

PERCEPTIONS OF MENTAL HEALTH SUPPORT SERVICES AMONG SOUTH ASIAN STUDENTS

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Background and Problem Statement

Mental health challenges among college students have reached unprecedented levels, with over 25% of students reporting significant mental health concerns. Within this landscape, South Asian students represent a particularly vulnerable yet underserved population. Despite facing unique cultural, familial, and academic pressures, South Asian students consistently underreport mental health struggles and underutilize available support services.

The intersection of cultural stigma, family expectations, and the model minority myth creates a perfect storm of barriers that prevent South Asian students from accessing the mental health support they need. Cultural narratives that frame mental illness as personal weakness, combined with fears of bringing shame to family and community, create powerful deterrents to help-seeking behaviors.

Research Purpose and Questions

This qualitative case study explored the perceived stigmas and cultural factors that impact help-seeking behaviors among South Asian students in higher education settings.

Primary Research Questions:

- What specific barriers do South Asian students face when considering mental health support?
- What factors help or encourage them to seek support despite cultural barriers?
- How do cultural influences shape their willingness to engage with mental health services?

Methodology

Research Design: Qualitative Case Study

Participants: 20 South Asian graduate students (mix of domestic and international students)

Data Collection Methods:

- Two rounds of semi-structured interviews with each participant
- Campus mental health services document review
- Cultural context analysis

Data Analysis: Descriptive and inductive coding approach to identify emerging themes and patterns

Theoretical Framework

This study was grounded in Eisenberg et al.'s (2009) stigma framework, which identifies three interconnected levels of mental health stigma:

1. **Public Stigma:** Societal prejudices and discrimination against individuals with mental illness
2. **Perceived Stigma:** An individual's awareness and internalization of public stigma
3. **Personal/Self-Stigma:** The shame, reduced self-esteem, and behavioral withdrawal that result from internalized stigma

This framework helped illuminate how cultural stigma operates at multiple levels within South Asian student communities.

Key Findings

Theme 1: Mental Health Equals Weakness

Participants consistently described mental health struggles as being perceived as personal weakness within their cultural communities. Students reported fears of being labeled as "crazy," "unstable," or "unable to handle normal life stresses." This perception was reinforced through family messages, community narratives, and cultural expectations of resilience.

"In our culture, if you can't handle stress, it means you're weak. My parents always say, 'We came here with nothing and survived, why can't you handle college?'" — Priya, participant

Theme 2: Minimization of Personal Struggles

Many participants engaged in consistent minimization of their own mental health challenges, comparing their struggles to those of family members who faced greater hardships. This comparative framework prevented students from recognizing the validity of their own experiences and needs.

"They will label me as crazy... people wouldn't understand. I keep thinking, my parents went through so much worse, so why should I complain?" — Uday, participant

Theme 3: Cultural Mediation of Help-Seeking

Traditional South Asian values, gender role expectations, and the model minority myth created complex barriers to help-seeking. Students described feeling caught between maintaining cultural authenticity and accessing needed support. The pressure to be a "model minority" who succeeds without assistance was particularly pronounced.

Comprehensive Recommendations

Based on the research findings, the following recommendations are proposed for higher education institutions:

1. Diversify Mental Health Staffing

Recommendation: Actively recruit and hire South Asian mental health professionals and counselors.

Rationale: Students consistently expressed a desire to see themselves reflected in the staff who serve them. Many participants felt isolated when sharing culturally specific concerns with counselors who couldn't relate to their experiences. Having South Asian staff members creates immediate cultural credibility and reduces barriers to initial engagement.

Implementation:

- Partner with South Asian professional organizations for recruitment
- Offer competitive packages to attract diverse candidates
- Create mentorship programs between South Asian staff and students

2. Implement Mandatory Cultural Sensitivity Training

Recommendation: Provide formal, ongoing cultural sensitivity training for all mental health staff.

Rationale: Even well-intentioned staff may inadvertently reinforce stigma or misunderstand cultural context without proper training.

Implementation:

- Develop training modules specific to South Asian cultural dynamics
- Include family systems, religious considerations, and immigration experiences
- Provide regular refresher training and case consultation opportunities

3. Create Anonymous Support Options

Recommendation: Develop anonymous mental health support systems including online chat services and off-campus meeting options.

Rationale: Fear of identification was one of the greatest barriers to seeking help. Many students avoided counseling centers entirely due to concerns about being seen.

Implementation:

- Implement secure, anonymous online counseling platforms
- Offer counseling sessions in neutral locations off-campus
- Provide anonymous peer support chat systems
- Ensure complete confidentiality protocols

4. Establish Alternative Wellness Spaces

Recommendation: Create meditation centers, quiet reflection spaces, and wellness programming not explicitly labeled as "mental health" services.

Rationale: Students may be more willing to engage with wellness activities that don't carry the stigma associated with formal mental health services.

Implementation:

- Design culturally appropriate meditation and mindfulness spaces
- Offer stress management workshops framed around academic success
- Provide wellness events focused on coping strategies without mental health labeling
- Create spaces for cultural and spiritual practices

5. Develop Peer Support Networks

Recommendation: Organize peer support groups and events specifically for South Asian students and broader multicultural connection opportunities.

Rationale: Students benefit from connecting with others who share similar experiences while also having opportunities to build bridges across cultural communities.

Implementation:

- Establish South Asian student support groups
- Create cross-cultural peer mentoring programs
- Organize social events that build community connections
- Facilitate both cultural affinity groups and diverse peer networks

6. Provide Mental Health Education and Literacy

Recommendation: Implement mandatory mental health education programming for all students, with culturally specific components for South Asian students.

Rationale: Many South Asian students had no exposure to mental health concepts before college. Education can help normalize mental health care and provide essential knowledge.

Implementation:

- Develop orientation programming that includes mental health literacy
- Create workshops that address cultural stigma directly
- Provide educational materials in multiple South Asian languages
- Partner with South Asian student organizations for educational programming

Implications for Practice

Higher education institutions must acknowledge that traditional approaches to mental health support may not effectively serve South Asian student populations. A culturally responsive approach requires:

Systemic Change: Moving beyond individual counseling to address institutional barriers

Cultural Competence: Deep understanding of South Asian cultural dynamics and values

Multiple Pathways: Offering various entry points to mental health support

Community Engagement: Working with South Asian student communities as partners

Long-term Commitment: Sustained effort to build trust and change institutional culture

Future Research Directions

- Longitudinal studies tracking South Asian students' mental health service utilization over time
- Comparative studies examining differences between domestic and international South Asian students
- Research on the effectiveness of culturally adapted mental health interventions
- Investigation of the role of family involvement in South Asian students' mental health care

Conclusion

As higher education demographics continue to evolve, institutions must adapt their mental health support services to meet the needs of diverse student populations. South Asian students represent a significant and growing demographic that faces unique challenges related to cultural stigma, family expectations, and identity navigation.

The model minority myth often masks the very real mental health struggles of South Asian students, causing this population to fall under the radar for support services. By implementing culturally responsive practices, creating anonymous support options, and addressing stigma directly, institutions can begin to serve this underserved population more effectively.

The recommendations presented here offer concrete steps that institutions can take to create more inclusive and accessible mental health support for South Asian students. Success will require sustained commitment, cultural competence, and willingness to challenge traditional service delivery models.

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For questions about this research or collaboration opportunities, please feel free to reach out.

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This handout provides additional detail beyond the poster presentation. For full research findings and methodology, please refer to the complete dissertation.