

Stigma and Barriers in South Asian Mental Health and Addictions: Practice-Based Reflections from a Community Pilot Project

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Abstract: Culturally responsive addictions and mental health services are essential for addressing inequities in access among immigrant and racialized populations. This paper presents a practice-based, reflexive analysis of the South Asian Network (SAN), a community-based pilot program developed to address stigma, language barriers, and challenges in accessing care within South Asian communities in Edmonton. Despite culturally tailored service delivery, engagement was inconsistent, with frequent cancellations and limited sustained participation, and the program was ultimately discontinued due to funding constraints. Using professional reflexivity, the analysis explores how stigma, family dynamics, and trust in formal systems influence engagement beyond initial access. Findings highlight tensions between equity-oriented practice and evaluation frameworks prioritizing short-term quantitative outcomes, emphasizing the need for sustained and community-informed approaches to support culturally responsive care.

Introduction

South Asian identity reflects shared cultural experiences across countries of the Indian subcontinent, including India, Pakistan, Nepal, Bangladesh, Sri Lanka, Bhutan, Afghanistan, and the Maldives, with heritage, languages, and practices often recognized by individuals living abroad (Khadgi, 2023). Members of South Asian communities often describe themselves as family-oriented and emphasize strong familial bonds and obligations central to daily life and decision-making (Khadgi, 2023). While individual experiences vary, many share collective values around respect for elders, communal solidarity, and culturally defined expectations of social behaviour (Khadgi, 2023).

A culturally salient concept within many South Asian communities is *izzat*, referring to family honour and the importance of preserving reputation through socially prescribed behaviour (Gilbert, Gilbert & Sanghera, 2006). Concerns about losing *izzat* may lead individuals to avoid formal mental health and addictions services, as engagement can be perceived as reflecting negatively on the family or threatening confidentiality (Gilbert et al., 2006). This emphasis on family honour and avoidance of stigma influences decisions about health, well-being, and engagement with formal supports across the population (Gilbert et al., 2006).

To address these systemic and cultural barriers, the South Asian Network (SAN) was established as a community-based initiative in Edmonton to provide culturally responsive addictions and mental health services. SAN was informed by increasing numbers of South Asian individuals experiencing addictions and mental health concerns, including presentations to hospital emergency departments, alongside gaps in accessible and culturally appropriate care (Cho, 2021). Language barriers and stigma surrounding addiction and mental

health were identified as key challenges. SAN was developed as a collaborative model involving Covenant Health, the Canadian Mental Health Association (CMHA), Multicultural Health Brokers, and Savera Medical Clinic, focusing on culturally respectful services in familiar languages. The program also recognized the central role of family, which significantly influences help-seeking and engagement in South Asian communities (Cho, 2021).

Program Context and Research Approach

The South Asian Network (SAN) was developed to address gaps in addictions and mental health services for South Asian communities in Edmonton in response to increased presentations to hospital emergency departments during the COVID-19 pandemic, which highlighted unmet community needs (Cho, 2021). Language and cultural barriers were identified as significant obstacles to accessing care, and addiction and mental health challenges were often perceived as taboo, complicating help-seeking and family engagement (Cho, 2021).

SAN 1.0 was the initial pilot during the COVID-19 pandemic, designed to provide culturally responsive and linguistically accessible services to South Asian adults. It demonstrated the benefits of culturally tailored support while revealing limitations in staffing and the need for counselors proficient in South Asian languages. SAN 1.0 also highlighted gaps in community awareness regarding therapy and counseling, with some participants expecting rapid resolution of complex challenges, and families sometimes attempting to coerce participation in treatment (Cho, 2021). These insights informed the development of SAN 2.0, which commenced in early 2023 and continued until March 2025.

SAN 2.0 was implemented through a collaborative network involving Covenant Health, which employed addictions counselors, nurses, and community support workers; the Canadian Mental Health Association (CMHA) Edmonton Region; Multicultural Health Brokers Cooperative; and Savera Medical Clinic, the primary service site (Cho, 2021). Services were delivered in Hindi, Punjabi, Nepali, Malayalam, and English to enhance accessibility and cultural relevance. The program offered individual counseling, group sessions, family education, home visits, intake assessments, and referrals to specialized addictions treatment. Community outreach, including presentations and partnerships with local agencies, aimed to raise awareness and reduce barriers to care (Cho, 2021). Services were co-located within a familiar community clinic (Savera Medical Clinic) and emphasized trust-building, with physicians and community workers providing personalized referrals. Engagement was monitored through session attendance and client feedback surveys, providing insights into how program design interacted with cultural and systemic factors affecting participation. As a registered social worker and addictions counselor for nearly two years, I contributed to direct service delivery, tracked engagement metrics, and reflected on barriers and successes observed throughout the program's implementation.

Discussion and impact

The South Asian Network (SAN) pilot program highlighted the complex interplay of cultural, familial, and systemic factors shaping engagement with mental health and addiction services within South Asian communities in Edmonton. SAN was based at Savera Medical Clinic, providing culturally and linguistically tailored services including counselling, group sessions, family education, and referrals to specialized treatment programs. Despite these efforts, attendance and sustained engagement were inconsistent, with frequent last-minute cancellations and no-shows reflecting broader challenges in help-seeking behaviours influenced by stigma, family dynamics, and limited understanding of therapeutic processes (Cho, 2021). Cultural concepts such as *izzat*, or family honour, contributed to participants' hesitancy to engage in formal support, as seeking help could be perceived as bringing shame to the family.

Many clients initially doubted the efficacy of talking about their challenges, sometimes expecting immediate resolution after only one or two sessions. Families occasionally exerted pressure on members with addictions, believing treatment could be enforced rather than voluntarily embraced. These experiences align with observations that South Asian clients often avoid care due to fear of judgment from employers and community members, and are more likely to engage when services are offered in languages they are comfortable with (Faulder, 2019). SAN was developed in response to gaps in culturally specific supports and the surge in South Asian individuals presenting to hospital emergency departments

Results, Conclusion, and Future Directions

Implementation of the pilot demonstrated meaningful individual impact alongside engagement challenges.

during the COVID-19 pandemic without adequate referral pathways (Cho, 2021). The program sought to reduce barriers and build trust by offering services in multiple languages, co-locating services at Savera Medical Clinic, and conducting outreach in the community; however, structural challenges persisted, including evaluation frameworks emphasizing short-term quantitative metrics rather than relational and preventive outcomes, which limited program sustainability (Cho, 2021; Faulder, 2019).

Practice-based reflections indicate that addiction and mental health challenges in South Asian communities are not confined to stereotypical profiles; clients included individuals with stable employment and families who nonetheless faced substance use and mental health difficulties (Faulder, 2019). Engagement improved when services were culturally and linguistically responsive, and clients who participated in multiple sessions reported tangible benefits, including improved coping strategies, enhanced awareness of resources, and sustained sobriety. These findings demonstrate that culturally informed, community-based interventions situated within familiar and trusted spaces, such as Savera Medical Clinic, are essential to increase access, reduce stigma, and improve outcomes for South Asian populations (Cho, 2021; Faulder, 2019).

Evaluation

SAN implemented multiple mechanisms to monitor participation and assess client outcomes while respecting confidentiality and cultural considerations. Attendance tracking captured the number of sessions attended by each participant, including individual counselling, group sessions, and family education events (Cho, 2021). Outreach sessions and community presentations were also documented to evaluate program visibility and engagement with local agencies. Client feedback surveys provided qualitative insights into the perceived benefits of the program, including improvements in coping strategies, awareness of community resources, and personal reflections on recovery.

Despite these efforts, program evaluation revealed notable challenges in sustained engagement. Frequent last-minute cancellations and no-shows disrupted continuity of care, highlighting the impact of stigma, family expectations, and uncertainty about counselling efficacy; however, participants who attended multiple sessions consistently reported positive outcomes, demonstrating that culturally responsive interventions can be effective when engagement is achieved. These observations highlight the importance of evaluating both quantitative and qualitative indicators of success, particularly in community-based programs serving culturally diverse populations, where relational trust and long-term engagement may be more relevant measures than short-term attendance alone (Cho, 2021).

Individuals who engaged in counselling reported improved coping strategies, emotional support, and awareness of

community resources. Families participating in education sessions gained an understanding of addiction and mental health challenges. Engagement was inconsistent, with frequent cancellations and no-shows limiting continuity and program reach. Participation did not meet funding benchmarks despite positive outcomes. SAN's discontinuation reflects broader cultural and structural dynamics affecting engagement and highlights considerations for equity-focused program design and funding.

Defunding resulted from insufficient engagement within a structure prioritizing short-term metrics. Low uptake reflected stigma, family dynamics, and trust barriers rather than a lack of need. Future evaluation frameworks should integrate relational, preventive, and qualitative measures alongside participation counts. Long-term, community-informed investment, sustained outreach, multilingual services, culturally safe spaces, and family-focused education are essential to strengthen culturally responsive care, improve access, reduce stigma, and support recovery.

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