to the social constructivism perspective, which brings insight into the vital role peers play in the collaborative construction of understanding and cultural practices within the cultural competence model (Cottone, 2001).

Population studies focused on exploring the immigration experience have highlighted the mental health disparities experienced by racial and ethnic minority populations in Canada. In particular, the South Asian population in Canada has reported increasing levels of stress and mental health concerns over the years, which are often left untreated and unmet (Garland et al., 2005; Yeh et al., 2003; Islam et al., 2014, 2017). Although mental health support services are available for the South Asian population to access, research has indicated that structural and cultural barriers have prevented South Asian Canadians from accessing them (Chiu et al., 2018; Islam et al., 2014,

2017, 2019). Factors such as fear of interacting with legal services and the associated implications of doing so (e.g., formal documentation on medical or identification records), cultural stigma, and unfamiliarity with services, and acculturation stress have contributed to a reticence in seeking the support needed. These factors emphasize a pattern of complex socio-cultural factors and systemic inequalities that continue to impact the well-being and system of support South Asians experience. Underrepresentation and integration of racial/ethnic groups in psychological research have been documented to further impact South Asian communities as it has led to the misunderstanding and misdiagnosis of the unique experience of minority populations (Adhémar, 2021). These findings indicate a need for collaborative and culturally integrated research based on the minority experience.

Peer support services have shown promise in offering support to the already overstrained mental healthcare system, acting as a bridge between mainstream mental health services and individuals in need due to their flexible nature to work with individual clients that give room for the integration of cultural and religious values not so available in mainstream mental health services (Shalby et al., 2020; Naslund et al., 2016; Mental Health Commissions, 2016). This research project aims to explore the potential effects peer support services can provide in supporting the mental health of South Asian Canadian youth in Peel Region. The study hopes to further explore the barriers and facilitators that impact mental health support access experienced by South Asian youth between the ages of 16 - 25 and investigate the efficacy peer support has had in helping youth navigate mental health concerns. By incorporating the constructivist paradigm and social identity theory, this study aims to provide a deeper understanding of how cultural factors influence mental health access and support among South Asian youth, contributing to the development of more effective and culturally sensitive interventions.

Literature Review

The South Asian population makes up one of Canada's largest racialized populations – one third of which are located in Peel Region. Despite their strong prevalence in Canada and the Mental Health Commission's call for improved mental health services for immigrant, refugee, ethno-cultural and racialized populations in Canada (Mental Health Commission, 2016), little research has been done to explore the unique experience, barriers and facilitators needed to support the South Asian population in Canada. The majority of data and research regarding South Asian experiences in Canada is derived from generic immigration and population studies, with little attention given to the unique experiences of South Asians. This data reported often lumps the experience of South Asian groups into one population grouping, leading to the homogenization of the various cultures and values across different subgroups. Analysis of this data has reported a steady rise in mental health concerns within South Asian Canadians that are often left untreated and unmet (Sharma et. al, 2020; Karasz et. al, 2019; Islam et. al, 2014, 2017). South Asian Canadian youth in particular have been reported as one of the least likely groups to access mental health supports that are readily available to them due to factors such as preserving family privacy, lack of cultural integration in available interventions and fear of legal documentation of mental health conditions (Islam et. al, 2014, 2017, 2023; Puri et. al, 2018; Chiu et. al, 2018).

The following literature review aims to explore the existing literature within the cultural competence framework and social constructivist perspective that has explored the influence peers can have on the cultural landscape of mental health services. The review will specifically focus on how South Asian culture has affected mental health services' accessibility in Canada and the role in which peer support workers play in mitigating cultural norms and improving the mental health of South Asian youth populations. The discourse that follows is organized into four primary

themes: **1. Racial/ethnic Disparities in Mental Health Service Use, 2. Mental health crisis of South Asians in Canada, 3. Integrating culture into mental health intervention and 4. Addressing mental health barriers through peer support.** These themes seek to explain the distinct experiences that South Asian populations in Canada have when attempting to access mental health services and to argue for the integration of youth peer support services in order to widen access and develop culturally appropriate interventions for South Asian Canadian youth.

1. Racial/Ethnic Disparities in Mental Health Service Use

Consideration of the efficacy of mental health services requires an analysis of accessibility and adequacy of the services to respond to the mental health concerns of a population. Through this analysis, racial, ethnic and cultural variables have been seen to influence mental health disparities (Gadalla, 2010). American literature has spearheaded this topic of research that has lent insight into the experiences of minority populations and mental health services. In an ethnographic study, racialized youth and mental health caregivers were interviewed to test for “racial/ethnic disparities in use of a variety of outpatient, inpatient and informal mental health services among high-risk youth” (Garland et. al, 2005, p. 1). Comparing Latinx, African American, and Asian American/Pacific Islander youth to non-minority youth, the study found significant differences in the likelihood that these youth will receive any kind of formal mental health services. This phenomenon was linked to young people turning to self-help or unofficial services out of fear of possible legal action from professional mental health services. Preventing experience homogenization, the study was able to characterize each of the three groups' experiences independently. The results of the study highlighted a need to consider the unique barriers racialized American youth encounter in mental health service access and reinforced a need for the evaluation of policy and mental health service structures to further consider racial and ethnic disparities. Yeh

and colleagues (2003) report that parental endorsement and a reticent perspective of the mental health services expressed by the three ethnic minorities are additional factors that contribute to the racial/ethnic disparities. According to Yeh et al. (2003), the study observed that cultural stigma, lack of familiarity with mental health services, and a reluctance to "complain about various problems in seeking services" impacted minority parent participants' endorsement of their child using mental health services for support. In doing so, the study emphasizes the necessity of raising awareness and introducing mental health services to minority populations in order to remove this barrier. Similar to Garland and colleagues (2005), the study worked with the Latinx, African American and Asian American/ Pacific Islanders populations in the United States but failed to report differences seen between the three minority groups, running the risk of homogenizing the reported experiences.

These preliminary studies have been adapted and explored in a Canadian context to understand the ethnic differences in mental health status and service utilization. A population-based study in Ontario derived data from the Canadian Community Health Survey to analyze the response of four ethnic groups: Whites, South Asian, Chinese and Black residents (Chiu et. al, 2018). Chiu and colleagues (2018) found that although self-reported mental health status was lower in these three minority groups, "less than half sought help from a mental health professional" (p. 1). Consistent with the results from the United States, the study demonstrated how lower mental health status was linked to a sense of disconnection that minority groups in Ontario felt from their community and an unwillingness to ask for assistance. In all three groups, the combination of these two factors has resulted in higher rates of untreated mental health issues, which could potentially cause a public health emergency if left unattended. Adhemar (2020) also highlights systemic obstacles in the mental health domain that influence racial/ethnic differences in the utilization of

mental health services. The article illustrates the disproportionate misdiagnosis of ethnic minorities in the United States and Canada, which has resulted in inadequate and ineffective psychotherapy treatment. In Adhemar's (2020) work, systemic racism in clinical psychology is further reinforced by highlighting "the underrepresentation in Western psychological research" (p. 39). To accurately and sufficiently address the particular needs of racialized and minority populations in Canada, research aiming at better understanding the role that culture, race, and ethnicity of various ethnic groups play is necessary. The subsequent segments will center on the experiences and mental health issues faced by South Asian Canadians in order to make a contribution to the discourse at hand.

2. Mental Health of Crisis South Asians in Canada

The South Asian population makes up one of the largest visible minority groups in Canada since the 1960s (Coward et. al 2012). Despite the Mental Health Commissions of Canada calling for improved services for immigrant, refugee and racialized communities, little attention has been dedicated to exploring the barriers and facilitators that influence the mental health of South Asian communities in Canada (Grace et. al, 2016). Islam and colleagues (2014) highlight how healthcare workers and South Asian communities in Canada identified mental health, "as a highly stigmatized and silenced health issue within the South Asian population" (p. 4). Through multivariate logistic regression analysis of the response of the Canadian Community Health Survey, the study reported the South Asian population in Canada to have one of the highest proportions of unmet mental healthcare needs in the nation. The data revealed the significant impact migration and acculturation played on influencing the mental health of both first and second generation South Asian Canadians between the ages of 25 to 64 (Islam et. al, 2014). The study's conclusions were limited by the inconclusive data about youth mental health that was provided. This was in part due to the use of

the CCHS survey, which is not typically accessible to or used by young people to gather responses. This underscores the need to produce research focused on this age group and a different strategy to involve young people in mental health analysis. The impact of migration and acculturation is developed further in a clinical review conducted in the United States investigating its effects on South Asian communities in accessing mental health services. Sharma and colleagues (2020) identify the struggle South Asian communities have between maintaining their “ethnic identity based on collectivism while embracing American ideals of individualism” (p. 8). South Asian values such as family cohesion, respect for elders and the establishment of strong community ties find little room to be honoured and practiced in a polarized and individualistic North American society (Edara, 2016). As a result, elevated rates of anxiety and depression disorders are reported to be rising in South Asian communities in the United States (Sharma et. al, 2020). While this study was not conducted with the South Asian population in Canada, its insights informed numerous studies considering the unique experience South Asian Canadians face in addressing mental health issues.

While migration and acculturation have been documented as key influencers on impacting the mental well-being of many immigrant populations, analysis of South Asian culture provides a deepened understanding of the unique experience the community faces. Karasz and colleagues (2019) expands this through a systematic qualitative review that compiled literature addressing South Asian mental health in the United States, Canada and the United Kingdom. Data analysis revealed that in addition to migration and acculturation stress, South Asians with mental health issues commonly somatize their symptoms as physical illnesses, causing them to seek medical attention rather than psychological support (Karasz et. al, 2019). This response was seen to be connected to the aforementioned concept of collectivism. The family unit is heavily relied on to

be able to adequately support one another; support sought outside of the family or community can be acquainted with the failure of the family unit. In order to prevent needing to seek out outside professional support, South Asian communities are expected to discuss personal issues with family and close-knit social networks (Karasz et. al, 2019; Edara, 2016). Symptoms associated with stress are then interpreted as physical illness to avoid breaching family confidentiality through the use of mental health services. These studies highlight how the vibrant South Asian culture geared towards safeguarding the family unit, struggles to find proper expression in Canadian society, leading to increased stress levels and decline in overall mental health of South Asian populations.

In an effort to introduce prevention and education of mental health support at an earlier stage, emerging literature has also emphasized the importance of concentrating mental health research on the youth population. The development and effectiveness of mental health programs can be further understood through an intersectional understanding of the unique experience that youth have in navigating cultural norms and mental health. In a qualitative research study, South Asian youth living in Peel Region and Toronto were interviewed to understand the mental health challenges and service access barriers they experienced (Islam, 2017). The study found that "intergenerational conflict, academic pressure, relationship stress, financial stress and family difficulties" (Islam, 2017, p. 1) all serve as stressors impacting the mental well-being of youth. Participants in the study reported that pressure from parents expecting them to succeed in Canada had a negative effect on their mental health. A sense of dual identity was created as youth felt the pressure to honour their South Asian heritage and embrace "Canadian" culture. Similar insights from service providers in the Peel Region who work with South Asian youth were reported in a qualitative research study indicating the prevalence of this factor (Islam et al., 2023). Service providers reported how discrimination and stereotyping of South Asian youth pressured them to

feel like they needed to fill the role of a “model minority” in their social networks. This pressure stemmed from home, school and other social spaces in which South Asian youth found themselves. In response to the “unique stressors related to the domains of culture, religion, and family dynamic, experiences of discrimination, the impact of migration, beliefs around mental illness and help-seeking” (Islam, 2017), South Asian youth are reporting to engage in substance use to help them cope with their mental health issues. The development of substance use patterns has been linked to acculturation and immigration stress in other studies (Nakamura et. al, 2011; Homma et. al, 2012) that warrants attention to enhance the mental health support of South Asian youth in order to safeguard their physical and mental well-being. Enhancing the mental health resources accessible to South Asian youth can potentially impact the increasing trend of engaging in substance use as a coping mechanism for mental health issues.

3. Integrating Culture into Mental Health Intervention

The diverse cultures that immigrants bring with them have made major contributions to Canada's overall progress. Knowles (2016) emphasizes how immigration has brought in foreign goods, experienced individuals, and various perspectives that have enhanced Canada's standing as a hospitable and multicultural nation where many choose to settle. While Knowles (2016) highlights how the initial immigration process in Canada has provided some advantages and assistance to those entering the country, additional research has revealed that this initial support is insufficient to maintain and establish healthy living in immigrant populations (Rastogi et. al, 2013; Shah et. al, 2023). Griner and Smith (2006) highlight the pressing need to establish culturally adapted mental health services in order to tend to the unique needs and perspectives of particular racial and ethnic groups. Through a meta-analytic review of seventy-six studies, interventions adapted to target specific cultural groups were reported to be four times more effective than

interventions provided to groups consisting of clients from a variety of cultural backgrounds. Adaptations included offering mental health interventions conducted in clients' native language, incorporating cultural values in intervention and connecting clients to groups from the same cultural background. Shehadeh and colleagues (2016) saw that employing cultural adaptations to mental health services resulted in higher positive mental health outcomes for clients diagnosed with depression and anxiety. The study was able to show positive correlation to enhancing treatment of mental health issues. The findings were however limited to minimally guided or self-help interventions associated with depression and anxiety, warranting the need to explore the effects of culturally adapted care for long term interventions with specific cultural groups. These findings highlight the benefits of tailoring interventions to tend to the cultural considerations in order to increase the efficacy of mental health services. The studies offer foundational research to recent projects that have explored the efficacy of culturally adapted programs when working with minority, immigrant and refugee populations across various contexts (Spandel et. al, 2021; Sijbrandij et. al, 2017; Pedersen et. al, 2019).

In recognizing the need to explore effects of culturally adapted interventions for South Asian populations, Puri and colleagues (2018) analyzed how South Asian culture can be integrated into treatment of alcohol use disorder (AUD) among South Asian Canadians and Americans. The study recognized that although South Asians communities in North America have an increased risk for the development of AUDs, they are less engaged in available treatment due to social and structural barriers. Employment of culturally tailored psychotherapy treatment and inclusion for traditional and religious principles in interventions showed promise in widening access to mental health support with South Asian communities' part of the study (Puri et. al, 2018). The data collected was not able to produce conclusive results due to sample and category fallacy reported

when identifying South Asian people. The study highlights how the existing literature's lack of detailed description resulted in homogenizing South Asian identities, failing to recognize the heterogeneity of experiences. In recognition of the diverse experiences seen in first and second generation South Asian individuals, Vyas and colleagues (2021) carried out semi-structured interviews to explore stigma experiences of second-generation British South Asian people in psychosis interventions. The study indicated the effects mental health stigma upheld by family members had on accessing early treatment opportunities (Vyas et. al, 2021). Engagement of the local South Asian community to develop service provision enhanced the efficacy of psychosis treatment. A number of studies aimed at engaging the South Asian community in education, service development and culturally adapting evidence based psychological interventions such as Cognitive Behavioural Therapy (CBT) and Acceptance and Commitment Therapy (ACT) have shown increased effectiveness of mental health interventions with both first and second generation South Asian diaspora populations (Naeem et. al, 2020; Arora et. al, 2021; Aggarwal et. al, 2014). These studies explore the benefits seen in incorporating South Asian values and experiences in mental health intervention to better serve the needs of South Asian communities.

4. Addressing mental health barriers through peer support

National surveys have identified a rise in mental health concerns in Canadians with a system inadequate to tend to its growing needs. In response to the growing gap between people with mental illness and healthcare professionals, nuanced strategies such as peer support services have offered a creative means to tend to this issue (Shalaby and Agyapong, 2020). Analysis of existing literature identified peer support services to play a significant role in being able to widen access to mental health support across different fields (Shalaby and Agyapong, 2020). The study highlighted how the adoption of peer support services increased their efficacy when introduced in

concert with existing mental health services. The Mental Health Commission of Canada carried out a qualitative study that reported peer support services across Canada contributed to “reductions in hospitalizations for mental health problems, reductions in symptom distress, improvements in social support and quality of life” (Mental Health Commissions, 2016, p. 4). Participants in the study identified that peer support groups and services “helped individuals develop the skills needed to take charge of their lives” (Mental Health Commissions, 2016, p.5) in various contexts that were more accessible to them. Similar results were observed in another study (Naslund et al., 2016), which found that peer support services provided online to individuals with severe mental health issues effectively reached out to those who had not previously sought out mental health care. The study investigated how online peer groups on social media offered individuals with mental health issues a platform to connect to others with similar experiences, challenging the stigma they encountered that led to personal empowerment (Naslund et. al, 2016). In specific, peer support work has shown substantial promise in assisting youth with accessing the mental health support they need to overcome various challenges.

In addition to widening accessibility, peer support also offers a unique contribution to bridging the gap between mainstream/ professional mental health services and youth. Studies have shown that Canadian youth between the ages of 12-24 years old are the least likely to seek the support needed to address their mental health concerns (Nelson et. al, 2006; Puschner et. al, 2019). A systematic review gathering both qualitative and quantitative data reported the main reasons youth avoid mental health services to be “related to mental health stigma and embarrassment, a lack of mental health knowledge and negative perceptions of help-seeking” (Radez et. al, 2020). The study revealed how young people questioned the concept of confidentiality when accessing services, due to the fear of family members, teachers or other social connections knowing of their

mental health issues. Gulliver and colleagues (2010) highlights that the result of these barriers have caused youth to stay silent about their issues or approach their peers for informal support. Although these two studies aimed to capture a comprehensive view of the findings from different geographical areas, the search only gathered information from studies published in English, leaving out findings published in different languages which may have captured additional factors experienced by other groups. The COVID-19 pandemic's health restrictions caused access to mental health services to be disrupted, which exacerbated Canada's already deteriorating youth mental health crisis. According to Suresh and colleagues (2021), peer support programs and training addressed the lack of resources for young people and improved mental health conditions throughout the pandemic. The research provided valuable perspectives on the advantages of youth peer support via an internet-based platform, emphasizing the adaptability of peer support interventions to address mental health issues in diverse contexts.

In recognizing the role in which culture and race plays in influencing accessibility and utilization of mental health services, Ojeda and colleagues (2021) explores the impact peer support has on mental health service use among minority communities. In specific, the study looks at the experiences of minority youth with serious mental illness in Los Angeles and San Diego Counties. Through the analysis of the Counties mental health database and conducting program surveys, the researchers saw that the availability of a peer specialist “increased outpatient service use and reduced disparities in service use among Black and Latinx youth” (Ojeda et. al, 2021, p. 296). The Black and Latinx youth reported that having a peer specialist with racial/ethnic concordance fostered a sense of trust and familiarity, which encouraged them to continue to seek the support needed. It is important to note that the mental health services involved in the study were among the most commonly used services in the area, leaving out data from non-clinical or psychosocial

interventions. Brittian and colleagues (2014) report similar findings when examining the moderation role of peer support in connecting African American students to heritage and supporting the development of their self-concept. Peer social support in academic and school environments protected African American students in grades 8 through 11 against discriminatory treatment and stress (Brittian et. al, 2014). Students with strong peer support networks were assisted to develop connections to their cultural heritage and individual characteristics that resulted in a stronger self-concept. The two American studies offer insight into how youth peer support work with minority populations can draw on cultural knowledge and characteristics to navigate mental health concerns and pursue necessary treatment. Research examining the impact that peer support programs can have on youth from minority or racially marginalized backgrounds in Canada can provide valuable understanding of how these initiatives can assist their distinct cultural experiences.

Based on current research, it is evident that additional literature is needed to improve strategies for intervention and increase mental health assistance for South Asian youth in Canada. The integration of South Asian cultures and communities will strengthen the research in recognizing the impact that South Asian culture has had on limiting accessibility. This will allow for the development of resources and programs that are specifically designed to address the unique obstacles that youth confront in mental healthcare. It will be necessary to report any relevant disparities seen across South Asian groups in order to avoid homogenizing the South Asian experience to a single and uniform identity. This review highlights the potential peer support programs can have to raise South Asian Canadian youth's acceptance of mental health care in the face of cultural and service-related resistance. Addressing the barriers experienced by South Asian Canadian youth not only shows promise in positively impacting the mental health status of youth

but has the potential to lessen the tendency to turn towards unhelpful habits such as substance use to mitigate emerging mental health issues.

Research Aims

In order to understand the South Asian Canadian youth experience in regard to mental health service access, this study aims to explore the following objectives:

- 1) The cultural barriers impacting South Asian Canadian youth from accessing mental health services
- 2) The experiences of South Asian Canadian youth have had with peer support interventions
- 3) The potential benefits and challenges of integrating peer support to address cultural barriers in mental health service access

This study hopes to contribute to policy implementation including strategies and support structures that may increase access and strengthen support for South Asian Canadian youth.

Methodological and theoretical framework

This study was situated within the constructivist paradigm, which focused on understanding the subjective experiences and meanings South Asian Canadian youth attributed to their reality by acknowledging the social, cultural, and environmental factors that shaped their experience around mental health care. Research placed in the constructivist paradigm of inquiry has proven helpful in studies focused on exploring the impacts of culture on social reality. Allen (2008) identifies how post-secondary students designed a culture portfolio around francophone culture through constructivist pedagogies. The students involved were able to “gain insight on a specific aspect of their own francophone cultures but also recognized the impact their own perspectives have on understanding another culture” (Allen, 2008, p. 2). The acknowledgement of

co-construction of meaning that occurred in the process of research allowed participants to recognize the influence of culture on a systemic, community and individual level, resulting in increased clarity of the participants role in contributing to future research. The constructivist paradigm has also contributed to advancements in bridging health promotion research and practice. Labonte and colleagues (1996) explored the effects of employing a positivist paradigm versus a constructivist paradigm to health promotion research. The study demonstrated that the constructivist paradigm was able to produce “practice-based examples drawn from actual community-based health promotion efforts” (Labonte et. al, 1996, p. 431) to inform health promotion practice. The findings highlighted how the constructivist perspective revealed power relations within health promotion practice that were not previously considered. This in turn, initiated the need for partnership between the studied community, researchers and practitioners to account for the complexity and diversity that characterizes public health.

In addition to identifying the macro-level constructivist paradigm, the social identity theory offered a framework that structured the data collection in the study. Social identity theory examines how an individuals’ self-concept are shaped by groups of communities they are members of (Ellemers & Haslam, 2012). It explores the impact of culture or patterns of behaviour associated with a group and how they impact an individual's behaviours, perceptions and interactions. This framework will helped structure the research to explore how the cultural identity of South Asian Canadian youth affects their perceptions and experiences with mental health services. Examining how other studies profited from using this paradigm validates the researchers’ thoughts about its applicability to this study. Through a social identification framework, Klik and colleagues (2018) were able to draw connection between social identification and perceptions of various cultural groups and mental health stigma that impacted help-seeking behaviours. The research indicated

how the social identification framework “provided new insights about combatting mental illness stigma, motivations to seek treatment, and long-term recovery” (Klik et. al, 2018, p. 42). The social identity framework has been utilized to evaluate various mental health services and studies in order to inform structural and systemic changes that can increase the efficacy of organizations (Hall et. al, 2001; Baker et. al, 2022; Godinić et. al, 2020). These findings suggest that this framework may also lend insight into the role peer support interventions may provide through alignment with South Asian youth’s cultural identity and addresses the barriers that have arisen. Islam and colleagues (2017) noted the complex attitudes South Asian Canadian populations express towards mental health and seeking care, noting the importance of “contextualizing individual experiences within intersectionalities of influence”. Based on this understanding along with results for other studies (Klik et. al, 2018; Islam et. al, 2014; Ellemers & Haslam, 2012), the social identity lens was applied to this research project in order to examine how the participants self-concepts were influenced by their membership in social groups, and explore the potential impact on their behaviors, perceptions, and interactions with others.

Researchers Bias

The understanding of co-construction between the researcher and participants that occurs under the constructivist paradigm warrants a sense of caution. While the researcher’s involvement with the South Asian youth population over the last five years enabled her not only an insider perspective into the target population, but it also provided a sense of trust and familiarity with the participants involved. While a researcher's relationship and experience with the target population offers an advantage in terms of trust with the participants, it was important to prevent the Hawthorne effect from impacting the research. The Hawthorne effect occurs when a researcher who is personally connected or invested in the research that can prevent them from perceiving any

result other than what is expected (Sedgwick, 2015). The researcher remained vigilant of personal biases and lived experiences that influenced the analysis and findings throughout the process. In order to uphold the integrity of the research process, a second coder was implemented to review the collected data and ensure the transcripts generated reflected an accurate representation of the data (Olson et. al, 2004).

Research Design

The researcher used a descriptive design with a qualitative approach to collect data from South Asian Canadian youth to understand their experience within mental healthcare support. Although sampling sizes are often smaller when employing a qualitative approach, this method allowed the researcher to gain deeper insight into the lived experiences of the target population and understand the degree and extent particular variables affecting accessibility of mental health services in the group (Sidelecki, 2020). Due to the limited research that exists in previous literature around South Asian Canadian youth, this method allows the researcher to identify factors that can be considered in future investigations.

Sampling Strategy

The target population needed to explore these objectives will required youth participants who identify as South Asian that have had experiences related to mental health services or peer support interventions in Canada. Purposive homogenous sampling was carried out to recruit participants for the study (Tongco, 2007). This approach falls in line with the constructivist paradigm and social identity theory as the sample gathered aims to provide insight specifically to the South Asian Canadian youth experience. The researcher made an effort to gather a sample with diverse demographics (i.e. different South Asian cultures and ages) in order to avoid homogenizing the potential differences of experience across South Asian cultures. Youth between the ages of 16-25

years were recruited to capture the experiences of high school and post-secondary youth in order to explore the potential differences of experiences across the age group. Reason for this was due to the increased number of youth reporting mental health concerns when transitioning from high school to post-secondary or work life that have been reported across various studies (Bray & Born, 2010; MacLeod & Brownline, 2014; Kutcher et. al, 2016). Participants included South Asian Canadian youth aged 16-25 years old who had engaged with mental health services or peer support interventions.

Recruitment occurred through targeted community outreach. This method of recruitment has been used to conduct outreach in specific cultural, ethnic or marginalized communities while employing culturally sensitive approaches (Tongco, 2007). Youth workers such as social workers, psychotherapists and program directors associated with a local youth community program were approached to help disseminate email invitations to youth to participate in the study. This sampling method allowed for the selection of individuals who aligned with the specific characteristics relevant to the research objectives, thus ensuring a rich, relevant, and diverse data set that reflected varying experiences across different South Asian cultures and age groups. All participants were asked to provide written consent prior to the interview process. A total of 26 youth signed up to participate and 19 continued through the interview process.

Data Collection

Semi-structured interviews were used to gather the primary data to address the objectives of this study. The use of semi-structured interviews allowed the research process "...to be focused while still giving the investigator the autonomy to explore pertinent ideas that may come up in the course of the interview" (Adeoye-Olatunde & Olenik, 2021). This method has shown to enhance the understanding of the studied topic and integrate unintended insights (Baluchi, 2016) and

recognizes the potential for co-construction of findings that is consistent in the constructivist paradigm. In doing so, this style of data collection also displays the potential to reduce the power imbalances (Buys et. al, 2022) between myself as the researcher and the participants involved as the conversations can flow more naturally and give room for the participants to draw on their experiences as they see fit.

Instrument Design

The interviews will be structured to explore the three aforementioned research objectives. The interview question guide was designed based on an iterative process of existing mental health youth studies. Based on this, the ideal course of the interview consisted of a warmup phase, main interview phase, “phase of introducing relevant research topics not yet discussed by participants” and a conclusion phase (Loos et. al, 2018; Plaitstow et. al, 2014; O’Connor et al, 2020). Because of this structure, participants were asked to allot one hour to the interview time to move through the various phases. Questions to explore the experiences of South Asian Canadian youth around the three research objectives are attached in the [Appendix A](#) for reference. Sixteen questions were posed to the participants and sought to explore the personal experiences and challenges faced by South Asian youth in Canada when accessing mental health support services and peer support interventions. The questions were designed and informed by the social identity theory, the constructivist paradigm and researchers informed experience from working with South Asian youth.

Data Analysis

Data analysis and coding processes in research involve systematically organizing collected data to be interpreted according to emerging themes and patterns (Eliot, 2018). The audio and video- recorded interviews was transcribed verbatim. In order to ensure accuracy and anonymity

of the participants, the data was cleaned to remove identifying information. The researcher spent time reviewing the data to become familiar with the context and identify recurring ideas to prepare for the coding process. The data underwent open coding in order to break down the data into meaningful units such as paragraphs (Eliot, 2018; Stuckey, 2015). The paragraphs were labelled with open and descriptive headings to help identify emerging concepts. This allowed the researcher to organize that data and identify relationships between codes as well as subcategories that emerge between the initial codes (Stuckey, 2015). The constant refinement and comparison technique was employed to compare meanings of paragraphs within and between the transcribed interviews to ensure consistency and validity of codes and categories. This process allowed the researcher to identify similarities, differences, contradictions or patterns across the dataset and develop overarching themes through a thematic analysis that summarize the main ideas or concepts (Stuckey, 2015). A latent thematic analysis was employed to identify, analyze and interpret patterns or themes within the coded data. This particular method of analysis aims to report the implicit meaning expressed by the participants in the study (Hilton, 2007). The data was then validated through consensual member checking to ensure preliminary findings are accurate and verified. This method of data analysis is consistent with the constructivist perspective as it emphasizes the iterative nature of knowledge construction and allows for the constant reevaluation and refinement of understanding from the collected databased on participant responses.

Ethical Considerations

A researcher's positionality is one that is characterized by privilege and responsibility when exploring and documenting various phenomena. The complexity that a researcher working with marginalized and minority populations must consider to ensure their work does not further perpetuate or stigmatize them is highlighted by McCorkel and Myers (2003). This study involved

the active participation of the South Asian population to describe how their cultural background impacts their experience in accessing mental health services. It was important for the researcher to note that the impacts of culture do not entail assigning blame to culture. Volpp (2000) highlights how seeing culture in this light “results in an exaggerated perception of ethnic difference that equates it with moral difference” (p. 89). Previous research has noted that values upheld by the minority populations can be difficult to uphold and be expressed within a Western driven society (Karasz et al, 2020; Islam et. al, 2014, 2017, 2023). From this perspective, culture is not held responsible; instead, it was important to investigate how present services and institutions might adapt to recognize the many cultures of minorities and prevent the continued stigmatization and stereotyping of racial and ethnic minorities.

Human participation in this study warranted the consideration from York University to review the research plan and identify potential ethical requirements to work with the target population. In addition to this process, the researcher upheld the responsibility to protect the confidentiality and anonymity of the participants involved in the study (McCorkel & Myers, 2003). All participants were asked to sign a consent form which described the study, expectation of their role and freedom to withdraw from the process at any time without prejudice. While complete anonymity cannot be guaranteed (McCorkel & Myers, 2003), the researcher took the following precautions to ensure that participants personal information/identity was protected. Interviews were carried out on Zoom via a password protected link. Because the population sample being recruited is situated in a small geographical area, using an online platform reduced the possibility of participants encountering one another in a physical space. Information gained through the interview process was anonymized and presented in an aggregate form to avoid connecting individuals directly to the findings reported. Audio files and subsequent transcripts were stored in

password protected storage (Cloud space) that only the researcher had access to. Further details of the consent and confidentiality process were discussed in York University's ethics review process. The study was only initiated once the ethics package was reviewed, and permission was given by the Institution. All retrieved data was stored on the researchers' personal computer under password protected files and will be destroyed within one year of the project's completion (December 2024).

Results

Youth Sample Profile

The sample of youth who participated in the study consisted of youth between the ages sixteen and twenty-five years old (mean = 20 years old). A total of 19 participants were interviewed, 12 of whom identified as female and 7 as male. In order to explore the potential differences between various South Asian groups, the participants specific South Asian heritage was noted. Two Nepali, ten Punjabi, four Tamil and three Gujarati youth participated. Nine of the participants involved were high school graduates pursuing their post-secondary education and the other ten were enrolled in high school (Table 1.0). Within the sample, sixteen of the participants were Canadian born, while three youth immigrated to Canada within the last eight years. All of the youth who were interviewed reported accessing mental health services, most of which were referred to them through their associated educational institutions. The youth in high school reported their guidance counselor and teachers as their point of referral that connected them to school based mental health services, while the university/ college youth reported their peers to be the liaison that connected them to the necessary services. The participants reported having mental health consultations with social workers, high school guidance counsellors, psychiatrists and psychologists. In order to

protect the confidentiality of the youth participants, sample sizes for most of the characteristics have been excluded.

Major Themes

The interview transcript underwent coding and a thematic analysis that identified patterns organized into four major themes: **1) Perception on who needs mental health support, 2) Barriers that influence mental health access, 3) Types of mental health support, 4) Limitations of peer support and 5) Recommendations for peer support programs.**

1) Perception on who needs mental health support

Participants shared the significant impact their families had on their perception as to who needs mental health support. The youth shared that *“many times, people think that mental health support should only be used by people who have experienced traumatic or severe situations”* (Youth #3). The participants reported how this notion stemmed from conversations with their parents, extended family and the South Asian community. The youth described how these conversations often associated mental health support as impacting the family’s reputation in the community. *“Parents’ fear sending their kids to therapy because it looks bad on them... they have an extreme understating where you have to be like very, very sick in order to use them and they don’t want the family to be known for that”* (Youth #5). The participants also reported that their parents or extended family members would encourage the youth to focus more on their education and future rather than their thoughts and emotions. *“People always tell me that I am too young to have any real problems...I just need to focus on school, my future and serving my family which makes me second guess if I have mental stressors”* (Youth #2). Seventy percent of the participants mentioned how they were raised to understand mental health more closely to mental illness which impacted

their perception of when they considered to seek help. *“I didn’t really think I had any big mental health problems... like I get stressed about a lot of things but I feel like talking about them would just be complaining... my parents always tell me that everyone has problems and how sometimes you just need to push through them”* (Youth #18). The youth conveyed that their perception of mental health intervention was impacted by family stigma towards the services, resulting in a hesitancy to ask for help when needed and refocus their attention on other aspects of their lives.

Some participants highlighted how the COVID-19 pandemic helped shift their perception of mental health care. The youth saw how numerous social media platforms *“...were raising awareness around what mental health is. I learned more about how mental healthcare is something that everyone has to do, not just people in really bad situations”* (Youth #11). The pandemic led to increased conversations among youth online about how to take care of their mental well-being and how to support each other.

“I saw a lot of my friends post about different strategies or like things about mental health... Covid was also a really lonely time, so I think the symptoms of like anxiety and depression that may have been there before became even worse but then it was good to see my friends posting and sending things to each other that would help. Like you could kinda see that we were in it together” (Youth #2)

2) Barriers to accessing mental health services

When asking participants to describe their experience with mental health services, the youth reported factors associated with their families and the mental health care system served as barriers to access the needed services. A number of the participants expressed how long wait times, financial strains associated with non- Ontario Health Insurance Plan (OHIP) covered services, lack

of representation of South Asian practitioners in mental health care, and lack of available services in their locality, hindered them from receiving effective mental health support.

“I have seen in myself and in my friends that the services we need require more experience to help with whatever we are struggling with and these are often not covered by your insurance... It becomes hard when the services you can finally access only last four weeks and you spend the four weeks explaining your South Asian culture to your social worker... Things like this make you wonder if it’s worth looking for help” (Youth #5).

Some youth mentioned how the lack of understanding of South Asian values and culture in the mental health system contributed to their parents thinking that mental health support was a “white” or “foreigner” activity that their children should avoid getting involved in. This stigma caused the youth to avoid accessing mental health services, in fear of losing touch with their culture and disappointing their parents.

“There’s a stigma around going to get mental health support. I mean mental health like, you know, it’s looked down upon almost. It’s considered to be like a sign of weakness in my culture (Tamil), which might affect people’s position to go look for it” (Youth #4).

The participants also highlighted how their parents told them that accessing services would affect their family’s reputation in the community. Parents thought that if people saw their youth access mental health services, the community would assume that the family does not have the capacity to support them.

“A lot of immigrant parents from South Asia care about what other people think. Status is something families work hard for in India and that doesn’t just go away

when they come to Canada... So if people who work with family members find out their child is receiving mental health support, it like impacts their reputation. You're seen as an ungrateful child that doesn't appreciate the sacrifices of your parents" (Youth #7).

3) Types of mental health support

Peer support

When asked who they turn to for mental health support, 85% of the participants mentioned their peers to be their primary source of support, while 15% shared that they were connected to a mental health professional. The high school participants explained how it was easy to connect with their peers because they saw each other frequently at school and in other social spaces (i.e. clubs, tutoring, sports and or dance teams). Sharing similar environments and stages of life also helped the youth to understand the context and perspective of their friends, allowing for strong connections of support to form:

"My friends and I are like in a similar place in life you know. We're students and looking for jobs and thinking about like our careers and stuff so we can relate to one another. When we have things we are struggling with or like are like hard, we have like kinda the same understanding so it's helpful to like feel connected and even just understand that someone else is going through or thinking about the same things you know" (Youth #4).

A number of youth shared that being able to be in multiple spaces with their peers also allowed for support to come in many different forms and be offered frequently. *"I see these friends so often and we're in many spaces together... so they know what my struggles are and what they can look*

like. They can actively help me or remind me or encourage me when I'm having a harder time on a day-to-day basis” (Youth #1). Youth also spoke about how the established bond of trust with their peers helped them “to have a free space to talk about things without feeling judgment” (Youth #3). Their friends would offer relevant advice and accompanied them to complete tasks that were important to them. The participants expressed how these characteristics were important to them as they did not find their parents or mental health support workers to be able to offer the same hands-on support. “A social worker can’t be there on the day to day... they are important too but when it comes down to it, I feel like mental health needs to be worked at on daily basis and not wait another week before you can talk to someone” (Youth #9).

Support from educational institutions

Another source of support mentioned by the youth was their schoolteachers, social workers and guidance counsellors. Many the participants explained how they were referred to mental health support through these sources. School based mental health support and referrals offered

“Guidance counsellors and school social workers help a lot because one, it was happening at my school and I was like there all the time and it was easy to go to and... and two, it was kinda a safe environment. Also, the social workers are also working with like the same type of kids so they kind of have a good idea how to help you” (Youth #2).

The high school participants expressed how their teachers and guidance counsellors saw the number of absences in class and decreasing grades, as markers to check if students needed mental health support. University and college students mentioned that their schools would frequently advertise the mental health support they could utilize but they needed to draw on individual

volition to approach such services. This sometimes became a barrier to access as students found the process of finding the resources overwhelming.

“Taking the step to access mental health support is the hardest one even when you really do want help... long wait times and going through the process till you actually find someone who is gonna work with you on like a weekly basis can make it seem like too much work. It’s always easier when someone is there to help you or check up on how the process is going” (Youth #17).

4) Limitations of peer support

When asked about the limitations the participants experienced with peer support, the youth mentioned how lack of mental health knowledge and training impacted the efficacy of the support offered. This factor caused the participants to feel less confidence in the advice that their friends gave them. *“My friends don’t exactly like know what to do to help me you know. They can listen but at the end of the day it can be like the blind leading the blind”* (Youth #6). When reflecting on their own experience of helping their peers navigate mental health support, the youth mentioned feeling *“unqualified to help their friends with their problems”* (Youth #1) and feared *“leading them astray”* (Youth #15). A number of youth saw that mental health professionals were able to facilitate a deeper analysis and understanding of the youths’ thoughts, which their peers could not always offer.

The high school participants also highlighted how their friend groups could change a lot which made it hard to determine which friends they could trust to discuss their mental health stressors with. *“I find it hard to always know who is my real friend... sometimes it feels like the people you can trust and are real with you, just change their mind because of some petty thing so sharing with*

them sometimes just makes me more anxious” (Youth #1). The youth engaged in higher education or work confidently identified a few friends that they described as their established network of support. “I remember in high school I wasn’t sure who my crew was. As I got older, I think I learned to see that more clearly and now I have my go-to homies” (Youth #14).

5) Vision of peer support programs

Characteristics of youth facilitator

The youth involved in the study voiced their recommendations as to how peer support programs could be structures to support their mental health concerns. Many young people felt that peer support programs should facilitate a judgement free space led by a young person close to their age. The youth mentioned this was important to help them connect more to the facilitator and to serve as a source of attraction for more youth to participate. Participants also mentioned how it would be helpful to have the youth come from a South Asian background so that they could understand the cultural context of their situation.

“I think it for sure needs to be led by other youth around the same age. Cause people in high school don't really go to things their friends aren't part of. Like it's not always a good thing but it's the truth. So, might as well use it to an advantage” (Youth #9).

“We need more South Asian people helping with mental health too... it could be for anyone but it would be good to recruit more South Asian youth so that you don't have to spend so much time explaining how Indian culture is... most of the time it's easier to get when you got the same background” (Youth #15).

Participants also stressed the importance for the youth facilitator to have received some training in mental health education in order to be effective in supporting their mental health. In addition, it was recommended that the youth facilitator have a mental health professional work alongside them to consider how the activities offered could be supported by mental health knowledge.

“I feel like to be able to actually help with mental health...they need to be educated on mental health. It would benefit the person as much if you're just there” (Youth #3).

“It would be helpful to train the youth in mental health care... also it might be good for them to like talk to a professional too so that they don't get too overwhelmed. The more we can help actually youth to learn about mental health, the better we can help our friends” (Youth #6).

Structure of peer support programs

When considering how a peer support program could be offered, the participants felt the program would be well attended if it was offered in schools or via online platforms. A number of youth shared how current mental health supports in school settings did not offer a private or comfortable space for youth. The youth mentioned that *“the guidance counsellor office is so public that it's hard to just say what you need help with”*, (Youth #13) and suggested *“a different area where people could feel more comfortable”* within the school (Youth #8). *“It would be good for people to like have a space to talk and for it to be at school. This way it's easy for people to like get to”* (Youth #17). Online platforms were also suggested due to the high number of youth who interact with one another on it to help increase accessibility. A few youth noted the difference virtual healthcare made to widening access to mental health support. Online mental

health interventions helped them access the help needed while also preserving their family values and reputations.

“A lot of youth are online.. so like having a forum in which certain friends use so they can come in and then type or maybe even speak what exactly is their feeling or whatever they're stressed about...then others can share how they feel or express some of the things they have tried and what has worked and what hasn't worked and others can reply to that forum with positive comments and practical steps that might assist them going forward” (Youth #4).

“During COVID, I began doing therapy because I could do it from my bedroom... this way you didn't run into people that could see you're getting therapy or something” (Youth #2).

“I heard about a lot of my friends who would like got to workshops or listen to lives and even have like an online therapist. Even though people missed in person things, I think having these options online helped make it more ok for people to therapy and like learn more about what they needed” (Youth #12).

The youth mentioned how poor mental health often resulted in low motivation which impacted their ability to complete tasks or accomplish their goals so the program should be arranged to respond to that. The participants identified that the space should welcome youth to share their struggles, think of ways they can support one another, introduce coping strategies and have meaningful activities that help them carry out their goals and strengthening bonds of friendship.

“It should be a space where friends can talk about what’s actually going on in their lives and build more meaningful friendships through like meaningful conversations” (Youth #5).

“I think it needs to be a place where you can talk about what you're going through but then for the group to also think about how they can like hold each other accountable or like support each other in what they need you know” (Youth #19).

“I think people need someone to like do meaningful things with...like sports, school work. I was part of a group that we thought about serving the community together and that helped me a lot to also kind get out of my head and see that even with everything you can be productive and are needed”
(Youth #15).

Other Recommendations

The participants expressed how it would be important to educate parents and South Asian community on more on mental health and the role for community support in order to improve mental well-being to all. They saw how peer support programs may be scrutinized by parents if they were not helped to understand how the program would be culturally grounded.

“We need more education around mental health, for example in both parents and the children themselves, would be good to help address the stigmas and misconceptions around it” (Youth #4).

“Having more spaces where everyone can be educated on like the struggles that people face on a day-to-day life. And how some of the maybe strategies or like structures of like peer support services can be helpful to this like person who is just like struggling with those things... they (the parents) will need to see how having this space for youth is connected to the same thing they want for their kid... it’s the South Asian community learning to help each other” (Youth #5).

Discussion

This qualitative study provides insight into the perspectives and experiences of South Asian youth living in Peel Region regarding mental health support. The major themes identified shed light on the complexities of accessing mental health services within this demographic group, particularly considering the misalignment between the predominantly Western model of mental health support in Canada and South Asian values and practices. The interviews with South Asian youth highlight the role peer support has played in offering informal assistance and stress the importance of considering the heterogeneity among youth populations to improve support systems tailored to their needs.

Participants of the study described the significant influence family, culture, and community had on their perceptions of mental health support. Migration and acculturation have been documented as key influencers impacting the mental well-being of many immigrant populations, including South Asian populations (Sharma et al., 2020; Edara, 2016). Immigrant parents and their children encounter intergenerational and cultural clashes as youth tend to acculturate faster, causing parents to fear their children may lose touch with their family and culture (James & Prilleltensky, 2002; Islam et al., 2014). Moreover, the family unit is highly valued and relied on in

South Asian culture, and support received outside of kinship has been associated with the failure of the family unit (Karaz et al., 2020; Yeh et al., 2003). Conflict regarding how Western models of care may disintegrate the family unit and the misconception that only severe cases of mental illness require support have been documented as deterrents for youth seeking help (Islam et al., 2017; Islam et al., 2023). Additional barriers to accessing mental health services included long wait times, financial constraints, and the lack of cultural competence in the mental health care system (Yeh et al., 2003; Garland et al., 2005). The youth in the study expressed that their parents' perception of mental health as a highly stigmatized issue caused them to avoid accessing services.

The COVID-19 pandemic helped shift this mindset as mental health agencies offered increased online services and mental health education through their social media platforms. The youth noted how they began to see that mental health services could be used to address mild to moderate cases of anxiety and depression and the need to tend to their overall mental health. This finding is in line with reports showing an increase in diagnosis of anxiety and depression and use of virtual mental healthcare among Ontarians' during the pandemic (Canadian Institute for Health Information, 2022). The youth saw how accessing online services allowed them to preserve their family relationships while also getting the help they needed.

Peer support emerged as a vital form of support among the South Asian youth involved in the study despite the barriers aforementioned. The preference for peer support aligns with previous literature that highlights the significance of peer relationships in mental health support (Naslund et al., 2016; Shalaby & Agyapong, 2020). Peer support programs for older adults offered in tandem with mainstream mental health services contributed to reduced hospitalizations, improvement in social supports, and an overall reduction of mental health distress symptoms (Mental Health Commissions, 2016). The youth in the study expressed how peer support programs offered a mode

of care that was more tailored to their needs. The participants highlighted how having youth similar in age and cultural background enabled them to build collective understanding and respond more accurately to their needs. This finding aligns with American studies that have documented how minority populations that function under collectivist ideologies benefit from having a peer that shares similar cultural backgrounds and life circumstances to increase the efficacy of support (Ojeda et al., 2021; Britain et al., 2014). Having more individuals from diverse backgrounds offer mental health support also addressed the lack of cultural competence that was seen within mainstream mental health services. This finding highlights the need for more Canadian studies to be conducted that assess the efficacy of peer support programs to ensure these programs are well-supported and reflective of the needs of the young people accessing them.

While the youth in the study valued the familiarity and trust they share within their peer relationships to consult about their mental health concerns with, the participants acknowledged the limitations of peer support. Lack of mental health knowledge among peers and consistency in support, as mentioned by the participants, impacted the efficacy of support offered, consistent with existing American research (Spanhel et al., 2021; Suresh et al., 2021). The youth in the study recommended that the youth be offered more opportunities to learn about and be trained in mental healthcare. While studies have shown how community mental health education and training with adults have helped address mental health stigma and identify targeted interventions, there is a need to research the potential effects youth education and training can have on community mental well-being (Stuart, 2016).

In response to the gap in youth-specific research around peer support services, the participants of the study provided insightful recommendations for the design and implementation of peer support programs tailored to the South Asian youth experience. Consistent with previous

minority population studies, the youth underscored the importance of implementing culturally competent facilitators in mental health interventions (Aggarwal et al., 2014; Aurora et al., 2021; Islam et al., 2023). The youth saw how their peers were more approachable and in tune with their struggles, especially when considering South Asian family dynamics, stressing for the recruitment and training of more South Asian youth to serve as peer support workers or ambassadors. The findings highlight how South Asian youth have familiarity with cultural perspectives that may have similar effects seen when mental health interventions are culturally adapted to respond to the specific needs of minority populations (Puri et al., 2018). The youth also noted how their peers were able to relate to and understand the youths' context and offer day-to-day support, which mainstream services have not been able to meet. They suggested for the program to consist of a collective, safe space for youth to gather and learn strategies that assist them in tending to their own and their peer's mental health. In addition to this, the youth recommended peer support programs to be offered in highly accessed youth settings such as school or online platforms. Given the advantages that consumer perspectives have had in modifying psychological treatments to lessen disparities in mental health services in earlier research (Ojeda et al., 2021; Rastogi et al., 2014), this study provides important information that should be taken into account when designing and evaluating peer support interventions in Canada.

The integration of mental health services into existing systems and leveraging technology for outreach have been discussed in previous studies to help widen access to necessary services (Nadeem et al., 2020; Sijbrandij et al., 2017). Similarly, the youth expressed how offering the program via online platforms and collaborating with popularly used youth organizations to encourage participation and address the specific needs of youth. Additionally, participants stressed the need for broader community education and awareness initiatives to combat stigma

and misconceptions surrounding mental health within the South Asian community. Engaging parents and community members in understanding the importance of mental health support has proven crucial for creating supportive environments and reducing barriers to access (Islam et al., 2014; Chui et al., 2018; Islam et al., 2017).

The findings of this study can be connected to the constructivist paradigm and social identity theory. From a constructivist perspective, the study emphasizes the importance of understanding how individuals' realities are shaped by their social, cultural, and familial contexts. The experiences of South Asian youth regarding mental health support are not isolated but are constructed within a framework of familial values, cultural beliefs, and community norms. These constructs influence their perceptions of mental health, help-seeking behaviors, and preferences for support. Social identity theory also provides insight into the dynamics at play. South Asian youth navigate their mental health within the context of their social identity as members of a specific cultural group. Their sense of belonging, attachment to cultural values, and relationships within their community impact how they perceive and access mental health support. The preference for peer support, for instance, can be understood through the lens of social identity theory, as it reflects a desire to seek support from those who share similar cultural backgrounds and experiences. The study's findings underscore the importance of culturally sensitive interventions and the recognition of diversity within the South Asian youth population. By acknowledging the heterogeneity among youth and understanding their unique cultural contexts, interventions can be tailored to better meet their needs, aligning with the principles of both constructivism and social identity theory.

Limitations

While the study provides valuable insights into the mental health experiences of South Asian youth living in the Peel Region, several limitations should be considered to accurately inform future studies. The study's sample size was biased towards Punjabi youth mental health service users due to the recruitment from a predominantly Punjabi engaged community program. The relatively small sample, while diverse in terms of South Asian heritage, may not capture the full range of experiences and perspectives within this demographic group. The recruitment and interview process were also only offered in English, therefore excluding South Asian youth who are more comfortable in other languages. This suggests that these youths were more representative of individuals that have acclimated to Canada. Additionally, the sample consisted of youth who were accessing mental health services, which may not reflect the experiences of those who do not seek help or have different support networks. The study also relied on self-report data obtained through interviews, which may be subject to recall bias. While the interview questions collected data that described the general South Asian youth perspective, the study did not explore variations in mental health perspectives within specific subgroups of South Asian youth.

Conclusion

The findings of this study significantly contribute to the growing body of literature on mental health among South Asian youth populations in Canada. The research underscores the critical need for culturally sensitive and accessible mental health support tailored specifically for South Asian youth residing in the Peel Region. By delving into the perceptions, barriers, and preferences of this demographic group, stakeholders can gain valuable insights to develop targeted interventions and support systems that effectively address their mental health needs. The study

suggests that implementing peer support programs with trained facilitators, utilizing existing educational institutions, and promoting community engagement can play a crucial role in overcoming the barriers South Asian youth face when seeking mental health support.

Moreover, training peer support workers and integrating them into schools and various youth-used social spaces alongside mainstream mental health services demonstrate potential in enhancing access to mental health support for this population. Future projects would greatly benefit from further exploration of potential differences such as gender, socioeconomic status, South Asian heritage subgroups, and generational status. By understanding these nuances, researchers can gain deeper insights into the unique experiences and needs of different segments within the South Asian youth population, thus informing more targeted and effective interventions.

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Appendix

Appendix A: Interview questions

Project Title: Mitigating cultural barriers in mental healthcare through peer support

Topic 1: Coping strategies and mental health support

1. What are some strategies you use to cope with stress, anxiety or difficult emotions in your daily life?
2. Have you encountered strategies that are less effective or don't work for you? Why were they ineffective?
3. What strategies have been helpful in managing your mental health? What makes them helpful?
4. Who do you normally turn to for support when dealing with stressful situations or mental health challenges?

Topic 2: Peer support services

1. Have you ever sought or received mental health support from your peers?
2. Can you describe the experience?
3. Do you think there are advantages or benefits of seeking support from your peers for mental health concerns? How so?
4. Have you encountered any challenges or limitations when seeking mental health support from peers?
5. How do you think peer support groups or interactions should be structured to help them be effective for addressing mental health challenges?

Topic 3: Accessibility of mental health services

1. Have you ever tried to access mental health services? What are they?
2. How did you become aware of the youth mental health services available to you?
3. What services do you find easily accessible?
4. What has been your experience when trying to access mental health services? Have you encountered any particular challenges in the process?
5. What do you think prevents/discourages you or your friends from accessing mental health services?
6. Are there particular stigmas or societal attitudes that contribute to the reluctance of young people like yourself or your peers to access mental health support?
7. What improvements or changes could be made to existing mental health services to better support your needs?

Appendix B: Participant Demographics

Table 1.0 Participant Demographics				
Participant No.	Ethnic background	Age	Education Level	Gender
1	Nepali	25	Post-secondary	F
2	Punjabi	16	High School	F
3	Punjabi	22	Post-secondary	F
4	Tamil	24	Post-secondary	M
5	Punjabi	21	Post-secondary	F
6	Nepali	20	Post-secondary	M
7	Gujarati	18	High School	F
8	Punjabi	17	High School	F
9	Punjabi	19	High School	M
10	Tamil	17	High School	F
11	Punjabi	25	Post-secondary	M
12	Punjabi	19	High School	F
13	Gujarati	16	High School	F
14	Tamil	23	Post-secondary	M
15	Punjabi	23	Post-secondary	M
16	Tamil	17	High School	F
17	Gujarati	16	High School	M
18	Punjabi	22	Post-secondary	F
19	Punjabi	22	Post-secondary	F



Certificate of Completion

This document certifies that

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24 November, 2023