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Issue: Depression & Suicide of Asian Diaspora in Canada

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To: Honourable Mark Holland (Minister of Health of Canada)

Connected Events & Personal Significance

The Indian American poet Reetika Vazirani was a pioneer of diasporic poetry. Vazirani wrote about emigration and her dislocation between cultures, perfectly encapsulating the displaced voices of her past homes (Hirsch, 2003). Vazirani's work illustrates the conflict of her ethnic identity with which countless Asian diaspora identify, yet her death often casts an eerie shadow over her poetry. In July 2003, Vazirani took the life of her two-year-old son, and then stabbed herself to death (Span, 2004). Many wondered how someone so brilliantly creative and cheerful could hold so much sorrow—enough to take her own life as well as the life of the person she loved most (Perper, 2015). The audience of news reports held anger towards Vazirani for infanticide or were frustrated with those in her life who supposedly failed to stop her (Span, 2004). Many attempted to place blame on Vazirani or the individuals in her life, failing to account for the sociocultural barriers that impeded her ability to achieve help. This horrific event took place more than two decades ago, yet suicide ideation is still incredibly prevalent today and increasingly so among the Asian diaspora (Wyatt et al., 2015).

During the Covid-19 pandemic, the overall mental health of Canadians declined due to fear of job loss, loneliness, and loss of loved ones (Wu et al., 2020). The mental health decline of Chinese Canadians and Chinese-looking East Asian Canadians (i.e. Korean and Japanese) was particularly pronounced, decreasing 2.84 times more than white Canadians (Wu et al., 2020). This was likely a result of the concurrent rise in hate crimes,

discrimination, and stigmatization against the East Asian community (Wu et al., 2020). Notably, despite the heightened violence towards the East Asian community, South Asian Canadians reported the poorest pandemic-related mental health outcomes compared to other visible minorities in Canada (Statistics Canada, 2020b). Many South Asians reported that the pandemic had a moderate or major negative impact on their ability to maintain financial obligations (Statistics Canada, 2020b). With general financial insecurity being linked to lower mental health, the struggle to afford basic needs simply exacerbated the anxiety of the South Asian community even after the pandemic (Statistics Canada, 2020b).

As Asian Canadians, we are no exception to the mental health decline arising from sociocultural factors and the stigma surrounding depression and suicide among the Asian diaspora. We are second-generation immigrants who, like many others, found great difficulty in bridging our cultural home values and those of Western culture. This disconnect made “belonging” a word of alienation. As we scroll through social media, advertisements promote the importance of speaking out and seeking help. On the other hand, our families urge us to stay quiet and have outright denied the value of therapy. They preach collectivism as the ultimate form of respect. Seeking help for one’s mental health troubles is in direct contradiction with collectivism—focusing on the self is selfish and should not be prioritized. They say “keep it in the family” as to avoid bringing shame of mental weakness. Hence, we see that racial minorities are less likely to report depression, suicidal thoughts, or use mental health services, but report poorer self-rated mental health (Chiu et al., 2018). This cultural weight of mental health struggles is not considered enough in mental health care for the Asian diaspora.

Issue Statement & Background

Visible minorities represent 22.3% of Canada’s total population, one of the largest proportions of visible minorities in the world (Statistics Canada, 2020; Statistics Canada,

2020b). Among the visible minority population, South Asian and Chinese descent account for 46.1% (Statistics Canada, 2018). Alarming, South Asians reported the lowest levels of mental health among any other visible minority during the pandemic and Chinese individuals reported the weakest sense of belonging to their community (Statistics Canada, 2018; Chiu et al., 2018). This has resulted in a significant increase in depression and suicidal ideation among Asian diaspora, yet mental health service use was still low with only 51.4% of South Asians and only 19.9% of Chinese individuals seeking help (Chiu et al., 2018). Notably, ethnic enclaves in Ontario were found to protect the mental health of South Asians in that community, but the Chinese population continued to have disproportionately low mental health levels (Chiu et al., 2018). Canada's increasingly rapid rate of migration, particularly from Asia, is likely to continue the upward trend of concern for the mental health of Asian-Canadian diaspora (Statistics Canada, 2023). It is with great urgency that this mental health disparity needs to be addressed. To better understand the issue and prevalence of depression and suicide of Asian diaspora in Canada, this policy brief will discuss the magnitude and risk factors of the health issue, the barriers to addressing the health issue, and recommend three strategies to reduce the incidence of depression and suicide due to sociocultural influence.

Evidence Review

With 970 million people struggling with mental health globally, it is the leading cause of disability in the world (WHO, n.d.). In Canada, 50% of the population who reach 40 years of age will have had a mental illness in the span of their lifetime (CHHA, 2021). While white Canadians are more likely to be diagnosed with mental health disorders, certain visible minorities have similarly low levels of self-rated mental health and are just as likely to have suicidal ideation (Chiu et al., 2018). However, Asian communities are less inclined to mental health services compared to other populations (Chiu et al., 2018; Tiwari & Wang, 2008). In

addition to these racial demographics, several factors may also heighten an individual's risk of developing poor mental health.

The mental health challenges faced by the Asian diaspora in Canada are multifaceted and deeply rooted in a complex mix of cultural, familial, socioeconomic, and individual factors. A systematic literature review by Wyatt et al. that focused on Asian American youth identified a variety of risk factors associated with depression and suicide. These risk factors encompass a wide range of variables, including issues affecting self-esteem, such as obesity, peer relationships, bullying, and academic achievement (Wyatt et al., 2015). Substance abuse, sexual orientation, experiences of violence, and family history of depression are also identified as significant contributors to elevated measures of depression or suicide (Wyatt et al., 2015). Moreover, the review highlights the critical role of ethnic and cultural factors in shaping mental health outcomes among Asian diaspora populations. Ethnic and cultural socialization, discrimination, and acculturation stress are prominent risk factors, they often take root at a young age and have significant effects on mental well-being (Wyatt et al., 2015). Acculturative stress, in particular, is underscored as a significant stressor, as individuals navigate the complexities of adapting to multiple cultures while facing challenges associated with minority status (Wyatt et al., 2015). Within the familial context, factors such as the absence of family social capital (the familial relationships, values, and customs shared by a family), differences in acculturation rates between parents and children, and intergenerational conflicts contribute to the heightened risk of depression and suicidality (Wyatt et al., 2015; Quick et al., 2021). The presence of bicultural tension, stemming from the preservation of ethnic identity and cultural norms, further exacerbates these dynamics, particularly among less acculturated youth (Wyatt et al., 2015). Socioeconomic disparities also play an important role in shaping mental health outcomes within the Asian diaspora community. Research findings by Islam et al. highlight differences in mental health

determinants between Canadian-born and immigrant South Asian populations. Factors such as gender, household composition, food insecurity, health status, smoking habits, and immigration age are associated with a greater risk of negative mental health outcomes, underscoring the importance of addressing socioeconomic inequalities in mental health interventions (Islam et al., 2014). Additionally, studies focusing on East Asian populations emphasize the significance of family dynamics in influencing suicidal ideation and behavior. High levels of family conflict and low support, particularly intergenerational parent-child conflict, are identified as key risk factors, highlighting the need for interventions that address familial relationships and promote healthy communication and support networks (Han et al., 2013). Understanding these risk factors is crucial for developing targeted interventions and support systems that address the unique challenges faced by Asian diaspora populations and promote mental health and well-being within the community.

Existing Programs & Limitations

The Canadian government has made an effort to implement key programs to address the issue of depression and suicide amongst Asian diaspora within the country. One notable program is the Centre for Addiction and Mental Health's (CAMH) initiative to develop culturally adapted Cognitive Behavioural Therapy for Canadians of South Asian origin (CAMH, 2019). This \$1.02-million contribution from Health Canada acknowledges the importance of culturally sensitive approaches to mental health care. By tailoring therapy to the specific needs and cultural context of South Asian communities, CAMH seeks to enhance accessibility and effectiveness of mental health support. Additionally, the government's partnership with South Asian Canadians Health and Social Services to provide suicide crisis support as part of the 9-8-8 network is a significant step towards addressing mental health emergencies within the South Asian and broader Asian community (Public Health Agency of Canada, 2023). This initiative, announced in Brampton, a city with a large population of

South Asians, reflects a commitment to ensuring timely and culturally appropriate interventions for individuals in distress. In 2016, the Federal Framework for Suicide Prevention (FFSP) was also published, providing direction for federal activities related to suicide prevention and complements provincial and territorial efforts (Senate Canada, 2023). The mission of this framework is to “prevent suicide in Canada, through partnership, collaboration and innovation while respecting the diversity of cultures and communities that are touched by this issue” (Senate Canada, 2023).

However, there are limitations and shortcomings in the current programs and policies. For one, despite its efforts, the FFSP has not made a clear reduction in Canada's suicide rate (Senate Canada, 2023). Another significant limitation is the lack of targeted programs specifically tailored to address the mental health needs of Asian diaspora groups, especially East Asians. Although the CAMH initiative and the 9-8-8 network collaboration are advances in providing care to South Asian populations, these programs are a large minority out of everything that is available for non-Asian communities. While there are many federal initiatives focusing on suicide prevention listed on the government of Canada website for various specific groups, such as veterans, Indigenous communities, incarcerated individuals, and refugees, there is a notable gap in support for Asian diaspora communities (Public Health Agency of Canada, 2016). Furthermore, there is a lack of published evaluations of treatment approaches specifically for Asian American suicidal adolescents, highlighting the need for more research and evidence-based interventions tailored to the needs of these populations (Goldston et al., 2008). By addressing these limitations and prioritizing culturally sensitive and evidence-based interventions, policymakers can work towards ensuring equitable access to mental health care for all members of the Asian diaspora community in Canada.

Challenges

A significant challenge to addressing the problem of depression and suicide among Asian diaspora in Canada is the number of barriers in place preventing them from accessing mental health care. Barriers can range from micro- (individual/personal), mezzo- (community/organizational), to macro-level (societal/systemic) challenges (Wyatt et al., 2015). Intense shame, guilt, and denial are heavily rooted in the cultural values of many Asian communities (Xu, 2019). Thus, seeking mental health services is often the last resort, if considered a resort at all (Xu, 2019). Refusal to visit, or prematurely discontinuing attendance, mental health services is common, making it an important micro-level challenge that must be addressed. Another micro-level challenge is language barriers which pose a significant challenge as many individuals may struggle to communicate their needs effectively or may face difficulties in accessing information about available resources (Zaidi, 2023). Furthermore, some Asian cultures may not even have the vocabulary that adequately and positively describes their mental health concerns (Xu, 2019). A result of this language barrier is another micro-level challenge: Asian diaspora may lack awareness of mental health issues, resulting in psychosomatic symptoms being mistaken for physical illness (Xu, 2019). Poor mental health can result in a number of physical symptoms such as chest and stomach pain, headaches, insomnia, or fatigue (Ferguson, 2020). As physical illness is given more attention and seriousness among the Asian diaspora, psychosomatic symptoms allow this community to ignore and avoid admitting to poor mental health. A mezzo-level barrier is that Asian diaspora communities are more likely to have lower income due to the aforementioned disproportionate socioeconomic inequalities they face—this limits their ability to afford mental health services (Zaidi, 2023; Islam et al., 2014). Moreover, there is an unavailability of culturally sensitive services, resulting in a large demographic inequity, contributing to the reluctance of South Asian and East Asian individuals to seek mental health care (Zaidi, 2023;

Murray & Knudson, 2023). That is, many of the current mental health services are not developed with cultural sensitivity in mind, severely limiting the options available for these populations. Culturally appropriate care is particularly important for Asian diaspora as it has been noted that symptoms of those who do obtain mental health support, are more severe and more difficult to treat compared to other visible minorities (Xu, 2019). On a macro level, the primary healthcare system (i.e. services pertaining to the first point of contact with the healthcare system by a patient) in Canada is not adequately set up to help diverse communities (Murray & Knudson, 2023). In particular, it is extremely difficult to find doctors who share their racial/cultural backgrounds and can provide proper care to the specific needs of the Asian diaspora populations (Murray & Knudson, 2023).

Solutions

The following recommendations should be considered to address the aforementioned challenges and improve the mental health of the Asian diaspora in Canada.

1. On the mezzo level, mental health awareness and education community programs should be offered to encourage more open discussion regarding mental health among the Asian diaspora. These programs should normalize mental health through an Asian-culture, rather than Western, lens by considering their values of collectivism (particularly, the negative and selfish view of self-improvement). In providing education on the interconnectedness of mental and physical health, mental health misconceptions can be debunked and more informed self-diagnoses can be made. These programs should include culture-appropriate and stigma-free language, as well as be provided in multiple languages (to start, targeting the most common South Asian and Chinese languages). This intervention addresses the micro-level challenge of mental health care avoidance by destigmatizing the taboo of being labelled “crazy”, reducing cultural shame, guilt, and denial (Xu, 2019).

2. Development and implementation of culturally adapted mental health services that are specifically tailored to the needs of Asian diaspora communities. Examples of mental health services that should be culturally adapted include counselling, therapy, teletherapy, and community-based mental health clinics. This solution addresses the barrier of the unavailability of culturally sensitive services by ensuring that the mental health interventions are culturally relevant. By incorporating cultural beliefs, values, and practices into treatment approaches, individuals from Asian diaspora backgrounds are more likely to feel understood and supported in their mental health journey. For example, these services can address familial relationships and encourage healthy communication and supportive networks as these are factors found to decrease the risk of suicide ideation amongst East Asian populations (Han et al., 2013). Here, it is important that mental health workers are trained in the various ways solutions may be effective within different Asian cultures, as illustrated by the previously mentioned research that showed how South Asian and East Asians benefitted differently from living in ethnic enclaves (Chiu et al., 2018). It is critical that these culturally adapted services are offered in multiple languages commonly spoken within South and East Asian communities (e.g. Punjabi, Hindi, and Mandarin). This addresses the language barriers and allows individuals to effectively communicate their needs and access information about resources with ease. Additionally, implementing subsidies or government funding for these mental health services can reduce financial barriers and allow individuals from low-income backgrounds to afford mental health care.
3. Virtual mental health services are quite new, many Asian-specific organizations kickstarting less than a decade ago (Aquino, 2022). On a macro level, there should be more funding to support already-existing virtual Asian mental health services as well as more funding available to incentivize the creation of more Asian-tailored, virtual

mental health services. As there is currently a lack of services tailored for East Asians, such services should be even further incentivized to reduce this gap between Asian communities. This solution can greatly reduce the costs of services, which improves access for the many Asian families who are lower income. Most importantly, the shift from in-person to virtual services allows more Asian individuals to access mental health services with less fear of stigma and acts as an alternative for youth who may be reliant on transportation aid from parents who may disapprove. Providing multiple modes of service facilitates the first step to seeking help, showing that there is compassion for Asian mental health and ultimately reducing rates of depression and suicide among Asian diaspora in Canada.

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