

APPENDIX I: PARTICIPANT DEMOGRAPHICS

First-Generation Interview Participants

Table 1. Summary of first-generation participant demographics.

Participant ID	Gender	Age	Job	Country of Birth	Age at migration Reason for migration Years in UK/Canada	Intensity of Distress
UK1005	Woman	41	Research Fellow	Pakistan	26, Education, 15 years	Intense
UK1010	Man	32	Healthcare worker	Bangladesh	18, Education, 14 years	Very Intense
UK1013	Man	35	Software engineer	India	22, Education, 13 years	Very Intense
UK1022	Woman	75	Retired (previously worked in a bank)	India	23, Marriage, 52 years	Neutral
UK1023	Woman	76	Housewife	Pakistan	18, Marriage, 58 years	Very Intense
UK1024	Woman	75	Retired (previously worked in a bank)	Pakistan	34, Marriage, 41 years	A little intense
UK1025	Woman	72	Retired	Pakistan	27, Marriage, 45 years	Did not answer
TO_2002	Woman	34	Housewife	Bangladesh	22, Marriage, 12 years	Intense
TO_2005	Woman	35	Counsellor	India	20, Better opportunities, 15 years	Very Intense
TO_2006	Woman	38	Counsellor	India	33, Marriage, 5 years	Intense
TO_2007	Man	53	Counsellor	India	Middle age, Marriage/new start, 5 years	Intense
TO_2008	Woman	34	Unemployed	Bangladesh	29, Skilled worker visa, 5 years	Very Intense
TO_2009	Woman	30	Social Worker	India	25, Education, 5 years	Intense
TO_2013	Woman	29	Digital Marketing	Bangladesh	22, Education, 7 years	Intense
TO_2014	Woman	68	Housewife	Pakistan	28 or 29, Marriage, 40 years	Intense to very intense

TO_2016	Man	73	Retired teacher	Pakistan (Indian)	22, Political instability, better life, 50 years	Depends on situation
TO_2017	Woman	37	Concurrent disorders specialist	India	24, Good life and stability for kids, 12 years	Neutral

*UK1010 was technically 17 (about to turn 18) when they moved

*TO2007 had lived in Toronto for over 4 years

*TO2014 temporarily moved abroad to Middle East for a couple of years (after having lived in Canada for a significant period and moved back to Toronto more than 5 years ago)

*TO2013 temporarily lived with her brother in the US (in transit) before permanently moving to Canada

Second-Generation Interview Participants

Table 2. Summary of second-generation participant demographics (n=21).

Gender	Age	Job	Country of Birth	Parents' Country of Birth	Intensity of Distress
Woman	25	Public health professional	UK	Pakistan	Intense
Woman	23	Student	UK	Bangladesh	Very Intense
Woman	36	Research Fellow	UK	India, Pakistan	Little intense
Man	33	Compliance	UK	Sri Lanka	Little intense
Woman	29	Communications manager	UK	Bangladesh	Intense
Man****	27	Engineer	UK	Pakistan	Intense
Woman	40-55*	Teacher	UK	Pakistan	Very Intense
Woman	28	Teacher's Assistant	UK	Bangladesh	Neutral
Man	62	Student	UK	Bangladesh	Little intense to intense
Woman	27	Civil servant	UK	India, Zambia	Intense
Woman	48	Psychotherapist	UK	Sri Lanka	Intense
Woman	30	Nurse	UK	India	Intense
Woman	32	Tutor	UK	India, Indonesia	Intense
Woman	43	Community connector	UK	Pakistan	Very intense
Woman	18	Student	Canada	India	Intense

Woman	25	Operations Manager	Canada	Pakistan	Neutral
Woman	28	Research coordinator	India**	India, Tanzania	Very intense
Woman	34	Health services manager	Canada	India	Intense
Woman	37	Community coordinator	Canada	***Pakistan	Little intense
Woman****	23	Project coordinator	Canada	Pakistan	Very intense
Woman	44	Peer support worker	Canada	India	Intense

*This participant was not comfortable specifying her age and chose to give us a range instead.

**This participant was born in India, but then immediately moved to Canada and considers herself a second-generation immigrant, so we made an exception and included her in the study.

***This participant was born and brought up in Canada but spent a few years abroad with her mother during her adolescence.

****These participants were primarily based in the study sites but had recently moved to other locations. They were asked to only describe their experiences in Toronto/London.

Public Consultation Participants

Table 3. Participant Demographics (All Public Consultations Canada) (n=15).

Participant ID	Gender	Ethnicity	Age	Job	Country of Birth	Parents' Country of Birth
TO_PPIE_2001	Woman	Sri Lankan	22	Student	Canada	Sri Lanka
TO_PPIE_2002	Woman	South Asian	29	Senior Analyst	Canada	Africa
TO_PPIE_2003	Woman	Sri Lankan- Canadian	34	Health Policy Adviser	Canada	Sri Lanka
TO_PPIE_2004	Woman	South Asian from India	46	GBV and Settlement Counsellor	India	India
TO_PPIE_2005	Woman	South Asia, Bengali	38	Mental Health Researcher	Australia	Bangladesh
TO_PPIE_2006	Woman	South Asian Indian	75	Executive Director	India	India
TO_PPIE_2007	Woman	South Asian	41	Scientist	Canada	India
TO_PPIE_2008	Woman	South Asian	22	Student	Canada	India
TO_PPIE_2009	Woman	South Asian	22	Student	Canada	India
TO_PPIE_2010	Woman	Bangladeshi (South Asian)	32	Research Fellow	Bangladesh	Bangladesh
TO_PPIE_2011	Man	South Asian	22	Student	Canada	India
TO_PPIE_2012	Woman	Pakistani	28	Operation lead	Pakistan	Pakistan
TO_PPIE_2013	No demographic info provided					
TO_PPIE_2014	Woman	Pakistani	22	Student	Pakistan	Pakistan
TO_PPIE_2015	Woman	Hyderabadi/Deccani	21	Student	Canada	India

Table 4. Participant Demographics (All Public Consultations UK) (n=25).

Participant ID	Gender	Ethnicity	Age	Job	Country of Birth	Parents' country of birth
UK_PC_1001	Woman	Indian	24	Assistant	India	India
UK_PC_1002	Woman	British Asian	27	Doctoral Student	UK	Sri Lanka
UK_PC_1003	Woman	British Asian India	29	Occupational Psychologist	UK	Uganda
UK_PC_1004	No demographic info provided					
UK_PC_1005	Woman	Bangladeshi	25	PhD Student	Italy	Bangladesh
UK_PC_1006	Man	Asian British-Bangladeshi	32	Clinical Psychologist	UK	Bangladesh
UK_PC_1007	No demographic info provided					
UK_PC_1008	No demographic info provided					
UK_PC_1009	Man	British Indian	29	Engineer	India	UK, India
UK_PC_1010	Woman	British Pakistani/South Asian	24	EDI Business Partner	UK	UK, Pakistan
UK_PC_1011	No demographic info provided					
UK_PC_1012	No demographic info provided					
UK_PC_1013	Woman	Bangladeshi	27	Legal secretary	UK	Bangladesh
UK_PC_1014	Did not attend					
UK_PC_1015	Woman	Pakistani	27	Social researcher	Luxembourg	Pakistan
UK_PC_1016	No demographic info provided					
UK_PC_1017	Woman	South Asian-Indian	23	Student	UK	UK
UK_PC_1018	Woman	South Asian/Indian	23	Healthcare professional	India	India
UK_PC_1019	Woman	Mixed Asian	28	Artist, facilitator	India	India
UK_PC_1020	No demographic info provided					
UK_PC_1021	Woman	Mixed Asian and White	34	Researcher	UK	Kenya, UK
UK_PC_1022	Woman	Sri Lankan Tamil	35	Business Analyst	Sri Lanka	Sri Lanka
UK_PC_1023	Woman	Bangladeshi	23	Research Assistant	UK	Bangladesh
UK_PC_1024	Woman	British Pakistani	26	Trainee clinical psychologist	Pakistan	Pakistan
UK_PC_1025	Female	Pakistani	28	Nursing	Pakistan	Pakistan
UK_PC_1026	Woman	Tamil, Sri Lankan	29	Trainee clinical psychologist	Sri Lanka	Sri Lanka

APPENDIX II: ETHICS APPROVAL LETTERS

London School of Hygiene and Tropical Medicine (UK)

London School of Hygiene & Tropical Medicine

Keppel Street, London WC1E 7HT
United Kingdom
Switchboard: +44 (0)20 7636 8636

www.lshtm.ac.uk

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& TROPICAL
MEDICINE



Observational / Interventions Research Ethics Committee

Miss Ruchika Jain
LSHTM

24 November 2022

Dear Miss Ruchika Jain

Study Title: The cultural conceptualisations of psychological distress and help-seeking among South Asian immigrants in the UK and Canada

LSHTM Ethics Ref: 28173

Thank you for responding to the Observational Committee's request for further information on the above research and submitting revised documentation.

The further information has been considered on behalf of the Committee by the Chair.

Confirmation of ethical opinion

On behalf of the Committee, I am pleased to confirm a favourable ethical opinion for the above research on the basis described in the application form, protocol and supporting documentation as revised, subject to the conditions specified below.

Conditions of the favourable opinion

Approval is dependent on local ethical approval having been received, where relevant.

Approved documents

The final list of documents reviewed and approved by the Committee is as follows:

Document Type	File Name	Date	Version
Advertisements	Recruitment Poster_030822	03/08/2022	v1
Information Sheet	Participant Consent Form_030822	03/08/2022	v1
Protocol / Proposal	Interview Schedule_080822	08/08/2022	v1
Investigator CV	Jain CV_2022	11/08/2022	v1
Other	Research_Ethics_online_training_certificate	11/08/2022	V1
Advertisements	Recruitment Emails_v1_150822	15/08/2022	v1
Information Sheet	Participant Information Sheet_230822	23/08/2022	v1
Investigator CV	CV_Ritz Kakuma_4 pager 2021	26/08/2022	v1
Investigator CV	CV_Abhijit Nadkarni_May_2022	26/08/2022	v1
Investigator CV	CV_Daisy Singla_Aug 10 2022	26/08/2022	v1
Protocol / Proposal	Upgrading Report_LSHTM Ethics_260822	26/08/2022	v1
Protocol / Proposal	Demographic Information Form_260822	26/08/2022	v1
Protocol / Proposal	Demographic Information Form_Amended_041122	04/11/2022	v2
Advertisements	Recruitment Poster_Amended_041122	04/11/2022	v2
Protocol / Proposal	Upgrading Report_LSHTM Ethics_Amended_141122	14/11/2022	v2
Protocol / Proposal	Participant Contact Details Form_141122	14/11/2022	v1
Information Sheet	Informed Consent Form and Contact Form for Online Participants_141122	14/11/2022	v1
Information Sheet	Participant Information Sheet_Amended_141122	14/11/2022	v2
Information Sheet	Participant Consent Form_Amended_141122	14/11/2022	v2
Advertisements	Recruitment QR Card_141122	14/11/2022	v1

Advertisements	Invitation to participate in public health research	14/11/2022	v1
Advertisements	Recruitment Emails_v0.2_141122	14/11/2022	v2
Covering Letter	Request for Clarification_Ethics_Cover Letter_Final	15/11/2022	v1

After ethical review

The Chief Investigator (CI) or delegate is responsible for informing the ethics committee of any subsequent changes to the application. These must be submitted to the Committee for review using an Amendment form. Amendments must not be initiated before receipt of written favourable opinion from the committee.

The CI or delegate is also required to notify the ethics committee of any protocol violations and/or Suspected Unexpected Serious Adverse Reactions (SUSARs) which occur during the project by submitting a Serious Adverse Event form.

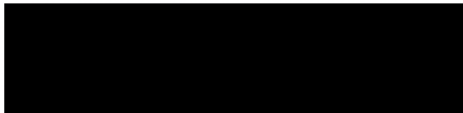
An annual report should be submitted to the committee using an Annual Report form on the anniversary of the approval of the study during the lifetime of the study.

At the end of the study, the CI or delegate must notify the committee using an End of Study form.

All aforementioned forms are available on the ethics online applications website and can only be submitted to the committee via the website at: <http://leo.lshtm.ac.uk>

Additional information is available at: www.lshtm.ac.uk/ethics

Yours sincerely,



Professor David Leon and Professor Clare Gilbert
Co-Chairs

ethics@lshtm.ac.uk
<http://www.lshtm.ac.uk/ethics/>

Improving health worldwide

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Research Ethics Committee

Ms Ruchika Jain
27 September 2023

Dear Ms Ruchika Jain,

Study Title: The cultural conceptualisations of psychological distress and help-seeking among South Asian immigrants in the UK and Canada

LSHTM Ethics ref: 28173 - 2

Thank you for submitting your amendment for the above research project.

Your amendment has been assessed by the Research Governance & Integrity Office and has been approved as a non-substantial change. The amendment does not require further ethical approval from the observational ethics committee.

List of documents reviewed:

Document Type	File Name	Date	Version
Other	Upgrading Report_Tracked Changes_LSHTM Ethics_Amendment 2.0_210923_V6.0	21/09/2023	V6.0
Other	Recruitment Poster_UK_Tracked Changes_V3.0_0923	25/09/2023	V3.0

Any subsequent changes to the application must be submitted to the Committee via an Amendment form on the ethics online applications website: <http://leo.lshtm.ac.uk> .

Best of luck with your project.

Yours sincerely,



Rebecca Carter

Ethics Facilitator

Ethics@lshtm.ac.uk
<http://www.lshtm.ac.uk/ethics/>

Improving health worldwide

Mount Sinai Hospital (Canada)



Research Ethics Board

700 University Avenue, 8th fl., Suite 8-600
Toronto, Ontario, Canada, M5G 1Z5
t: (416) 586-4875 f: (416) 586-4715
www.mtsinai.on.ca

Notification of REB Initial Approval (Delegated)

Date: April 26, 2023

To: Dr. Daisy Singla
Department of Psychiatry
Mount Sinai Hospital
600 University Avenue Room 914A
Toronto, Ontario M5G 1X5 Canada

Re: 23-0030-E
The cultural conceptualisations of psychological distress and help-seeking among South Asian immigrants in the UK and Canada (eSubmission)

Sponsor:	No Funding Required
REB Review Type:	Delegated
REB Initial Approval Date:	26 April, 2023
REB Expiry Date:	26 April, 2024
Documents Approved:	Protocol (Dated: 2023/04/12)
Recruitment Poster (Dated: 2023/04/07)	Consent Form (Dated: 2023/04/17)
Results Contact Details (Dated: 2023/01/13)	Recruitment Emails (Dated: 2023/04/12)
Demographic Information Form (Dated: 2023/01/13)	
Questionnaire/Survey: Interview Schedule (Dated: 2023/01/13)	
Email to for Permission to Communicate via Email (Dated: 2023/01/13)	
Documents Acknowledged:	N/A
Health Records Access:	No

The above named study has been reviewed and approved by the Mount Sinai Hospital Research Ethics Board. If, during the course of the research, there are any serious adverse events, confidentiality concerns, changes in the approved project, or any new information that must be considered with respect to the project, these should be brought to the immediate attention of the REB. In the event of a privacy breach, you are responsible for reporting the breach to the MSH REB and the MSH Corporate Privacy Office (in accordance with Ontario health privacy legislation – Personal Health Information Protection Act, 2004). Additionally, the MSH REB requires reports of inappropriate/unauthorized use of the information.

If the study is expected to continue beyond the expiry date, you are responsible for ensuring the study receives re-approval. The REB must be notified of the completion or termination of this study and a final report provided. As the Principal Investigator, you are responsible for the ethical conduct of this study.

The MSH Research Ethics Board operates in compliance with the Tri-Council Policy Statement 2, ICH/GCP Guidelines, Part C, Division 5 of the Food and Drug Regulations of Health Canada, Part 4 of the Natural Health Product Regulations, and Part 3 of the Medical Devices Regulations.

During the COVID-19 Publicly Declared Emergency, the REB continues to review and approve submissions, but initiation or implementation of newly approved submissions will be contingent upon evolving institutional policies and guidelines. Principal Investigators are encouraged to consult with their Department Heads for further guidance.

Sincerely,

Vibhuti Shah, MD, FRCP, MSc
Chair, Mount Sinai Hospital Research Ethics Board



Research Ethics Board

700 University Avenue, 8th fl., Suite 8-600
Toronto, Ontario, Canada, M5G 1Z5
t: (416) 586-4875 f: (416) 586-4715
www.mtsinai.on.ca

Notification of REB Amendment Approval

Date: October 12th, 2023

To: Dr. Daisy Singla
Department of Psychiatry
Mount Sinai Hospital
600 University Avenue, Room 914A
Toronto, ON, M5G 1X5

Re: 23-0030-E
The cultural conceptualisations of psychological distress and help-seeking among South Asian immigrants in the UK and Canada (eSubmission)

Sponsor:	No Funding Required
REB Review Type:	Delegated
REB Initial Approval Date:	26 April, 2023
REB Expiry Date:	26 April, 2024
REB Amendment Approval Date:	October 12 th , 2023
Documents Approved:	Protocol (dated: 2023/09/25)

Consent Form: Public Consultations (dated: 2023/09/07)
Telephone Script: Verbal Consent Script for Public Consultations (dated: 2023/09/25)
Recruitment Letters/Tools: Recruitment Email Scripts for Public Consultations (dated: 2023/10/12)
Recruitment Letters/Tools: Recruitment Poster for Public Consultations (received: 2023/09/28)
Telephone Script: Verbal Consent Script for Interviews (dated: 2023/10/12)
Recruitment Letters/Tools: Recruitment Email Scripts for Interviews (dated: 2023/09/25)
Recruitment Letters/Tools: Recruitment Scripts for Interview Participants via Public Boxes (dated: 2023/09/05)
Recruitment Letters/Tools: Recruitment Poster for Interviews (received: 2023/09/08)
Recruitment Letters/Tools: Recruitment Card for Interviews (received: 2023/09/08)
Data Collection Form: Demographic Information Form (dated: 2023/06/26)
Contact Details for Public Consultation Study Results (dated: 2023/06/26)

The MSH Research Ethics Board operates in compliance with the Tri-Council Policy Statement 2, ICH/GCP Guidelines, Part C, Division 5 of the Food and Drug Regulations of Health Canada, Part 4 of the Natural Health Product Regulations, and Part 3 of the Medical Devices Regulations.

During the COVID-19 Publicly Declared Emergency, the REB continues to review and approve submissions, but initiation or implementation of newly approved submissions will be contingent upon evolving institutional policies and guidelines. Principal Investigators are encouraged to consult with their Department Heads for further guidance.

Best wishes for the successful completion of your project.

Sincerely,



Nushrat Sultana, BSc,
Research Ethicist, Research Ethics Board

For: Vibhuti Shah, MD, FRCPC, MSc
Chair, Mount Sinai Hospital Research Ethics Board

APPENDIX III: DATA COLLECTION DOCUMENTS (PUBLIC CONSULTATIONS)

Public Consultation Recruitment Posters (Canada)

INVITATION TO PARTICIPATE IN A PUBLIC CONSULTATION



What is the influence of culture on mental health among South Asian immigrants?

You may participate if you are:

- A person of South Asian (India, Pakistan, Sri Lanka or Bangladesh) origin
- Canada-based
- 18+
- English-speaking

If you are interested in participating or learning more, please contact Ruchika Jain (PhD Candidate) at ruchika.jain@sinahealth.ca or 1437-782-5277.

If you have any additional questions, please call Dr. Daisy Singla (Principal Investigator) at 416-586-4800 Ext. 6121.

Participation involves one confidential 1-hour focus group discussion online. These will be held on November 6th at 6:00 pm EST and November 9th at 6:00 pm EST.

All participants will be provided with a small token of appreciation.

Email is not a secure form of communication and should not be used for conveying sensitive information, or in the event of an emergency



INVITATION TO PARTICIPATE IN A PUBLIC CONSULTATION

**What is the influence of culture on mental health among
South Asian immigrants?**

You may participate if you are:

- A person of South Asian (India, Pakistan, Sri Lanka or Bangladesh) origin
- Based in Canada
- 18+
- English-Speaking

Participation involves one confidential 1-hour
focus group discussion online on
June 5th at 6:30 pm EST.

**If you are interested in participating or learning
more, please contact Ruchika Jain (PhD
candidate) at ruchika.jain@sinaihealth.ca or
1437-782-5277.**

If you have any additional questions, please call Dr. Daisy Singla (Principal Investigator) at
1416-586-4800 ext. 6121

All participants will be provided
with a small token of
appreciation.



Email is not a secure form of communication and should not be used
for conveying sensitive information, or in the event of an emergency.

V1.0 12/10/23

Public Consultation Information Sheet and Consent Form (Canada)



INFORMATION SHEET AND CONSENT TO PARTICIPATE IN A RESEARCH STUDY

Title

The Cultural Conceptualisations of Psychological Distress and Help-Seeking among South Asian Immigrants in the UK and Canada: Public Consultations

Version Number & Date

V1.0 September 7th, 2023

Investigator

Dr. Daisy Singla (416-586-4800 ext.6121)

Sponsor

The London School of Hygiene and Tropical Medicine

Introduction

You are being asked to take part in a research study. Please read this explanation about the study and its risks and benefits before you decide if you would like to take part. You should take as much time as you need to make your decision. You should ask the study doctor or study staff to explain anything that you do not understand and make sure that all of your questions have been answered before signing this consent form. Before you make your decision, feel free to talk about this study with anyone you wish. Participation in this study is voluntary.

Background and Purpose

The research which you will be asked to comment on aims to explore how first and second-generation South Asian immigrants residing in the UK and Canada understand, experience, and seek formal or informal help for their psychological distress. South Asians are an important part of UK and Canadian societies as the fastest growing ethnic minority group in both countries. Mental health challenges are present among many South Asians, but this group tends to use mental health services less than their White counterparts. This study will help us better understand how certain cultural factors may influence how South Asian individuals define, express, experience, and get support for their psychological distress. We hope the findings of this study and consultation will contribute to determining how we can improve mental health care to be more responsive to the needs of the South Asian communities in the UK and Canada.

Procedures

If you agree to participate, you will be asked to sign a participant consent form and fill out a brief form about yourself. You will be sent a summary document about the study and discussion points to review ahead of time. You will then be asked to attend a public consultation with other participants for approximately one hour. The consultation will be held in a private and confidential space in Toronto and online- you may choose to attend in-person or via Zoom. The consultation will be led by a study staff person, who is second-generation South Asian individual. The consultation will be audio recorded, and supplementary notes will be taken throughout. The consultation is confidential, meaning you will not be identified by name in the recording.

Risks Related to Being in the Study

You may be asked questions that you are not comfortable answering. If that is the case, you can tell the study staff person that you do not wish to answer that question.

Benefits to Being in the Study

It cannot be promised the study will help you directly but the information we get from the study will help our knowledge and understanding of mental health among South Asian immigrants in the UK and Canada.

Voluntary Participation

Your participation in this consultation is voluntary. You may decide not to be in this consultation, or may choose to be in the consultation now and then change your mind later. You may leave the study at any time without affecting your employment status or academic standing. You may refuse to answer any question you do not want to answer, or not answer a question by saying “pass.”

Confidentiality

Your medical records will not be collected for this research project. All information collected about you will be kept private. The audio recordings of the consultation will be stored in a secure location and accessed only by members of the research team. The recordings will be kept until they have been transcribed (turned into written records) by a member of the research team, and then they will be destroyed at the end of the study. The written records will not include names or any other personal data and will be securely stored in an encrypted server within Sinai Health.

The information from the consultation will be presented together and any quotes presented from your interview will be coded (“coded” means that directly identifying information (such as your name) will be replaced by a study ID, which will be applied to the study data).

Please note email is not a secure form of communication and should not be used for conveying sensitive information, or in the event of an emergency.

Research Results

The study results will be presented in a study staff person’s doctoral thesis. Results may also be published in healthcare journals, presented at conferences or research events, and summarised in policy notes so that other researchers, healthcare professionals and policymakers can learn from them. Your personal information will not be included in any of this and there is no way that you can be identified from it. If you would like to receive the results of the study, you will be asked for your permission to be contacted and to provide your email address.

In Case You Are Harmed in the Study

If you become ill, injured or harmed as a result of taking part in this study, you will receive care. The reasonable costs of such care will be covered for any injury, illness or harm that is directly a result of being in this study. In no way does signing this consent form waive your legal rights nor does it relieve the investigators, sponsors or involved institutions from their legal and professional responsibilities.

Expenses Associated with Participating in the Study

You will be given a 50 CAD gift card as a token of appreciation.

Questions About the Study

If you have any questions, concerns or would like to speak to the study team for any reason, please call: Dr. Daisy Singla at 416-586-4800 Ext. 6121.

If you have any questions about your rights as a research participant or have concerns about this study, call the Chair of the Mount Sinai Hospital Research Ethics Board (REB) or the Research Ethics Office number at 416-586-4875. The REB is a group of people who oversee the ethical conduct of research studies. These people are not part of the study team. Everything that you discuss will be kept confidential.

Further information and contact details

Thank you for taking time to read this information sheet. If you think you will take part in the consultation, please read and sign the consent form below.

If you would like any further information, please feel free to contact me at Ruchika.jain@sinaihealth.ca or call [insert work phone number].

Statement	Please initial each box
I confirm that I have read the information sheet and consent form dated September 7 th , 2023 (V1.0) or have had the information explained to me by the researcher in language that I understand for the study. I have had the opportunity to consider the information, ask questions and have these answered satisfactorily.	
I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care or legal rights being affected. I understand if I withdraw from the study, my collected data will be erased.	
I understand that relevant sections of data collected during the study may be looked at by authorised individuals from the London School of Hygiene and Tropical Medicine and/or Sinai Health where it is relevant to my taking part in this research. I give permission for these individuals to have access to my collected data.	
I understand that my data may be shared via a secure server or by sharing directly with other researchers (including anonymous notes and quotations), and that I will not be identifiable from this information.	
I understand that if I disclose something during the interview that poses significant risk to myself or someone else, the lead researcher will tell someone who can help. I understand that I will be informed if this is the case.	
I will keep personal information disclosed by other participants confidential.	
I consent to having the consultation audio recorded.	
I agree to take part in the study.	

Print Study Participant's Name Signature Date

(You will be given a signed copy of this consent form)

My signature means that I have explained the study to the participant named above. I have answered all questions.

Print Name of Person Obtaining Consent Signature Date

Public Consultation Verbal Consent (Canada)

Verbal Consent Script:

Interviewer: Hello, my name is [name of study staff member] and I'm calling you about the "How does culture shape psychological distress for South Asian immigrants in the UK and Canada?" study. Have you had a chance to review the Consent Form I sent you by email?

If not:

Interviewer: Would you like me to send the Consent Form now so that we can go through it together?

If participant has reviewed the Consent: Great! I would like to go through the consent form with you over the phone and then obtain your consent but before I do that, do you consent to me audio recording the consenting process and your verbal consent over the phone?

If no:

Interviewer: Unfortunately, you are ineligible to participation because your study participation will require audio recording in a focus group setting with other individuals.

Interviewer: I will now begin audio recording our conversation and proceed with going over the consent form. What is your name?

Participant: [Provides name]

Interviewer: Do you confirm the information and consent form for the study entitled "*How does culture shape psychological distress for South Asian immigrants in the UK and Canada?*" was reviewed on [date]?

Participant: Yes or no

Interviewer: Consent is being obtained at [date] at [time].

Interviewer: As discussed, I am audio recording the informed consent process necessary for you to take part in the study. I will read out a statement and you can verbally reply with a yes or no. I have given you physical or digital copy of the information sheet and the consent form and you can follow along if you would like.

Interviewer: *I confirm that I have read the information sheet and consent form dated September 7th, 2023 (V1.0) or have had the information explained to me by the researcher in language that I understand for the study. I have had the opportunity to consider the information, ask questions and have these answered satisfactorily.*

Do you agree with this statement?

Participant: Yes or no

Interviewer: *I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care or legal rights being affected. I understand if I withdraw from the study, my collected data will be erased.*

Do you agree with this statement?

Participant: Yes or no

Interviewer: *I understand that relevant sections of data collected during the study may be looked at by authorised individuals from the London School of Hygiene and Tropical Medicine and/or Sinai Health where it is relevant to my taking part in this research. I give permission for these individuals to have access to my collected data.*

Do you agree with this statement?

Participant: Yes or no

Interviewer: *I understand that my data may be shared via a secure server or by sharing directly with other researchers (including anonymous notes and quotations), and that I will not be identifiable from this information.*

Do you agree with this statement?

Participant: Yes or no

Interviewer: *I understand that if I disclose something during the interview that poses significant risk to myself or someone else, the lead researcher will tell someone who can help. I understand that I will be informed if this is the case.*

Do you agree with this statement?

Participant: Yes or no

Interviewer: *I will keep personal information disclosed by other participants confidential.*

Do you agree with this statement?

Participant: Yes or no

Interviewer: *I consent to having the consultation audio recorded.*

Do you agree with this statement?

Participant: Yes or no

Interviewer: *I agree to take part in the study.*

Do you agree with this statement?

Participant: Yes or no

[If participant agrees to take part in the study]:

Interviewer: I [NAME] attest that on [date] I have explained the study information accurately in English to and was understood to the best of my knowledge by, the participant and that they have freely given their consent to participate.

Public Consultation Demographic Form (Canada)



DEMOGRAPHIC INFORMATION FORM

Title

The Cultural Conceptualisations of Psychological Distress and Help-Seeking among South Asian Immigrants in the UK and Canada

Version Number & Date

V1.0 26/06/2023

Investigator

Dr. Daisy Singla (416-586-4800 Ext. 6121)

Sponsor

The London School of Hygiene and Tropical Medicine

How would you describe your gender? -Man -Woman -Non-Binary -None of the above. I identify as: _____.	
How would you describe your ethnicity?	
What is your age? If you are unsure of your age, what is your year of birth?	
What is your main job?	
What is your country of birth?	
What is your mother's country of birth? What is your father's country of birth?	

Public Consultation Contact Details Form (Canada)



CONTACT DETAILS FOR STUDY RESULTS

Title
The Cultural Conceptualisations of Psychological Distress and Help-Seeking among South Asian Immigrants in the UK and Canada

Version Number & Date
V1.0 26/06/2023

Investigator
Dr. Daisy Singla (416-586-4800 Ext. 6121)

Sponsor
The London School of Hygiene and Tropical Medicine

Statement	Please initial
I would like to be contacted regarding the results of this study.	

Printed name of participant

Signature of participant

Date

The email address I would like to be contacted at:

Public Consultation Recruitment Posters (UK)

The study is approved by the London School of Hygiene and Tropical Medicine.

INVITATION TO PARTICIPATE IN A PUBLIC CONSULTATION

What is the influence of culture on mental health among South Asian immigrants?



You may participate if you are:

- A person of South Asian (India, Pakistan, Sri Lanka or Bangladesh) origin
- Based in the UK
- 18+
- English-speaking

If you are interested in participating or learning more, please contact Ruchika Jain (PhD Candidate) at ruchika.jain@lshtm.ac.uk
+44 7733137169
or scan the QR code



Participation involves a private and confidential 1- hour focus group discussion either online on 26/09/23 at 18:30 or in-person on 28/09/23 at 18:30 at IDEA STORE WHITECHAPEL

All participants will be provided with 50 GBP as a small token of appreciation.

INVITATION TO PARTICIPATE IN A PUBLIC CONSULTATION

**What is the influence of culture on mental health among
South Asian immigrants?**

You may participate if you are:

- A person of South Asian (India, Pakistan, Sri Lanka or Bangladesh) origin
- Based in the UK
- 18+
- English-Speaking

What will this involve? Over one hour we will interact with you as a group and get your feedback on our observations related to the mental health of South Asian immigrants in the UK and Canada.

When & Where? Online, June 5th at 6:30 pm BST.

If you are interested in participating or learning more, please contact Ruchika Jain (PhD candidate) at ruchika.jain@lshtm.ac.uk or +44 7733137169 or scan the QR code.



All participants will be provided with a gift card as a small token of appreciation.

The study is approved by the London School of Hygiene and Tropical Medicine.

Public Consultation Information Sheet and Consent Form (UK)

INFORMATION SHEET AND CONSENT TO PARTICIPATE IN A RESEARCH STUDY

Title

How Useful and Relevant is Mental Health Research to South Asian Immigrant Communities? Public Consultations in the UK and Canada

Version Number & Date

V3.0 14/08/2023

Lead Researcher

Ruchika Jain

Sponsor

The London School of Hygiene and Tropical Medicine

Introduction

I would like to invite you to take part in a public consultation. Joining the consultation is entirely up to you. Before you decide, you need to understand why the consultation is being done and what it would involve. Ask questions if anything you read is not clear or you would like more information. Please feel free to talk to others about the consultation if you wish. Take time to decide whether to take part.

Background and Purpose

The study which you will be asked to comment on aims to explore how first- and second- generation South Asian immigrants residing in the UK and Canada understand, experience, and seek formal or informal help for their psychological distress. South Asians are an important part of UK and Canadian society as the fastest growing ethnic minority group in both countries. Mental health challenges are present among many South Asians, but this group tends to use mental health services less than their White counterparts. This study will help us better understand how certain cultural factors may influence how South Asian individuals define, express and experience, and get support for their psychological distress. We hope the findings of this study and consultation will contribute to determining how we can improve mental health care to be more responsive to the needs of the South Asian communities in the UK and Canada.

Procedures

If you agree to participate, you will be asked to sign a participant consent form and fill out a brief form about yourself. You will be sent a summary document about the study and discussion points to review ahead of time. You will then be asked to attend a public consultation with approximately 7-8 other participants for approximately one hour. The consultation will be held in a private and confidential space in London and online- you may choose to attend either in-person or via Zoom. The consultation will be led by a study staff person, who is a second-generation South Asian individual. With your permission, the consultation will be audio recorded, and supplementary

notes will be taken throughout. The consultation is confidential, meaning you will not be identified by name in the recording.

Risks Related to Being in the Study

You may be asked questions that you are not comfortable answering. If that is the case, you can tell the study staff person that you do not wish to answer that question.

Benefits to Being in the Study

It cannot be promised the study will help you directly but the information we get from the study will help our knowledge and understanding of mental health among South Asian immigrants in the UK and Canada.

Voluntary Participation

Your participation in this consultation is voluntary. You may decide not to be in this consultation, or to be in the consultation now and then change your mind later. You may leave the study at any time without affecting your employment status or academic standing. You may refuse to answer any question you do not want to answer, or not answer a question by saying “pass.”

Confidentiality

All information collected about you will be kept private. You will also be asked to keep personal information disclosed by other participants private. The written records of the public consultations not include names or any other personal data. Only study staff persons will have access to the audio recording and written records, which will be securely stored on the London School of Hygiene and Tropical Medicine server. The audio recordings will be deleted as soon as they have been transcribed into written records. The information from the consultation will be summarised together and any quotes presented from the consultation will be anonymised. At the end of the project, the study data will be kept securely on the London School of Hygiene and Tropical Medicine server for 10 years, after which all data will be destroyed.

In the case that you say something in the consultation that may put you or another person at risk, the lead researcher will tell someone who can help. If this happens, you will be informed.

Research Results

The study results will be presented in a study staff person’s doctoral thesis. Results may also be published in healthcare journals, presented at conferences or research events, and summarised in policy notes so that other researchers, healthcare professionals and policymakers can learn from them. Your personal information will not be included in any of this and there is no way that you can be identified from it. If you would like to receive the results of the study, you will be asked for consent to be contacted and to provide your email address.

In Case You Are Harmed in the Study

If you become ill, injured or harmed as a result of taking part in this study, you will receive care. The reasonable costs of such care will be covered for any injury, illness or harm that is directly a result of being in this study. In no way does signing this consent form waive your legal rights nor does it relieve the investigators, sponsors or involved institutions from their legal and professional responsibilities.

Expenses Associated with Participating in the Study

You will be given 50 GBP/50 CAD as a token of appreciation.

Questions About the Study

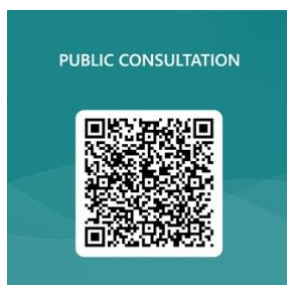
This study has been reviewed and given favourable opinion by The London School of Hygiene and Tropical Medicine Research Ethics Committee (ref:).

If you have any concerns about this study please contact Patricia Henley, the head of research governance at the London School of Hygiene and Tropical Medicine, at rgio@lshtm.ac.uk.

Further information and contact details

Thank you for taking time to read this information sheet. If you think you will take part in the consultation, please read and sign the consent form below.

If you would like any further information, please feel free to contact me at ruchika.jain@lshtm.ac.uk or +447733137169 or scan the QR code.



Statement	Please initial each box
I confirm that I have read the information sheet and consent form dated 14/08/23 (V3.0) or have had the information explained to me by the researcher in language that I understand for the study. I have had the opportunity to consider the information, ask questions and have these answered satisfactorily.	
I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care or legal rights being affected. I understand if I withdraw from the study, my collected data will be erased.	
I understand that relevant sections of data collected during the study may be looked at by authorised individuals from the London School of Hygiene and Tropical Medicine and/or Sinai Health where it is relevant to my taking part in this research. I give permission for these individuals to have access to my collected data.	
I understand that my data may be shared via an online data repository or by sharing directly with other researchers (including anonymous notes and quotations), and that I will not be identifiable from this information.	
I understand that if I disclose something during the interview that poses significant risk to myself or someone else, the lead researcher will tell someone who can help. I understand that I will be informed if this is the case.	
I will keep personal information disclosed by other participants confidential.	
I consent to having the consultation audio recorded.	
I agree to take part in study.	

Print Study Participant's Name Signature Date (You will be given a signed copy of this consent form)

My signature means that I have explained the study to the participant named above. I have answered all questions.

Print Name of Person Obtaining Consent Signature Date

Public Consultation Demographic Form (UK)

DEMOGRAPHIC INFORMATION FORM

Title
How Useful and Relevant is Mental Health Research to South Asian Immigrant Communities?
Public Consultations in the UK and Canada

Version Number & Date
V1.0 12/06/2023

Lead Researcher
Ruchika Jain

Sponsor
The London School of Hygiene and Tropical Medicine

How would you describe your gender? -Man -Woman -Non-Binary -None of the above. I identify as: _____.	
How would you describe your ethnicity?	
What is your age? If you are unsure of your age, what is your year of birth?	
What is your main job?	
What is your country of birth?	
What is your mother’s country of birth? What is your father’s country of birth?	

Public Consultation Contact Details Form (UK)

CONTACT DETAILS FOR STUDY RESULTS

Title
How Useful and Relevant is Mental Health Research to South Asian Immigrant Communities?
Public Consultations in the UK and Canada

Version Number & Date
V1.0 12/06/2023

Lead Researcher
Ruchika Jain

Sponsor
The London School of Hygiene and Tropical Medicine

Statement	Please initial
I agree to be contacted regarding the results of the study.	

Printed name of participant

Signature of participant

Date

The email address I would like to be contacted at:

Pre-Read for Consultation on Initial Results (Canada and UK)

What is the influence of culture on mental health among South Asian immigrants?

What is the research I am being asked to comment on about?

The research explores how culture plays a role in how first- and second-generation South Asian immigrants in the UK and Canada understand, experience, and seek help for psychological distress. We expect the outputs of the research to help increase awareness on this topic and inform the creation of culturally accessible mental health services for the South Asian community.

What is the purpose of this consultation?

So far, we have interviewed 13 individuals in London, UK and 8 individuals in Toronto, Canada.

We would like to hear your thoughts on the initial findings based on these interviews. We are aiming to explore if the findings ring true to you and to other members of the UK's South Asian community.

What are some of the questions that the interview participants were asked?

- ⇒ What do you call your experience of distress?
- ⇒ What were/are your symptoms?
- ⇒ What do you think caused your experience?
- ⇒ How has/did the experience affected your life?
- ⇒ What did you do to manage/cope with this experience?
- ⇒ What made you seek help?
- ⇒ After receiving help for your experience, what changes would you like/expect in your life?
- ⇒ What do you think are some things to be mindful of regarding mental health in the South Asian community that may be different in other communities in the UK/Canada?

What themes will I be asked to comment on?

We are primarily interested in hearing your thoughts on six emerging themes outlined below. We have included relevant anonymised quotes for each theme.

Finding	Supporting/sample quote	Our question for you
Participants mostly attributed their distress to life/situational factors (more than religious/spiritual, environmental, or	"I know like family instability can cause like problems but like parental over involvement in like people and like how your family don't want you to talk about mental health struggles and things like that but they're also super involved in your life. It is quite a unique concept that people don't really get unless you've been through it."	Do you think this is true in the South Asian community in the UK?

biological factors).		
Participants were often disappointed with their interactions with their GP regarding their mental health concerns. GPs were often only able to offer a referral to therapy or a CBT course or medication and did not provide listening support or validation.	<p>“Yeah. So I was 18. And I like hadn’t slept in a while, I wasn't eating. But this is super close to my grandpa passing away. Mom was concerned. She was like do you want to go to the GP. I was like okay so I went to GP, we did the questionnaire together, but I was pretty low, I wasn’t suicidal, I wasn’t having ideation, I was just really low, and I guess it just felt quite mechanical or very like, oh, we'll do these questions, and then I'll give you some CBT, I'll give you the CBT workshop to do online like an E-module, and then kind of come back. Like she was nice but actually, I probably just needed someone to say like this is grief and grief is rubbish, and you know, let's check in in a couple of weeks’ time, or like, and let's see how you get on but then to suddenly be strapped with a label...”</p> <p>“I would say, yeah, that that was on one occasion when I felt really distressed, and I feel uncomfortably out of water. Then, yeah. So I tried to engage with the GP. Tried to seek support from the talking therapy but I didn’t get the support I needed. So one thing helped me, kept me going is having very close contact with my family.”</p>	What do you think the role of a GP is for mental health service delivery?
Participants valued speaking to people with similar experiences of distress as them (siblings or friends). They appreciated the level of understanding and advice these individuals could provide.	<p>“I message her [friend from university] on a daily basis. So, she's an anxious type, and I am the depressive type. So, you know, they tend to get hand in hand, and she also has at least one parent who suffered from long term depression. So I guess, yeah, she kind of gets it. So if I'm worried about something, I'll just message her, and she's usually free also for a chat. can just like, try and talk things out with her advice. Vice versa. That works really well.”</p> <p>“So as a group of men as well, especially. We...It's opened up a space and a safe space, especially when in a culture of, and I use the word lightly, banter, to to talk about your emotions and be accepted for it,</p>	Do you think it’s important to get support from people who have had similar experiences to you? Why or why not?

Pre-Read for Consultation on Final Results (Canada and the UK)

Study Background:

I interviewed 38 first and second-generation South Asian immigrants (age 18+) with a self-reported experience of psychological distress within the past five years living in Toronto, Canada and London, UK. Toronto and London are both majority White, Western and high-income cities, with 14% and 20% of the population identifying as of South Asian origin, respectively. South Asians in these countries experience higher levels of Common Mental Disorders (CMDs) than other ethnic groups but tend to underutilise mental health services. Though it is important to acknowledge and understand that the South Asian diaspora is not a monolith, the study results can be used to highlight ways to make formal and informal mental health services culturally accessible for this significant group.

Questions to Consider:

I will briefly present the study results at the beginning of the consultation, but I ask that you please read through them beforehand and consider the questions listed below. This task should take you no longer than one hour. Please feel free to bring notes!

First, I will be asking for feedback on how relevant the findings are to the South Asian community.

⇒ How relevant and useful are the study results to the South Asian community?

Then, most of the discussion will focus on getting your guidance on the priority “take away” messages to disseminate to key stakeholders based on the findings.

- ⇒ Which of the cultural factors identified in the study results are important to consider when it comes to mental health service delivery for the South Asian community?
- ⇒ How should service providers (e.g., general practitioners (GPs), therapists/counsellors, community organizations, faith leaders) consider immigrant generation in mental health service delivery?
- ⇒ What does “person-centered care¹” mean to you? Why do you think it’s important for the South Asian community?
- ⇒ What are the key messages from this study that should be shared with a) healthcare professionals b) community organizations c) policymakers d) academics and e) members of the South Asian community?

Study Results:

I have summarised the findings for both immigrant generations. Please keep these results in mind when thinking about the questions presented above.

Tables 1-2. A summary of the final results for the second-generation participants (n=21) and the first-generation participants (n=17).

Perceived Causes of Distress	Symptoms of Distress	Help-Seeking and Coping Strategies	Barriers and Facilitators to Help-Seeking	Beliefs about Recovery	Recommendations for Mental Health Services
Participants mainly attributed distress to their personal relationships with family members citing factors such as intergenerational trauma, strict parenting that limited	Commonly reported mental/ emotional included overthinking, crying, lack of motivation, helplessness, hopelessness, anxiousness, and low	Participants relied on themselves to get better by engaging in their hobbies, exercising, praying alone, and reading about distress on websites or through social media. Some	When asked what made them seek help in the first place, participants gave many reasons, including worsening symptoms, newly learning about where to go for help and	When asked what “staying well” looked like to them, participants discussed a wide range of things such as increasing their self-esteem and confidence, having	Participants stated that there are many factors in South Asian culture that should be discussed in service delivery including, stigma, gender roles and family dynamics

<p>their autonomy, physical and sexual abuse and living with a family member who had a mental health condition. Other perceived causes included work/academic stress and identity struggles, having grown up between two cultures. Only two participants wondered if their distress was genetic.</p>	<p>self-esteem/confidence.</p> <p>Participants also described physical symptoms such as trouble sleeping, problems with eating (over or under-eating) and tiredness and exhaustion related to overthinking, life circumstances and burn out.</p>	<p>shared their distress with friends, family members, and individuals with shared experiences, but preferred to just be in their company. Most participants had seen a GP for their distress and had neutral or negative experiences, with the GP only being able to offer them medication or referral to counselling. Most participants had received some form of therapy and saw it as a beneficial way to notice patterns in their lives, set boundaries and learn coping strategies.</p>	<p>decreasing experiences of stigma.</p> <p>Many participants felt like they needed to be “strong” and “forget,” a sentiment they learned through their immigrant parents’ experiences. They also mentioned the lack of focus on emotional wellbeing in South Asian families made them unable to reach out to their parents for support, thinking that they would not understand. Participants also felt weary of burdening their parents, who had sacrificed so much for them to succeed in Canada/the UK.</p>	<p>solid relationships, knowing their triggers, and setting boundaries and being more aware of tools and resources for distress.</p>	<p>(especially collectivism). Participants recommended expanding the role of GPs to be more holistic, offering the choice to see healthcare professionals from South Asian backgrounds, running peer support groups and addressing stigma through awareness campaigns (led by a prominent member of the South Asian community).</p>
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Perceived Causes of Distress	Symptoms of Distress	Help-Seeking and Coping Strategies	Barriers and Facilitators to Help-Seeking	Beliefs about Recovery	Recommendations for Mental Health Services
<p>Participants primarily believed that their distress was caused by post-migration struggles including job insecurity, financial difficulties, lack of a support system in their host country and change in work culture (i.e., not having help for household chores). Additionally, participants described experiencing racism and discrimination, especially when looking for jobs, which impacted their wellbeing. In some cases, participants were also in distress after the illness or loss of a family member.</p>	<p>When experiencing distress, participants mentioned overthinking, feeling sad, constantly crying, frustration, anger, irritability, and a lack of motivation.</p> <p>Physical symptoms included under and over-eating, headaches, shortness of breath, heart sinking and troubled sleep.</p>	<p>Participants' preferred coping strategy was "keeping busy" to distract them from their distress. Keeping busy included volunteering (especially helping newcomers), doing chores, watching movies/TV, or exercising.</p> <p>Participants also cited that their faith in God was very helpful to them in times of distress because it is meditative and can give you faith that things happen for a reason. They mostly prayed individually (rather than going to places of worship).</p> <p>Many participants also enjoyed going to groups where they could meet and spend time with other South Asian individuals. They did not necessarily speak about their distress but liked being in the company of others.</p>	<p>Most participants felt as though sharing their "problems" with others was not appropriate, citing it as a cultural phenomenon.</p> <p>Participants also felt like they were isolated from people in their host country because other immigrants were also struggling and busy like them, in addition to friends and family in their country of origin, who had trouble understanding that life in Canada/the UK could be stressful.</p> <p>Some participants were also unsure about how formal healthcare services (like going to the GP or a counsellor) could help them and were felt unwilling to speak about the past.</p>	<p>Participants cited wanting peace in their lives. They also wanted to build their confidence and feel independent and free. Multiple participants mentioned that they wanted to be positive and have acceptance.</p>	<p>Participants felt there is a stigma and lack of understanding associated with mental health in the South Asian community that needs to be addressed. Specifically, some participants felt like individuals from the community need to be encouraged to seek help. They also mentioned that it is important to have healthcare providers that come from a South Asian background so they can understand the cultural factors contributing to distress.</p>

APPENDIX III: DATA COLLECTION DOCUMENTS (INTERVIEWS)

Interview Schedule (Canada and UK)

INTERVIEW SCHEDULE

Version number and date: V1.0 01/13/2023

Preamble

Thank you for meeting with me today. You are welcome to stop this interview at any time or choose not to answer some questions. Are you happy to be recorded?

Introduction

- **Can you tell me a little about yourself?**
 - o Probe: Where you were born? Your family? Your job? Your hobbies?
- **How do you identify yourself?**
 - o Probe: Is there an ethnic group, cultural group, or any other identifying groups that you feel you belong to?

Cultural definition of the problem and expression and experience of distress

- You have been asked to take part in this research because you identified yourself as someone who has experienced some form of emotional distress [probe: anxiety or depression or worry or tension] for a long period of time at some point in the last 5 years. **Can you tell me more about that?**
 - o Probe: What do you call this experience? (For the remaining questions use the name given instead of the word “experience”)
 - o Probe: Sometimes people have different ways of describing their experiences to their family, friends, or others in their community. How would you describe your experience to them – at the time when it occurred? Now? o Probe if they mention “depression or anxiety’: Have you ever been diagnosed with a mental illness such as depression or anxiety?
 - o Probe: How did you experience it? What were your symptoms?
 - o Probe: How did you feel about it?

Cultural perceptions of cause, context, support - What do you think caused your [NAME GIVEN]?

- **How has/did the [NAME GIVEN] affected your life? What has changed in your life after the [NAME GIVEN] started?**
 - o Probe for impact in the following areas:

- Social functioning (Probe for any changes in relationships with friends/relatives, especially parents (if second-generation participant); if so, in what way; for e.g., going out, meeting people, attending family functions, broken relationships).
- Family structure and relationships (Probe for any changes in role and position in family for e.g., not being a breadwinner any longer or not being able to look after the house).
- **What kinds of support do you have around you?**
 - Probe: do you have support from family, friends, or others? **Cultural factors of coping and past help-seeking**
- **What did you do to manage/ cope with this [NAME GIVEN]? Can you describe what you do/did to make yourself feel better?**
 - Probe after allowing for sufficient open-ended exploration: do you engage with religious/spiritual practices, do you talk to someone, do you deal with it alone? - **Who did you seek help from?**
 - Probe, specifically for help seeking from family/ friends: Is there anyone among your friends/family who you seek help from?
 - If yes, ask
 - Who helps you?
 - What help have they given to you?
 - How has it helped you? Can you give examples of incidents where they have helped?
 - If no, ask
 - Why did you not seek help from friends/ family?
 - Do you think they can help you? Who?
 - What help do you think they can give you?
 - Probe, specifically for help seeking from formal and semi-formal services
 - Probe, specifically for self-help
- **What type of help did you receive? Do you think it helped?**
- **What made you seek help?**

Cultural factors of coping and past help-seeking

- **Are there any other sources of help that you would have liked to have used?**
- **For someone dealing with something like your [NAME GIVEN], what do you think would be helpful?**
- **After receiving help, [NAME GIVEN], what changes would you like/expect in your life?**
 - Probe: What does being 'well' or "staying in good health" mean to you?"
- **What do you think are some things to be mindful of regarding mental health in the South Asian community that may be different in other communities in the UK/ Canada?**

Ending

We have reached the end of the interview. Is there anything more you'd like to tell me that we have not already discussed? Do you have any questions for me about anything we discussed?

Thank you again for your time and for allowing me to talk to you.

Recruitment Poster (Canada)

INVITATION TO PARTICIPATE IN PUBLIC HEALTH RESEARCH WITH THE GOAL OF CREATING CULTURALLY INFORMED MENTAL HEALTH SERVICES

Within the past 5 years, have you experienced one or more of the following in a way that has impacted your daily life for a sustained period of time...?

تشویش فکر تناؤ BEING EMOTIONAL দুর্বলতা চিন্তা উদ্বেগ
ফিক্র رونا ی کمزور Memory loss Heartache TIREDNESS চিন্তা কান্না
Aches and pains CRYING Trouble concentrating
Heart beating too fast FEELING OVERWHELMED
ঘবরাহট চিন্তা FEELING LOW Negative thoughts Headache
তলাব রূব যিন্তা Heart pounding Feeling sentimental or nostalgic
নামাঘি பலவீனம் அகக் றை கவைல பதற்றம்

We are interested in hearing from people Toronto-based, English-speaking, 18+ who have answered YES to the question above and were:

-Born in Canada and have both parents descended from India, Pakistan, Bangladesh, or Sri Lanka and at least one parent born in one of these countries

OR

-Born in India, Pakistan, Bangladesh, or Sri Lanka, migrated directly to Canada as an adult, and have lived in Canada for at least 5 years

If you are interested in participating in the study, please contact

Ruchika Jain (PhD Candidate)

ruchika.jain@sinaihealth.ca

[1437-782-5277](tel:14377825277)

If you have any questions or concerns please call
Dr. Daisy Singla (Principal Investigator) at

416-586-4800 Ext. 6121



Participation involves a private and confidential 1 hour interview, either online or in person (at a private and confidential public space) and filling out a brief information sheet about yourself. All participants will be given a small token of appreciation for their time.

Email is not a secure form of communication and should not be used for conveying sensitive information or in the event of an emergency.

Recruitment Poster (UK)

This research has been approved by the London School of Hygiene and Tropical Medicine

INVITATION TO PARTICIPATE IN PUBLIC HEALTH RESEARCH

Within the past 5 years, have you experienced one or more of the following in a way that has impacted your daily life for a sustained period of time...?

تشویش تنائو فکر BEING EMOTIONAL دूर्बलता चिंता उद्देग
फिक्र رونا ی کمزور Memory loss Heartache TIREDNESS कांन चिंता
कमजोरी Aches and pains CRYING Trouble concentrating
रोना घबराहट चिंता चिंता Heart beating too fast FEELING OVERWHELMED बमजोरी रेहा
तलाव रडवुं यिंता FEELING LOW Negative thoughts Headache उहाअ
तलाव रडवुं यिंता Heart pounding Feeling sentimental or nostalgic कवेल
नभयल पलवीनम अकक ठेह कवेल पतर्तर्त

We are interested in hearing from people based in UK cities, English-speaking, 18+ who have answered YES to the question above and were:

Born in the UK and have both parents descended from India, Pakistan, Bangladesh, or Sri Lanka and at least one parent born in one of these countries OR

Born in India, Pakistan, Bangladesh, or Sri Lanka, migrated directly to the UK as an adult, and have lived in the UK for at least 5 years

If you are interested in participating, please contact Ruchika Jain

ruchika.jain@lshtm.ac.uk

+447733137169



Participation involves a private and confidential 1 hour interview, either online or in person and filling out a brief information sheet about yourself.

All participants will receive a 25 GBP thank you payment.

Participant Information Sheet and Consent Form (UK)

PARTICIPANT CONSENT FORM



Title of Project: How does culture shape psychological distress for South Asian immigrants in the UK and Canada?

Consent Form Version and Date: V0.2 14.11.2022

Name of PI/Researcher responsible for project: Ruchika Jain

Statement	Please initial each box
I confirm that I have read the information sheet dated 14.11.2022. (V0.2) or have had the information explained to me by the researcher in language that I understand for the study. I have had the opportunity to consider the information, ask questions and have these answered satisfactorily.	
I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care or legal rights being affected. I understand if I withdraw from the study, my collected data will be erased.	
I understand that relevant sections of data collected during the study may be looked at by authorised individuals from the London School of Hygiene and Tropical Medicine and/or the University of Toronto where it is relevant to my taking part in this research. I give permission for these individuals to have access to my collected data.	
I understand that data from me may be shared via an online data repository or by sharing directly with other researchers (including anonymous notes and quotations), and that I will not be identifiable from this information.	
I understand that if I disclose something during the interview that poses significant risk to myself or someone else, the lead researcher will tell someone who can help. I understand that I will be told of this.	
I understand that recording the interview is optional. Please initial this box if you agree to have this interview recorded.	
I agree to take part in study.	

Printed name of participant	Signature of participant	Date

I attest that I have explained the study information accurately in English to and was understood to the best of my knowledge by, the participant and that they have freely given their consent to participate.

Printed name of person obtaining consent	Signature of person obtaining consent	Date

A copy of this informed consent document has been provided to the participant.

Participant Identification Number:

V0.2 14 November 2022

Participant Information Sheet

Title of Project: *How does culture shape psychological distress for South Asian immigrants in the UK and Canada?*

Introduction

I would like to invite you to take part in a research study. Joining the study is entirely up to you. Before you decide, you need to understand why the research is being done and what it would involve. I will go through this information sheet with you, and answer any questions you may have. Ask questions if anything you read is not clear or you would like more information. Please feel free to talk to others about the study if you wish. Take time to decide whether or not to take part.

What is the purpose of the study?

This study aims to explore how first and second-generation South Asian immigrants residing in the UK and Canada understand, experience, and seek formal or informal help for their psychological distress. South Asians are an important part of UK and Canadian society as the fastest growing ethnic minority group in both countries. Mental health struggles are present among many South Asians, but this group tends to use mental health services less than their White counterparts. This study will help us better understand how certain cultural factors may influence how South Asian individuals define, express, experience, and get support for their psychological distress. We hope the findings of this study will contribute to determining how we can improve mental health care to be more responsive to the needs of the South Asian communities in the UK and Canada.

What does participating involve?

If you agree to participate, you will be asked to sign a participant consent form and fill out a brief form about yourself. You will then be asked to participate in a 1-hour interview (either in person or online) with the study investigator, who is a second-generation South Asian individual. With your permission, the interview will be recorded and supplementary notes will be taken throughout the interview. The questions aim to explore your understanding, experience and help seeking for psychological distress. The interview is confidential, meaning you will not be identified by name. I cannot promise the study will help you directly but the information we get from the study will help our knowledge and understanding of mental health among South Asian immigrants in the UK and Canada.

Can I change my mind about participating?

Yes. You can withdraw from the study at any time. If you choose to withdraw from the study, all of the data collected from you will be destroyed.

What will happen to information collected about me?

Your medical records will not be collected for this research project seeing as the goal is to get information, in your own words, on how you understand, experience and get help for psychological distress.

All information collected about you will be kept private. The interview transcripts will not include names or any other personal data. The investigator is the only person who will have access to the interview recording and transcripts, which will be securely stored on the London School of Hygiene and Tropical Medicine server. The information from the interviews will be presented together and any quotes presented from your interview will be anonymised. At the end of the project, the study data will be kept online at London School of Hygiene and Tropical Medicine for 10 years, after which all data will be destroyed.

In the case that you say something in the interview that may put you or another person at risk, the lead researcher will tell someone who can help. If this happens, you will be informed.

What will happen to the results of this study?

The study results will be presented in the investigator's doctoral thesis. They may also be published in healthcare journals, presented at conferences or research events, and summarised in policy notes so that other researchers, healthcare professionals and policymakers can learn from them. Your personal information will not be included in any of this and there is no way that you can be identified from it. If you would like to receive the results of the study, you will be asked for consent to be contacted and to provide your email address.

Who is organising and funding this study?

London School of Hygiene and Tropical Medicine is the sponsor for the research, and they have full responsibility for the project including the collection, storage and analysis of your data, and will act as the Data Controller for the study. This means that we are responsible for looking after your information and using it properly.

Who has reviewed this study?

All research involving human participants is looked at by an independent group of people, called a Research Ethics Committee, to protect your interests. This study has been reviewed and given favourable opinion by The London School of Hygiene and Tropical Medicine Research Ethics Committee (ref:28713).

If you have any concerns about this study please contact Patricia Henley, the head of research governance at the London School of Hygiene and Tropical Medicine, at rgio@lshtm.ac.uk.

Further information and contact details

Thank you for taking time to read this information sheet. If you think you will take part in the study please read and sign the consent form.

If you would like any further information, please feel free to contact me at ruchika.jain@lshtm.ac.uk or +447733137169 or scan the QR code below.



Participant Information Sheet and Consent Form (Canada)

CONSENT TO PARTICIPATE IN A RESEARCH STUDY



Mount Sinai Hospital
Joseph & Wolf Lebovic Health Complex

Title How does culture shape psychological distress for South Asian immigrants in the UK and Canada?

Version Number & Date V3.0 04.17.2023

Investigator Dr. Daisy Singla (416-586-4800 Ext. 6121)

Sponsor The London School of Hygiene and Tropical Medicine

Introduction

I would like to invite you to take part in a research study. Joining the study is entirely up to you. Before you decide, you need to understand why the research is being done and what it would involve. I will go through this information sheet with you and answer any questions you may have. Ask questions if anything you read is not clear or you would like more information. Please feel free to talk to others about the study if you wish. Take time to decide whether to take part.

Background and Purpose

This study aims to explore how first and second-generation South Asian immigrants residing in the UK and Canada understand, experience, and seek formal or informal help for their psychological distress. South Asians are an important part of UK and Canadian society as the fastest growing ethnic minority group in both countries. Mental health struggles are present among many South Asians, but this group tends to use mental health services less than their White counterparts. This study will help us better understand how certain cultural factors may influence how South Asian individuals define, express and experience, and get support for their psychological distress. We hope the findings of this study will contribute to determining how we can improve mental health care to be more responsive to the needs of the South Asian communities in the UK and Canada.

Study Design and Procedures

If you agree to participate, you will be asked to sign a participant consent form and fill out a brief form about yourself. You will then be asked to participate in a 1-hour interview (either in person at a private and confidential space or online via Zoom) with a study

staff person, who is second-generation South Asian individual. With your permission, the interview will be recorded, and supplementary notes will be taken throughout the interview. The questions aim to explore your understanding, experience and help seeking for psychological distress. The interview is confidential, meaning you will not be identified by name.

Risks Related to Being in the Study

You may be asked questions that you are not comfortable answering. If that is the case, you can tell the interviewer that you do not wish to answer that question. In the case that you say something in the interview that may put you or another person at risk, the interviewer will tell someone who can help. If this happens, you will be informed.

Benefits to Being in the Study

It cannot be promised the study will help you directly but the information we get from the study will help our knowledge and understanding of mental health among South Asian immigrants in the UK and Canada.

Voluntary Participation

Your participation in this study is voluntary. You may decide not to be in this study, or to be in the study now and then change your mind later. You may leave the study at any time without affecting your employment status or academic standing. You may refuse to answer any question you do not want to answer, or not answer an interview question by saying “pass.”

We will give you new information that is learned during the study that might affect your decision to stay in the study.

Confidentiality

Your medical records will not be collected for this research project seeing as the goal is to get information, in your own words, on how you understand, experience and get help for psychological distress.

All information collected about you will be kept private. The audio recordings of the interviews will be stored in a secure location and accessed only by members of the research team. The recordings will be kept until they have been transcribed (turned into written records) by a member of the research team, and then they will be destroyed at the end of the study.

The written records will not include names or any other personal data and will be securely stored in an encrypted server within Sinai Health. The information from the interviews will be presented together and any quotes presented from your interview will

be coded ("coded" means that directly identifying information (such as your name) will be replaced by a randomly generated number, which will be applied to the study data). Your coded study data (the written records) may be used or shared with other researchers in Canada.

Please note email is not a secure form of communication and should not be used for conveying sensitive information, or in the event of an emergency.

Research Results

The study results will be presented in a study staff member's doctoral thesis. Results may also be published in healthcare journals, presented at conferences or research events, and summarised in policy notes so that other researchers, healthcare professionals and policymakers can learn from them. Your personal information will not be included in any of this and there is no way that you can be identified from it. If you would like to receive the results of the study, you will be asked for consent to be contacted and to provide your email address.

In Case You Are Harmed in the Study

If you become ill, injured or harmed as a result of taking part in this study, you will receive care. The reasonable costs of such care will be covered for any injury, illness or harm that is directly a result of being in this study. In no way does signing this consent form waive your legal rights nor does it relieve the investigators, sponsors or involved institutions from their legal and professional responsibilities. You do not give up any of your legal rights by signing this consent form.

Expenses Associated with Participating in the Study

You will be given a gift card worth 25 CAD as a small token of appreciation.

Questions About the Study

If you have any questions, concerns or would like to speak to the study team for any reason, please call: Dr. Daisy Singla at 416-586-4800 Ext. 6121.

If you have any questions about your rights as a research participant or have concerns about this study, call the Chair of the Mount Sinai Hospital Research Ethics Board (REB) or the Research Ethics Office number at 416-586-4875. The REB is a group of people who oversee the ethical conduct of research studies. These people are not part of the study team. Everything that you discuss will be kept confidential.

Statement	Please initial each box
I confirm that I have read the information sheet and consent form dated 04.07.2023. (V2.0) or have had the information explained to me by the researcher in language that I understand for the study. I have had the opportunity to consider the information, ask questions and have these answered satisfactorily.	
I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care or legal rights being affected. I understand if I withdraw from the study, my collected data will be erased.	
I understand that relevant sections of data collected during the study may be looked at by authorised individuals from the London School of Hygiene and Tropical Medicine and/or the Sinai Health where it is relevant to my taking part in this research. I give permission for these individuals to have access to my collected data.	
I understand that data from me may be shared via an online data repository or by sharing directly with other researchers (including anonymous notes and quotations), and that I will not be identifiable from this information.	
I understand that if I disclose something during the interview that poses significant risk to myself or someone else, the lead researcher will tell someone who can help. I understand that I will be told of this.	
I understand that audio recording the interview is optional. Please initial this box if you agree to have this interview audio recorded.	
I agree to take part in study.	

Print Study Participant's Name

Signature

(You will be given a signed copy of this consent form)

My signature means that I have explained the study to the participant named above. I have answered all questions.

Print Name of Person Obtaining Consent

Signature

Date

Participant Demographic Form (Canada)

DEMOGRAPHIC INFORMATION FORM



Title

How does culture shape psychological distress for South Asian immigrants in the UK and Canada?

Version Number & Date

V1.0 13/01/2023






Investigator

Dr. Daisy Singla (416-586-4800 Ext. 6121)

Sponsor

The London School of Hygiene and Tropical Medicine

How would you describe your gender? -Man -Woman -Non-Binary -None of the above. I identify as: _____.	
How would you describe your ethnicity?	
What is your age? If you are unsure of your age, what is your year of birth?	
What is your main job?	
What is the highest level of education you have completed?	
What is your country of birth?	
What is your parents' country of birth?	
[First generation only] What was your age at migration to the Canada? What was the purpose of your migration to Canada? For approximately how many years have you lived in Canada?	

When was the most recent time you experienced psychological distress?	
How long did it last?	
How would you describe the intensity of this distress? Please choose one.      Very intense Intense Neutral A little intense Not intense	

Participant Demographic Form (UK)








DEMOGRAPHIC INFORMATION FORM

Title of Project: The cultural conceptualisations of psychological distress and help-seeking among South Asian immigrants in the UK and Canada

Demographic Information Form Version and Date: V0.2 04.11.2022

Name of PI/Researcher responsible for project: Ruchika Jain

How would you describe your gender? -Man -Woman -Non-Binary -None of the above. I identify as: _____.	
How would you describe your ethnicity?	
What is your age? If you are unsure of your age, what is your year of birth?	
What is your main job?	
What is the highest level of education you have completed?	
What is your country of birth?	
What is your parents' country of birth?	
[First generation only] What was your age at migration to the UK/Canada? What was the purpose of your migration to the UK/Canada? For approximately how many years have you lived in the UK/Canada?	

When was the most recent time you experienced psychological distress?	
How long did it last?	
How would you describe the intensity of this distress? Please choose one.      Very intense Intense Neutral A little intense Not intense	

Participant Identification Number:

Contact Details Form (UK)

PARTICIPANT CONTACT DETAILS FORM



Title of Project: How does culture shape psychological distress for South Asian immigrants in the UK and Canada?

Name of PI/Researcher responsible for project: Ruchika Jain

Statement	Please initial
I agree to be contacted soon regarding the study results.	

Printed name of participant	Signature of participant	Date

The email address I would like to be contacted at: _____

A copy of this document has been provided to the participant.

Participant Identification Number:

Contact Details Form (Canada)

CONTACT DETAILS FOR STUDY RESULTS



Title How does culture shape psychological distress for South Asian immigrants in the UK and Canada?

Version Number & Date V1.0 13/01/2023

Investigator Dr. Daisy Singla (416-586-4800 Ext. 6121)

Sponsor The London School of Hygiene and Tropical Medicine

Statement	Please initial
I agree to be contacted soon regarding the results of the study.	

Printed name of participant

Signature of participant

Date

The email address I would like to be contacted at:

Verbal Consent Script (Canada)

Verbal Consent Script:

Hello,

Interviewer: My name is [name of study staff member] and I will be obtaining consent from you today.

Interviewer: What is your name?

Participant: [Provides name]

Interviewer: Have you had a chance to review the Interview Consent Form sent to you by email?

Participant: Yes or no

[If the participant has a copy of the Consent]:

Interviewer: Great! Do you have access to the consent right now so that we can go through the consent form together and go over any questions you may have about your participation in the study?

[If the participant did not get to Consent or lost it]:

Interviewer: Would you like me to send you copy now for us to go through together on the phone?

Interviewer: Consent is being obtained at [date] at [time].

Interviewer: As we discussed, I am audio recording the informed consent process necessary for you to take part in the study. I will read out a statement and you can verbally reply with a yes or no. I have given you physical or digital copy of the information sheet and the consent form and you can follow along if you would like.

Interviewer: *I confirm that I have read the information sheet and consent form for the study entitled "How does culture shape psychological distress for South Asian immigrants in the UK and Canada?" dated 04.17.2023. (V3.0) or have had the information explained to me by the researcher in language that I understand for the study. I have had the opportunity to consider the information, ask questions and have these answered satisfactorily.*
Do you agree with this statement?

Participant: Yes or No

Interviewer: *I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care or legal rights being affected. I understand if I withdraw from the study, my collected data will be erased.*

Do you agree with this statement?

Participant: Yes or No

Interviewer: *I understand that relevant sections of data collected during the study may be looked at by authorised individuals from the London School of Hygiene and Tropical Medicine and/or the Sinai Health where it is relevant to my taking part in this research. I give permission for these individuals to have access to my collected data.*

Do you agree with this statement?

Participant: Yes or No

Interviewer: *I understand that data from me may be shared via Sinai's secure server or by sharing directly with other researchers (including anonymous notes and quotations), and that I will not be identifiable from this information.*

Do you agree with this statement?

Participant: Yes or No

Interviewer: *I understand that if I disclose something during the interview that poses significant risk to myself or someone else, the lead researcher will tell someone who can help and that I will be told of this.*

Do you agree with this statement?

Participant: Yes or No

Interviewer: *I understand that audio recording the interview is optional. Please say yes if you agree to have this interview audio recorded.*

Do you agree with this statement?

Participant: Yes or No

Interviewer: *I agree to take part in this study.*

Do you agree with this statement?

Participant: Yes or No

[If participant agrees to take part in the study]:

Interviewer: I [NAME] attest that on [date] I have explained the study information accurately in English to, and was understood to the best of my knowledge by, the participant, [NAME] and that they have freely given their consent to participate.

Verbal Consent Script (UK)

Verbal Informed Consent Form for Online Participants

V1.0

01/08/23

Script:

Hello [participant ID],

Interviewer: As discussed, I am audio recording the informed consent process necessary for you to take part in the study. I will read out a statement and you can verbally reply with a yes or no. I have given you physical or digital copy of the information sheet and the consent form and you can follow along if you would like.

Interviewer: I confirm that I have read the information sheet dated 14.11.2022. (V0.2) or have had the information explained to me by the researcher in language that I understand for the study. I have had the opportunity to consider the information, ask questions and have these answered satisfactorily.

Participant: Yes or No

Interviewer: I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care or legal rights being affected. I understand if I withdraw from the study, my collected data will be erased.

Participant: Yes or No

Interviewer: I understand that relevant sections of data collected during the study may be looked at by authorised individuals from the London School of Hygiene and Tropical Medicine and/or the University of Toronto where it is relevant to my taking part in this research. I give permission for these individuals to have access to my collected data.

Participant: Yes or No

Interviewer: I understand that data from me may be shared via an online data repository or by sharing directly with other researchers (including anonymous notes and quotations), and that I will not be identifiable from this information.

Participant: Yes or No

Interviewer: I understand that if I disclose something during the interview that poses significant risk to myself or someone else, the lead researcher will tell someone who can help. I understand that I will be told of this.

Participant: Yes or No

Interviewer: I understand that recording the interview is optional. Please initial if you agree to have this interview recorded.

Participant: Yes or No

Interviewer: I agree to take part in study.

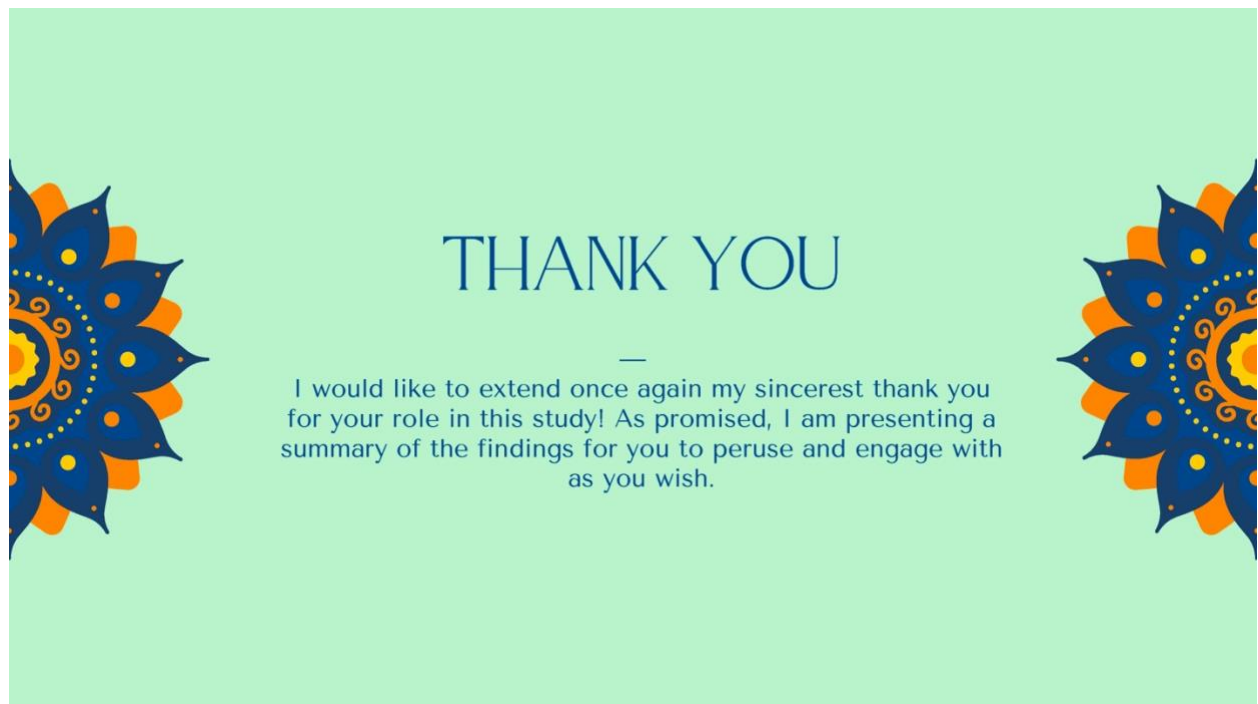
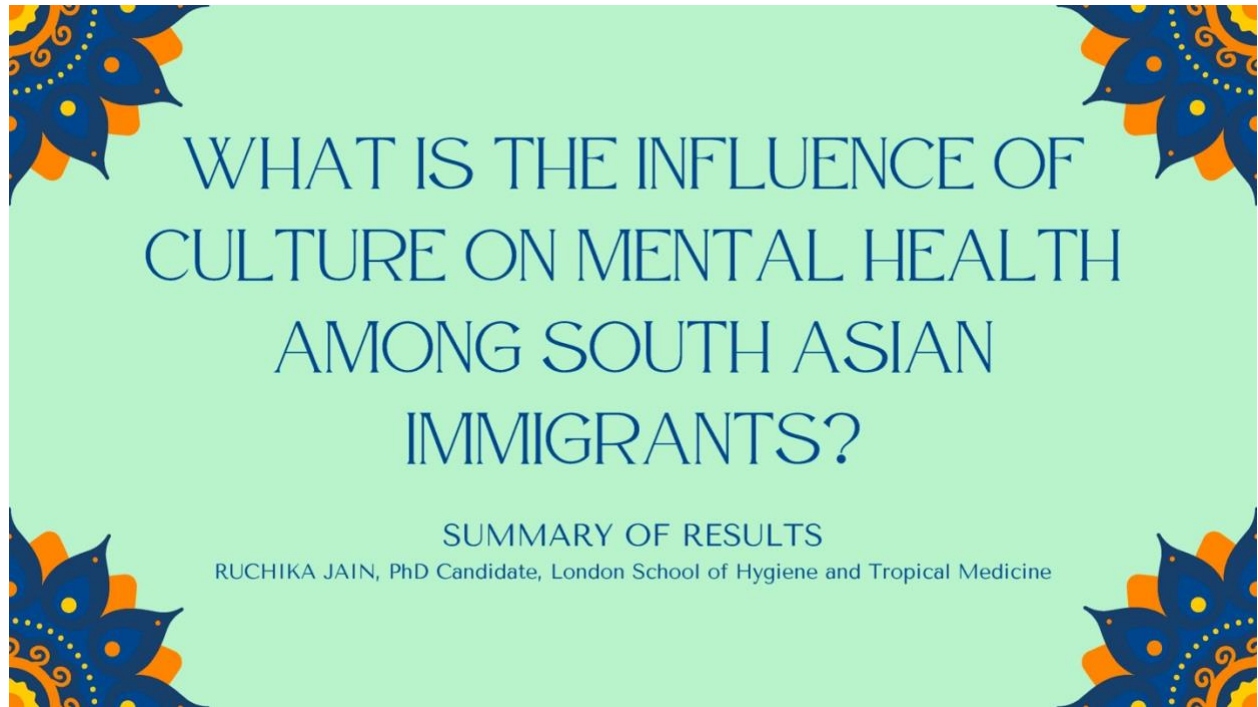
Participant: Yes or No

[If participant agrees to take part in the study]:

Interviewer: I [Ruchika Jain] attest that on [date] I have explained the study information accurately in English to and was understood to the best of my knowledge by, the participant and that they have freely given their consent to participate.

APPENDIX V: DISSEMINATION

Summary of Results for Participants and Community Organizations and Leaders



I interviewed 38 first and second-generation South Asian immigrants (age 18+) with a self-reported experience of psychological distress within the past five years living in Toronto, Canada and London, UK. I also held six public consultations with 40 members of the South Asian community to discuss the relevance and usefulness of the results. People of South Asian origin in these locations experience higher levels of psychological distress and Common Mental Disorders than the general population but face significant challenges in using services. Though it is important to acknowledge and understand that the South Asian diaspora is vast and diverse, I hope the study results can highlight ways to make formal and informal mental health services culturally accessible for this significant group.



What did participants believe caused their distress?

Second-Generation Participants	Participants mainly attributed distress to their personal relationships with family members citing factors such as intergenerational trauma, strict parenting that limited their autonomy, physical and sexual abuse and living with a family member who had a mental health condition. Other perceived causes included work/academic stress and identity struggles, having grown up between two cultures. Only two participants wondered if their distress was genetic.
First-Generation Participants	Participants primarily believed that their distress was caused by post-migration struggles including job insecurity, financial difficulties, lack of a support system in their host country and change in work culture (i.e., not having help for household chores). Additionally, participants described experiencing racism and discrimination, especially when looking for jobs, which impacted their wellbeing. In some cases, participants were also in distress after the illness or loss of a family member.

What symptoms arose from the distress?

Second-Generation Participants	<p>Commonly reported mental/ emotional included overthinking, crying, lack of motivation, helplessness, hopelessness, anxiousness, and low self-esteem/confidence.</p> <p>Participants also described physical symptoms such as trouble sleeping, problems with eating (over or under-eating) and tiredness and exhaustion related to overthinking, life circumstances and burn out.</p>
First-Generation Participants	<p>When experiencing distress, participants mentioned overthinking, feeling sad, constantly crying, frustration, anger, irritability, and a lack of motivation.</p> <p>Physical symptoms included under and over-eating, headaches, shortness of breath, heart sinking and troubled sleep.</p>

What did participants do to make themselves feel better?

Second-Generation Participants	<p>Participants relied on themselves to get better by engaging in their hobbies, exercising, praying alone, and reading about distress on websites or through social media. Some shared their distress with friends, family members, and individuals with shared experiences, but preferred to just be in their company. Most participants had seen a GP for their distress and had neutral or negative experiences, with the GP only being able to offer them medication or referral to counselling. Most participants had received some form of therapy and saw it as a beneficial way to notice patterns in their lives, set boundaries and learn coping strategies.</p>
First-Generation Participants	<p>Participants preferred coping strategy was "keeping busy" to distract them from their distress. Keeping busy included volunteering (especially helping newcomers), doing chores, watching movies/TV, or exercising.</p> <p>Participants also cited that their faith in God was very helpful to them in times of distress because it is meditative and can give you faith that things happen for a reason. They mostly prayed individually (rather than going to places of worship).</p> <p>Many participants also enjoyed going to groups where they could meet and spend time with other South Asian individuals. They did not necessarily speak about their distress but liked being in the company of others.</p>

Why did participants seek help?

What stopped them from seeking help?

Second-Generation Participants	<p>When asked what made them seek help in the first place, participants gave many reasons, including worsening symptoms, newly learning about where to go for help and decreasing experiences of stigma.</p> <p>Many participants felt like they needed to be “strong” and “forget,” a sentiment they learned through their immigrant parents’ experiences. They also mentioned the lack of focus on emotional wellbeing in South Asian families made them unable to reach out to their parents for support, thinking that they would not understand. Participants also felt weary of burdening their parents, who had sacrificed so much for them to succeed in Canada/the UK.</p>
First-Generation Participants	<p>Most participants felt as though sharing their “problems” with others was not appropriate, citing it as a cultural phenomenon.</p> <p>Participants also felt like they were isolated from people in their host country because other immigrants were also struggling and busy like them, in addition to friends and family in their country of origin, who had trouble understanding that life in Canada/the UK could be stressful.</p> <p>Some participants were also unsure about how formal healthcare services could help them and were felt unwilling to speak about the past.</p>

What did recovery look like to the participants?

Second-Generation Participants	<p>When asked what “staying well” looked like to them, participants discussed a wide range of things such as increasing their self-esteem and confidence, having solid relationships, knowing their triggers, and setting boundaries and being more aware of tools and resources for distress.</p>
First-Generation Participants	<p>Participants cited wanting peace in their lives. They also wanted to build their confidence and feel independent and free. Multiple participants mentioned that they wanted to be positive and have acceptance.</p>

Participants' recommendations for mental health services

Second-Generation Participants	Participants stated that there are many factors in South Asian culture that should be discussed in service delivery including, stigma, gender roles and family dynamics (especially collectivism). Participants recommended expanding the role of GPs to be more holistic, offering the choice to see healthcare professionals from South Asian backgrounds, running peer support groups and addressing stigma through awareness campaigns (led by a prominent member of the South Asian community).
First-Generation Participants	Participants felt there is a stigma and lack of understanding associated with mental health in the South Asian community that needs to be addressed. Specifically, some participants felt like individuals from the community need to be encouraged to seek help. They also mentioned that it is important to have healthcare providers that come from a South Asian background so they can understand the cultural factors contributing to distress.



Ethical approval for this study was granted by the London School of Hygiene and Tropical Medicine and Sinai Health.