

Understanding the needs of South Asian youth accessing mental health services in British Columbia, Canada

Avneet Kaur Dhillon, Emilie Mallia, Skye Barbic

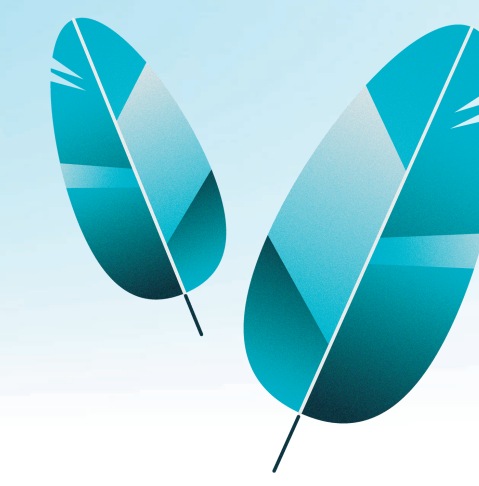
• F O U N D R Y •

Contact information

Avneet Kaur Dhillon

(604)-832-8942

avneet99@student.ubc.ca



Introduction

- The optimal window to improve the outcomes of mental illness in individuals is before the age of 25 [1].
- Delaying intervention for mental illness in youth can lead to functional deficiencies and poor outcomes, namely substance misuse and suicide [1,2].
- Research suggests that South Asians find it much more challenging than other racialized communities to detach from stigma associated with mental health. This lowers the percentage of those seeking support [3,4].
- South Asian youth in Canada face many identified barriers to health care access including a lack of education, intergenerational and cultural stigmas, language barriers and secondary stigma related to career choices, relationships, gender and sexuality and more [4].
- To date, limited evidence exists to understand the diverse needs of South Asian communities' mental health, specifically youth [4].

Objectives

The purpose of this study is to identify:

1. The perceived beliefs and barriers present in accessing mental health services for South Asian youth (12-24) in British Columbia (BC),
2. What can be done to improve access to mental health services that meet the needs of South Asian youth in BC.

Significance

- British Columbia (BC) is a province in Canada and is one of the largest homes for the South Asian community, with a population of 363,885, primarily concentrated in the Lower Mainland [5].
- Statistics Canada predicts more than one in two people in 2036 will be an immigrant or the child of an immigrant, with South Asians being the largest racialized community [5].
 - [Did you know? BC residents who identify as South Asian will grow to between 508,000 and 684,000 by the year 2036.](#)
- Engaging youth who identify as South Asian in IYS research is critical to build services that align with their needs, are culturally-relevant and can improve outcomes and experiences for youth and families/caregivers [3].

Methods

- We conducted a secondary data analysis of data collected from Foundry, an integrated youth service (IYS).
- We specifically accessed demographic, clinical and health data from youth who identified their ethnicity/cultural background as South Asian.
- We performed descriptive analysis by comparing the South Asian cohort to a reference ethnic group with the highest rate of accessing Foundry services from April 2018- June 2022.
 - [Sample: South Asian youth \(n=1,125\)](#)
 - [Reference: White youth \(n=14,898\)](#)
- To explore differences between the two groups we conducted the following statistical tests:
 - (1) Mean, standard deviation and t-test or ANOVA when data were normally distributed.
 - (2) Median, 1st and 3rd quartiles (by default) and Kruskal-Wallis test when data were not normally distributed.
 - (3) Absolute and relative frequencies and chi-squared or Fisher's exact test when the expected frequency is less than 5.



Results

What is unique about this cohort?

- In comparison to the reference group (white youth, n=14,898), South Asian youth (n = 1,125) accessing Foundry reported:
 - Being less gender diverse
 - Being less diverse in sexual orientation
 - Having a [lower rate](#) of mental health service access history ([Figure 1](#))
 - Having a [higher rate](#) of accessing Foundry for sexual health reasons
- South Asian youth accessing Foundry's **virtual services** (n=449) and those accessing Foundry's **in-person services** (n=676) presented distinct differences ([Figures 2 and 3](#)), including:
 - Those accessing virtual services reported poorer self-rated physical and mental health in comparison to those accessing in-person services
 - Those accessing virtual services had very high distress rates

Why were youth showing up?

- Feelings of anxiety, depression and stress were the primary reason for accessing both in-person and virtual services.
- When asked "where individuals would go if they had not accessed Foundry," a higher percentage of those accessing virtual services said they would have gone nowhere to receive support.

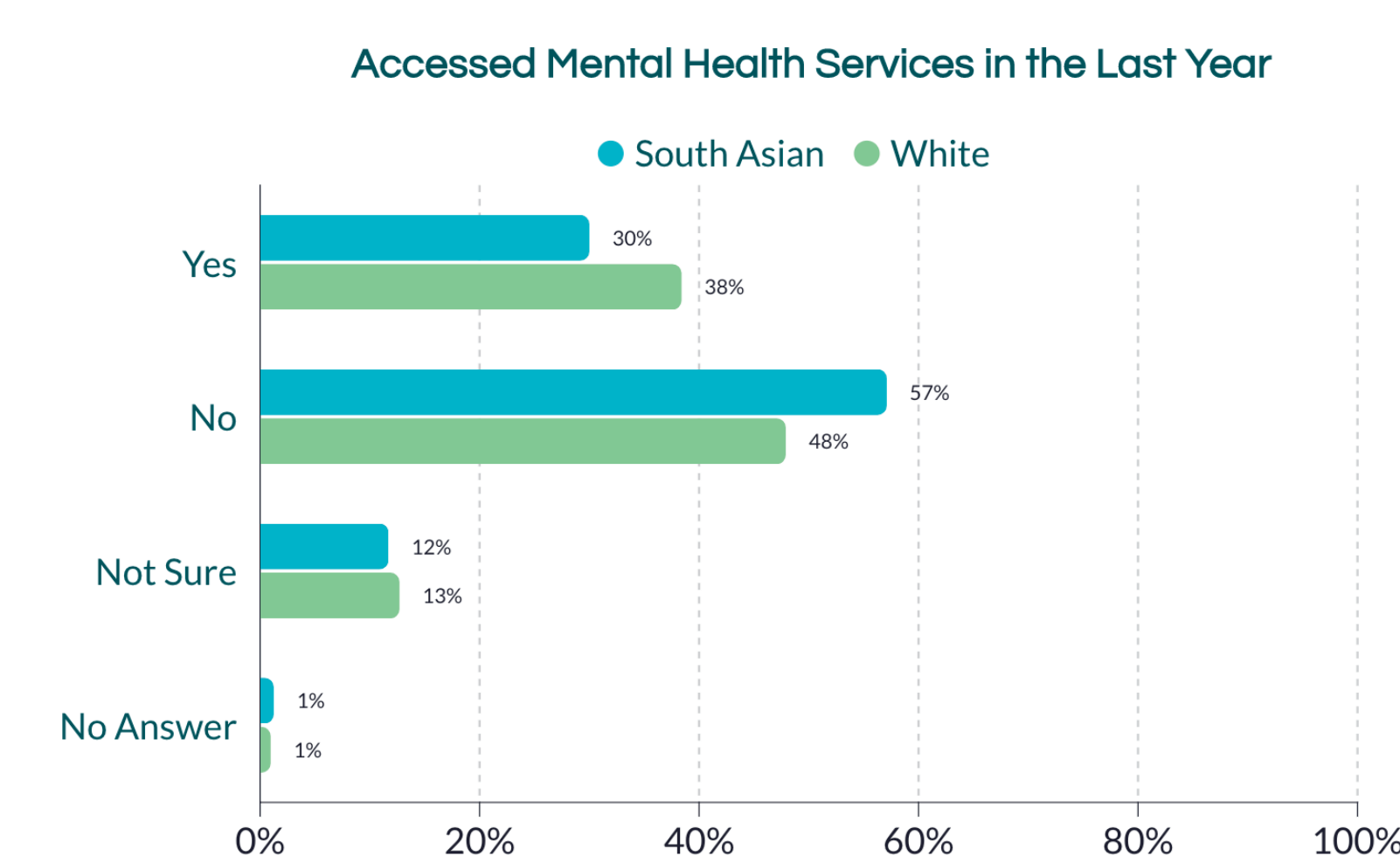


Figure 1: The graph compares the past-year history of mental health service access for South Asian youth and white youth accessing services at Foundry for the first time. A p-value of <0.001 was found, confirming the observed difference between the data sets to be highly statistically significant.

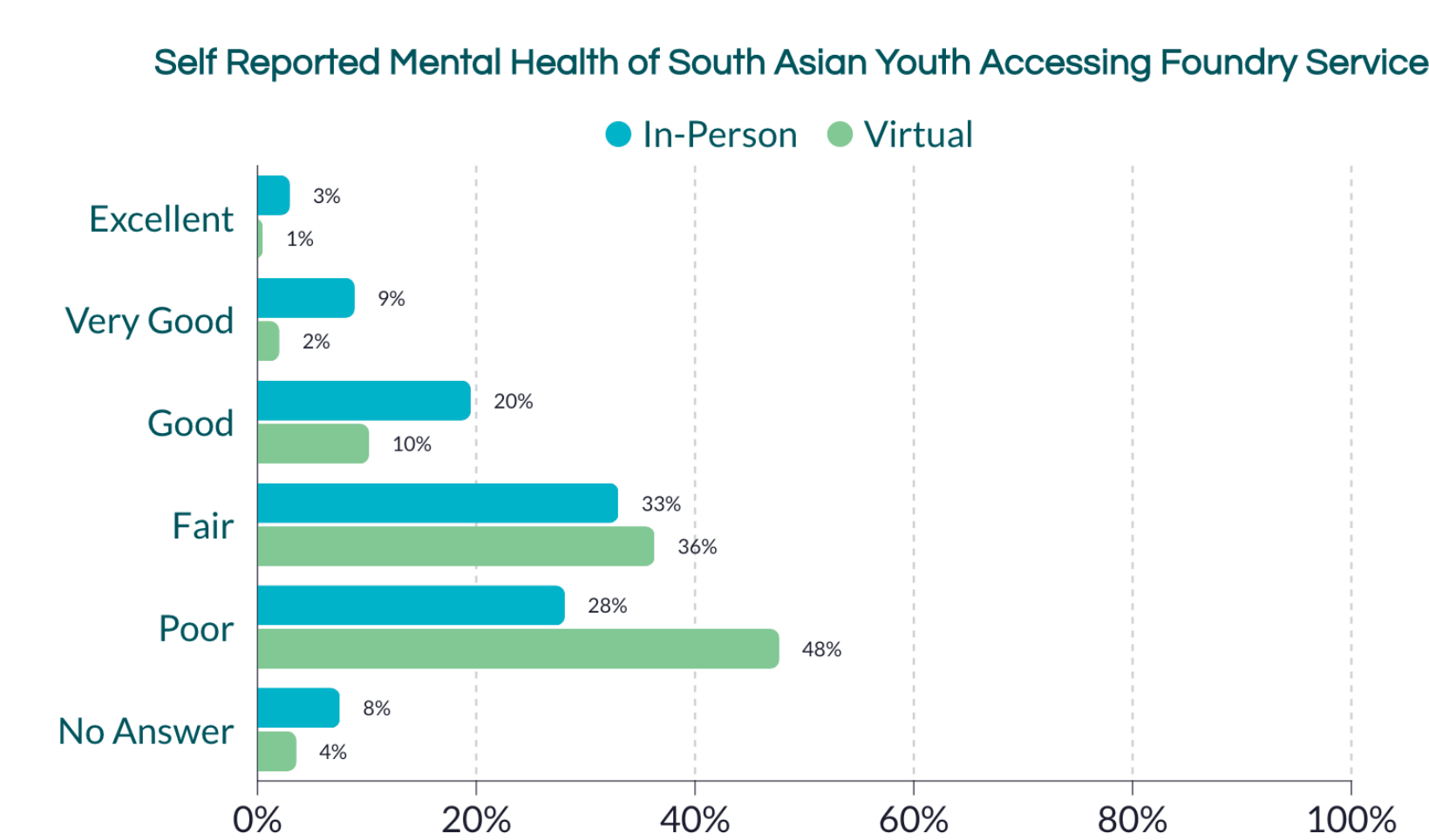


Figure 2: The graph compares the self-reported mental health of South Asian youth accessing virtual services and South Asian youth accessing in-person services at Foundry. A p-value of <0.001 was found, confirming the observed difference between the data sets to be highly statistically significant.

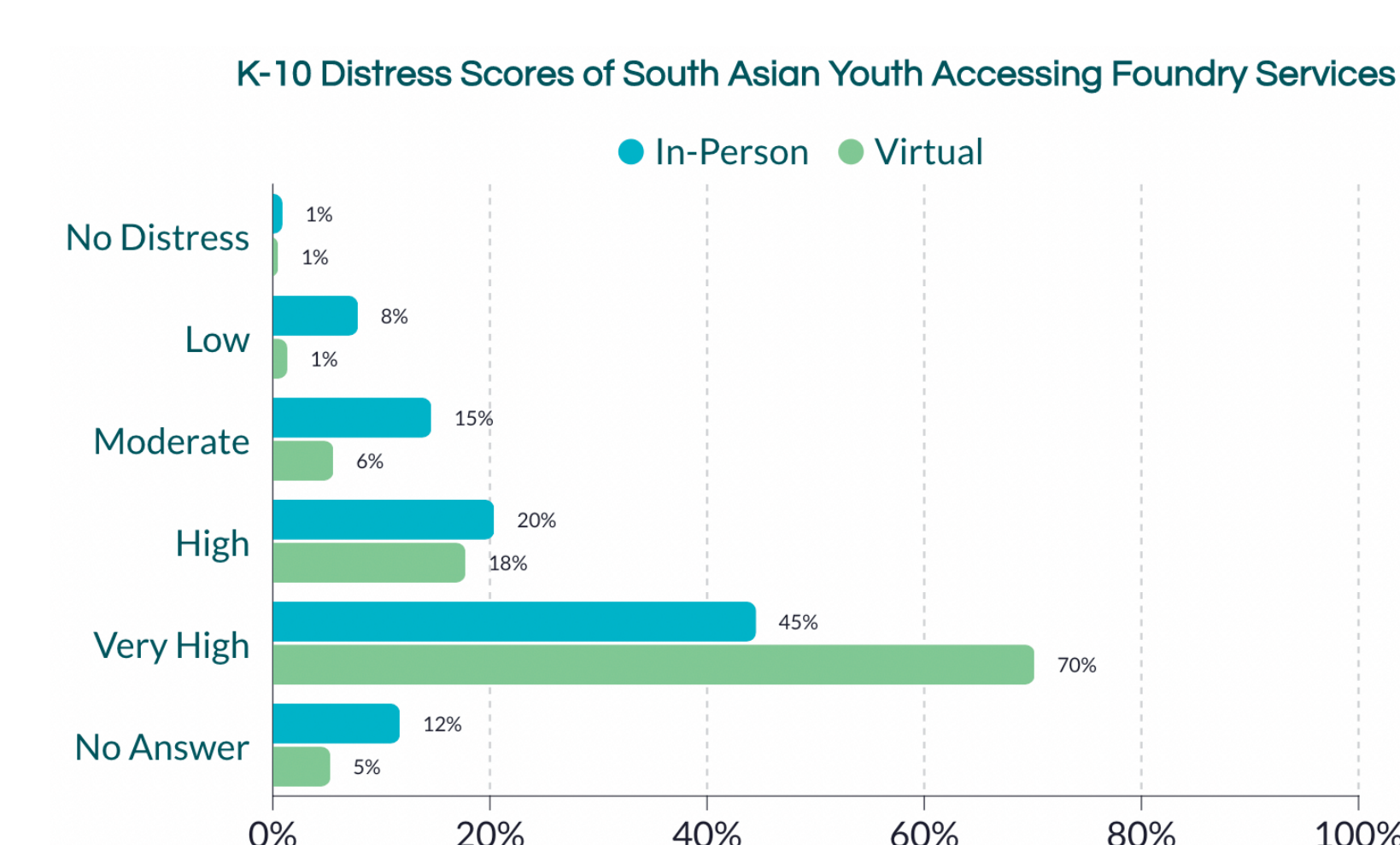


Figure 3: The graph compares the K-10 distress scale scores of South Asian youth accessing virtual services and South Asian youth accessing in-person services at Foundry. A p-value of <0.001 was found, confirming the observed difference between the data sets to be highly statistically significant.

Conclusions

- This study provides an overview of the unique needs of South Asian youth who access IYS in BC. Understanding the diverse needs of youth accessing IYS is critical to co-design services and policies that are culturally appropriate and accessible.
- Our results suggest the needs and service patterns of South Asian youth are unique for both in-person and virtual services.
- **Future work:** To further solidify these findings and propose actionable steps, we will conduct a series of qualitative interviews of South Asian young people seeking care at Foundry and other IYS to better understand their experiences of seeking care ([please reach out if you are interested](#)).
- Opportunities exist to use this research to design culturally safe access points that make IYS accessible, coordinated and acceptable to South Asian youth.

[1] Government of Canada, Statistics Canada. "Health." Mental Health and Well-Being - List of Surveys and Statistical Programs, 13 Feb. 2022.
[2] Mallia, A, et al. Canadian Response to Need for Transformation of Youth Mental Health Services: Access Open Minds (Esprits Ouverts). Early Intervention in Psychiatry, vol. 13, no. 3, 2018, pp. 697-706.
[3] Gadalla, TM. Ethnicity and Seeking Treatment for Depression: A Canadian National Study. Canadian Ethnic Studies, vol. 41, no. 3, 2010, pp. 233-245.
[4] Islam, F, et al. Mental Health of South Asian Youth in Peel Region, Toronto, Canada: A Qualitative Study of Determinants, Coping Strategies and Service Access. BMJ Open, vol. 7, no. 11, 2017.
[5] Government of Canada, Statistics Canada. (2022, May 11). Asian Heritage month 2022... by the numbers. Retrieved August 11, 2022.

We acknowledge that we are based on traditional, ancestral, and unceded xʷməθkwəy̓əm (Musqueam), Skwxwú7mesh (Squamish), Stó:lō, and Salilwata7/Selilwitulh (Tsleil-Waututh) territory otherwise known as "Vancouver." We express our gratitude to the traditional caretakers of these lands and waters, and respect the graciousness of their welcome. We acknowledge that we are here as uninvited guests on their territories.



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