

# Mental Health in South Asian Culture

Researcher: Shivani Sharma | Advisor: Dr. Cheryl Anderson

## Abstract

In South Asian culture, the topic of mental health is extremely stigmatized. For young adults who are susceptible to facing various obstacles that impact their mental well-being, it is important to examine the cultural factors that contribute to the stigma surrounding this topic. Delving into the behaviors and perceptions of South Asian college students uncovers the multitude of intertwined influences that impact the development of one's mental health. This study aims to answer the question, "What are the behaviors and perceptions surrounding mental health for UC San Diego students who are South Asian?" An online survey was implemented to collect data from 148 South Asian students at UC San Diego, introducing a mixed-method design to draw findings. The results revealed that mental well-being is significantly shaped by the interaction of sociocultural factors, such as family dynamics and pressures, experiences with stereotyping, comfort with discussing mental health, and expectations surrounding sexuality and gender identity. The scope of this study examines various mental health perceptions and behaviors concerning the cultural stigma presented, bringing attention to the ways in which this population are affected by cultural attitudes and patterns. These findings bring awareness to the stigma surrounding mental health topics in South Asian culture and reflect the interventions needed to destigmatize this topic, especially among college students at a vulnerable period of development. This study sheds light on the cultural stigma that this community faces, presenting the critical need for strategies to create safe environments for South Asian young adults to express their mental well-being.

## Introduction

In South Asian communities, mental health is often surrounded by serious stigma. South Asian college students have been shown to use mental health services and psychological services less frequently than students of different ethnicities (Arora et al., 2016). In the United States, South Asian students are still significantly affected by mental health issues that are seen in students of other communities, commonly displayed in forms of anxiety and depression (*Mental Health Facts - SAPHA*, n.d.). Researchers have investigated the unique stressors that South Asian youth face, as well as their help-seeking trajectories, to find that acculturative stress,

intergenerational conflict, and discrimination impose challenges for this population (Islam et al., 2023).

Similarly, South Asians have been shown to be more susceptible to developing anxiety and depressive disorders. With one in five South Asians experiencing a mood or anxiety disorder, mental health is a critical challenge that many face and continue to leave unaddressed (*Mental Health Facts - SAPHA*, n.d.). This community also persistently faces physical symptoms as indicators of psychological distress (*Mental Health Facts - SAPHA*, n.d.). As the mainstream healthcare model emphasizes physical symptoms over

psychological symptoms, mental well-being is often disregarded. This is known as the somatization of stress and is common in collectivist communities as psychological difficulties are presented as somatic rather than depressive symptoms (Karasz et al., 2019; Lai & Surood, 2008). Somatization of stress is seen as an adverse health effect, and perpetuated by South Asian cultures that emphasize interdependence, an ideology that often favors the sacrifice of personal needs for others' interests. This relates to the comfortability that youth have in expressing their mental health concerns to their family members and how families manage the topic of mental well-being. Similarly, mental illness in South Asian culture is not only confined to the individual, but it also fosters feelings of shame and dishonor within families (Ali et al., 2021; Lai & Surood, 2008).

Among South Asian youth, levels of acculturation, feelings of discrimination, and high parental expectations and pressure can lead to increased mental health challenges (Karasz et al., 2019). High pressure coming from South Asian parents is commonly seen in families across the United States and is a heavy contributor to feelings of stress and anxiety (Karasz et al., 2019). Researchers found that one of the main sources of stress for youth is intergenerational conflict, specifically with academic pressure from parents (Islam et al., 2017). Intergenerational conflict and parent conflicts can also have adverse effects on one's developmental outcomes, as these events can be transmitted through familial bonds, psychosocial contexts, and cultural narratives (Isobel et al., 2019; Shah et al., 2024). Additionally, South Asian youth commonly experience difficulties in balancing "dual identities," causing mental health challenges to arise during critical periods of development (Islam et al., 2017).

Another crucial topic to look at is how South Asian culture influences feelings surrounding sexuality. In many South Asian families, exploring sexuality is seen as taboo, especially for girls. Sexuality is seen as something to be repressed, leading to feelings of uncertainty and oppression. Silence around the topic

of sexuality, especially during critical ages of development, reinforces cultural taboos as young women and girls are often encouraged to abstain from exploring their sexuality (Punjani et al., 2022). One study by Punjani et al (2022) emphasizes how cultural values, the silence around sexuality, and culturally embedded views of gender interact with girls' identity exploration. South Asian communities have reflected a specific sociocultural context that influences how sexuality is explored among youth, exacerbating any pre-existing patriarchal standards and norms through the development of sexual identities.

Similarly, the development of gender identities through a series of cultural gender expectations has profound impacts on mental well-being. South Asian cultures perpetuate patriarchal standards by encouraging traditional behaviors and roles for males and females. Traditionally, men are taught to suppress their emotions and feelings, sustaining patriarchal gender expectations that men must be strong and in control (Arora et al., 2016; Sohal, 2023). Parallely, women face concurrent expectations in that they are more susceptible to instability and shame. Young women and men are both held to certain gendered expectations, fostering stress and anxiety for individuals to conform to their supposed roles. Through the exposure of patriarchal gender expectations placed upon developing youth, there is a significant stigma placed on help-seeking trajectories. Arora et al (2016) explain how men are less receptive than women to professional psychological help-seeking, due to the strong emphasis placed on their self-resilience and resistance to emotion and pain. With South Asian cultures exacerbating patriarchal norms for both men and women, youth are susceptible to facing mental challenges in their struggle to find stability.

This research answers the question, "What are the behaviors and perceptions surrounding the mental health of UC San Diego students who are South Asian?" Exploring behaviors and perceptions surrounding mental well-being for this community is critical for addressing the ongoing present and future health implications of cultural attitudes. With cultural perceptions having a significant influence on student

perceptions and behaviors surrounding mental health, researching the extent of cultural stigma is important to discover health implications. This study emphasizes the need for culturally appropriate mental health interventions among South Asian communities, especially for young adults who are susceptible to experiencing various mental health challenges.

## Methods

This study surveyed 148 UC San Diego students who are South Asian. This mixed-methods survey was implemented through an online Qualtrics platform and collected qualitative and quantitative data for 10 days. Participants were recruited through forms of public engagement such as social media and flyers on campus and incentivized with a gift card for each participant, funded by the TRELS program. This survey asked questions such as the family history of mental health, utilization of college campus resources, coping methods, comfort levels with discussing mental health with family, perceived stigma, the influence of family dynamics on mental well-being, and self-perceptions surrounding mental health.

## Results

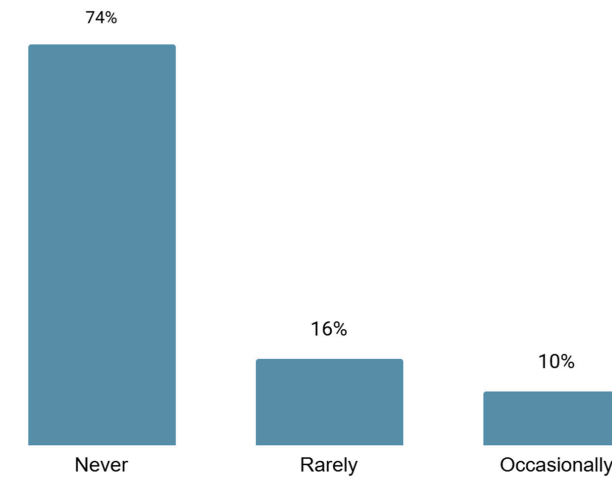
### Demographics

In the sample of 148 South Asian students at UC San Diego, 69% were female and 30% male. Students aged 18 years old were 30% of the sample, 30% were 19 years old, 11% were 20 years old, 12% were 21 years old, and 16% were 22 or older. The class standings of the students included 27% of the participants being freshmen, 31% being sophomores, 16% being juniors, and 25% being seniors. Next, 90% of the students were of Indian heritage, 4% from Pakistan, 4% from Bangladesh, and 2% from other South Asian heritages. Lastly, the immigration status of the participants showed 35% of the students as first generation (they immigrated here or are international students), 57% as second generation (their parent/s immigrated here), and 7% as third generation (their grandparent/s immigrated here).

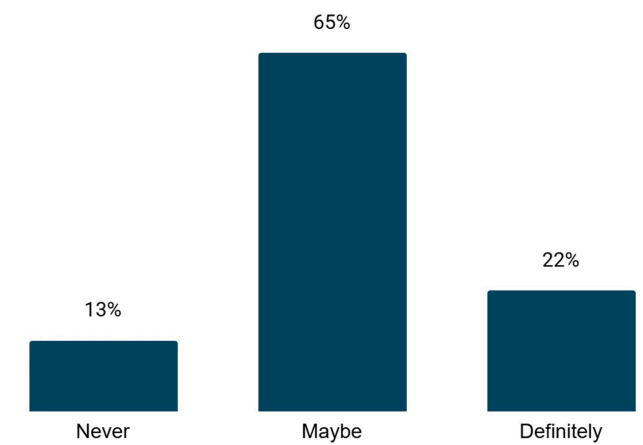
### Behaviors

As this study aims to identify behaviors surrounding mental health for South Asian college students, the results included various habits and practices that influence students' mental well-being. First, it was found that 80% of students procrastinate more than often, reporting their study habits as ranging from moderate to poor. When students were asked whether they worked or not, 66% reported that they don't work a job and 23% of students reported that they do have a job. Next, 21% of students sleep 8 hours or more each night, 68% of the students sleep 6-7 hours/night, and 11% sleep 4-5 hours/night. It was discovered that 74% of students have never accessed UCSD mental health resources such as CAPS (Counseling and Psychological Services), 16% rarely utilize CAPS, and 10% of students frequently or occasionally access CAPS (Figure 1). Similarly, 13% of students would never go to therapy, 65% would have to think about it, and 22% would definitely attend or have been to therapy (Figure 2). It was shown that 32% of students frequently or very frequently maintain cultural or religious traditions at UCSD, 38% of students sometimes maintain traditions, 22% rarely do, and 8% do not maintain cultural or religious traditions at all. Lastly, examining coping methods for stress showed that 31% of students participated in athletics, 14% drink alcohol, 11% used cannabis, 52% exercise, 61% engaged in a hobby, 11% meditate, 84% spend time with family and friends, and 45% undereat or overeat, to cope with stress. Other coping methods included reading, sleeping, music, shopping, watching pornography, and internet scrolling.

**Figure 1:**  
Utilization of UCSD Counseling and Psychological Services



**Figure 2:**  
Consideration of Attending Therapy

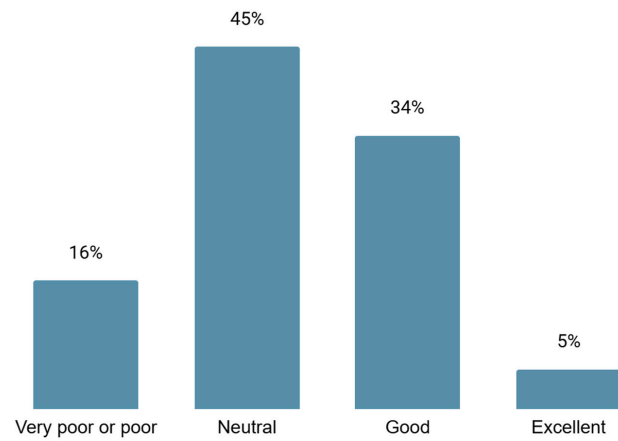


This study found that 26.35% of students have a family member with a current mental health challenge, and 29.73% of students have a family member who was previously diagnosed, meaning that they previously were diagnosed with a mental health issue but do not currently face this. Next, 16.22% of students are currently diagnosed with a mental health challenge, and 18.24% of students were previously diagnosed. Out of those who have a family member who is currently diagnosed, 79% of them also selected that their family member was diagnosed in the past. Out of the students who face a current challenge, 71% of them were previously diagnosed.

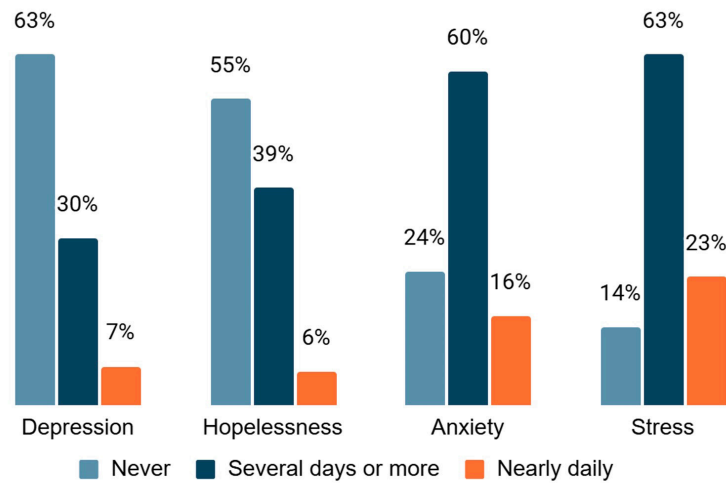
### Self Perceptions

The next section of the results will cover perceptions surrounding mental health, including self-perceptions, family and community influences, stereotyping, and gendered differences. First, 16% of students perceived their mental health as poor or very poor, 45% reported neutral mental health, 34% reported good mental health, and 5% reported excellent mental health (Figure 3). When asked about depressive symptoms over the last 7 days, 63% reported that they don't feel depressed at all, 30% reported feeling depressed several days or more each week, and 7% reported feeling depressed nearly daily. When asked about feeling hopeless, 55% of students reported 'never,' 39% reported hopelessness for several days or more, and 6% felt hopeless nearly daily. Next, 24% of students did not feel nervous or anxious at all, 60% of the students felt nervous or anxious several days or more, and 16% felt anxious nearly every day. Examining stress levels indicated that 14% of students did not feel any stress, 63% of students felt stressed several days or more, and 23% of students felt stressed nearly every day (Figure 4). Of those who frequently participate in cultural/ religious traditions, 5% of students reported 'poor' mental health, and with extremely frequent active participation in cultural or religious activity, no students reported poor mental health.

**Figure 3:**  
Self-Perception of Mental Health



**Figure 4:**  
Feelings of Depression, Hopelessness, Anxiety, and Stress in One Week

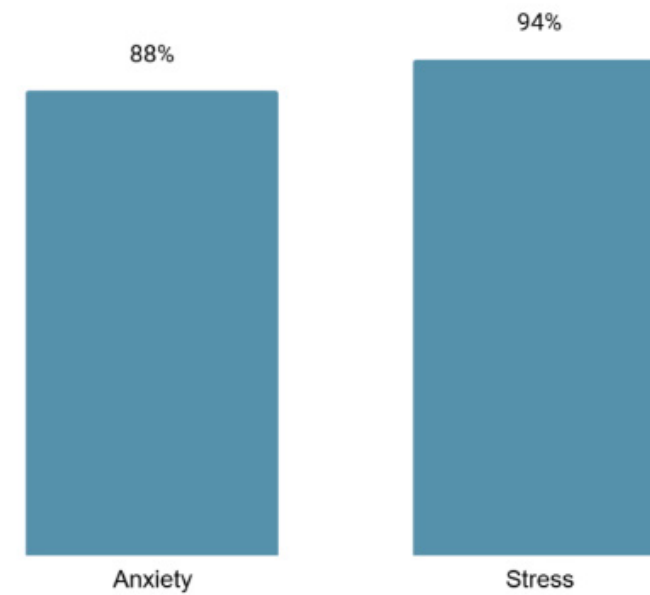


**Family and Community Influences**

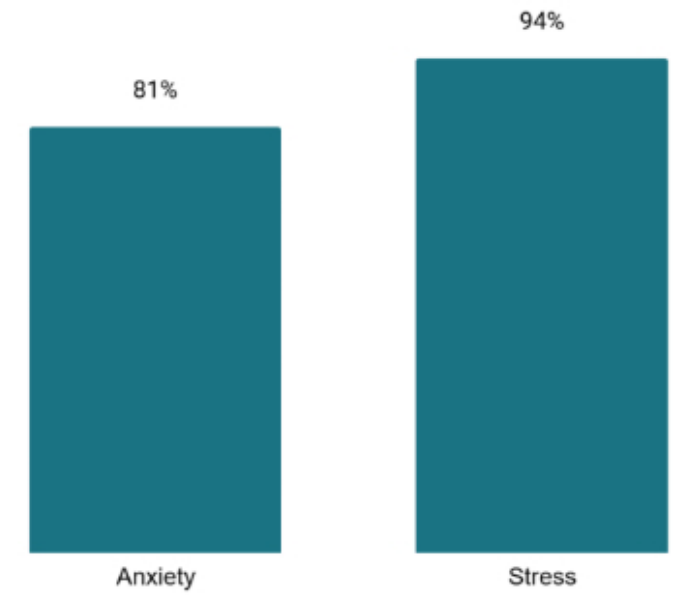
Next, there are various family and community influences on perceptions surrounding mental well-being. Within the sample, 93% of the students believe that there is a stigma surrounding mental health in South Asian culture. This study also examined how often students discuss their mental health with family members, finding that 12% of students frequently talk about their mental health with family, 45% sometimes do, and 43% of students rarely or never discuss this topic. Similarly, 8% of students are 'very comfortable' talking about their mental health with family members, 23% are 'mostly' comfortable, 20% are 'neither comfortable or uncomfortable,' 31% are 'slightly uncomfortable,' and 18% of students would never mention their mental well-being to a family member as it is extremely uncomfortable. When students were asked how much their family dynamics influence the state of their mental well-being, including feelings of stress, depression, and anxiety, 11% reported no influence, 22% reported slight influence, 31% reported a moderate amount of family influence, 29% reported a significant influence, and 7% reported an extreme influence of family dynamics on their state of mental well-being. Family expectations regarding academic pressure or choice of career were also examined which found that 6% of students experience no pressure, 12% experience slight pressure,

36% experience moderate pressure, 34% experience a lot of pressure, and 11% experience extreme pressure from their family on their academic success and/ or career path. Of those who were diagnosed with a mental health issue in the past, 50% report a significant or extreme influence of family dynamics on individual well-being. Of those who reported a family member with a current diagnosis, 58% reported a significant or extreme influence of their family dynamics on their mental well-being. Of the students who feel extreme pressure from their families or communities, 88% feel anxious, and 94% feel stressed more than several days each week (Figure 5). Among the first generation, 46% were slightly or more uncomfortable discussing their mental well-being with family. Among the second generation, 54% were slightly or more uncomfortable discussing mental health, and 30% of the third generation were slightly or more uncomfortable. Among those who experience extreme family or community expectations, 71% never speak about mental health with their family, and none of this group is comfortable' discussing this topic.

**Figure 5:**  
Students with Feelings of Anxiety and Stress More than Several Days a Week Among Those that Experience Extreme Family Pressure



**Figure 6:**  
Students with Feelings of Anxiety and Stress More than Several Days a Week are Among Those Who Frequently Experience Academic Stereotyping



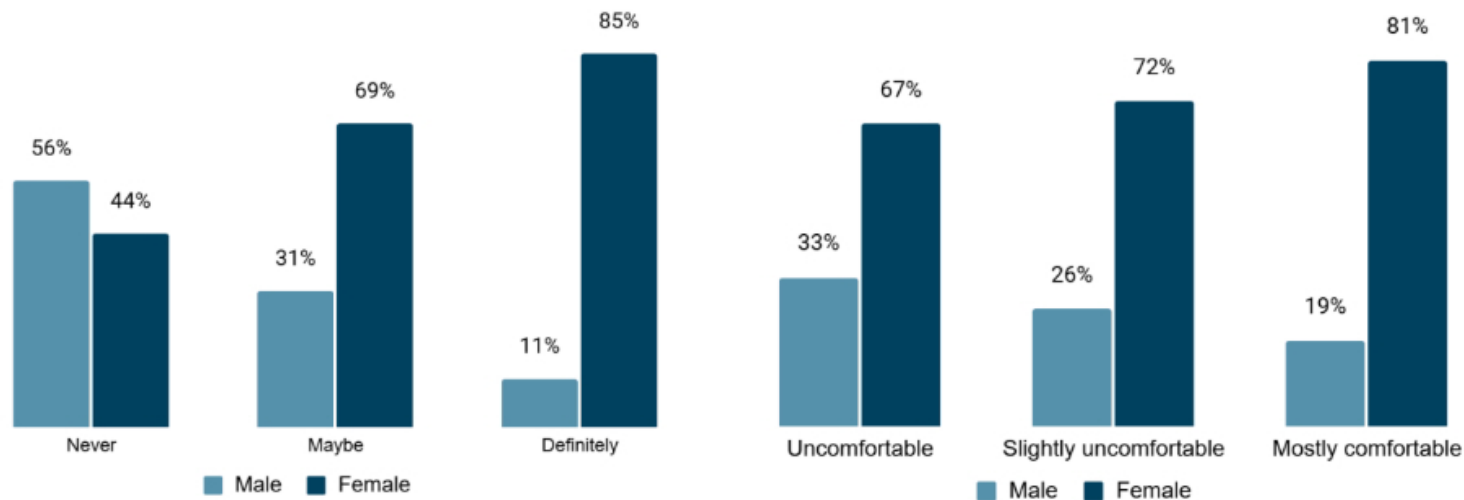
**Stereotyping**

Another section within mental health includes South Asian college students' experiences of stereotyping. Among the sample, 71% of students experience academic stereotyping sometimes or more. Additionally, 81% of those who frequently experience stereotyping feel anxious more than several days a week, and 94% of those who frequently experience stereotyping also feel stressed more than several days a week (Figure 6).

**Sex Differences**

Of those who would never go to therapy, 56% were male and 44% were female. Among those who would possibly go, 31% were male and 69% were female. Among those who would definitely go or have been to therapy, 11% were male and 85% were female (Figure 7). Next, examining comfort levels discussing mental well-being with family members, related to biological sex, showed that out of those who were not comfortable sharing their feelings surrounding mental health, 33% were male and 67% were female. Among those who were slightly uncomfortable, the results showed 26% male and 72% female. Among those who are mostly comfortable discussing their mental health, 19% were male and 81% were female (Figure 8).

**Figure 7:**  
Consideration of Attending Therapy by Sex



**Experiences and Perceptions of Mental Health: Qualitative Insights**

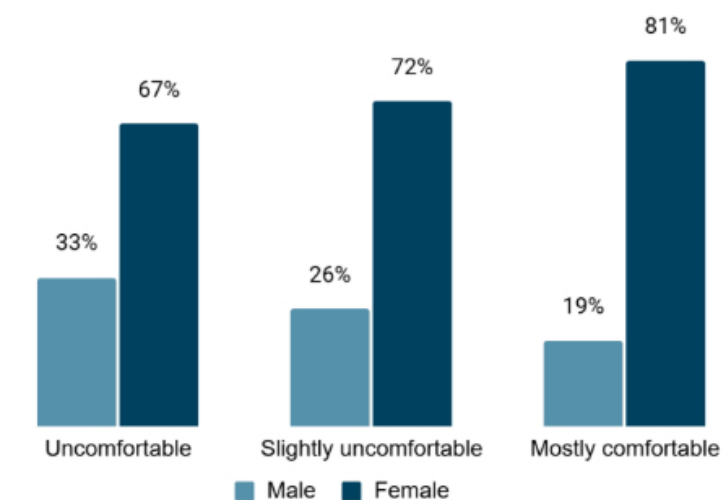
When asked if students experience stressful dynamics, responses had various themes such as parental pressures and expectations regarding academic performance, dysfunctional families and frequent conflicts, health concerns, and strenuous relationships. Regarding sexuality and gender identity, students reflected themes including a lack of understanding or openness to LGBTQ, expected gender roles and stereotypes, struggles for acceptance, and an overall cultural stigma surrounding sexuality.

Participants felt various stressful family dynamics:

- "Expectations in dating and marriage"*
- "Academic pressures and opinions on how to live"*
- "Lots of fighting, anger issues, generational trauma, undiscussed power imbalance"*

- "My parents have very high expectations and standards about me going into Data Science as a field, and have unrealistically expected me to perform the best in class. Whenever I come home, it kinda feels like I'm being a burden to them because I always get negative comments about whatever I'm doing at home, not sure what the stigma rose from"*
- "I think the most stress comes from the fact that some family members won't address their mental health issues and it puts a lot of stress on me"*

**Figure 8:**  
Feelings Surrounding Discussing Mental Health with Family by Sex



Participants felt that their sexuality or gender identity influenced their mental health within the South Asian community:

- "As a woman, I think I am expected to be constantly emotionally healthy, like a safe haven for everyone else. And I feel like I cannot talk about how women feel emotions differently. I'm not able to showcase my true sexuality to anyone in my south asian community"*
- "I think that being bisexual is hard because a lot of them don't understand it. My grandparents are not very understanding of gay but they can get it a little but even my parents don't understand what bisexuality is they just see it as "confused""*
- "It's isolating being lgbt in my family because even though i have queer relatives we are all very private about our identities"*

- "I believe my identity as a male presents the typical stereotypes of having to be strong and brave, not really allowing for much discussion of mental health impacting me"*
- "Sexuality and gender identity has made me feel non-included in the community. Makes me feel like an outsider"*
- "Being queer means that there will always be a significant part of your life that you have to hide from your family and your community, which can be isolating. In addition, you have to choose between being yourself or having a family"*

**Discussion**

Several key findings of this study related to various behaviors and perceptions that students engaged in, and how they further our understanding of cultural stigma. Some behaviors included coping methods, help-seeking trajectories, and discussion of mental well-being with families. Some perceptions included self-perceptions of mental well-being, perceived effectiveness of coping mechanisms, the influence of family dynamics and expectations on students' mental state, and stigma surrounding sexuality and gender identity. The majority of students felt anxious and stressed more than several days a week, showing how stress and anxiety are two of the largest challenges that this population is affected by. Analyzing the participation in religious activity with perceived mental health opens discussion of the relationship between religion and mental well-being. Additionally, most believed that their coping mechanisms for stress were moderately effective. With almost all of the participants perceiving stigma surrounding mental health in South Asian cultures, it is proven that there is a significant stigma to be disentangled. A large number of students never or rarely discuss their mental well-being with family or are uncomfortable with it, despite frequent feelings of stress, anxiety, and feelings of poor mental health, showing critical evidence of the stigma surrounding mental health.

The majority of students reported a moderate to significant influence of their family dynamics on their mental well-being, showing how important family dynamics are to one's emotional well-being. Additionally, family expectations and pressure are analyzed, with a large number of respondents agreeing that they experience moderate to extreme pressure from their families or communities regarding their academic success or career path. Excessive family and community pressure acts as a significant stressor for students, having negative impacts

on their mental wellbeing. Exacerbated by a lack of comfort surrounding the discussion this topic, students consistently reflect the strong influence of family dynamics on their self-perceptions of mental well-being. Students who experience a stressful dynamic or an uncomfortable space of discussion have higher rates of anxiety, stress, feelings of pressure, and poorer mental well-being. Similarly, students who experience a mental health diagnosis in the family report poorer mental health and a significant influence of their family dynamics affecting their mental well-being. The second generation, with immigrant parents, was found to have the highest rates of discomfort with discussing mental health, showing the profound impacts of acculturation, encompassing the transmission of intergenerational trauma and traditional cultural values. Lastly, analysis of family dynamics and mental well-being has reflected that family dynamics significantly influence one's perceived mental state.

Next, those with higher levels of experienced stereotyping also had higher frequencies of stress and anxiety each week, showing the impacts of stereotyping on mental well-being. Men had lower help-seeking trajectories than women. Additionally, more women than men felt comfortable sharing their mental health with family, and there were higher numbers of men who felt uncomfortable rather than comfortable with sharing these feelings, reflecting gender expectations surrounding the expression of emotions.

Responses about stressful family dynamics had a variety of themes, such as parental pressures regarding academic success, dysfunctionality and frequent conflicts, health concerns, and overall strenuous relationships. Examining the frequency of dysfunctional family dynamics and high expectations in South Asian families reflects how an individual's mental well-being can be extremely impacted by cultural norms and stigma. With South Asian college students attempting to balance various aspects of their cultures and lives, it is seen that difficult family dynamics have a significant impact on mental health.

Analyzing the data about sexuality and gender identities showed common themes including a lack of understanding or openness to LGBTQ+, expected gender roles and stereotypes, struggles for acceptance, and an overall cultural stigma surrounding the topic of sexuality. While these young adults strive to explore their sexual identities and have a comfortable space to be themselves around their families, they are unable to reveal their true selves, which can be very isolating. Additionally, conversations around expressing emotions for men and women are stigmatized, causing young adults to feel uncomfortable with this topic. These key themes indicate an extreme stigma surrounding sexuality and supposed gender norms in South Asian culture, furthering the taboo surrounding the exploration of one's sexuality and non-traditional gender expectations.

One of the strengths of this study was its mixed-methods approach, collecting both quantitative and qualitative data. Another strength is the sample size, as it collected data from 148 UCSD students. Another strength of this study was that it focused on numerous aspects of both behaviors and perceptions, allowing room for discussion on the multiple factors that contribute to mental well-being. One limitation was that this survey was implemented online, allowing room for possible misinterpretation of questions. Additionally, self-reported data may have been subjected to response biases, affecting the accuracy of responses.

## Conclusion

This study sheds light on the existing stigma surrounding mental health in South Asian culture. Examining behaviors and perceptions such as help-seeking trajectories, current and past diagnoses, self-perceptions, family and community influences, and attitudes around gender and sexuality, have reflected significant impacts on the mental well-being of South Asian young adults. This study adds to preexisting literature on mental health among South Asian populations by focusing on college-aged students among various immigrant generations. Additionally, this research contributes to current knowledge of cultural stigmas, as it encompasses themes that have shown to have profound impacts on students' mental health, such as family pressures and dynamics, and sexuality and gender identities. This research incorporates many behaviors and perceptions of this specific vulnerable population, promoting a comprehensive and contributive understanding of mental health stigma in this culture. Acknowledging multiple aspects of students' behaviors and perceptions has shown that there are further culturally appropriate interventions needed to address the stigma in the South Asian community. With young adults susceptible to volatility in their mental well-being, it is important that cultural stigma is addressed, and this study can be used to support future inclusive strategies to ultimately destigmatize mental health in the South Asian community.

## References

1. Ali, S. H., Islam, T., Pillai, S., Kalasapudi, L., Mammen, S., Inala, S., Kalasapudi, V., Islam, N. S., & Gunness, H. (2021). Loneliness and mental health outcomes among South Asian older adult immigrants in the United States: A cross-sectional study. *International Journal of Geriatric Psychiatry*, 36(9), 1423–1435. <https://doi.org/10.1002/gps.5549>
2. Arora, P. G., Metz, K., & Carlson, C. I. (2016). Attitudes toward professional psychological help seeking in South Asian students: Role of stigma and gender. *Journal of Multicultural Counseling and Development*, 44(4), 263–284. <https://doi.org/10.1002/jmcd.12053>
3. Islam, F., Multani, A., Hynie, M., Shakya, Y., & McKenzie, K. (2017). Mental health of South Asian youth in Peel Region, Toronto, Canada: A qualitative study of determinants, coping strategies and service access. *BMJ Open*, 7(11), e018265. <https://doi.org/10.1136/bmjopen-2017-018265>
4. Islam, F., Qasim, S., Ali, M., Hynie, M., Shakya, Y., & McKenzie, K. (2023). South Asian youth mental health in Peel Region, Canada: Service provider perspectives. *Transcultural Psychiatry*, 60(2), 368–382. <https://doi.org/10.1177/13634615221119384>
5. Isobel, S., Goodyear, M., Furness, T., & Foster, K. (2019). Preventing intergenerational trauma transmission: A critical interpretive synthesis. *Journal of Clinical Nursing*, 28(7–8), 1100–1113. <https://doi.org/10.1111/jocn.14735>
6. Karasz, A., Gany, F., Escobar, J., Flores, C., Prasad, L., Inman, A., Kalasapudi, V., Kosi, R., Murthy, M., Leng, J., & Diwan, S. (2019). Mental Health and Stress Among South Asians. *Journal of Immigrant and Minority Health*, 21(1), 7–14. <https://doi.org/10.1007/s10903-016-0501-4>
7. Lai, D. W. L., & Surood, S. (2008). Predictors of Depression in Aging South Asian Canadians. *Journal of Cross-Cultural Gerontology*, 23(1), 57–75. <https://doi.org/10.1007/s10823-007-9051-5>
8. *Mental Health Facts*—SAPHA. (n.d.). Retrieved October 17, 2024, from <https://sapha.org/resources/mental-health-facts/>
9. Punjani, N. S., Hegadoren, K., Hirani, S., Mumtaz, Z., Jackson, M., & Papatthanassoglou, E. (2022). Perceptions and Experiences of Pakistani-Descent Female Adolescents Living in Canada, on Developing Sexuality and Self-Identity. *Sexes*, 3(3), Article 3. <https://doi.org/10.3390/sexes3030031>
10. Shah, M. H., Roy, S., & Ahluwalia, A. (2024). Intergenerational Trauma and Mental Health Disability in the South Asian Context. In G. Bennett & E. Goodall (Eds.), *The Palgrave Encyclopedia of Disability* (pp. 1–9). Springer Nature Switzerland. [https://doi.org/10.1007/978-3-031-40858-8\\_292-1](https://doi.org/10.1007/978-3-031-40858-8_292-1)
11. Sohal, B. (2023, October 13). *DESiblit: Mental Health in South Asian Men: Stigma, Culture & Talking*. DESiblit; Newstex. <https://www.proquest.com/docview/2876444381/citation/DFCS2125597E4216PQ/1>

# Shivani Sharma

## Biography

I am currently a second-year student studying Human Developmental Sciences with a Business minor. I'm involved in Flying Samaritans and Women in Business, and I aspire to become a transformative leader in the healthcare industry. I love painting, cooking, trying new restaurants, and enjoying the sun.

## Acknowledgements

I'm very thankful to my advisor, Dr. Anderson, for all her help and support with my projects. I would also like to thank the TRELs program for this amazing opportunity, and lastly, I am beyond appreciative to my family for their tremendous support and always believing in me.

