



Evaluating awareness of cultural risk factors for South Asian young people with trauma who have been referred to Tier 4 CAMHS inpatient service

Asma Koliya, Dr. Hannah Potter & Dr. Ruth Sutherland



INTRODUCTION

Studies show a high prevalence of mental health difficulties amongst South Asians (SA), particularly with childhood trauma.

Risk factors may include intergenerational trauma (1), social stigma (2), family honour (3), cultural beliefs (4) and religion (5).

A lack of cultural understanding from clinicians may impact the quality of individualised care.

Examining existing practice will highlight areas for reducing health inequalities.

AIM

1. To evaluate current practice for a Tier 4 CAMHS inpatient service
2. Develop a list of guidelines using existing literature to measure good practice for South Asian young people (YP) presenting with trauma symptoms.

METHODS

A cross-sectional design was used with an opportunity sample of 68 SA YP

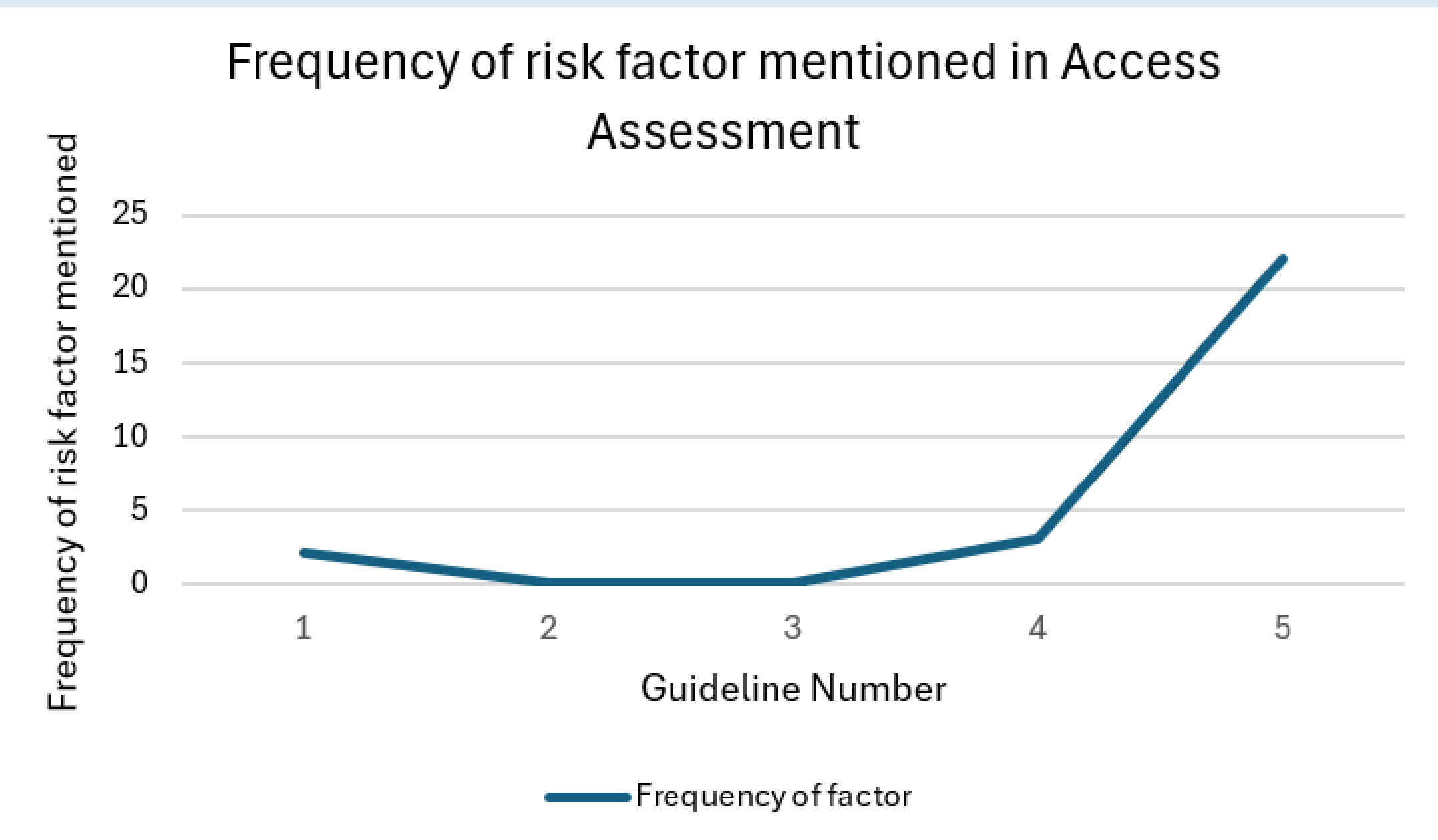
Deductive content analysis was performed to analyse access assessment over the last 4 years (2021-present), describing YP's current presentation, to identify baseline of practice.

A structured categorisation matrix was used to analyse the frequency of risk factors mentioned. The interpretation of factors by researcher was also recorded for better identification of risk factors.

Baseline of practice is compared to cultural risk factors for SA YP with trauma, informed by a literature review completed on background research. Frequency of factors was recorded.

RESULTS

20 YP diagnosed with trauma or PTSD were identified. 11 of whom have co-morbid diagnoses.



List of Guidelines:

1. Have any previous generations of the YP experienced any significant traumatic events?
2. Has the YP faced any stigma, or would their mental health be stigmatised by their family or community?
3. Does the YP feel their mental health risks their family's honour? Does family hold beliefs of honour?
4. Does the YP and/or their family hold any cultural beliefs in relation to mental health? E.g. Jinn
5. If YP is religious, how important is their religion to them?

CONCLUSION

The results show that religion was the most mentioned risk factor for SA YP, however it is very limited in its mentions. Some factors were not mentioned at all.

The list of guidelines should be used to inform professionals and care teams in creating culturally-informed assessments, referrals and individualised care plans.

Future research should compare the current study's baseline of practice to future access assessments which have utilised the guidelines in order to measure improvement. It should also consider analysis of assessments, formulations and care plans.

REFERENCES

- Elo, S., & Kyngäs, H. (2008). The Qualitative Content Analysis Process. *Journal of Advanced Nursing*, 62(1), 107–115. <https://pubmed.ncbi.nlm.nih.gov/18352969/>
- Karasz, A., Gany, F., Escobar, J., Flores, C., Prasad, L., Inman, A., Kalasapudi, V., Kosi, R., Murthy, M., Leng, J., & Diwan, S. (2016). Mental Health and Stress Among South Asians. *Journal of Immigrant and Minority Health*, 21(S1), 7–14. <https://doi.org/10.1007/s10903-016-0501-4>
- Shah, M.H., Roy, S., Ahluwalia, A. (2024). Intergenerational Trauma and Mental Health Disability in the South Asian Context. In: Bennett, G., Goodall, E. (eds) The Palgrave Encyclopedia of Disability. Palgrave Macmillan, Cham. https://doi.org/10.1007/978-3-031-40858-8_292-1
- Upnieks, L., Blake Victor Kent, Megha Nagaswami, Gu, Y., Kanaya, A. M., & Shields, A. E. (2024). Do Religion and Spirituality Buffer the Effect of Childhood Trauma on Depressive Symptoms? Examination of a South Asian Cohort from the USA. *Journal of Religion and Health*, 63. <https://doi.org/10.1007/s10943-024-02040-5>