

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

[Ms. Avneet Dhillon \(Canada\)](#), [Dr. Skye Barbic \(Canada\)](#), [Ms. Emilie Mallia \(Canada\)](#)

## Introduction

Mental Health is a highly stigmatized and suppressed topic in the South Asian community. This can lead to discrimination against those who experience it (Multani 2017), acting as significant barriers to health seeking, diagnosis and treatment, further deepening the social marginalization surrounding mental health in the South Asian community.

Over the years, British Columbia (BC) Canada has become a growing home to the South Asian community with a population of 363,885, primarily concentrated in the Lower Mainland. The community encompasses a large number of different ethnic backgrounds, most commonly originating from the countries of Afghanistan, Bangladesh, Bhutan, India, Nepal, Pakistan, and Sri Lanka. Statistics Canada Community Health Survey (CHHS) defines South Asian as someone who self-identifies as having ancestors who are of South Asian ethnic

background (StatCan 2016). With this increasing population of diverse backgrounds, South Asians have become the largest visible minority group in British Columbia. However, there is very little information surrounding the mental health needs of this population. This is especially true for young people.

South Asian youth face many identified barriers such as lack of education, intergenerational stigma and discrimination, and language barriers, there is a gap in research in regards to the communities' mental health, specifically allied towards the youth (Gadall 2010). To reduce the mental health disparities and subside the system-level barriers that the adult South Asian population faces, research tailored towards understanding the experiences of South Asian youth concerning barriers and accessibility of mental illness and mental health services in British Columbia is needed.

## Objectives

The purpose of this study is to **1)** Identify the perceived beliefs and barriers present in accessing mental health services for South Asian Youth (14-24) in British Columbia (BC), and **2)** Identify what can be done to improve access to mental health services that meet the needs of South Asian Youth in BC.

## Approach/Methods

This study will make use of mixed methods, specifically the sequential explanatory approach. This approach makes use of quantitative data analysis, Specifically, we use a centralized data capture system called Toolbox to summarize the demographic, clinical, and health seeking characteristics of youth accessing Foundry (a youth-centered integrated health service). Statistical Analysis will be performed to further solidify findings

## Results

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, 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. 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

Feelings of anxiety, depression and stress were the primary reasons 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.

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

## Conclusion

Integrated youth services across the globe must be designed to meet the diverse needs of youth who live in each community. This study will provide valuable information about the health needs of South Asian youth. This information can help tailor services at IYS and inform future youth and family engagement, evaluation, and policy efforts to optimize the health outcomes and experiences of South Asian youth in BC and beyond.

