

**First and Second Generational Stories of Distress and Hope amongst Indian Parents
and Adult Children**

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Abstract

There has been a distinct under representation of individuals of Indian heritage within mental health services. There has been an over focus on research looking at stigma within this community and at times factors which impact this community have been overlooked, such as migration, the historical context and importance of inter-generational communication. The current study aimed to understand the stories of distress and coping across two generations of Indian individuals, and explore the changes needed to services. Four first-generation participants storied their experiences with a lack of 'choice' and 'knowledge', in their understanding of distress and coping. Five second-generation individuals constructed narratives of 'gender' and 'emotional expression'. Across generations participants shared their hopes for service change. Individuals also brought items and photos which storied their coping, which converged on the importance of connecting to values and meaningful activities. The implications for future research and service development are discussed.

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Chapter 1: Introduction

1.1 Chapter overview

The present chapter sets the context to the current study. My epistemological position and personal relationship to the topic are detailed. I then consider the context to the project, to orient the reader a brief history of the colonial rule of India and migration of Indian individuals to the United Kingdom (UK), is presented. Following this, the present day is considered in relation to the experiences of minoritised individuals in accessing mental health support, barriers located within the community and those located within structural issues.

1.2 Epistemological and ontological position

Epistemology denotes the way in which knowledge is obtained about the world and ontology explores the nature of what is in the world (Al-Saadi, 2014). This is therefore important to consider in reflecting on each element of the project, the way in which the literature is appraised and understood, the methods selected and how findings are interpreted and understood.

1.2.1 Critical realism and social constructionism

An ontological position of critical realism is one which acknowledges the material reality of individuals and that the individual realities are constructed by specific individuals (Houston, 2010). In practice, this idea suggests that there are specific structures which exist and are ‘real’, even if they are not observable as such for example concepts such as oppression, marginalisation and harm. Similarly, critical realism argues that through understanding observable events and experiences we can begin to look into the aspects which are not seen through understanding an individual’s reality (Albert, Brundage, Sweet, & Vandenberghe, 2020).

I also hold a social constructionist position which considers that knowledge is constructed through social interactions whereby language is a key factor in understanding how concepts are formed (Andrews, 2012). Similarly, the understanding of the wider context is key within this position to understand the wider power processes which guide the ways in knowledge is produced.

In relation to my personal epistemology and ontology, I believe in the concept of multiple realities and that each experience may differ significantly per individual. However, I hold the knowledge that some things are ‘real’, there are elements which exist and are not for debate. I am also

interested in the way in which the experiences of individuals are constructed through the lens of which they view the world. This view led me to consider a qualitative approach in which I would try to understand the factors which led to an individual's experience, considering the historic and present ideas that they may hold and which may have shaped them.

1.2.2 Anarchism

Over the course of completing this thesis and the process of undertaking this research my epistemological position has evolved from what it started out as. Particularly in being exposed to further reading, research and ideas from minoritised groups and subjugated voices. The position of anarchism takes the notion that there is no hierarchy in knowledge, this becomes particularly relevant in considering that indigenous knowledges and practices are often seen as inferior to ideas from the global north. Additionally, anarchism opens the bounds of creativity within research methodology to an extent as it considers direct experience and does not rely on existing ideas in order to guide decisions and process (Feyerabend, 2020).

Where this becomes relevant is the critical lens through which I look at the existing literature, my own biases and practices. The core tenets of this epistemology align with my own personal values of questioning and rejecting the hierarchy of knowledge and rejecting authoritarian views. However, in the context of writing a thesis for a doctorate in clinical psychology rooted in a university institution based in the global north, it was not possible to embody anarchist principles fully, but they did inform some of the thinking and processes within the project.

1.3 Key terms and concepts

1.3.1 'South Asian'

The term 'South Asian' has been used to describe both the geographical and 'ethno-cultural' characteristics of individuals originating from the following countries: Afghanistan, Bangladesh, Bhutan, India, the Maldives, Nepal, Pakistan and Sri Lanka (Sivaramamurti, Ryabchikov, Nikolaevna & Konstantinovich, 2020). Although the present study is focussed on individuals of Indian heritage, within the literature these individuals are often understood under the categorical label of 'South Asians'. Therefore, in situating the current research and reviewing the existing literature, the term 'South Asian' is used. However, it is acknowledged that South Asians are a heterogenous group with distinct differences in culture, history, politics, language etc both within the individual countries in this category and within the regions of the individual countries.

1.3.2 ‘Indian heritage’ or ‘Indian’

The term ‘Indian’ here is used to describe individuals who identify as being native or descended from the country of India. The term Indian heritage is also used as individuals may have migrated to other countries both in the West and the Global South but still consider themselves to be Indian in terms of cultural traditions, language etc and is used to capture this aspect as well. There are many individuals who have migrated around the world, particularly in the context of India’s trade links with different countries, who despite being in a country for generations, hold onto their ethnic identity and cultural heritage (Sheikh, 2019).

1.3.3 ‘First generation’ and ‘Second generation’

The term ‘first generation’ has been defined in the literature to describe an individual who has immigrated from one country and moved to another with the intention to remain e.g. this does not refer to tourists and holidaymakers (Bhugra, 2004). However, this definition is linked with legality, citizenship and the idea of borders which from my perspective are social constructs. Therefore, the term here means an individual who has migrated to another country, irrespective of specifications related to government-related procedures.

‘Second generation’, within the literature is defined as an individual who is born in the country which the first-generation parent immigrated to (Rumbaut, 2004). Again, this is in a way to provide a framework, there are generational definitions in between first and second, in order to capture the experiences of the impact of migration.

Whilst there are further arbitrary categories reflected in the literature such as 1.5 generation, 1.75 generation, there are some experiences which may be different between specific generations. The definitions focussed upon here are ‘first’ and ‘second’, with the hope to understand the differences and similarities through a lens of migration.

1.3.4 ‘Decolonisation’

The idea of ‘decolonisation’ has garnered interest of late and has different definitions and meanings both within the literature and on an individual basis. The definition can to an extent depend on the context, for example, the idea of withdrawing from colonised land would be considered decolonisation in a geographical context (McDonnell & Regenvanu, 2022). Through an academic and research lens it may be seen as considering indigenous knowledge and ideas and

trying to dismantle a knowledge system rooted in an epistemological position in which knowledge from the Global North is seen as superior (Moosavi, 2020).

My preferred view on decolonisation is one in which the concept of power is considered in relation to whichever element is being thought about. It is impossible to restore the land to its initial resource, attitudes have been formed with regards to Western epistemologies and the attitude towards the global south is felt and noted. Therefore, it is impossible to ‘decolonise’, especially within an academic context which still follows an overall positivist attitude requiring evidence and rationale from existing literature of which only a small percentage is considered to be of ‘quality’. That said, what may be more possible is to consider alternative ideas, the relationship of power within all aspects of the research and attempt to honour some of the subjugated narratives. The present work operates from this position but acknowledges there will still be faults and limitations to the extent of this.

1.4 Positionality

As an individual racialised as ‘brown’, a Muslim, female, born in the UK with a parent who immigrated to the UK from India I may be considered by some definitions an ‘insider-researcher’. This can be understood to be someone who has a shared demographic with the individuals which form the focus of the research (Greene, 2014). This is said to have some strengths such as holding connections with communities and shared point of references (Saidin & Yaacob, 2016). However, there are also some limitations which are considered in this approach of perhaps not holding assumptions, or being trusted less (Saidin & Yaacob, 2016). There is also the idea that all research involves insider research as within a shared social interaction and from the perspective that there are elements shared by virtue of human experiences, all research can be considered to be ‘insider research’ (Wilkinson & Kitzinger, 2013).

I was drawn to the topic based on my own personal experiences of witnessing the ways in which distress and hope are understood within my own family and community. Additionally, there was an overlay of the stories surrounding migration and the contextual factors which surrounded this. In parallel to these experiences, working in the National Health Service (NHS) and training on a Doctorate in Clinical Psychology programme, there have been many conversations around how the experiences of minoritised groups were understood and the limitations around this. Often within services, cultural factors have been seen as a ‘barrier’ or something which is needs to be

worked around as opposed to understood and utilised as a strength, maybe even simply given space and grace too. There seems to be a focus on ‘adapting’, interventions developed in the global north for ethnically minoritised individuals. However, there is perhaps a missed opportunity here in considering investment in implementing new ways of working based on indigenous knowledge and lived experience. Similarly, in academic spaces the gaps in knowledge are often acknowledged with the conclusion that further research is needed before concrete recommendations can be made.

It is also important to acknowledge that there are indigenous knowledges held within communities, cultures and the countries of origin where people have migrated from. The concept of distress and understanding of it does not need western minds to formulate it. There have also been steps towards honouring these ideas such as through community psychology practices which value co-production, the specific needs of a specific group and considers the existing knowledge as equal. Similarly, there are many third sector organisations and individuals outside of statutory services who have been working with marginalised groups to meet their needs. This denotes another form of a positivist epistemology in considering these practices and research as ‘other’.

1.5 Setting the context

1.5.1 Historical context

In order to understand the current context, the historical events which have shaped the experiences of Indian individuals in the United Kingdom (UK), it is important to consider key events in Indian history in relation to Britain. India was under British rule from approximately 1857-1947. Initially, this began with the East Indian Trade Company which profited from resources from colonised land. Following this, Britain ruled India and had control over the governing bodies of the country until 1947 when Independence was achieved (Carey, 2012). The history of the British Empire and its legacy has often been written through a colonial lens and assertions such as the benefits of the Empire are often noted. Additionally, a sense of saviourism is given to the context but there were many detrimental consequences of the British rule. When applied to a clinical context, if the historical knowledge held about a population is biased, it may limit the exploration of the historical context when individuals present to services. For example, within this context if the extent of the impact of colonisation is not recognised it is unlikely to be further explored.

One of the key historical events of India was Partition, this is the name given to the division of India into three countries, India, Pakistan (formerly West Pakistan) and Bangladesh (formerly East Pakistan). This decision was made by British officials primarily, as to the final plans and geography of how the country would be divided. The plan to separate the nation was seen to be the solution to tensions between Hindu and Muslims, with the idea that Muslims would live in East and West Pakistan and Hindus could remain in India. In practice this division caused death, displacement and destruction, as a direct result of Partition. There were also lasting issues such as economic change, social unrest and further divisions between differing religious groups (Iyer, 2004).

Though it has been seventy-seven years since Partition the ripple effects are still being felt from generations past and likely to impact generations to come (Qureshi, Misra & Poshni, 2023). In conceptualising the impact of these events, the phenomenon of collective trauma is relevant. Collective trauma is defined as an event which is collectively experienced by a group of individuals such as genocide or war which impact an entire community or population (Hirschberger, 2018). In this context Partition can be conceptualised as a collective trauma, which was shared by individuals living in India at the time. In also considering the importance of intergenerational trauma, the impact of Partition may still be felt by generations. A theoretical model based on the application of historical-trauma theory has suggested that the impact of Partition extends to the social context, mental health difficulties and increased cardiometabolic diseases (Qureshi, Misra & Poshni, 2023).

1.5.2 Migration to the UK

Following the Second World War, Britain had hoped to rebuild itself and invited individuals from the Commonwealth, previously colonised lands, to work in Britain to support with the labour needs of the country at this time. This was also reflected in the legal framework of the country, such as the British Nationality Act, which allowed individuals born in the colonised lands the right to British citizenship. Although these individuals were offered citizenship, they faced significant discrimination upon arrival and were considered second class citizens, scapegoated for the issues of the country and often the victims of violent attacks rooted in racist ideologies (Robinson, 2009). The country famously saw Enoch Powell's 'Rivers of Blood', speech in 1961, which explicitly detailed the racist sentiment towards immigrants (Powell, 1961). Over time the immigration policies have evolved and changed, to what is now seen in the current time. What has remained

consistent however, is the narratives around migration, with negative connotations attached to this and a focus on reducing immigration (Carlile & Harrison, 2022).

1.5.3 The present UK context: Indian individuals in the UK

Within the UK context, there is significant disparity in population size between individual groups within the South Asian population. According to the most recent census of 2021, Indian individuals account for 3.1% of the population making this category the second most identified ethnic group after ‘White’ (ONS, 2021). However, despite this, Indian individuals were also reported to be the ethnic group who were least likely to access mental health and learning disability services (GOV UK, 2022). Interestingly, amongst South Asian immigrants there is a lower reported percentage of mental health difficulties relative to other ethnic groups who have migrated to the UK (Fernández-Reino, 2020). There is a possibility that the data for individuals who access mental health services is biased as it relies on self-report and disclosure of ethnicity, therefore may not be completely accurate. However, this still highlights a distinct population which is under-served by the current service offer as it stands.

1.6 Exploring underrepresentation

There are a variety of hypotheses which are held within the literature regarding the under-utilisation of mental health services of minoritised individuals. These issues can be understood to be located either within structures which serve communities or as reflected within the literature at times located within communities themselves.

1.6.1 Focus on community differences

There has been research considering the experiences of South Asian individuals and the differences within these communities regarding mental health and psychological distress. There are a number of hypotheses which have been suggested in an attempt to understand some of the cultural differences and the impact on access to support, however these can sometimes reflect a problem-saturated narrative. In order to understand some of the differences, the contextual factors related to a collectivist culture must also be acknowledged in that ideas such as community, family and interdependence are key elements of this.

One of the concepts which is mentioned in the literature is the idea of ‘stigma’, as a reason for the underutilisation of mental health services (Kapadia, Brooks, Nazroo & Tranmer, 2017). This is

cited as there is a link made between the concept of ‘honour’, and how this may be impacted for an individual or for a family if this is broken through a display of difference or engagement in a behaviour which brings about ‘shame’ (Patel, Cardno & Isherwood, 2023). This can at times also link with the beliefs around the cause of certain difficulties, such as religious ideas of jinn, curses etc, and how this may impact on perception within the community. Within the literature it is hypothesised that the extent of this shame prevents access to statutory support and instead individuals will access alternative forms of support. Whilst the idea of ‘stigma’, is important to note and reflects the experiences of many individuals, this factor does not exist in isolation. Moreover, there is little research to compare the rates of stigma within South Asian communities and other ethnic groups, including White British individuals.

Language as a way to understand psychological distress and mental health difficulties is key, one such term noted in the literature is the idea of ‘tension’ (Weaver & Karasz, 2022). In a systematic review looking at the way this term has been conceptualised, it can take on various forms which relate to both physical symptoms e.g. ‘stomach issues, pain, insomnia’ or psychological ‘irritability, feeling distracted, brain hang’, to name a few. Though not a synonym, the descriptors for this term overlap with numerous diagnostic categories. Additionally, the term ‘tension’, was suggested to be polysemic, suggesting the meaning of this word depends on the context. This is one example of the language which may be used differently by South Asian individuals but can open up different conversations if understood. Another consideration is how it has been suggested that within the languages spoken within India terms which reflect emotions exist however, there are no terms which directly translate to the diagnostic labels used within a Western context (Mitra, 2020). In considering the role of migration, language travels across contexts and may be passed down between generations even post-migration (Elkington & Talbot, 2016). Therefore, it is important to consider how language shapes multiple generations of South Asians within a UK context.

As eluded to above, there may be different understandings around the causes and in turn, treatments or support that relate to mental health difficulties. One of the ideas that relates closely to contemporary Western models, is the idea that ‘tension’, can be resolved through structural changes alongside the idea that ‘tension’, can be caused by issues such as poverty, poor housing and other sociological factors (Karasz, 2005). This idea is not so dissimilar from a social justice model of mental health which suggests that the sociopolitical context can be a determinant of mental health difficulties (Pescosolido & Boyer, 2010). Another example of overlap is the

suggestion of disordered eating being understood as response to familial relationship difficulties, within a South Asian context (Ahmed & Lemkau, 2000). This idea overlaps with one of the Western models of disordered eating (Erriu, Cimino, & Cerniglia, 2020). These are some examples to highlight that there can be some overlap in ideas and understanding of mental health difficulties, even if the context varies significantly. There is also a question wherein if overlap exists within models and understanding, what other factors might contribute to the picture, we see of the use of mental health services amongst South Asian and Indian individuals.

1.6.2 Consideration of structural factors

In addition to the factors which may be localised and attributed to individual communities there are also significant structural factors which lead to under-representation within services. Despite policies and government initiatives to reduce racial inequalities in access to and experiences of mental health support, there are still a number of issues present (RAWOrg, 2011). When considered at different points in the journey to support, there are barriers to accessing support and upon entering a service there are other aspects which can impact upon the experience of said services. These are explored in more detail below.

There are a number of factors which impact on the steps taken to access support to begin with. Some of the reported ideas include a lack of awareness of the support available (Bains et al, 2023; Neale, Worrell & Randhawa 2009) and for individuals who are aware, there are also beliefs held within communities around services which can lead to an apprehension about accessing support to begin with. These ideas converge on concepts of institutional and individual experiences of racism. Communities have reported that they fear the possibility of facing racism, stereotyping and not feeling understood by clinicians within their cultural context (Moller, Burgess & Jogiyat, 2016). This has been reported to be considered to be a trade off as to whether it is ‘worth it’, to seek support with balancing the possibility of further racial trauma. As Bradby (2012) suggested, where overt racism has become ‘less socially acceptable’, we must seek to understand the subtle ways in which it operates.

At the next stage should an individual choose to seek support there is evidence to suggest that GPs, who often form the gatekeepers to mental health services, show reduced referral rates for psychological support for South Asian individuals (Bhui et al, 2003). This could be attributed to the suggestion that GPs are less likely to recognise mental health difficulties within South Asian

populations (Bhui, Bhugra, Goldberg, Dunn & Desa, 2001). There is also evidence to suggest that medication may be offered as a first-line treatment to South Asian individuals (Hussain & Cochrane, 2002). This is not to place the blame solely with GPs, rather this highlights a need for change within the entry point to mental health services which clinical psychologists and other mental health professionals should be advocates for.

In terms of the accessibility of services socio-economic exclusion such that individuals are unable to afford the transport to appointments (Bowl, 2007). In one example, an individual had spoken about the importance of using the funds they had available to pay for solicitor fees in order to obtain citizenship. Additionally in considering the accessibility of services, language differences form a key part in how an individual might be able to access support, or be excluded. Through language a shared understanding is formed around concepts and is key to individuals understanding one another (O'Hara & Akinsulure-Smith, 2011). There are several nuances to this with the suggestion that for some South Asian individuals, although they are able to 'get by', in speaking English, they would feel more comfortable in speaking their own language (Bowl, 2007). For individuals who are unable to communicate in English this places limits around their ability to communicate their needs, particularly in a context whereby even with the use of interpreters there may be linguistic and conceptual differences (Gryesten, Brodersen, Lindberg, Carlsson & Poulsen, 2021). Finally, where clinicians have not had adequate training in working with interpreters in a therapeutic context there can be further difficulties in the way in which this impacts the effectiveness (O'Hara & Akinsulure-Smith, 2011). These factors are particularly important in consideration of individuals who have migrated in that their socioeconomic and linguistic context has the potential to exclude them from services.

There has also been research around the experience of psychological support amongst South Asian individuals. There has been a reported perception of the models utilised as being 'biomedical and Eurocentric', (Prajapati & Liebling, 2021). This might reflect the epistemological position of services and the ways in which the models are operationalised, such that there is a focus on the individual enacting change. For a group of individuals who consider mental health difficulties to have different causes such as supernatural ideas (Birtel & Mitchell, 2022), a reflection of hardships around social factors such as poverty or ill health (Karasz, 2005), models which locate the problem within the individual may feel further alienating. However, clinicians can also feel limited by the structures in which they work as considering alternative ideas and ways of working runs the risk of being perceived as 'unscientific' (Dura-Vila, Hagger, Dein & Leavey, 2011).

In addition to the factors mentioned above around the conceptualisations of distress, there is also a call for clinicians to consider the wider social, political, historical and cultural context (Bansal et al, 2022). One systematic review which included the perspectives of South Asian individuals reflected that a clinician learning about the culture and showing a curiosity about these experiences would support with the development of the formulation (Sadusky, Yared, Patrick & Berger, 2023). However, another study suggested some individuals are hesitant to bring cultural factors due to concerns around how this may be perceived. This reflects that as the individual who holds power within the therapy space, it is on the clinician to invite this conversation. There are some reports that clinicians hold some anxiety around perceptions of being ‘racist’, should they ask such questions (Beck, 2019). However, if the purpose of such questions is made clear (Naz, Gregory & Bahu, 2019) this can reduce the invasiveness of questions and instead offer an opportunity for an additional lens to the understanding formed between clinician and client.

Although there is a long way to go in making services equitable, there have been some positive developments. In slight contradiction to the aforementioned idea of individualised models being inappropriate, there are some suggestions to say that models such as Cognitive Behaviour Therapy when adapted to consider the cultural context (Rathod, Kingdon, Phiri, & Gobbi, 2010) and religious ideas (Habib, Dawood, Kingdon & Naeem, 2014), can be helpful in supporting South Asians. There have also been developments such as training faith leaders in the practice of systemic family therapy in order to offer marginalised groups an alternative source of support (Khan, 2021). Similarly, outside of the NHS there are various community psychology initiatives and projects as well as third-sector organisations who support South Asian communities. Whilst these initiatives are promising, there are still many factors to consider. In a context of austerity and cuts to community spaces and organisations, whilst the NHS is still in existence it must make changes to understand and adapt to the needs of the individuals who it is not currently serving.

1.7 Conclusions from existing literature and research

There is existing literature which has looked to the experiences of South Asian individuals in relation to help-seeking behaviours and experiences of mental health services. The research reflects some of the issues faced within the community, such as ideas of stigma and shame as a reason for not accessing mental health support. There has been a somewhat overfocus on these ideas, which is not to say they are not important, rather this detracts from understanding the

structural barriers in place of accessing support and the experiences of South Asians within psychological therapy. This perhaps serves a purpose of locating an issue within a community as an avoidance of more difficult conversations around what structural factors need to change.

One of the key ideas reflected in the literature is the models used and the mismatch within conceptualisations of distress and support offered (Fernando, 2009). This arguably needs to change at a systemic level. The conceptualisations of distress have an impact on the formulation and intervention offered (Johnstone & Dallos, 2013). Beyond this it has an impact on the subjective experience of psychological therapy and communicates to an individual whether they have been understood or not. Individuals have called for an understanding of the historical, political and social context (Bansal et al, 2022). Despite this there is limited research around the experiences of individuals who have for example, migrated to the UK and how this impacts on their psychological well-being and access to services. Together, these factors communicate the need for a deeper understanding around the ways in which distress is understood and conceptualised as well as consideration of the wider contextual factors which have shaped this.

Though there has been an assertion that traditional models offered within services are not suited to the community as a standalone, as aforementioned there is some evidence to suggest that with adaptations, models such as CBT and systemic family therapy can be helpful (Rathod, Kingdon, Phiri, & Gobbi, 2010, Habib, Dawood, Kingdon & Naeem, 2014 & Khan, 2021). This suggests that whilst there can be limitations to the use of psychological models with an individual focus, if appropriately adapted and applied they can be of benefit. Therefore, this warrants consideration of what adaptations are needed and how these models might be better used. There has been interest in the use of community psychology principles. This involves working with a community to co-design an offer of support to collaboratively develop a service which meets a particular need (Thompson, Stuart, Vincent & Goodbody, 2021), often provided outside of mainstream services such as the NHS. Whilst this might provide an alternative source of support, it does not mitigate the needs of those entering mainstream services. Therefore, it is important for existing services to also review their service offer to be culturally congruent whilst co-existing with provision outside of mainstream services.

Finally, as mentioned in 1.3.1 ‘South Asians’, are used to describe a heterogenous group of individuals for which there are some shared characteristics but also stark differences. The nuance must be explored as the grouping together of individuals can miss the nuance held within each

specific culture. If we are to understand individuals within their context and in particular historical context, this will be vastly different for this heterogenous group that has previously been understood as one entity.

Chapter 2: Systematic Literature Review

2.1 Introduction

This chapter presents a systematic literature review (SLR) which aims to report on the impact of migration on the mental health of South Asians who immigrate to a Western country. As mentioned in Chapter 1, there is limited information around the qualitative experiences of this population. A systematic literature review enables the synthesis of evidence from a variety of sources to be collated, critically appraised and summarised to answer a specific question (Shaheen et al, 2023). These findings simultaneously provide valuable information on a specific topic, and guides future research through highlighting gaps within the existing knowledge and areas for further development (Muka et al, 2020). The SLR will therefore inform the focus and aims of the current study as well as providing suggestions for health research and policies more broadly.

As described in the previous chapter, Indian individuals within the UK are under-represented within services (GOV UK, 2022). There are various factors which have contributed to this, at a structural level this includes the focus of research, the models utilised in services and experiences of institutional racism. In considering the cultural experiences and historical context of Indian individuals, one of the key factors which has not been addressed is the experience of migration and the impact of this event across generations.

An initial scoping review on the impact of migration on well-being was completed, consulting databases such as PROSPERO and The Cochrane Library which hold protocols of upcoming reviews and existing systematic reviews. This was to provide an overview of the existing literature in terms of the nature of the evidence, the methods used and the amount of research which had the potential to be synthesised. This was also to confirm no similar reviews were registered. This initial search showed that whilst there were individual papers which had considered the impact of migration on psychological distress, there were no reviews which summarised the findings. This highlighted a gap within the existing evidence and provided a rationale for the current review, to answer the following question:

How does migration impact on the experience of psychological distress amongst Indian individuals across generations?

Migration as a definition considers the permanent movement of an individual or group of individuals from one country to another (Bhugra, 2004). For the purposes of this SLR, this is

specifically focussed on Indian individuals moving from India to a country within the ‘global north’ defined in terms of economic and cultural factors as opposed to geography (Braff & Nelson, 2022). Hence, this includes but is not limited to Europe, North America, Australia etc. This broad definition was used in order to capture the change from a collectivist to individualist culture as well as other cultural differences. Psychological distress is defined broadly to include ideas of acculturative stress, defined as the emotional response directly related to migration and adapting to a host country (Berry & Sam, 2006). This term also includes ideas of mental health disorders and general difficulties with well-being. A broad definition was utilised as there are varied understandings and conceptualisations of distress amongst this community (Prajapati & Liebling, 2021). Finally, with the collectivist nature of Indian culture and importance laid upon family, the perspectives of multiple generations were included in order to capture the widespread impact at an intergenerational level. With a focus on the experiences and processes which exist within this community, a qualitative review was most appropriate in understanding these concepts. The SLR aimed to summarise the knowledge around this topic.

2.2 Methodology

The review adopted a meta-synthesis approach, this method allows for new themes and ideas to be generated from existing qualitative research during the process of data synthesis (Walsh & Downe, 2005). Qualitative research allows for the depth of an experience to be explored in more detail and captures the nuances of experiences (Willig, 2013). This formed part of the rationale of focussing on studies which include an element of qualitative data. Additionally, studies which employ a qualitative methodology might better capture the specific processes which relate to inter-generational factors, whereas quantitative data is limited to drawing links with limited nuance as to the underlying reasons. Finally, it is known that migration can impact on well-being, but the interest of the SLR is the processes underlying this which may extend to structural issues that are noted to be relevant but not captured by measures, for example, financial barriers, language differences and experiences of racism (Memon et al, 2016).

Based on the research question a SPIDER search framework was created in order to define the parameters of the scope of the search.

SPIDER Search Strategy	
Sample	South Asian migrants and descendants
Phenomenon of interest	Psychological distress, acculturation, mental health
Design	Published literature of any research design
Evaluation	Characteristics, views, experiences
Research type	Qualitative, mixed methods, peer-reviewed studies

Table 1

SPIDER search strategy with each conceptual term defined.

Based on the search strategy the criteria for papers to be included was developed as shown in Table 2. The primary phenomenon of interest was psychological distress as related to migration, therefore studies which did not include these factors or were focussed on other outcomes were not considered. There were no age limitations placed upon the participants, as the impact across generations may include children and young people, therefore these perspectives provide relevant information for the research question. As mentioned in Chapter 1, often the experiences of Indian individuals, are subsumed within the experiences of South Asians broadly. Therefore, studies were included which looked at ‘South Asians’, whereby Indian participants were recruited. As aforementioned, studies which looked at migration to Western countries were included, to capture the shift from collectivist and individualistic cultures. There were no parameters set around the timeframe of the studies, as from a scoping review much of the research was conducted in the last two decades. Finally, due to my own limitations around language, studies were only included if available in English.

Grey literature, defined as ‘information not controlled by commercial publishing organisations’, (Adams et al, 2016), was not included in this review. This decision was based drawing on an anarchist perspective, by considering the tactical use of how the findings may be most likely to be utilised, rather than relying on existing ideas within research (Feyerabend, 2020), that now indicates the use of both white/peer reviewed and grey literature in SLR’s is advised (Adams, Smart & Huff, 2017). Grey literature is often sourced and appraised separately to literature published in a traditional publication (Adams, Smart & Huff, 2017), and continues to be viewed within the academic and healthcare sphere as ‘other’. An example of this is the ways in which psychologists are encouraged to draw on traditional ‘evidence-based practice’, rooted in a

positivist epistemology and randomised-control trials (Guy, Loewenthal, Thoas & Stephenson, 2012), and are less likely to draw on other knowledges. If more value was placed on grey literature, we may see systemic changes sooner.

Whilst I value grey literature and note that knowledge relevant to the topic is held in many forms, including theses, documentaries, podcasts, poetry and pop culture, I am writing with my current audience and the context in mind by considering the ways in which decisions around service change is often made, which usually requires traditional literature. Therefore, although the decision to exclude grey literature, is not necessarily in line with my personal position, I also feel that the use of resource needs to be tactical, for the findings to be acknowledged, and to therefore encourage antiquated systems to change. It is also important to note the limitations in capacity around searching grey literature systematically, for example the volume of information and what even is considered ‘grey literature’

Inclusion criteria	Exclusion criteria
- The study must include reference to migration AND psychological distress	- Studies which are specific to other South Asian groups and do not include the experiences of Indian individuals.
- Qualitative methods were used, including mixed method studies.	- Review articles, theoretical articles and literature reviews.
- The study must be empirical in nature.	- Studies focussed on the perspectives of professionals and/or care providers.
- Study conducted in a ‘Western’ country.	- Studies which used only quantitative data.
- Study available to read in English.	- Studies which were focussed on outcomes unrelated to distress or well-being.
- Any age was considered.	
- Indian individuals OR South Asian individuals whereby Indian individuals are within the participants recruited.	

Table 2

Inclusion and exclusion criteria for papers to be included in final review.

2.2.1 Search strategy

The following databases were selected to search for literature pertaining to the research question: PsychArticles, Scopus, CINAHL PLUS, Medline and Pubmed. These were selected as they include a breadth of disciplines including applied social sciences, medicine and healthcare, and

therefore searches were likely to capture articles with wide perspectives on psychological distress, to address the SLR question. The specified databases did not include grey literature, which meant that utilising these databases missed a broader spectrum of evidence that may be found in more varied contexts such as unpublished studies or knowledges held within communities. Further detail of the rationale for not including grey literature is aforementioned in 2.2.

Each database had a corresponding search parameter attached to it based on the available options. For the retrieved articles, reference lists were screened in order to check for any primary studies not found through the initial search.

A concept-based approach was taken as related to the key ideas within the research question of ethnicity (South Asian), experience-related ideas of migration and ‘psychological distress’. Terms were identified through looking at key words within articles read in gathering information for the literature presented within the introduction, within the PsychArticles database, synonyms are suggested within the search bar which were included. Key terms were adapted using truncation to obtain all relevant literature. In order to find papers relevant to the literature review, Boolean operators of ‘AND’ and ‘OR’ were used. The search strategy is shown below in Table 3.

Concept	
Ethnicity	“South Asian” OR Indian
AND	
Psychological Distress	“psychological distress” OR “Emotional distress” OR distress OR stress* OR disorder* OR “mental illness” or trauma* OR OR “mental health” OR well-being OR wellbeing
AND	
Migration	migration or immigration or emigration or immigrant or migrant or emigrant OR accultur* or “cultural assimilation” or “cultural adoption” or diaspora

Table 3
Search terms and Boolean operators across databases.

Following the search, across the 5 databases, 1162 papers were returned. In addition to the formal search, Google Scholar was also searched in order to identify any papers which were not found from the databases specified. As Google Scholar is a less specific search engine which yielded

1,780,000 of results, the first 100 search results were screened. Two additional peer-reviewed articles were found.

Search results were uploaded to Covidence, here 389 duplicates were automatically detected and a further six were manually detected. The titles of 767 studies were screened, if the title was clearly irrelevant to the study (e.g. focussed on genetics), the study was excluded, for the remaining studies abstracts were screened in relation to the inclusion criteria. During the full text review stage papers were read with the inclusion criteria in mind. Of the total papers yielded a final 19 were included in the review. Figure 1 shows a PRISMA diagram which visually represents the search results and journey through screening.

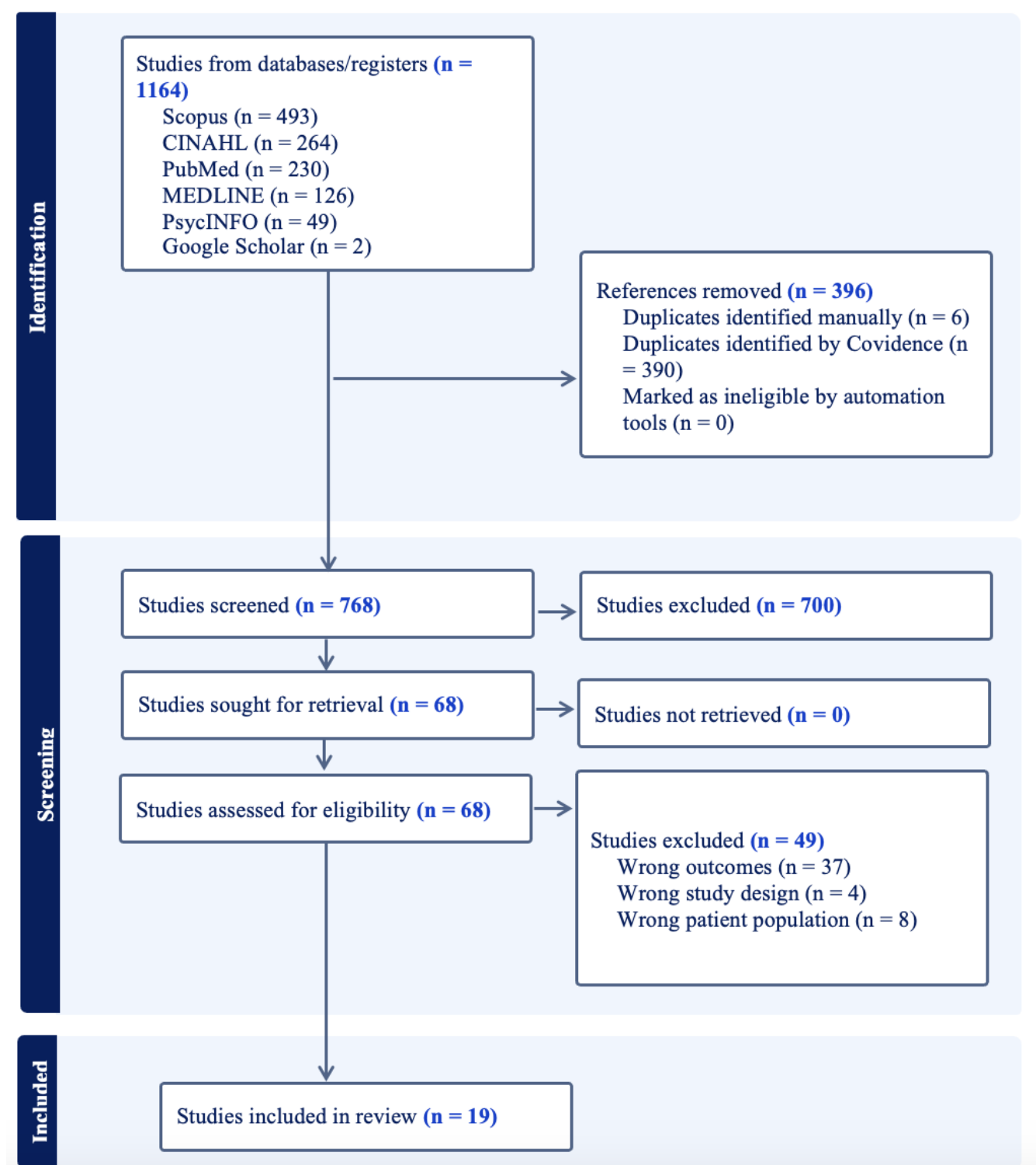


Figure 1
PRISMA flow chart of retrieved search results following search across databases.

2.2.2 Studies

The literature review identified 19 suitable papers that met the inclusion criteria and focussed on the experiences of South Asian/Indian migrants and the relationship to psychological distress and emotional well-being. There was a large age range from adolescents to older adults, geographical locations ranged across Western countries including the UK, United States of America (USA), Canada and Australia. Studies had different focusses, such as understanding the impact of migration on mental health, the experience of accessing services and specific concepts such as acculturative stress. All the studies identified used a qualitative methodology. Further details of the study findings, methods and critical review is included in Table 4.

2.2.3 Revision of SLR

Following on from the original question which had a focus on the experiences of Indian individuals, only three of the papers focussed on the experiences of Indian individuals only. Therefore, the focus of the SLR was widened to include the results in which South Asian experiences were also detailed. During the synthesis stage, where the results specifically named the origin of the participant as Indian, this is reflected in Table 4, otherwise it can be assumed this was a part of South Asian people's experience more broadly and the results reflect the experiences of South Asian individuals. It is important to note as mentioned in Chapter 1, that there are distinctions between different groups of Asian individuals. However, there is equally a trade-off, in that it is not possible to focus on solely the experience of Indian people as there is insufficient research, yet there are important questions to be answered around the impact of migration across generations. Hence, the decision was made to include these papers for synthesis.

Title, Author(s), Year & Country of Study	Aim	Participants/ Sample	Data collection	Data analysis method	Summary of findings	Strengths (+) and Limitations (-)
<p>Migration and identity processes among first-generation British South Asians.</p> <p>Jaspal, R. (2015)</p> <p>England</p>	<p>To explore how migratory experiences have impacted individual's sense of self and how these experiences have shaped their relationships with relevant social categories.</p>	<p>20 individuals from South Asian communities 1st generation, migrated between 1960-1985.</p> <p>10 Pakistani (mainly Mirpur)</p> <p>10 Indian (mainly Punjabi)</p> <p>10 female, 10 male</p> <p>Mean age: 54.6 (SD: 4.9)</p> <p>4 no formal qualifications.</p> <p>14: GCSE's</p> <p>2: undergraduate degree.</p>	<p>Semi-structured interviews.</p>	<p>Thematic analysis.</p>	<p>Themes</p> <p>Pre-migration – Britain seen as a sanctified, idyllic place with economic opportunity based on the accounts of others who had migrated. I</p> <p>Pride and honour – The opportunity to provide enabled a sense of pride and improved self-esteem, it also allowed for a sense of izaat and respect to be maintained.</p> <p>Migration as trauma – loss and nostalgia in remembering the homeland and feeling othered.</p>	<p>+ Considered the processes of acculturation in terms of strengths of holding onto homeland identity and importance of identity formation.</p> <p>- There were limited implications on the applicability of the findings for clinical practice or applications beyond research.</p>
<p>Preimmigration Beliefs of Life Success, Postimmigration Experiences, and Acculturative Stress: South Asian Immigrants in the United States.</p>	<p>Explore links between preimmigration beliefs of life success and postimmigration experiences and influence on acculturative stress.</p>	<p>75 sets of South Asian parents migrated 2-5 years previously, whose children also migrated with their parents. Their ages ranged between 32-45 years old,</p>	<p>Semi-structured interviews.</p>	<p>Thematic analysis.</p>	<p>Themes</p> <p>Preimmigration beliefs – united states as a land of opportunity.</p> <p>Postimmigration experiences – parental underemployment, parents beliefs about life success related to language and profession.</p>	<p>+ Considered the historical context e.g. how jobs were awarded with the Raj, during colonial rule, in informing some of parental beliefs.</p> <p>- There were assumptions made about the impact of</p>

Bhattacharya & Schoppelrey (2004). United States.		with children aged 11-17.			Life success/acculturative stress. Role of children in parental goal attainment – children facilitate parental goals and dreams through education.	parental beliefs on children's experiences but without considering moderating factors there may not be a linear relationship as implied in the discussion.
Challenges South Asian immigrant youth face in transnational contexts. Meherali, Adewale, Kauser, Ahmad, Puinean & Lassi (2023) Canada	Examining challenges and barriers South Asian immigrant youth face in adapting to Canadian society specifically in Alberta, Canada.	23 South Asian immigrant youth, 13 parents (unrelated) from various South Asian backgrounds (Indian, Pakistani & Bangladeshi). 74% female, 26% male. Majority age 15-20 years old, almost half participants had lived in Canada for longer than 5 years.	Semi-structured interviews.	Thematic analysis.	Themes Experiences as south Asian youth – general, daily life generally positive, educational experiences generally positive but some racism, experiences were different based on demographics. Resources and services – mixed experiences in terms of awareness and accessibility, health services reported as equitable, barriers were also considered. Challenges faced – cultural diversity and acculturative stress, identity development,. Parents – racial discrimination, availability of mental health	+ Included both the young people and their parents in the studies to understand multiple perspectives. + Parents suggested ideas for future services which could be considered to be actioned. - The data from parents was mainly from mother's perspective.

					and sexual and reproductive health programmes, coping with adolescence, suggestions for needed services and future research.	
<p>Mental health of South Asian youth in Peel Region, Toronto, Canada: a qualitative study of determinants, coping strategies and service access.</p> <p>Islam, Multani, Hynie, Shakya & McKenzie (2017).</p> <p>Canada</p>	Obtain a deeper understanding of South Asian youth in Peel Region define mental health, mental health concerns, knowledge of services and barriers in accessing services.	South Asian individuals aged 15-23, (M: 20, SD: 2.44). 2 males and 8 females. 3 Canadian-born and 7 immigrants, on average lived in Canada for over 12 years. Varies countries of origin and identified as Muslim, Hindu or Sikh.	Semi-structured interviews.	Thematic analysis.	<p>Themes</p> <p>Definitions of mental health and recovery – good mental health as having balance, recovery as a self-motivated task.</p> <p>Mental health concerns – acculturation stress and intergenerational conflict as related to identity and differences, academic pressure from parents, relationship stress as related to romantic relationships, financial stress, parental divorce, mental illness in the family, mental health, addictions and drug use.</p> <p>Barriers to services and mental health service knowledge.</p>	<p>+ Included implications of the study at various levels of context that the youth experiences such as parents, school, community and mental health system.</p> <p>+ A variety of recruitment strategies in place to try to gather a representative sample.</p> <p>- The majority of participants were referred by social workers who had accessed mental health services previously.</p>
Loneliness among older ethnic minority people: exploring the role of structural	Explore individuals' experiences of loneliness including its link	10 co-researchers, 50-79 years old, one Indian individual, female, who was	Semi-structured interviews.	Thematic analysis.	<p>Themes</p> <p>The different ways in which people experienced loneliness if they did.</p>	+ The study used co-researcher methodology, these individuals were

<p>disadvantage and place using a co-research methodology.</p> <p>Cotterell, Buffel, Nazroo & Qualter (2024)</p> <p>UK</p>	<p>with cumulative disadvantage and impact of place.</p>	<p>university educated. Co-researchers, in Manchester.</p> <p>Participants: 17 individuals, 4 Indian females,</p>			<p>Structural disadvantages and aspects of identity influenced the experience of loneliness. The role of ‘place’ in loneliness – deprived neighbourhoods, housing and population turnover. Creating a sense of belonging and community – neighbours and social clubs.</p>	<p>involved at different parts of the process.</p> <p>+ Divergent as well as convergent themes were represented in the results.</p> <p>- Considering the heterogeneity of the sample in terms of the ethnic groups mean that there might be nuanced experiences for each individual ethnic group with different norms.</p>
<p>Youth as contested sites of culture: The intergenerational acculturation gap amongst new migrant communities— Parental and young adult perspectives.</p>	<p>To explore how migrant youth cope with acculturative stress and intergenerational conflicts. To better understand systemic and family-related factors that facilitate positive settlement</p>	<p>164 participants total, 31 Indian, age range from 18-68, predominantly female sample, mixed visa status.</p>	<p>Focus group discussions.</p>	<p>Thematic analysis.</p>	<p>Themes</p> <p>Intergenerational acculturation gap – loss of family capital understood as social solidarity, influence and control. Intergenerational conflicts – differences between generations. Protecting positive family values and integration – legal system view on parenting practices, children’s increased knowledge of the new environment.</p>	<p>+ Thoughtful and considered rationale noted for use of focus groups in context of cultural factors and needs of population.</p> <p>+ Multiple focus groups which generated a lot of data.</p> <p>- Indian and Pakistani individuals grouped together despite</p>

Renzaho, Dhingra & Georgeou (2017).	experiences for migrant youth.					different histories and contexts.
Australia						
Acculturative Stress: South Asian Immigrant Women's Experiences in Canada's Atlantic Provinces. Samuel (2009) Canada	Explore and analyse acculturative stress experienced by South Asian women in the Atlantic Provinces.	14 women, age 30-55 years old of the Hindu faith. All had undergraduate degrees from India and were employed in the public/private sector.	Semi-structured interviews.	Narrative analysis	Themes Intergenerational conflict within the parent – child relationship. Discrimination – in the workplace, in school, the impact of this and navigating these experiences. Depression – emotionally stressed out or frazzled as juggling new roles and adjusting to a new place. Coping – mainstream counsellors not being trusted, 2 participants trusted counsellors.	+ Implications for structural changes were suggested particularly around minimising discrimination. + There was rigorous data collection to increase 'qualitative research legitimacy'. + Findings were linked to theory. - The sample consisted of women who were all Hindu and employed, therefore it may not represent experiences of other individuals.
Spirituality and Treatment Choices by South and East Asian Women with	Understand how South and East Asian immigrant women with a diagnosis of a	30 1 st generation immigrant women with a diagnosis of a severe mental illness, 15 from	Semi-structured interviews.	Grounded theory	Themes Contributing factors – gender role related issues, changes/stressors, family / social support, mental illness	+ Interviewers were also clinicians who would be able to offer

<p>Serious Mental Illness.</p> <p>Chiu, Ganesan, Clark & Morrow (2005).</p> <p>Canada</p>	<p>serious mental illness make treatment choices with respect to spirituality.</p>	<p>East Asia, 15 from South Asia. Mean age 46 years (range 26-67). All South Asian women migrated from Punjab, India.</p>			<p>and mothering, stigmatisation/discrimination, problems around access to resources, financial factors, language barriers and mobility, knowledge, information, lay social network and availability of alternatives</p> <p>Spirituality and belief systems connected to decision making.</p> <p>Living with the choices.</p>	<p>further support should it be needed.</p> <p>+ Employed member checking as a way to ensure that participants could also check results.</p> <p>- Some of the concepts may not translate to English as they are intended within the host language.</p>
<p>Depression, a Hidden Mental Health Disparity in an Asian Indian Immigrant Community.</p> <p>Roberts, Mann & Montgomery (2015).</p> <p>USA</p>	<p>Explore depression amongst Asian-Indian, specifically Punjabi, women in central California.</p>	<p>Quantitative: 350 participants, 62% women, 73.1% were married and 74.2% held either a bachelor or college degree. 83.7% were born in India, with average 19 years in US. Qualitative: 58 participants, this included community stakeholders, religious leaders</p>	<p>Quantitative: Measures</p> <p>Qualitative: Semi-structured interviews and focus groups.</p>	<p>Factor analysis, significance tests and multiple regressions</p> <p>Grounded theory</p>	<p>Quantitative: Women showed elevated levels of anxiety and depression compared with men. Correlates for women who completed the survey in English: ideal family size, negative religious coping and anxiety. Punjabi: age at marriage and 1st pregnancy, domestic violence myth acceptance and anxiety. Multiple regression showed anxiety accounted for most variance in both groups.</p> <p>Qualitative</p>	<p>+ The researchers were mindful and respectful of cultural norms and attempted to account for this in the interview process. Also conducted interviews in Punjabi firsthand.</p> <p>- Language was used as a proxy for acculturation but may not accurately be a measure of acculturation,</p>

		and community members.			Acculturative differences by language: English included intergenerational considerations, role of spouse and expectations of others. Punjabi: security in community, role of spouse and language. All women spoke about marriage and gender roles. Domestic violence was also a theme.	considering opportunities to learn another language and how this may intersect with issue of gender, class and socioeconomic status.
Global contexts, social capital, and acculturative stress: experiences of Indian immigrant men in New York City. Bhattacharya (2011). USA	Advance understanding of acculturative stress-related factors in the context of globalisation and transnationalism.	17 Indian men, median age 29, median time lived in NYC was 11 years, all had a degree from India and 12 also held or were working towards a degree in the US. 3 graduate students, 5 held 'blue-collar', jobs and 9 held 'white-collar' jobs.	Semi-structured interviews.	Grounded theory.	Acculturative stressors including loneliness, frustration, depression, lack of control over job, social isolation. Social capital resources: family, peer and community network. Fast jet travel, the Internet and less expensive phone service allowed for more connection. Social capital elements: bond with family to stay connected, peers to adjust to life in US, visibility of similar people helped. Role of social capital: buffers against loneliness, informational, practical and emotional. Influence of social capital on acculturative stress: enabled to	+ Focus on Indian men who are often not represented or included in research with this community. + Offered Hindi as an option for participants to be able to select what they would like to do. - The ideas around applicability of the findings to practice could have been developed further.

					persist with adjusting to new life. Peer support was key.	
<p>Is social capital portable? Acculturating Experiences of Indian Immigrant Men in New York City.</p> <p>Bhattacharya (2011).</p> <p>USA</p>	<p>Examine acculturation of Indian immigrants in NYC, usefulness of social capital and perspectives of acculturation process on portability of social capital in relation to new and previous social networks.</p>	<p>17 Indian immigrants, males, aged 18-45, resided in NYC for at least one year.</p>	<p>Semi-structured interviews.</p>	<p>Grounded theory approach.</p>	<p>Themes</p> <p>Acculturative stress – loneliness, depression and lack of control over job.</p> <p>Role of social capital and acculturative stress – resources included family, peers and community, linked with psychological, emotional and cultural issues.</p> <p>Portability of social capital – whether to preserve existing networks or not and how new ones were formed.</p>	<p>+ Model presented as relation to social capital which incorporates different elements of the immigration experience.</p> <p>+ Practical implications were detailed as an outcome of the study.</p> <p>- Similar outcomes and aims drawing from the same dataset as other papers which could have been published together.</p>
<p>Voices of South Asian women: immigration and mental health.</p> <p>Ahmad, Shik, Vanza, Cheung, George & Stewart (2004).</p>	<p>Elicit experiences and beliefs of recently migrated South Asian women about major mental health concerns after immigration to Canada, looking</p>	<p>24 South Asian immigrant women, mean age 34 (range 18 – 69). 91% married, 82% had children, 50% completed university. Average length of</p>	<p>Focus groups</p>	<p>Thematic analysis.</p>	<p>Themes</p> <p>Appraisal – mental health a concern after immigration, symptoms included loneliness, depression and ‘doing nothing’, physical symptoms.</p> <p>Stress-inducing factors – loss of social support, economic</p>	<p>+ Data quality methods were employed such as member checking, debriefing and triangulation.</p> <p>+ Consideration given to the social network implications and the</p>

Canada	at stress-inducing factors and coping strategies.	time in Canada: 1.5 years. 71% unemployed.			uncertainties, downward social mobility, mechanistic lifestyle. Barriers to services – long waiting, lack of control in referral process, limited knowledge about support. Lack of social health insurance. Climate and food changes Coping – socialisation, preventative practices, self-awareness, home country medicine/visit.	ways in which this may inform healthcare professionals views. Other coping strategies were also contextualised. - Some of the themes such as climate and food changes could have been explored further to understand this.
The sociocultural relationships of older immigrant Punjabi women living in Nova Scotia: Implications for well-being. Dhillon & Humble (2021). Canada	Consider how older immigrant Punjabi women are affected by sociocultural factors within their relationships.	5 Punjabi women age 65-68, born and raised in rural Punjab villages. 2 women had immigrated 30-35 years ago, other 3 more recently (2-3 years ago). The women had different marital and education statuses.	Semi-structured interviews.	Grounded theory	Themes Dependency on families: caring for families, language barriers, not being able to drive. Happy family means good mental health – positive family interactions meant good mental health, mental health as a stigmatised topic and important of trusting clinician. Needing more ways to connect – wanting space to connect with similar people outside the temple.	+ Considered cultural norms of this population and took sweets to persons home and joined participant for chai and food in order to show respect. + Included the role of religion and teachings with the intersection with culture and considerations for healthcare professionals.

						- There were some limitations noted in terms of prospective participants whose participation was unable to be facilitated.
<p>Voices of Older Asian Indian Immigrants: Mental Health Implications.</p> <p>Tummala-Narra, Sathasivam-Rueckert & Sundaram (2013)</p> <p>USA</p>	<p>Understanding experience of older adults who attend programs in senior centres in terms of adjustment and mental health needs.</p>	<p>18 1st generation Asian Indian older adults, 8 men and 10 women. Age 61-82 years old, age of immigration ranged from 24-72 years old. All participants were Hindu.</p>	<p>Semi-structured interviews.</p>	<p>Content analysis</p>	<p>Themes</p> <p>Challenges of living in the US included – loneliness, separation from social and cultural networks in county of origin, navigating across cultural contexts, ambivalence about living in the US. Giving and receiving care in the family – depended on children and caregiving responsibilities. Reflecting on past and future circumstances – acceptance of present situation, concerns about the future. Approaches to coping – identifying new cultural perspectives, positive relationship with peers and helping others.</p>	<p>+ implications for research and clinical practice were considered, of interest is the idea that if given space, individuals were quite forthcoming about their experiences despite discussing sensitive topics.</p> <p>+ Ideas for topics specific to this cultural and age group were suggested e.g. migration history and intergenerational linkages.</p> <p>- A convenience sample which also only included Hindus, this could bias the</p>

						applicability to other religious groups and may have shaped the individuals who were willing to come forward.
<p>Uprooting and Resettlement Experiences of South Asian Immigrant Women.</p> <p>Choudhry (2001)</p> <p>Canada</p>	Explore the impact of immigration and resettlement on older women.	<p>10 women, aged 59 -78 years old, 8 Hindu and 2 Radhaswami/Sikh community. Participants were educated to high school.</p> <p>4 migrated during past 4 years, 5 had lived in Canada 10-16 years and 1 for 26 years.</p>	Structured interviews	Thematic analysis	<p>Themes</p> <p>Isolation and loneliness – different family structure and roles, language barriers contributing to isolation and ability to access community.</p> <p>Family conflict – specifically with daughter in law.</p> <p>Economic dependence – spent much of life in an unpaid capacity supporting the family.</p> <p>Settling in and coping – thinking about going home, becoming accustomed to Canada, spirituality and religion as a way to cope.</p>	<p>+ Despite being a qualitative study, there was an attempt to consider the generalisability and representativeness of the findings through holding a community meeting and sharing the findings to find out if they were applicable.</p> <p>- No mention of reflexivity in terms of how this informed the research process and interactions with participants.</p> <p>- Unclear analysis method in terms of naming as TA.</p>

<p>South Asian Adolescents' Experiences of Acculturative Stress and Coping.</p> <p>Tummala-Narra, Desphande & Kaur. (2016)</p> <p>USA</p>	<p>To gain a nuanced understanding of South Asian adolescents experiences of acculturative stress and how to cope with this.</p>	<p>16 South Asian adolescents, 9 girls and 7 boys. Ages ranged 14-18 years old, (mean = 16.5 years old). 7 participants were born in the US, 9 had immigrated age 2-14 years old. 9 were Indian, faiths followed included Islam, Sikhism, Hinduism and Buddhism.</p>	<p>Semi-structured interviews.</p>	<p>Content analysis.</p>	<p>Participants showed positive emotional connection to their families, communities and heritage.</p> <p>Some of the challenges with acculturation included language and communication barriers, family issues, stereotypes of South Asian individuals, racism directed towards family and self.</p> <p>The stress of navigating different cultural contexts included emotional reactions to: discrimination, conflict with parents and finding that they had a 'dual sense of self'.</p> <p>Ways of coping included: appreciating opportunities in the US, parents' struggles, seeking help from friends and openness to seek support from adults outside the home.</p>	<p>+ Careful consideration of self-reflexivity throughout the processes of research documented.</p> <p>+ Practical implications for interventions and ideas for how these may span different contexts were included as a result of the findings.</p> <p>- Interviews were conducted in English and therefore would not be possible for those who were not proficient in English.</p>
<p>The Experience of Ethnic and Racial Group Membership Among Immigrant-Origin Adolescents.</p>	<p>Examine how racially minoritised immigrant origin youth construct and negotiate their experiences of ethnic and racial group</p>	<p>64 adolescents, 35 girls and 29 boys, age 14-20 years old (mean =15.58). 10 South Asian American, other participants identified as Haitian American,</p>	<p>Semi-structured group interviews.</p>	<p>Conventional content analysis.</p>	<p>Pride in relation to heritage and culture, through engaging in events and speaking the language.</p> <p>Difficulties in adjustment related to barriers to learning English and navigating friendships.</p>	<p>+ Despite a broad range of ethnic groups included in the study the analysis was grouped and individual experiences related to a particular ethnic group were considered.</p>

Tummala-Narra & Sathasivam-Rueckert (2015). USA	membership, acculturative stress and coping with acculturative stress.	Latino/a American.			Intergenerational differences in expectations and boundaries with parents (this was particularly for south Asian and Asian youth). Discrimination and stereotypes related to specific ethnic groups. To cope / support: talking with peers and participating in religious activities were two ideas suggested.	+ There was consideration given to multiple contexts and the broader experiences of adolescents – such as within the family, home, school, peers etc. + Reflexivity was documented as to the processes to consider biases, assumptions and expectations which could impact the research. This seemed robust and embedded within the research process. - Other intersectional factors such as class, sexuality etc may have added further nuance to understanding formation of identity and the processes which accompany this.
Legitimising depression:	To understand how depression is	77 participants, 36 Indian-Australian,	Focus groups.	Thematic analysis.	Indian-Australians placed more emphasis on situational and	+ Had a large sample which was inclusive of

<p>community perspectives and the help-seeking continuum.</p> <p>Gilbert, Antoniadis, Bowen & Brijnath (2019).</p> <p>Australia</p>	<p>interpreted within the respective communities and how this modulates treatment seeking.</p>	<p>18 men, 18 women. Across the focus groups mean ages ranged from 28 – 71.4, similarly the mean years in Australia ranged from 2.9-20.2.</p>			<p>attitudinal factors than biomedical.</p> <p>Connected causes of depression to migration, of missing family and culture which could trigger negative emotions, normalised the experiences of depression.</p> <p>Ways of treating: prayer, meditation, drinking tea, positive thinking, holidays, walking and forgetting. Social welfare and charities for structural support, medication as last resort.</p> <p>Preference for internal system support as opposed to professional.</p> <p>Maybe seen as morally illegitimate.</p>	<p>a variety of ages which enabled a range of perspectives across the lifespan.</p> <p>+ Through having one researcher fluent in Hindi, a focus group facilitated in Hindi was held which may have enabled particularly marginalised individuals who would otherwise be excluded, to be included within the research.</p> <p>- The perceptions around medication were conceptualised to reflect treatment stigma. Whilst this is one possible theory, the alternative perspectives around preferred treatments could have instead been expanded upon particularly as participants gave many suggestions.</p>
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						<p>- The structural factors which lead to depression in relation to migration could have been explored more in-depth.</p>
<p>Expressed emotion in the South Asian diaspora living in the UK: A qualitative study.</p> <p>Sharif, Miah, Ramanathan, Glover & Shaikh (2023).</p> <p>UK.</p>	<p>Provide a culturally appropriate understanding of family relationships and expressed emotion across 'non-clinical', UK-based South Asian families.</p>	<p>18 participants, 3 men and 15 women, mean age 28.44 (range 20 – 39). 6 Indian, 9 Pakistani, 2 Bangladeshi and 1 Afghan. 9 participants born outside the UK, spent 13.4 years on average living in the UK.</p>	<p>Semi-structured interviews.</p>	<p>Thematic analysis.</p>	<p>Expression of love through non-verbal means and self sacrifice.</p> <p>Considering the collectivist culture values.</p> <p>Inter-generational differences including exposure to new ideas particularly as a result of living in the UK. For 2nd generation individuals having a view which incorporates individualistic views as well.</p> <p>Acceptance: thinking about compromise, working on problems and keeping things the same.</p>	<p>+ The themes of the study were explored in depth by the researcher with quotes from participants which illustrated the themes being discussed.</p> <p>+ The themes and terms explored were shared with a nuanced way and contextualised, for example, the idea of self-sacrifice was not pathologized. For a group of individuals who are often marginalised in society this was important to note the ways in which this difference was held in a careful way.</p> <p>- The sample were primarily young</p>

						females. There may also be differences regarding specific experiences amongst different South Asian groups and an exploration of this would have been helpful.
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Table 4

Summary of studies included within systematic literature review including: title of paper, participant information, key findings and appraisal of paper.

2.3 Quality Appraisal

2.3.1 Rigour

As part of the rigour of the review, a peer-reviewed 10% of the results at the title and abstract and full text review screening stages to confirm the inclusion and exclusion criteria were applied consistently across retrieved results.

2.3.2 Qualitative studies

The Critical Appraisal Skills Programme (CASP) (CASP, 2018) was selected as a tool to appraise the quality of the studies. The CASP is a 10-item tool which invites reflection around different domains which broadly relate to the clarity of aims, recruitment of participants, data collection and analysis, ethical considerations, reflexivity of the researcher and utility of findings. This tool was selected as it has been cited to be a comprehensive measure of quality of qualitative research.

The full appraisal of all studies is included in Table 5. Majority of the studies stated their aims clearly and had a clear rationale as to the choice of data collection utilised. However, interestingly only six studies stated their position around reflexivity and their personal relationship to the research. This is not to say these were not considered by other researchers, it is possible that this has only recently been included within guidelines as important to note (Sabnis & Wolgemuth, 2023). Most studies had considered the ethical issues of the research but some had not included much information about this to make a judgement around the depth of this. All studies had a clear statement of findings with implications noted. None of the papers were considered to be of a poor methodological quality to an extent to which they were not included in the review.

2.3.3 Mixed method study

One of the included studies (Roberts, Mann & Montgomery, 2015) used mixed-methods, including both quantitative outcome measures and qualitative data. For this study the Mixed Methods Appraisal Tool (MMAT) (Hong et al, 2018), was used. This simultaneously appraises the rationale for using both quantitative and qualitative data and considers the integration of the two datasets. The appraisal for this study is shown in Table 6. Overall, each individual element of quantitative and qualitative methodology was upheld, however,

there was not a clear rationale for the mixed-methods design beyond a gap in the literature regarding the sample. Both quantitative and qualitative data were integrated together well.

Paper	Was there a clear statement of the research aims?	Is a qualitative method appropriate?	Was the research design appropriate to address the terms aims of the research?	Was the recruitment strategy appropriate to the aims of the research?	Was the data collected in a way that addressed the research issue?	Has the relationship between researcher and participants been adequately considered?	Have ethical issues been taken into consideration?	Was the data analysis sufficiently rigorous?	Is there a clear statement of findings?	How valuable is the research?
Migration and identity processes among first-generation British South Asians.	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Provided perspectives around the contributing factors to identity formation amongst South Asian migrants.
Preimmigration Beliefs of Life Success, Postimmigration Experiences, and Acculturative Stress: South Asian Immigrants in the	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Considered the experiences of parents who migrated to the US, pre and post immigration and impact on children.

United States.										
Challenges South Asian immigrant youth face in transnational contexts.	Yes	Yes	Yes	Yes	Yes	Yes	Can't tell	Yes	Yes	Shared the experiences of youth and parents as related to the processes of adjustment following immigration
Mental health of South Asian youth in Peel Region, Toronto, Canada: a qualitative study of determinants, coping strategies and service access.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Model provided of different levels of interventions for the young people and the system around them to support with mental health.
Loneliness among older ethnic	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Considerations to the ways in

minority people: exploring the role of structural disadvantage and place using a co-research methodology.										which loneliness is understood amongst immigrant older adults, how this impacts on individuals and what support would be helpful.
Youth as contested sites of culture: The intergenerational acculturation gap amongst new migrant communities— Parental and young adult perspectives .	Yes	Yes	Yes	Yes	Yes	No	Can't tell	Yes	Yes	The study found two key factors which were important to understanding the intergenerational acculturative gap of loss of family capital and intergenerational conflicts.

Acculturativ e Stress: South Asian Immigrant Women's Experiences in Canada's Atlantic Provinces.	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Provided information around the forms of acculturativ e stress experienced by south Asian immigrant women.
Is Social Capital Portable? Acculturatin g Experiences of Indian Immigrant Men in New York City	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Community -specific social norms and attitudes and economic factors influence how social capital transfers across contexts.
Spirituality and Treatment Choices by South and East Asian	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Provides an understandi ng of the role of spirituality in decision

Women with Serious Mental Illness.										making around mental health amongst south and east Asian immigrants.
Global contexts, social capital, and acculturative stress: experiences of Indian immigrant men in New York City.	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Contributions to the factors which influence social capital amongst immigrant Indian men who are not often included in research.
Voices of South Asian women: immigration and mental health.	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Understanding of the experiences of recently immigrated South Asian women.
The sociocultural relationship	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Contributions around ideas for healthcare

s of older immigrant Punjabi women living in Nova Scotia: Implications for well-being.										professional working with older Punjabi immigrant women.
Voices of Older Asian Indian Immigrants: Mental Health Implications .	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Ideas around older Indian adults mental health and implications for practitioners noted.
Uprooting and Resettlement Experiences of South Asian Immigrant Women.	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Ideas around the experience of older immigrant women, considering familial context and role.
South Asian Adolescents	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Provided exploration

Experiences of Acculturative Stress and Coping.										of how adolescents experience distress across a wide variety of contexts including institutional factors.
The Experience of Ethnic and Racial Group Membership Among Immigrant-Origin Adolescents .	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Provides in depth information around adolescent identity development and consideration of the implementation of the findings.
Legitimizing depression: community perspectives and the help-seeking continuum.	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Adds to literature around migration and shares the ways in which Indian individuals might

										manage 'depression' .
Expressed emotion in the South Asian diaspora living in the UK: A qualitative study.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Shares an alternative way in which some of the behaviours shown by this community might be reframed and understood.

Table 5
Appraisal of qualitative studies included within review against CASP 2018 criteria.

Category of study designs	Methodological quality criteria	Responses			
		Yes	No	Can't tell	Comments
Screening questions (for all types)	S1. Are there clear research questions?	X			
	S2. Do the collected data allow to address the research questions?	X			
	<i>Further appraisal may not be feasible or appropriate when the answer is 'No' or 'Can't tell' to one or both screening questions.</i>				
1. Qualitative	1.1. Is the qualitative approach appropriate to answer the research question?	X			
	1.2. Are the qualitative data collection methods adequate to address the research question?	X			
	1.3. Are the findings adequately derived from the data?	X			
	1.4. Is the interpretation of results sufficiently substantiated by data?	X			
	1.5. Is there coherence between qualitative data sources, collection, analysis and interpretation?	X			
2. Quantitative descriptive	4.1. Is the sampling strategy relevant to address the research question?	X			
	4.2. Is the sample representative of the target population?			X	
	4.3. Are the measurements appropriate?	X			
	4.4. Is the risk of nonresponse bias low?			X	
	4.5. Is the statistical analysis appropriate to answer the research question?	X			
3. Mixed methods	5.1. Is there an adequate rationale for using a mixed methods design to address the research question?			X	
	5.2. Are the different components of the study effectively integrated to answer the research question?	X			
	5.3. Are the outputs of the integration of qualitative and quantitative components adequately interpreted?	X			
	5.4. Are divergences and inconsistencies between quantitative and qualitative results adequately addressed?	X			
	5.5. Do the different components of the study adhere to the quality criteria of each tradition of the methods involved?	X			

Table 6
Appraisal of Roberts, Mann & Montgomery (2015) which used mixed methods.

2.3.4 Synthesis strategy

To synthesis the findings of the studies, a reflexive thematic synthesis approach was taken. This was felt to be the most appropriate as there is limited research summarising the data in this area. Therefore, the broad themes would provide valuable insight into the existing information and the gaps within the literature. As part of the review process all sections of the article were read and the methods section was extracted as shown in Table 4. In terms of the thematic synthesis, this focussed on the results and discussion section including all data that was presented here such as participant quotes, themes and interpretations. The results holds the summaries of the data and was therefore included, the discussion and author interpretations were also read to consider the findings in context which offered further insight into the results themselves. The steps outlined by (Byrne, 2022), were followed whilst maintaining the reflexive principles at each stage of the analysis.

1. The entirety of the study was read, the results and discussion section were read line by line with the intention of conducting the thematic synthesis, and the initial ideas pertaining to the review question were conceptualised as initial codes.
2. These codes were then grouped together based on similar underlying concepts which formed the initial descriptive themes.
3. Descriptive themes were then grouped and interpreted in terms of the underlying concepts to develop these into latent themes.
4. Throughout the review I considered my own positionality in relation to the research question to think about the topics and ideas I was drawn to, the language I used to construct the themes and the final ideas included within the review.

2.4 Results

2.4.1 Characteristics of included studies

All of the research had been conducted from 2001 onwards with 12 of the studies being completed in the last ten years. The main geographical locations for which studies were carried out were Canada and the USA, with seven papers originating from each of these countries. Three studies were conducted in the UK and two in Australia. Of the included studies five looked at the experiences of Indian individuals only and the remaining papers looked at the experience of South Asian individuals collectively but did not note the specific background of participants. Interestingly, majority of the studies used Thematic Analysis

(TA), as a method to analyse the data. Of the 19 studies, majority used semi-structured interviews for data collection with only four of the studies using alternative methods which tended to be focus groups

In terms of demographic factors, approximately half of the included papers focused on the experiences of adults, three included adolescents and four were focussed on older adults. This enabled for the perspectives of individuals across the lifespan to be captured and gives information about the ways in which migration may impact individuals at different life stages e.g. in school, during parenthood and in retirement. Although majority of the studies showed more female participants, two studies focussed on the experiences of men and in the studies looking at the experiences of adolescents, there was an almost equal gender representation. With regard to religion, Hindus, Sikhs and Muslims partook, the level of education varied from school to degree and time in the host country also ranged from 40 years to less than a year.

2.5. Themes

The themes of the papers are summarised in Table 7 and explored in more detail as below, three main themes emerged from the data with associated subthemes.

Main theme	Subtheme
Impact of migration	Migration as a source of distress
	Family values and intergenerational factors
	Language as a barrier
Structural factors	Experiences of discrimination
	Service factors and experiences
Coping	Alternative ways of coping
	Role of religion

Table 7

Themes and sub-themes of papers included in SLR.

2.6 Impact of migration

2.6.1 Migration as a source of distress

The experience of migration was cited to be a precipitating event for psychological distress (Chiu, Ganesan, Clark & Morrow, 2005, Cotterell, Buffel, Nazroo & Qualter, 2024, Gilbert, Antoniadou, Bowen & Brijnath, 2019 & Samuel, 2009). In one study mental health

difficulties were not seen as an experience until after immigration (Ahmad, Shik, Vanza, Cheung, George & Stewart, 2004).

'You see in India you are always busy with your family members (and) relatives. And here you feel more lonely, feel more loneliness.'

In Gilbert's 2019 study distress was normalised as a period of adjustment following a major life change and seen as a *'situationally legitimate consequence of the social, economic, and emotional disruptions of migration'*. Other related emotions were commented upon, one study captured the perspectives of parents who expressed guilt in relation to their children's experiences:

'I feel bad also. Like sometimes I debate as to why we left our country, and we came here?'

Other experiences reflected the loss of social networks, particularly around feeling that they no longer had a sense of community (Jaspal, 2015 Roberts, Mann & Montgomery, 2015 & Dhillon & Humble, 2021).

“‘When I would walk down the street, there's always someone asking me, ‘Where are you going?’, ‘How are you doing?’ There would be so many people asking me those questions because they knew me.’”

A change to family structure was also noted through separation from family networks, existing friends and this was suggested to be a source of stress (Choudhry, 2001, Tummala-Narra, Sathasivam-Rueckert & Sundaram, 2012). Constraints of returning to the country of origin was commented upon by older adults who partook in the aforementioned studies. They referenced missing important family events and feeling a conflict between returning home and staying, participants spoke about 'fantasising' about this return to offset some of their sadness. In two studies, this loss and the feelings of nostalgia was experienced, irrespective of the length of time spent in the host country (Jaspal, 2015, Dhillon & Humble, 2021 & Choudhry, 2001)

“‘My India is my everything. India's land is part of us. We've left our land to come to another land that is foreign to us, how could we ever forget our India?’”

Systemic factors were also related to distress, individuals described immigrating with the hope of better economic opportunities and acquiring a better life than that of their home country (Bhattacharya & Schoppelrey, 2004 & Bhattacharya, 2011b). However, the experiences of finding employment was described as challenging in relation to a lack of control and financial stress, which led to experiences of depression, frustration and anxiety (Bhattacharya, 2011, Bhattacharya, 2011b, Gilbert, Antoniadis, Bowen & Brijnath, 2019, Cotterell, Buffel, Nazroo & Qualter, 2024 & Ahmad, Shik, Vanza, Cheung, George & Stewart, 2004). The nature of employment was also referenced for example individuals working in jobs significantly below their educational qualifications and work experience (Bhattacharya & Schoppelrey, 2004). In one study, for women specifically, they worked in extended family business but felt undervalued. In three of the included papers downward social mobility was referenced specifically as a source of distress, in that individuals' social class changed from working in professions which required higher educational qualification to manual labour jobs (Ahmad, Shik, Vanza, Cheung, George & Stewart, 2004, Bhattacharya & Schoppelrey, 2004 & Gilbert, Antoniadis, Bowen & Brijnath, 2019). This reflected a change in social class as measured by the metric of profession (Savage et al, 2013).

The final area of difficulty included differences between host and origin cultures. Adolescents who migrated at an earlier age found the adjustment 'easier', they also were suggested to 'favour' the host culture (Meherali, Adewale, Kauser, Ahmad, Puinean & Lassi, 2023, Renzaho, Dhingra, & Georgeou, 2017). Adolescents described a dual identity which was context-dependent e.g. different between home and school and felt there was a conflict between parental and their wishes (Tummala-Narra, Deshpande, & Kaur, 2016). This conflict between wishes of the family and the self, seemed to persist in adulthood (Samuel, 2009, Roberts, Mann & Montgomery, 2015 & Sharif, Miah, Ramanathan, Glover & Shaikh, 2023). In considering the multi-generational perspective, grandparents feared their children becoming 'Americanised' and parents noted their children adopting 'Australian values'. Behaviours used by parents to mitigate this would sometimes lead to intergenerational conflict (Renzaho, Dhingra, & Georgeou, 2017).

Although much of the focus was related to difficulties with migration, ways of managing this were also cited. These included participating in festivals, watching Indian films, wearing traditional clothing, connecting with their communities for support and following the news in

their home country (Bhattacharya, 2011, Bhattacharya, 2011b, Tummala-Narra, Deshpande, & Kaur, 2016, Tummala-Narra & Sathasivam-Rueckert, 2016, Renzaho, Dhingra, & Georgeou, 2017). Adolescents specifically reflected on their pride in their culture and heritage in spite of the difficulties of adjustment (Tummala-Narra & Sathasivam-Rueckert, 2016 & Tummala-Narra, Deshpande, & Kaur, 2016). Finally, from the perspective of parents, they felt that despite the many challenges they faced as a result of migration, they held onto the hope that their children would benefit in the long term (Bhattacharya & Schoppelrey, 2004).

2.6.2 Family values and intergenerational factors

Intergenerational differences, often between parent and child were cited as a stressor and a direct source of conflict and difficulties within family dynamics (Islam, Multani, Hynie, Shakya, McKenzie, 2017) Adolescents spoke of the idea of being a ‘cross culture kid’:

“They [parents] don’t have the tools. Nobody tells you how to transition when you move to a country with a different culture. And then the kids have to bear the brunt of it...I had to bear the brunt inside me for so many years”.

This was partially understood through the adoption of American culture, values and expectations which differed from parents. Adolescents expressed their stress in relation to parents difficulty with understanding American culture. They also acknowledged external factors such as both parents working which meant they had less time together and in turn less opportunity to communicate with one another (Tummala-Narra, Deshpande, & Kaur, 2016 & Renzaho, Dhingra, & Georgeou, 2017).

Parents shared their expectations of children which included doing well academically in order to achieve success, retain cultural values and social expectations such as the way in which they would find their life partner (Islam, Multani, Hynie, Shakya, McKenzie, 2017). This was understood in the context that parents acculturate at a different rate to their children and therefore may hold more of their home country values (Renzaho, Dhingra, & Georgeou, 2017). Interestingly, in one study, adults who felt as though their parents were ‘over-protective and intrusive’, as teenagers, felt differently later in life and instead appreciated the parental role and understood their parents decisions (Sharif, Miah, Ramanathan, Glover &

Shaikh, 2023). They understood this in part through originating from a collectivist culture and that involvement of parents was common.

Extended families were also commented upon, parents felt their children lacked interest in their extended family, this differing approach to family was also a source of conflict (Renzaho, Dhingra, & Georgeou, 2017). In one study the conflict between mother-in-law and daughter-in-law was also related to differing cultural expectations around gender roles particularly around work and household duties (Choudhry, 2001, Roberts, Mann & Montgomery, 2015). Mother-in-laws also expressed a sadness in relation to these conflicts causing distance from their grandchildren.

“Nowadays, the daughter-in-law has become the mother-in-law to be feared, and the mother-in-law has to fear and obey the daughter-in-law.”

The adoption of collectivist cultural values was felt to manifest in ‘over-involvement’, within marriages and relationships, which led to further conflict (Sharif, Miah, Ramanathan, Glover & Shaikh, 2023).

2.6.3 Language as a barrier

Language was a salient theme which presented in different ways. Parents noted their children had learnt English before them which was responded to in different ways, in one study it felt this was a ‘symbol of Britishness’ (Jaspal, 2015), in another parents felt their children were ashamed of them (Samuel, 2009) and at times alienated as there was a disconnect between parent and child (Renzaho, Dhingra, & Georgeou, 2017). Children were also relied upon to translate for parents (Tummala-Narra, Deshpande, & Kaur, 2016, Tummala-Narra & Sathasivam-Rueckert, 2016, Chiu et al, 2016). Despite the themes around shame, adolescents also expressed the value they felt being able to speak their heritage language (Tummala-Narra & Sathasivam-Rueckert, 2016).

‘It is very difficult to make an appointment unless my son is home and he can make an appointment. For me to speak in English and to make an appointment is very difficult.’

Language was also cited as a limiting factor in one study for individuals to freely explore their environments as they needed someone to accompany them (Roberts, Mann & Montgomery, 2015). In two studies which included older adults, language differences were felt to cause feelings of loneliness and difficulties of connecting with others (Dhillon & Humble, 2021 & Choudhry, 2001). Chiu et al 2016, looked at the experiences of women with ‘serious mental illness’ and commented on the difficulties that language barrier created in accessing services and support.

‘But there is a deficiency in the doctors. They speak English mostly, and for lots of immigrants who do not speak fluent English, this can be a barrier. Language is a problem. Sometimes it becomes difficult to find a doctor who speaks the language and who really understands.’

This was also reflected in Dhillon & Humble’s study of older adults who found it difficult to describe their symptoms to doctors.

2.7 Structural factors

2.7.1 Experiences of discrimination

Racial discrimination was cited in a number of studies this took the form of stereotyping as ‘a terrorist’ and ‘a model minority’. Other forms of discrimination included assumptions about language abilities, implicit racism and biases, and intersectional discrimination that was faith-based (Samuel, 2009, Meherali, Adewale, Kauser, Ahmad, Puinean & Lassi, 2023, Cotterell, Buffel, Nazroo & Qualter, 2024, Jaspal, 2015, Tummala-Narra, Deshpande, & Kaur, 2016, Chiu, Ganesan, Clark & Morrow, 2005, Tummala-Narra & Sathasivam-Rueckert, 2016, Tummala-Narra, Deshpande, & Kaur, 2016).

‘Some of the stereotypes that people just have of Indians ‘oh you’re Indian, so you’ll become a doctor’ or ‘you’re Indian, you’ll go to Harvard’ or something like that.’

This discrimination was faced by individuals across the lifespan and in different contexts such as school, workplace, healthcare and in daily life such as within their neighbourhoods and communities. In a study based in Canada, participants spoke of feeling this was an unforeseen experience with the belief they held about Canada being a ‘civilized society’

(Samuel, 2009). This led to feeling undervalued within society and excluded from it, hurt by assumptions, sadness, frustration, helplessness and anger and uncertainty of how to respond to perpetrators (Jaspal, 2015, Tummala-Narra, Deshpande, & Kaur, 2016). Finally, in one study based in the USA, 9/11 as an incident was cited as an event which shaped the stereotypes.

“After 9/11, people looked at us differently. Once they thought one Muslim did that, they thought every immigrant was a terrorist, even innocent people.”

2.7.2 Service factors and experiences

There were a number of service factors that impacted on the experience of psychological distress in terms of help-seeking. This included difficulties with the referral process in terms of a lack of control over this and not being referred to specialists (Meherali, Adewale, Kauser, Ahmad, Puinean & Lassi, 2023, Ahmad, Shik, Vanza, Cheung, George & Stewart, 2004), waiting times (Meherali, Adewale, Kauser, Ahmad, Puinean & Lassi, 2023, Islam, Multani, Hynie, Shakya, McKenzie, 2017 & Ahmad, Shik, Vanza, Cheung, George & Stewart, 2004) and the service offer itself in terms of treatment options (Islam, Multani, Hynie, Shakya, McKenzie, 2017 & Gilbert, Antoniadis, Bowen & Brijnath, 2019).

“The mental health sort of services that are available but there are wait times for months on, like literally like four or five months down, and then you’re like, “Okay, well, now I’m over it.””

Another factor was the identity of the professional offering support, specifically considering the lack of representation of South Asian professionals within mental health professionals (Islam, Multani, Hynie, Shakya, McKenzie, 2017, Tummala-Narra & Sathasivam-Rueckert, 2016). There was a belief held that services may not be responsive to the needs of South Asian immigrant youth (Meherali, Adewale, Kauser, Ahmad, Puinean & Lassi, 2023). Difficulties with trusting professionals, due to concerns around not being understood (Tummala-Narra & Sathasivam-Rueckert, 2016, Samuel, 2009) or an impact on the families reputation overall (Dhillon & Humble, 2021) were also important factors.

Three studies asked individuals what service changes they wanted to see (Meherali, Adewale, Kauser, Ahmad, Puinean & Lassi, 2023, Islam, Multani, Hynie, Shakya, McKenzie, 2017 & Tummala-Narra & Sathasivam-Rueckert, 2016). Participants hoped for a balance between cultures and creating communities for individuals from similar backgrounds to feel supported and understood. Parents shared they wanted more specialised research, funding for services and stronger community links.

'Funding is the main thing, and proper funding, resources, and participation within the community itself. Maybe some experienced people, some elderly people, elderly educated, or retired people could live within the same community, should be part of that research.'

Islam and colleagues spoke of similar ideas of community-based activities and opportunities, geographically accessible, respect for different beliefs and suggested multi-level change including parents, education, the community and the mental health system. Tummala-Narra & Sathasivam-Rueckert commented that participants had suggested a 'culture fair', for students to learn about differences to reduce stereotyping, and a specific space tailored to immigrant youth. Adults in one study, spoke of the importance of information and assistance with adjusting to the host country to help with the post-migratory stress faced by individuals (Gilbert, Antoniadis, Bowen & Brijnath, 2019).

2.8 Coping

2.8.1 Alternative ways of coping

Ways of managing distress were mentioned in seventeen papers. Two studies mentioned formalised support, one of counselling (Samuel, 2009) and one of 'conventional therapies', (Chiu, Ganesan, Clark & Morrow, 2005). A common idea across studies was the role of friends and peers (Bhattacharya, 2011, Bhattacharya, 2011b, Islam, Multani, Hynie, Shakya, McKenzie, 2017, Tummala-Narra, Deshpande, & Kaur, 2016, Tummala-Narra & Sathasivam-Rueckert, 2016, Dhillon & Humble, 2021). In some studies peers formed an important part of having a social network and the opportunity to share challenges and difficulties, they also held a specific role in coping with acculturative stress and adjusting to life in the host country.

Alternative ways of coping were frequently cited. Adolescent immigrants, Tummala-Narra & Sathasivam-Rueckert (2015), suggested they would prefer not to speak about their difficulties, rather ‘avoiding thinking about the stress, writing in a journal, playing sports, listening to music, watching movies and engaging in social media’, were all ways in which individuals managed the acculturative stress they experienced. This idea was shared by adults whereby strategies such as ‘self-help, creative activities such as humour, art/music, writing, reading, exercise, walking in nature etc’ (Chiu, Ganesan, Clark & Morrow, 2005), were used.

‘I take a walk around the house and if the weather is not good then I would walk inside the house. That is helping because I know walking is good for body as well as for the mind.’

Walking was also mentioned in another study, along with ideas of ‘meditation, drinking tea and holidays’, (Gilbert, Antoniadis, Bowen and Brijnath), additionally meditation and the concept of introspection and reflection, was cited by Samuel, 2009. Only one study mentioned the use of alternative medicine and use of homeopathy and Aryuverda, to manage distress (Chiu, Ganesan, Clark & Morrow, 2005). Participants in this study suggested that the cost was a limiting factor to accessing this.

A few studies cited attitudinal factors as related to coping. Samuel, 2009, noted that participants used emotional-focused ways of coping to manage the affective impact of acculturative stress. Additionally, there was a focus on acceptance of circumstances sometimes which were attributed to religious beliefs for example amongst older adults (Tummala-Narra, Sathasivam-Rueckert & Sundaram, 2012)

‘You can’t fit in there (India) and, at the same time, in certain areas, we can’t fit in here (U.S.) too. So here is a dilemma. We’ll just leave it to God.’

But another study which looked at women, shared a different perspective (Roberts, Mann & Montgomery, 2015):

“Lots (of women face this problem). Indian women that are already facing lots of problems that do discuss with someone and even they might keep it inside them because they don’t want to create more problems usually end up not saying anything.”

2.8.2 Role of religion

Religion as a way to cope was cited in eight papers (Samuel, 2009, Gilbert, Antoniadis, Bowen & Brijnath, 2019, Cotterell, Buffel, Nazroo & Qualter, 2024, Chiu, Ganesan, Clark & Morrow, 2005, Tummala-Narra & Sathasivam-Rueckert, 2016, Dhillon & Humble, 2021, Choudhry, 2001, Tummala-Narra, Sathasivam-Rueckert & Sundaram, 2012). This was through religious practices across different religions including pujas, prayers, visiting sacred spaces, spiritual reading and attending religious ceremonies.

“I feel I am a religious person and I do pooja [prayers] every day, especially when I am depressed. I keep healthy. . . . I do pooja.”

The theme was shown across the life span from adolescents to older adults:

“I . . . say going to the temple. I would just say everything to God and tell him my problems. And, I also do things . . . like I do fasting and stuff thinking that things will get better if I do this and that.”

Religion was also a way to understand current experiences, and this was suggested to offer some comfort (Chiu, Ganesan, Clark & Morrow, 2005, Choudhry, 2001, Tummala-Narra, Sathasivam-Rueckert & Sundaram, 2012, Cotterell, Buffel, Nazroo & Qualter, 2024). Finally, religious practices were suggested to facilitate connections with others and support individuals to form social networks through attending religious events (Dhillon & Humble, 2021, Tummala-Narra & Sathasivam-Rueckert, 2016, Chiu, Ganesan, Clark & Morrow, 2005). For older women specifically, this was the only location and opportunity they had to socialise with one another (Dhillon & Humble, 2021). Participants commented this opportunity removed language and cultural barriers, however, they also expressed this was not sufficient time to connect with one another.

2.9 Critical review

One of the strengths of this literature review is that a reflexive thematic analysis was undertaken during the synthesis of the results. Therefore, there is an acknowledgement of the biases held. For full transparency, these include an interest in systemic factors as rooted in my critical realist epistemology and ways of coping as I am interested in subjugated narratives. I

was also synthesising the data with a research question in mind; therefore this may inadvertently influence the themes included here.

Another strength is that where possible there were limited restrictions put upon the papers included such as dates, geography and included participants, without compromising the integrity of the process. This enabled a breadth of data to be considered and contextualised across generations, which is important to honour in considering the collectivist nature of the culture amongst Indian individuals.

However, there are also limitations within the review. Research which looked at South Asians was also included, whilst there is overlap between cultures amongst the Indian subcontinent there are also significant differences. This is particularly relevant in considering the history of the countries and how this might impact on the experience of migration e.g. the Bangladesh war in 1971. Studies were limited by being available in English and there may be information related to the topic that was not accessed due to language. Finally, despite hoping to adopt a decolonising stance I have not included grey literature within this review.

2.10 Summary of research and implications

This review critically appraised and synthesised 19 papers which looked at the experience of psychological distress in individuals who had migrated from India to a Western country. Although none of the studies were considered of poor quality to be excluded, only a few of the studies transparently addressed issues of reflexivity and provided detailed information about their ethical considerations.

Generally, the research captured a broad range of individuals of different ages, genders, educational backgrounds, forms of employment and time in the host country. Several factors were thought to contribute to this experience, this included the experience of migration itself, the impact on family and systemic factors, another prominent theme was the ways in which individuals cope with this experience.

There are a number of implications which can be considered both from a clinical and a research perspective. The experience of migration captured one of loss in many different forms; economically, socially, of heritage, for which individuals felt different emotions of

sadness, guilt and stress. This is particularly challenging in a context where individuals hold beliefs of 'a better life' and hopes around how migration might benefit individuals.

Additionally, many of the studies considered the families of the individual, both those in the host and the home country as being important to their experiences. This is particularly relevant for individuals from collectivist cultures and in a system which favours individualistic models centred on individuals, something for clinicians to consider when working with this group. Finally, from the review a number of coping strategies were elicited. Many of which seemingly reflect current models used in 'Western', psychology such as ideas of using meaningful activities, distraction and acceptance of circumstances outside of one's control, map onto ideas from Acceptance and Commitment Therapy (living in line with values) (Harris, 2006) and Dialectal Behaviour Therapy (safety and stabilisation techniques and radical acceptance) (Robins, Schmidt & Linehan, 2004). Clinicians are invited to hold curiosity about individuals as they may not be as dissimilar as they are perceived to be.

From a systemic perspective, some of the factors which seemed to have excluded individuals from being able to accessing support is around language differences and barriers which meant individuals were unable to communicate their needs. Contrary to the over focus on shame and stigma within research and dominant narratives around minoritised communities, these communities have made their needs known. It is a systemic and political issue which needs to be considered as to the notion of whose voices are heard within research and at a higher level e.g. with commissioning services and steering these developments. Finally, studies highlighted the experiences of discrimination and racism faced by individuals. This is an important factor to consider within services and research as these experiences can shape one's sense of self and relationship with services (Reder & Fredman, 1996).

In considering the needs of this population, some recommendations for further research and investment could be in the use of faith-informed approaches. As one of the findings reflected the importance of religion as a way of coping, upskilling faith leaders to be able to support their community could be a recommendation based on this review. Additionally, there should be increased awareness amongst clinicians of the role of discrimination and racism in impacting on specifically migrant mental health, as this is a significant structural factor faced by individuals.

2.11 Rationale of current study

Majority of the studies were conducted in the USA and Canada, with only three of the included studies taking place in the UK. This suggests a gap within the literature regarding the experience of individuals who have migrated from India to the UK. This is particularly as the processes to migrate, historical ties between Britain and India are different as well as the present political landscape. Additionally, the studies which specifically asked participants what changes they would like to services were not completed in the UK, highlighting a gap in the knowledge around what individuals would want to see from NHS services.

Much of the research focussed on the experiences of distress and factors which led to this, but there was less detail around how this was conceptualised within communities and understood. Although there is existing literature which broadly speaks to factors of somatisation (Sheikh & Furnham, 2012) and attributions to supernatural beliefs (Birtel & Mitchell, 2022), there is little in the way of how this is specifically understood within individuals who have migrated from India to the UK, highlighting another gap.

2.11.1 Aims

The aims of the present study are to consider the ways in which distress and coping are conceptualised amongst individuals who have migrated from India to the UK and how this is understood amongst subsequent generations. There is also an acknowledgement that these stories may be held in different forms, these alternative ways of communicating information are invited through the use of photos and mixed media. The intention of the current project is to consider these ideas and in turn inform service considerations and future research.

Therefore, the question which the present study hopes to answer is:

How are the experiences of distress and coping storied amongst first- and second-generation individuals of Indian heritage, and in what ways may these be held in alternative ways?

What changes to the NHS service offer of psychological support would first and second-generation individuals of Indian heritage like to see?

Chapter 3: Methodology

In this section I have outlined the methodology of the study used, this includes the rationale for the use of narrative analysis, the procedures which took place within the study. Then ethical issues are outline and the ways in which I reflected on my own position and the impact of this on the research.

3.1 Design

As outlined in the opening chapter, I hold an ontological critical realist position alongside an anarchist and social constructionist position. This is in line with my personal values and corresponds with the qualitative methodological approach and decisions I have taken. This is a cross-sectional study which took place between October 2023 and June 2024. Semi-structured interviews were completed with first and second-generation individuals to understand how they constructed their narratives around distress and coping. Participants were invited to bring a photo or object as part of the process of telling their story.

3.1.1 Narrative Analysis (NA)

Narrative analysis is a set of methods which seeks to understand the ways in which individuals create meaning from their experiences through an in-depth exploration of the ways in which they share their stories (Wong & Breheny, 2018). Within NA it is considered that the ways in which an individual understands their identity and experiences is shaped within the broader context which they exist in, this includes the interpersonal relationships with others, time, place and socio-political context as some of the influences (Bell, 2002). Through the understanding of an individual's narrative about themselves it is possible to understand wider societal discourses.

There is limited research which considers the perspectives of multiple generations of Indian individuals, therefore the opportunity to explore this within a framework which offers rich, detailed data is appropriate to understanding this further. The opportunity to share stories and counter-narratives that are not often heard but hold important information around structural issues and the location of power also invites a decolonial perspective (Sonn, Stevens & Duncan, 2013). This is particularly important for minoritised individuals who have also called for the acknowledgement of historical, social and political context (Bansal et al, 2022).

Photo-elicitation was included as a method to enhance the narrative inquiry, this method aligns with the overall approach as within NA different forms of information may be considered 'data'. Importantly, photos can also provide information regarding the social, political and cultural context and power relations when explored further (Ketelle, 2010). Additionally, the use of photos can be generative in considering new ideas and interpretations that can be co-constructed between participant and researcher (Riessman, 2008). Therefore, the inclusion of photos and/or mixed media/items was to offer participants the opportunity to share their stories, in an alternative format.

3.2 Consideration of other methods

3.2.1 Participatory Action Research (PAR)

PAR is an approach to describe a group of methods in which members of community produce a research project in collaboration with an institution. There is a redistribution of power traditionally held by the researcher, to their research team with whom they collaborate on all elements of the project (Baum, MacDougall & Smith, 2006). The intention is to create research that is meaningful to the specific community involved in the project. PAR aligns with my personal values and was a method I was initially drawn to. However, due to capacity and time limitations as well as a consideration of whether I would be able to do this method justice, I opted not to follow this. Nonetheless, the principles of the method and ideas are something I held close when making decisions and considering my own ethical standpoint.

3.2.2 Interpretative Phenomenological Analysis (IPA)

IPA considers the internal and subjective experiences of individuals which are explored through language to understand in depth as close as possible, the individual's reality (Eatough & Smith, 2017). There are some similarities to NA, in considering the depth of the experiences and a focus on producing rich, detailed data. However, as I was interested in understanding the intergenerational and collective experiences of individuals in relation to their social context, IPA did not feel an appropriate method as these elements might be missed.

3.2.3 Discourse Analysis (DA)

Discourse analysis considers the way in which language relates to power and how this is used to understand reality (Waugh, Catalano, Al Masaeed, Hong Do & Renigar, 2010). There is

again some overlap with NA in this underlying idea however it did not completely fit with my aims. For my research I was less interested solely on the language used and instead wanted to explore in depth the way in which a story was told, where the emphasis was laid and how meaning was made from different experiences. Therefore, this method did not seem to lend itself as well to the current research question.

3.2.4 Thematic Analysis (TA)

Thematic analysis aims to summarise broad themes contained within data and is a method that is often employed to produce generalisable results to a broad set of individuals (Braun & Clarke, 2017). This method did not seem appropriate to understanding the depths of the experiences and the nuance of individual stories and journeys, particularly in considering the differences for the first-generation individuals for which there is limited research which has been undertaken within this group.

3.2.5 Grounded Theory (GT)

The primary focus of a GT methodology is to conceptualise ideas into a theory or a framework, data is continually collected until ‘no new information’, is obtained (Cutcliffe, 2001). This seemed slightly reductive for what the research question was asking in terms of reducing people’s experiences down to a theoretical model and it was felt that some of the nuance may be lost within this method. Additionally, the present study aims to understand experiences as opposed to consider the development of a theoretical model.

3.2.6 Photovoice

Photovoice is a social-action method which invites participants to use photos to address a social issue and enact structural change and is often used in a PAR framework (Sutton-Brown, 2014). This was considered as a method, particularly as an alternative way of storytelling as it considers the social and political context of an individual. The focus of Photovoice is to enact social change within policy based on observable data. This would not necessarily lend itself to the concepts explored within the research question which are abstract, additionally, there may be limitations to access of existing photos for example for first generation migrants. However, the alternative ideas and ways in which information can be represented appealed to me, particularly from a decolonising standpoint and therefore I have included photo-elicitation as an alternative to Photovoice.

3.3 Consultation

Consultation with ‘experts by experience’, (EbE) is a crucial part of the research process. EbE consultants are considered to be vital voices who offer a perspective on being a part of a community or a participant in research. PAR principles, in particular the ‘ladder of participation’, (Arnstein, 1969) informed my decision-making around this process, in that I wanted to be intentional with the feedback requested as opposed to taking a tokenistic approach.

In considering a decolonised view of ‘consultation’, this took the form of conversation with peers, friends, family, sharing information in community WhatsApp groups and spaces I am already a part of. This helped to allow the process to be more collaborative as I am already a part of these communities in which we support one another in endeavours. Through using informal channels this gave the opportunity for individuals to voice their opinions on research who may otherwise not have the opportunity to, as there were intentional requests made in a less formalised setting. Feedback was kindly given regarding the interview schedule and information sheet. One of the community members also gifted their time to complete a pilot interview.

Additionally, although I was not able to do a PAR project, I wanted to invite participants to become consultants for the project following data collection to form a community in relation to this project. Participants indicated on the consent form if they would like to be contacted for these purposes. Seven of the nine participants consented to being contacted following participation in the study and will be invited to develop the dissemination of the project.

3.4 Participants

3.4.1 Inclusion criteria

Two groups of participants were included:

1. Individuals who had migrated from India to the UK
2. Individuals who were born in the UK, and had a parent who migrated from India to the UK

All participants were required to:

- Be 18 years or older,

- Self-identify as 'Indian' or 'of Indian heritage'.
- Self-identify as being able to talk about their experiences (which may be emotionally distressing).
- If individuals were related and formed a dyad (e.g. parent-child) this was welcomed but not a direct requirement to participate in the study.

3.4.2 Exclusion criteria

- If an individual was acutely distressed, they were invited to reconsider whether they wished to be a part of the project to protect their own well-being.
- If the above inclusion factors were not met.

Language was not an exclusionary factor as this would have limited the opportunity for including individuals whose voices are often not heard within research. India is a linguistically diverse country and if an individual was not comfortable in speaking in English, an interpreter would be provided in their spoken language. As I can speak Urdu, for participants who spoke this language an interpreter would not be required, and I would conduct the interview myself in Urdu.

3.4.3 Recruitment

A broad recruitment strategy was used within the study in order to obtain a wide range of participants. The study has a social media account, and the research study was advertised here via Instagram (Appendix 1). Organisations which had a focus towards the South Asian/Indian population were also approached and the study. Some organisations specifically declined to advertise on the basis that they do not wish to share research studies and for this to detract from the focus of the work they do. This was respected and further informed the recruitment strategy around ethical considerations of approaching organisations who offer support to a marginalised group of individuals and 'extracting' data. Fellow trainees also advertised the study via their personal social media accounts which redirected interested parties to the research social media.

Six participants were recruited through the research Instagram and three from a local community space. All the participants recruited via social media, excluding one, were second-generation individuals. This local community space was specifically the mosque and

the associated WhatsApp group which I am already a part of. As with any recruitment method, there are some limitations and biases in how participants were recruited. The participants reflected those with access to the means used for recruitment e.g. members of the mosque community or social media. Following initial expressions of interest, prospective participants were given the information sheet to read, the opportunity to meet ahead of the interview to answer any questions and the consent form was shared with them to complete.

Nine participants completed the interview, four were ‘first-generation’ and five were ‘second-generation’. One parent-child dyad participated, and the rest of the participants were not related to one another. Two of the participants identified as men and seven identified as women. Profession was not collated under demographics to maintain anonymity as three of the second-generation participants work within the field of psychology/mental health and it may compromise their identity if this was shared. Seven of the participants held a profession which would be considered ‘middle-class’, and two participants worked in a profession considered ‘working class’. Ages ranged from 25-62, with the mean age of the second-generation individuals being 31, ($SD = 3.79$) and for the first-generation 52,5 ($SD = 6.65$). At the point of completing the consent form, participants were asked if they needed an interpreter however, none of the participants requested one.

Pseudonym	Generation	Age	Gender	Religion
Rizwan	1 st	46	M	Muslim
Raj	1 st	62	M	Hindu
Khadija	1 st	48	F	Muslim
Fatima	1 st	51	F	Muslim
Aditi	2 nd	36	F	Not religious
Deepa	2 nd	35	F	Hindu
Gulab	2 nd	25	F	Sikh
Zeina	2 nd	34	F	Muslim
Hafsa	2 nd	28	F	Muslim

Table 8
Participant pseudonyms and demographic characteristics.

Participants were offered the opportunity to enter a ‘prize draw’, for monetary vouchers as compensation for their time, with a 1st, 2nd and 3rd prize of differing amounts. Eight of the nine participants agreed to be entered in the draw.

3.5 Ethics

This project was granted ethical approval by the University of Hertfordshire, Health, Science, Engineering and Technology Ethics Committee with Delegated Authority (protocol number: aLMS/PGR/UH/05460(2)) (Appendix 2). Below are detailed the ethical considerations held for the project.

3.5.1 Consent

To ensure that ‘informed’ consent was upheld, participants were sent the interview schedule ahead of the interview (Appendix 3). This was so that they were aware of what they would be asked and they could make a decision whether to continue. Participants were also given an information sheet (Appendix 4), which contained information about the rationale of the study, data storage and plans for dissemination. Participants were asked to sign a consent form electronically (Appendix 5). Within the consent form participants were informed they could withdraw at any time during the interview and withdraw their data up to one month afterwards, the interview would be audio-recorded, anonymised quotes would be published and that a copy of the photo and/or photo of the item they brought would be taken (and anonymised).

3.5.2 Confidentiality

All personal identifiable information was removed from transcribed interviews and any details of events which could reveal the identity of the participant were removed from transcripts. Pseudonyms were used to anonymise data. As interviews were conducted remotely, participants were checked in with that they were in a space where they felt comfortable to speak openly.

3.4.3 Guidance around photos and use of media

Consideration was given to the nature of the photos and mixed media shared within the study. Participants were informed that a copy of the photo would be taken or if they brought an item a photo would be taken, to keep a record of the item shared. They were also briefed to not

bring photos or media which contained inappropriate or explicit content and any photos containing other people where consent had not been obtained. Where individuals brought photos which contained people or any other identifiable information, identifiable information e.g. faces, were blurred to maintain anonymity of participants. Any photo or mixed media that was not an original item was credited to the original artist to avoid any copyright infringement.

3.4.4 Right to withdraw

Participants were informed of their right to withdraw without any reason within the information sheet and were reminded of this at the time of interview. They were also informed of their right to withdraw their data up to four weeks after data collection.

3.4.5 Data protection

Participants were informed that their data would be kept in an online SharePoint folder for which two-factor authentication is required to access. All data was kept in a password protected file and once the data was transcribed the original recordings were destroyed. The transcripts will also be deleted after 5 years.

3.4.6 Distress

Whilst steps were taken to ensure that the distress to participants was mitigated, such as sharing the interview schedule, consideration was taken that some of the topics could bring about feelings of distress for the participants. At the start of the interview the participants were reminded that they can leave the study at any point if they wish to, they were also offered breaks throughout and notified that if they needed to stop the interview and resume at a later date. All participants were given space for a debrief discussion and provided with a debrief sheet (Appendix 6) at the end of the interview which contained the details of organisations who could support. It was considered that should a participant express that they were distressed at the end of the interview that a follow up check in would be offered, however, this did not occur in the interviews conducted and was therefore not necessary.

3.6 Data collection

3.6.1 Semi-structured interviews development

The questions within the interview schedule were developed in line with gaps identified within the systematic literature review, gaps in broader knowledge and with the chosen methodology of NA in mind. From this perspective, three concepts were focussed upon during the interview this included conceptualisation and experience of distress, ways of coping and experiences of services. These three broad questions had associated prompts to gather further information which aligned with an NA approach. NA contextualises the information shared by participants, in this study, this included inter-generational messages, the social context such as systems around the individual and the wider societal messages. In considering the intergenerational narratives as particularly important in a collectivist culture, participants were specifically asked about what was shared with them from previous generations and what they may pass to future generations.

As stories can be represented in different formats beyond the recall of a verbal narrative, participants were invited to bring a photo or item which related to how they cope with difficulty or as related to their story. They were asked about the significance of the item and what message they hoped others would take from this. This was included to explore what individuals from an Indian background might connect back to in order to manage the emotional difficulties which they experience and was framed as such to participants. Consultants shared that they needed clear instructions as to the intention of the item and requested examples be shared as to what an individual might bring which informed the process of data collection.

3.6.2 Process of data collection

Following a completed consent form, I shared the interview schedule and information regarding the photo/object part of the study with participants, an example of this can be seen in Appendix 7. Participants were offered the opportunity to meet ahead of the interview to discuss any further questions or alternatively email any questions they had regarding any part of the interview.

All interviews were conducted online on Microsoft Teams, a link was sent to participants and a reminder the day before of the interview to confirm the participant was still available to the meet. On the day, before the interview begun consent was sought from the participant that they were happy to proceed with the interview and recording of the interview. Participants were reminded of the purpose of the research, right to withdraw and were asked the

demographic questions at this time. The interview schedule was followed whereby prompts and clarifying questions were asked as and when needed. Interviews took between 40 minutes to two hours.

At the end of the interview, participants were asked how they felt in themselves following the interview. They were asked if they wished to be entered into the prize draw, with the proviso that they would need to complete an 'Agreement for Volunteers & Lay Members Involvement in Research', form (Appendix 8), should they win a prize. For individuals who consented to be contacted regarding data analysis, this was confirmed. I explained the debrief sheet in terms of the different organisations which participants could access should they experience any distress following the interview. Participants were reminded to send a copy of the photo or a photo of the object to my email and were sent a copy of the debrief sheet via email.

One participant shared a photo which included two other individuals within this, one who of these individuals participated in the study, however, the other individual had unfortunately passed away as a child. I explored with the participant the options around keeping this photo within the write-up and shared that this photo would be included within my thesis submission and publicly available in the future to inform them of the spaces which I know of currently where this will be available. I obtained consent of the other individual in the photo and parental consent regarding the child. With the participants I agreed I would anonymise the included photo by covering their faces. All other participants brought photos which did not include people or identifiable information.

3.6.3 Transcription process

All interviews were transcribed verbatim, all interviews were conducted in English, however two of the participants used Urdu phrases within conversation. These were translated within the transcripts as close to the original meaning as possible to maintain the meaning which participants had conveyed. Within narrative inquiry, there is an importance of capturing interactional elements of the conversation as this provides information around the ways in which the narrative is constructed between the two individuals. Therefore, pauses, fillers, laughter and other elements of speech such as emphasis, volume changes etc, were also noted.

3.6.4 Reflections on the interview process

The process of collecting data brought about further reflections and ideas which are shared here. As aforementioned, the interviews varied significantly in their length. On average, interviews were an hour to two hours with one being shorter than the rest. This might have been influenced by the participant's experience of sharing their story with a stranger. I hold a position of respect for what participants wish to share, in that, if following invitations to expand they do not wish to, then I take this to be the story in its full form. Moreover, as participants had a copy of the interview schedule ahead of time, they may have pre-selected the stories and what they wished to share. Whilst this might have impacted on the 'spontaneity' of the stories, it also reflects that individuals were able to share what they intended to and had hoped to do so. Participants may have prepared their stories and whilst I might have hypothesised prior to the interviews that this would change the ways in which stories were told in terms of the emotional expression, this was not the case. Stories were recounted with expressions of tears, laughter and other emotional components.

In interviewing both generations, different elements of my identity were 'activated'. With regards to the first-generation individuals, I noted the draw I felt to respect cultural norms in terms of the age difference between myself and the participant. There was a conflict between professional and personal/cultural norms in subtle ways, for example, I would ordinarily not refer to someone in the generation above by their name but as this was a professional context I did. I was mindful of the similarities between parts of my identity and second-generation individuals and as mentioned in 3.8 below, I was careful to not assume a shared experience and took measures to maintain reflexivity. A part of my identity which was unexpectedly activated was that of a trainee clinical psychologist, I felt the sense of responsibility of honouring stories and utilising this work for change within the interviews. This felt unexpected as it is not the part of my identity I lean into as much as other elements. These factors together might have shaped the interactions between myself and participants in the construction of each story.

3.7 Data analysis

Across the literature there is no 'set' way to complete NA, as there may be with other qualitative methods, instead different ideas from within NA were drawn upon to make sense of the data. As a starting point, I read, re-read and re-listened to the recordings of the

interview in order to become familiar with each dataset and develop a sense of the themes within the data as recommended by Ward & Delamont (2020). Following this, I read transcripts line by line through the lens of my analysis plan as detailed below..

One of the elements I considered was in using the thematic model (Reissman, 2008). Here the focus is around the content of the interviews in terms of themes within the stories shared whilst also being mindful of what might not have been shared. I also considered the structural elements of the story as per Labov's model (Labov, 1972). Within this there are different aspects which are thought about such as the order of the story, in terms of where the participant begins, ends, the 'plot', and other factors such as the setting.

Both the performance of the story and the dialogical-performance aspects of the narratives were considered. The performance of the narratives was thought about in terms of conversational elements including, stressors on particular words, laughter, pauses etc (Reissman, 2008). The dialogical performance is a reflection of the way in which the story is told to *me* within the *context* in which we are meeting (Esin, 2011). This includes reflections on the interactional elements, considering my role and identity and how this shapes the ways in which the story is told and understood.

Following an analysis of individual narratives, collective narratives were developed. This was in relation to the ideas shared and I considered the similarities and differences in what participants shared. Collective narratives were also thought about in terms of the broader factors that were shared across narratives and are presented in relation to the sociopolitical and historical context.

To ensure the quality of the analysis was upheld, the following four criterion were considered (Lieblich, Tuval-Mashiach, & Zilber 1998).

1. Width: the richness and comprehensiveness of the data.
2. Coherence: creation of a meaningful overview of the overall story and contextualising this to existing theory.
3. Insightfulness: provide information which contributes to the understanding of a phenomenon.
4. Parsimony: an analysis that conveys a succinct message whilst holding the richness of the data.

3.8 Reflexivity

As with all qualitative research, reflecting on one's position and relationship to the research is of great importance in terms of understanding the ways in which the research might be influenced by the researcher (Finlay, 2002). Within narrative inquiry where the narrative is understood to be co-constructed and in turn, shaped by the interactional processes between participant and researcher, this felt to be an even more pertinent issue.

As mentioned in Chapter 1, I come to the project as a second-generation, Muslim of Indian heritage and therefore share some demographic characteristics with my participants. Beyond this, the first-generation participant demographics represent individuals within my personal life in terms of migrating from India and living in the UK. Therefore, I was aware that to an extent each interview might bring up different emotions and memories in myself, possibly outside of my awareness, which could inadvertently shape the conversation. I took the steps as outlined below to minimise this process; however, I acknowledge it is impossible to altogether remove the influence of my identity on the process.

Throughout the process of conducting this research, I have kept a reflective journal, an extract of this is shown in Appendix 9. This began during the process of considering the literature to be included within the beginning chapter and throughout the process of designing this study. In addition to the written forms, I had many a conversation with peers to understand my own processes and decision-making around the steps I took to conduct this research. As someone who reflects in conversation and in relation with others, I found the support of my peers particularly helpful.

Prior to conducting the interviews with participants, I completed a 'bracketing' interview with a peer. Bracketing interviews are conversations in which the researcher is invited to consider how different elements of their identity may interact within the research process and in turn influence the overall research process, whilst paying attention to the biases held within the individual and bring these to awareness (Tufford & Newman, 2012). During this process, I felt that my role as a trainee clinical psychologist transcended other parts of my identity, in that I align professionally with this more than that of a 'researcher'. With my peer I explored ways in which I may address some of these biases.

Chapter 4: Results

This chapter presents the findings of this study. A summary of each participant's individual narrative is presented and is focussed upon their story of distress and coping. This includes the themes within the story and how this was constructed by the individual and between us. Following this, collective narratives of the first generation, second generation and both generations are presented.

4.1 Individual narratives

4.1.1 Rizwan

Rizwan works as an imam; his story followed a chronological order of events and he highlighted key dates and years of when these events occurred. Almost all of the interview was conducted in English, but notably when recalling conversations with family members, Rizwan represented these through speaking in Urdu. Throughout telling his story Rizwan used the Arabic word '*alhamdullilah*', (giving thanks to God) and cited specific *duas* (prayers) in Arabic and provided a translation of these words to English.

The beginning of Rizwan's story was punctuated by his immigration to the UK in 2003, at this time he expressed the loneliness he felt as his wife and daughter remained in India for the first year following his move '*I'm on my own so er quite I'm lonely at that time*'. He shared that reunion with his wife and daughter was a priority and the gratitude he felt when they joined him in the UK. Following this, he did not return to India for six years and spoke of his experiences at this time '*so we're missing all of them [family members in India]*'.

Rizwan then spoke about turning point within his story in relation to the bereavement of his mother '*I heard the news that my mama pass away and that time was critical time which is um my passport is in the Home Office*'. The bereavement came as a shock to Rizwan as he described '*I have no idea that she would just left the world like that suddenly*'. He spoke of how his mother was not unwell and did not show any 'signs' of illness. Rizwan used the temporal frame of the gap between *zuhr* and *asr* prayers, which refers to the first and second afternoon prayer to highlight how suddenly this news came to him, in that he spoke to her on the phone after *zuhr* and then got the call after *asr* to say she had passed. The language

Rizwan used to describe this event was **'very very sorrow'** and when asked how he might describe this he said: **'I have no word'**.

The lack of passport seemed to be a key factor in how Rizwan experienced this event as he was unable to attend the funeral **'I am not alright this is my wish that I go and catch the flight at least I can see her face or her funeral'**. The norms surrounding Muslim funerals are that burials should be completed as soon as possible, therefore any delays for Rizwan would have meant he would not be able to attend. The difficulty of this seemed intensified by Rizwan's identity of being the first son, **'everybody calling everybody thinking that I would be [there] because I'm the oldest son.'** Cultural narratives suggest that the eldest child, but in particular son, has a certain duty of care to his parents (Sharma, Khosla, Tulsy & Carrese, 2012), which may have been compromised for Rizwan in not being present for the funeral.

Throughout his account, Rizwan reflected on the importance of family and religion in coping with this loss. His wife, brother and grandmother offered him reassurance **'look beta it's not necessary whether you are here or not here this is the qadr of Allah'**. *Qadr*, refers to the belief of predestination and encourages Muslims to submit to this idea that events are preordained. Other religious practices Rizwan engaged in included *dhikr* (remembrance of Allah), *sadqah jariyah* (giving charity) and specific *duas*. He brought photos of the *duas* recited during this time as shown in Figure 2.



Figure 2

A prayer for when affected by calamity which Rizwan used during the time when he experienced the loss of his mother.

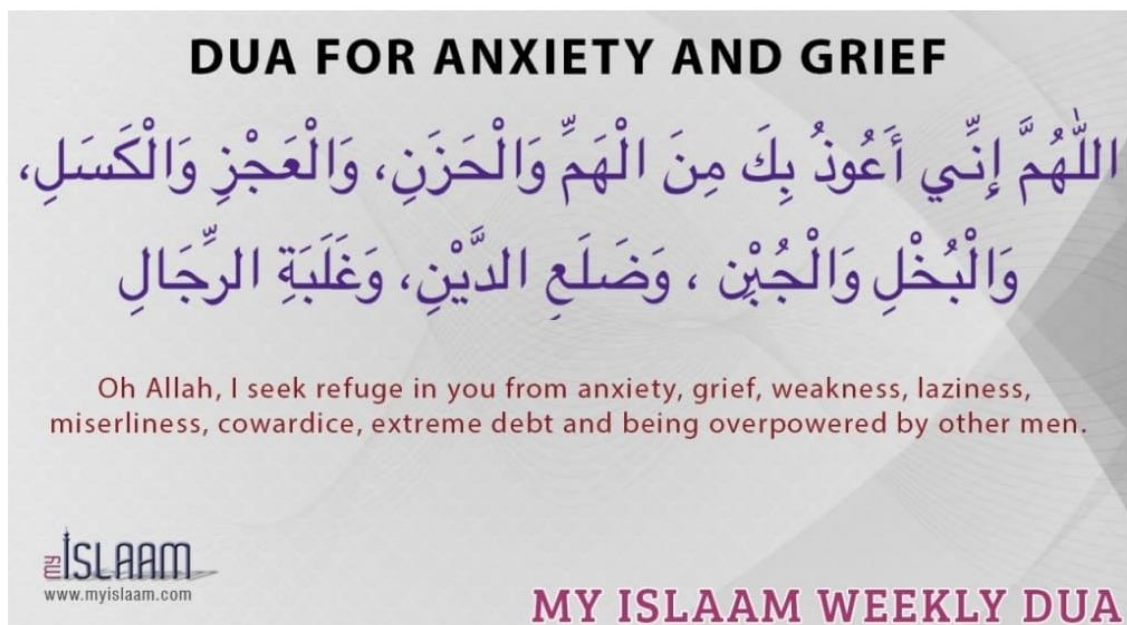


Figure 3

A second photo brought reflecting a prayer for anxiety and grief.

Despite faith as a way in which Rizwan coped, he shared how he did not have a choice in the matter and how this was a conflicting matter of an event that was difficult but it had an impact on him: ***'I know that it is heavy for me no matter (in Urdu) 'that I did it, I didn't have a choice'.*** He also reflected that individuals may have different resources in order to cope with their challenges ***'because we don't know who has the capability to cope not everyone can'.*** Finally, Rizwan also spoke about how patience is an important factor and this is how he interprets ***'coping it means patience'.*** This might also link with religious beliefs around the importance of patience and holding hope that circumstances will improve.

Additionally, further drawing on religion, Rizwan connected his personal story of loss with the stories of Prophet Muhammad (PBUH) who was bereaved of his wife and uncle in the same year. Rizwan spoke about how this helped him to make sense of his difficulties ***he coped so his life is for us to deal with, I mean any circumstances in life alhamdulillah'.*** As a key figure within Islam and as Rizwan is very connected to his religion this knowledge might have brought comfort to him. We closed the interview with Rizwan saying ***'Alhamdulillah enjoyed it, mashallah'.*** ***'Mashallah'***, translates to ***'God has willed it'***, whilst ***'Alhamdulillah'***, is giving praise to Allah. This ending might reflect the remembrance Rizwan holds of his faith in different contexts.

4.1.2 Raj

Raj a first-generation individual migrated to the UK in 2003, over the course of our interview, Raj's story reflected an 'underdog', narrative, one of which against all the odds against him, he succeeded (Nurmohamed, Kundro & Myers, 2021).

Raj described being the first Indian individual in his workplace and his initial positive experiences, which changed after six months. He described the subtleties of the beginning of this experience *'they were always having like, I I could feel there's a some kind of thing going on with them'* and likened the escalation of this as 'snowballing'. Raj spoke of how he made sense of this as a 'conspiracy', to remove him from the workplace. This word communicated to me that this was an event which was difficult to prove, without observable evidence but very real to Raj. This experience had racial overtones with comments on his accent and micromanagement. This had a *'detrimental'*, impact on his well-being which included taking sick leave, having sleepless nights, *'I lost faith in basically everything'*. Although Raj sought legal advice, he was unable to employ a lawyer due to financial constraints.

Eventually, Raj was able to seek compensation from his employers and started in a new place of work. However, this experience had a lasting impact on him *'it wasn't like er, always and then everything went back to normal before that, no it wasn't.'* The experience impacted him both on a personal level of feeling he lost confidence in himself and interpersonally *'anything that people tell me I don't take it at face value'*. Although Raj expressed that he wanted to forget about these incidents and the important of not 'dwelling' on things he also shared how difficult this was *'you choose to forget those things but we don't really forget, do we? It's a part of yourself'*.

Over the course of our conversation, as Raj's story unfolded there was a shift in his identity. In the beginning he sought the help of others and then advocated for himself, and I got a sense of his determination for justice *'I'm not going to go quietly'*. He later shared that he would rely on himself should he end up in the same situation but there was a conflicting idea: *'So I'm a very hardened person [chuckle], so called. Not really though.'* This suggested a position of holding an outward self-view for others to consider Raj a person who is strong to protect himself.

Our conversation then moved to his experiences of migration, Raj shared how this move to the UK was a '**cultural shock**' and there were many cultural differences which he had to adapt to. He specifically highlighted the difference in the concept of 'banter' and how he might have initially perceived as bullying or rudeness. During the early stages of migration Raj expressed that he wanted to return home, but it was through friends who supported with his adjustment that he stayed '**they helped me a lot, but if I didn't have these people, I would have been gone**'. I appreciated the importance in learning to adjust as Raj shared how these differences might be used against an individual '**they know you don't understand the rules, they don't understand the language properly so they tend to use it as a weapon against you**'. The idea of connectedness seemed to be a theme in another part of Raj's story where hearing similar stories within the media helped for him feel less alone in his experiences of racial bullying.

To cope with these events, Raj shared that it was 'time' which helped to overcome this. He brought a photo of his dog (Figure 4) to the interview and shared how they went for a walk daily which he shared '**did me some good, it's very likely that I I benefitted a lot from it if I didn't have the pet, I don't know would have fared**'. Having a pet offered some sort of emotional support and connection. When we ended the interview, Raj concluded in sharing that he had since burned all the documents from this time as he did not want to be reminded of them. At times he has considered if he would return to his old workplace and a future self might: '**I think I will one day, I have to overcome my demons**'.



Figure 4

Photo which Raj brought of his dog.

4.1.3 Khadija

Khadija moved to the UK at the age of twenty-three. The focal point of her story was around her experience of studying after moving and the impact this had on her well-being. Khadija shared that she had a love of education and learning and this was an important goal for her *'I always wanted to study'*. In parallel, her husband's health was declining and this placed an additional motivation to pursue education and work from an economic perspective *'I didn't wanna live hand to mouth because I've seen people from the country I come in, I've seen a lot of poverty'*. This may speak to a broader narrative around beliefs of education as a means of upward social mobility.

During her time as a student, Khadija also held the role of wife, mother and daughter-in-law within her family context. These competing demands were experienced as *'very, very, very I found it very stressful'*, the use of intensifiers demonstrate the extent to which these difficulties had impacted her. Additionally, in recounting this time Khadija became tearful and perhaps had connected in to the emotions of this time *'as you can see, still thinking back of it it makes me very emotional'*. Khadija also felt her difficulties were not always understood by wider family, she shared this in a conflicted way with a disclaimer *'my intention in my heart is not to blame anyone you know'*. This might have reflected the internalised blame she felt and some of the difficulties faced with sharing her difficulties with others, particularly in considering the hierarchal context of Indian families in which elders must be respected. Khadija kept her difficulties private *'I never used to show my tears to anyone'* but the impact of these feelings was felt at a deep level as illustrated by the metaphor she used *'it feels like if I want to describe is like a rock sitting on my heart'*. In speaking with Khadija about her emotions around this experience she spoke about the guilt she faced as a mother in relation to not spending as much time with her son, this speaks to narratives and expectations of working mothers and the commonly experienced conflicting emotions around this (Aarntzen, Derks, van Steenberghe & van der Lippe, 2023). When reflecting on this, it seemed this was still something that was in Khadija's mind as she changed to the present tense *'I still think how he has grown up, I don't remember his childhood, I don't'*.

In order to cope with these difficulties, Khadija shared *'the 3 F's, faith, family and friends'*. This was not without challenge however and she spoke about the lack of choice around coping *'I mean coping is I always thought I don't have a choice'*. This communicates the

legitimate structural pressures in which Khadija existed of having to adapt to a new life and to the challenges she faced. Throughout our interview she spoke about support from her husband, *'he was always there, always, always, always there for me'*. This repetition of the word 'always' demonstrated the unwavering nature of this support. Additionally this highlights an alternative narrative which challenges the commonly held stereotypes of South Asian men as being 'harsh', 'angry', and perpetrators of violence (Gill & Harrison, 2012). Friends were seen as a source of support and 'advice', they also provided a reference point of comparison. Khadija detailed a story of a peer, who had two children and travelled from another city in order to study and shaped her view *'if she can do, I can do it as well'*. There was a sense that Khadija's coping mechanisms had evolved over time. She spoke to the ideas of previous generations *'people in the past generation don't cope very well, I mean, they cope in a wrong way'*, here Khadija was speaking to the silencing around emotions and experiences and the relation to distress, she used to believe this message but now that she felt that making your needs known was important.



Figure 5

Photo of Khadija's ring which was given to her by her late grandmother.

In speaking about her item, Khadija became tearful and this seemed like a bittersweet memory. She brought a ring given to her by her grandmother (Figure 5) with whom she was very close. The ring held a symbolic meaning of being passed down from her grandmother and Khadija had passed this down to her daughter. She spoke of the significance of this bond and the fond memories she held. However, it seemed Khadija also held some regret because her grandmother passed away before she was able to visit the UK *'I was too late'*. In sharing what she hoped others would take from her experience it was the following *'anything you want to do in life, just do it'*.

4.1.4 Fatima

Fatima moved to the UK thirty five years ago, when speaking about her identity she shared she completed schooling up to the UK equivalent of year eight. I met with Fatima and her daughter Zeina separately, they form the only dyad amongst the participants. In our conversation there were different points when I felt the generational difference between us and the conversation reflected one of between aunty / niece or mother / daughter through interactions of ***'I give you advice'***. There was also a moment when Fatima noted our age difference ***'maybe your mum had it in that time and can show you and explain to you'***, [referring to 'benefit books']. Fatima also shared additional anecdotes for animatedly and brought in the voice of other individuals through changing her tone and expression.

Fatima shared a chaos narrative (Frank, 1992), moving between different time and plot points, which may have reflected her experiences of uncertainty and difficulty. Fatima shared how her emotional difficulties begun in childhood, ***'I start with my young life'*** citing her role in caring for the family, living in relative poverty and the way in which this impacted her ***'I never had time to play'***, she recalled tearfully. I was drawn to a position of considering how Fatima may have missed out on her childhood, instead taking an adult role and in turn getting married at approximately eighteen years old. Her story contained further hardships of difficulties within her marriage, feeling alone following migration and the loss of two children. As Fatima shared her story she reflected on how her early years informed her understanding of her adult difficulties of her expectations ***'my childhood stubborn stressful so I don't know how this is wrong I never thought this is wrong'***. Early experiences form relational patterns of interactions and the internalised narratives of expectations of others (Erskine, 2019).

The item Fatima bought (Figure 6) related to her marital difficulties and a story of how her ex-husband had hid items from her, including a birthday card sent by family. She recalled this with a bittersweet tone of feeling happiness that her siblings remembered her but the pain of this being hidden. Fatima expressed that her husband also held her passport and for this reason she was unable to attend to the funeral of her mother. I wondered if the birthday card might represent this story of the withholding of personal items from her.



Figure 6

Photo of the item Fatima spoke about during the interview, (left) outside of the card, (right) inside of the card.

The turning point for Fatima was the death of her second son and how she felt ‘anger’, following this and spoke of how this manifested in her interactions with others including her daughter of speaking ‘rudely’ such as ***‘how do you know how I feel? You don’t know anything. Not nicely, not nicely, rudely’***. Fatima demonstrated the tone she used but also I wondered if she was communicating to me that I may also not understand this loss particularly in the context of the dynamic within the interview. Equally, the emphasis on the word not suggested she wished to express the anger she felt at the time. There was an also an internal conflict at this time whereby Fatima wondered why she felt this way and was prompted by friends to speak with her GP. Here she was prescribed medication ***‘he said to eat this tablet and is make you calm down’***. However, her daughter warned her of side effects and prompted her to return to her GP to request alternative support.

Upon returning to the GP, Fatima was referred for counselling but she also reflected that she did not have the language of ‘depression’, as was being used to describe her experiences. Instead she understood her experience as Hindi terms of ‘gussa’ (anger) or ‘chir chir’ (irritation). Similarly the word ‘counselling’, was an unfamiliar term ***‘now I’m saying***

[counselling] because I said so many times, but in that time I don't know the counselling word was'. I felt a sense of confusion for Fatima, with words used in relation to her and the support offered but not necessarily explained.

At this point, Fatima went back to an earlier timepoint in her life and opened a broader conversation around how she learnt to speak English through the support of nurses when her son was alive and had regular hospital appointments. Within this tangent I learned about the loneliness Fatima experienced as she described the hospital as her mum's house **'when I say I'm going to mum's house because they love me that much'**. When we returned to speaking about the counselling experience, Fatima shared that this helped her to understand her experiences, previously she tried to 'be strong' and would not share her difficulties with others but **'I hurt here [gesture to heart]'**, indicating that these difficulties impacted her deeply. Fatima reflected the importance of speaking about challenges **'I'm not keeping inside, if I'm keeping inside slowly, slowly, then it goes to here [gesture to head]'**. This reflected a sense of a catharsis in releasing the pain which she held which was also reflected in ending the interview Fatima shared **'old pain come back and you take it out as well so now I have no worry for two years [chuckle]'**.

4.1.5 Jasmeet

Jasmeet comes from a Punjabi background with one parent being born in the UK following her grandparent's migration in the 1960's and one parent who migrated following marriage. At the time of the interview Jasmeet was moving house and we organised the interview in line with when she had found the item, she wanted to speak to which foreshadowed the significance of the item.

Jasmeet had experienced childhood sexual abuse, this led me to consider my questions carefully so as not to cause undue distress but also, I invited Jasmeet to share what felt comfortable in order to return the power to her in what she wished to share. At the time of the abuse, she shared the confusion around *'at the time I was a kid, I didn't really understand it'*. However, over time the impact was noted during adolescence, which was storied as expressing depression, in terms of often feeling distressed and experiencing suicidal thoughts. In the present she shared feeling 'down', on some days.

The response from Jasmeet's parents was described as *'brushed under the carpet'*, a metaphor to describe the silencing around speaking about the abuse, she shared *'I find that's quite common in my culture'*. The use of an intensifier suggests this to be an experience shared by many of the same culture and perhaps norms around disclosure. Jasmeet shared the confusion her parents may have also felt *'I think they also didn't know how to deal with it'*, and how perhaps this factor in combination with the norms led to the dismissal of Jasmeet's experiences.

The voice of previous generations was prominent in our conversation. Jasmeet spoke of generational differences around the challenges faced *'their main struggle was like financial, and that was their focus'*. This idea seemed to connect to a broader theme around 'sacrifice', *'sacrificing ourselves for our families, cos that's what a lot of our family members have been doing, like through generations'*. Here it seemed that Jasmeet was speaking to an idea that has been passed through multiple generations, perhaps beyond identification of where it started. The idea of sacrifice also linked with her role as the eldest daughter, which came through in speaking about her siblings *'just they do their own thing really, I think because I'm the oldest so maybe it's a bit different for me'*. Jasmeet shared this tentatively and perhaps was expressing a wish for the similar freedoms, however, culturally the eldest child

is often perceived to be the role model to the younger siblings and associated expectations follow (Su, McMahan, Williams, Sharma & Sudore, 2014).

When speaking about coping, Jasmeet asked a clarifying question and reframed this term as ***‘how I got through it’***, she later spoke of how she understood ‘coping’ to mean ‘surviving’, and perhaps the words she chose reflected that she had ‘survived’, the experiences. When speaking about this Jasmeet seemed tentative and shared her own process ***‘sorry, I have brain fog’***. I wondered if this paralleled her initial coping of the traumatic experience she faced. Religion was important to Jasmeet, ***‘having faith in God I think that’s the only way I got through it’***, the use of the word only suggests that this was the sole coping strategy and held significant weight in an incredibly difficult time. Jasmeet spoke of the role of therapy and how this enabled her to hear an alternative story away from blame and shame. She spoke of the position she now takes of not seeking familial approval, unlearning negative patterns and prioritising her needs.



Figure 7
Photo of Jasmeet’s item, described as a ‘soldier’, which represented protection during her time of distress.

The object is a figure of a soldier she found as a child in the playground, during the time in which she experienced the abuse (Figure 7). Although she described it as *'just a little piece of metal'*, the meaning attached to this was far greater. Jasmeet spoke of how she imagined this soldier to protect her, and how it gave her hope, strength and power which was not received from other sources. She shared how this had evolved in meaning and now represented a good luck charm with an associated idea of finding strength within and protecting oneself. Jasmeet may have been representing the version of herself that she had grown into as an adulthood and perhaps reflected the role of protector she took for others. She hoped in sharing her story, she might help others.

4.1.6 Deepa

Deepa, a second-generation female contextualised her story to the temporal context of adolescence. She shared this to be the crisis point and her story centred on themes of identity. The starting point of the narrative was when Deepa started secondary school, at this transition point she shifted from a place to where she became a visible minority and noted differences from her peers. She spoke of navigating the conflict between her own hopes and the cultural expectations placed upon her which felt to be restrictive ***'I felt very oppressed'***. In part this was also in a context of hoping to fit in but not being able to engage in the adolescent norms of which her peers were participating in ***'I remember yeah, feeling quite othered by that feeling'***. This was further compounded by the cultural narratives around Deepa, she shared the idea her father held about how although living in the host country, their own cultural values must be upheld ***'there was a lot of kind of we don't do that, whereas other people, you know who aren't Indian they do that'***. The use of 'we' and 'they', here highlights the distinction of social groups and membership to this group being contingent on specific standards. Deepa had created a category to reflect this of ***'good Indian girl'***, which if was not maintained ***'you would be a bad Indian girl'***, which would bring shame upon the family. This in part reflects the collective concept of *izzat* (honour), in which the actions of one family member if deviate from social norms, reflect poorly on the wider family which can have implications for social relationships and associated outcomes (Zaidi, Couture-Carron & Maticka-Tyndale, 2013).

Deepa kindly shared some of the poetry written during adolescence which described how she felt at the time (Figure 8), the language she used in conversation included words of 'captive', 'policing', and 'imprisonment', created an image of an incarcerated individual who was awaiting their freedom. She later reflected this idea in her hope that moving away from the family home would enable her to be able to express herself ***'just move out and and feel like I could finally, finally, live my life'***. The use of the emphasis on the word finally and repetition of this gave me an insight into how long this might have felt.

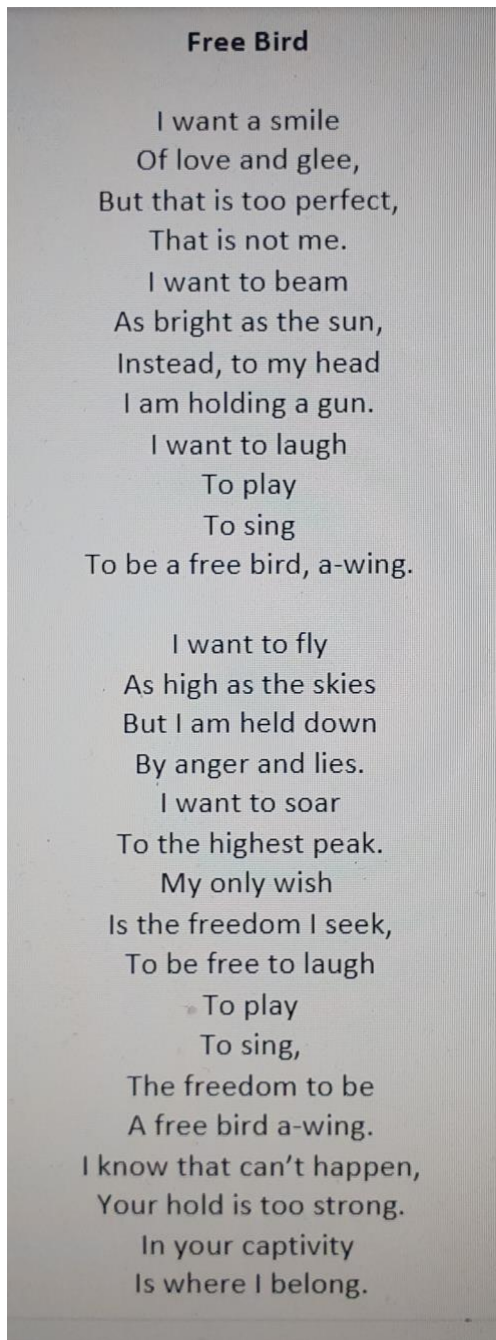


Figure 8

Photo of the poem Deepa wrote during her adolescence and brought with her to the interview.

The cultural narratives around Deepa at times took a gendered nature. As aforementioned the idea of a ‘good Indian girl’, was one idea but this seemed to persist across the lifespan as Deepa reflected on the role she witnessed of her mother, aunties, grandmother and friends. She shared the idea of ***‘being submissive to the men in the family who had the control and had the power’***, and spoke of the patriarchal influence in the expectations of women.

Although there were experiences of anger, sadness and distress the overarching idea reflected was ***'just show everybody love, it doesn't really matter how they treat you just ignore it, they don't know any better'***. This suggested to me an idea of 'rising above', or 'being the bigger person', perhaps in a way to maintain one's honour but at the expense of an individual's own needs. Deepa reflected on how her internal conflicts further compounded her difficulties around her identity ***'made me feel more and more alien, like I really was bad'***, and this alienation reflected the way in which Deepa felt different as she felt alone in her difficulties and struggles.

When thinking about coping, Deepa reflected the internal struggles she faced of keeping her emotions private. She shared that suppression and 'getting on with it', were the ways in which she managed the difficulties she faced in adolescence, ***'you don't show upset you just get on with it'***. During this time Deepa turned to music (Figure 9 and 10), she described this as something she ***'I realised later that it was something that I needed to get through the day'***. The emphasis on the word needed reflected the importance of this coping strategy, Deepa spoke of how she listened to music daily at different timepoints and this was a key coping strategy. Interestingly, this was a past strategy which had ***'sort of slipped away'***, as she found two new relationships; one with her now husband and another with her best friend. She attributed this to not feeling the 'turmoil' anymore and instead found support in connection and relationships. When we ended the interview Deepa reflected that she was glad we spoke and that she had the opportunity to share her story.

First and Second Generational Stories of Distress and Hope amongst Indian Parents and Adult Children



Figure 9

Photo showing the music Deepa listened to as part of her coping during her adolescent years.



Figure 10

A second photo showing the music Deepa listened to as part of her coping during her adolescent years.

4.1.7 Aditi

Aditi is a second-generation individual of Indian heritage with one parent who migrated from Uganda. She spoke of the importance of her gender in shaping her experiences. Aditi did not bring a specific story of distress in terms of an event that she recalled but instead shared her journey of how she understood distress and the way that this evolved over time. At the start she spoke of speaking with people she trusted and I felt a draw to respect this in asking specific questions of events which were distressing.

Aditi's storied her understanding of distress to be shaped by her experiences with her parents and environment when growing up. She spoke of the response to displays of distress as being one of a dismissive attitude and as these emotions as not being understood or seen as important *'If I look back on it, people didn't understand why you're distresses, it was dismissed'*. The response to this was one of silencing and considered that the reaction was disproportion to the event itself *'maybe it was implied that the reaction was over the top, that kind of thing.'* A specific behaviour that Aditi mentioned was that crying in particular was perceived to not be allowed, as it was described as a 'babyish', response.

In terms of identity, the expression of emotion seemed to have a gendered basis as was modelled to Aditi by her parents. She shared how her parents coped in markedly different ways with her father coping through working and mother as taking a *'subservient'*, position within interactions. This manifested as not expressing anger and not react to events which have happened *'you're supposed to take things if they were done to you, like that's what your role is'*. In addition to family, friends also seemed to take a similar role and viewpoints as shared within the home.

Over time, Aditi started to shift her ideas and beliefs, she spoke of doing her own research and the use of media for being exposed to different ways of thinking and how this changed her conceptualisation of distress and coping. The spatial context was also relevant as she shared *'I think because I moved away, I was able to develop my own kind of way of thinking'*. This highlights the importance of the family and network messages received and how these can become internalised over time. When thinking about the following generation and the environment, Aditi stressed the importance of modelling and signalling the safety of an environment *'letting them be aware that it's okay to kind of it's a safe space around your*

parents rather than being scared'. She also spoke to the importance of friends as part of coping and that this was an important element in seeking support to make sense of her experiences.

Aditi shared how her coping mechanisms now involved an internal process, this in part was why she did not bring an object or photo to the interview as there was not a related item to represent this. Instead through conversation she shared some of the ways in which she experiences this internal process, such as through labelling emotions, considering the events that led to the experience and giving herself permission to feel these *'I think it's telling myself that I'm allowed to feel whatever it is I'm feeling'*.

These ideas also manifested in her approach and messages for the next generation. She shared a story of how, when brushing her nieces hair she started to cry: *'whereas my instinct with my niece was to tell her to stop crying because it's just automatic I just went I'm really sorry, I know it's hurting'*. Aditi went on to expand on this in terms of friends with children and the ways in which space is made to feel emotions and regulate with them. This may relate to the concept of 'emotional intelligence', which Aditi spoke of as an important quality, particularly within her friends.

4.1.8 Hafsa

Hafsa's migration status offered a unique perspective as although she was born in the UK, she also moved abroad as a child and then back to the UK after marriage. Her father also belongs to East African diaspora. Hafsa also identified as a smaller sect within Islam and reflected on how this has also shaped her experiences and meaning-making.

In telling her story, Hafsa started with her childhood and described herself as having always been a *'worrier'*. She connected this to her early memory of migrating from a culturally diverse area within the UK to a small town in a place where she was a racialised minority and experienced bullying. As she recalled these events she foreshadowed that her adult experiences would in part mirror that of her mother *'unfortunately there is a kind of a generational thing and there was a repe- kind of a repetition of that financial stress in my marriage'*, before returning to some of the difficulties faced in childhood. Hafsa described the role she took of looking after her younger sibling and an acute awareness of the economic stressors her parents faced, which with hindsight reflected *'a kind of adultification'*. Hafsa described her difficulties as feeling of times of *'extreme highs and lows'*, and spoke of some of the somatic symptoms she experienced such as tension in her shoulders.

Hafsa's story followed a largely chronological order but was told with interjected flashbacks to her experiences of her mother perhaps because of the parallels between the two. For Hafsa, there was a repetition in the financial struggles both she and her mother faced in her marriage, this was particularly distressing for Hafsa as she did not know about the debt her husband held which had additional implications for their relationship. She likened finding this out to *'that kind of bombshell dropped on you'*. In hearing Hafsa's story I was drawn to think of her experiences as a predetermined series of events through her framing *'it almost felt like in some ways I couldn't escape my fate and I ended up in the thing that I had been scared about'*. This specifically was in reference to the financial struggles that Hafsa's parents which she had worked hard to avoid, as she described herself as a 'budgeter' and 'saver'. She made sense of these beliefs through her understanding of holding a 'scarcity mindset'. I was drawn to think about how Hafsa introduced her identity with her father being part of the East African diaspora and the multiple migrations she experienced and the financial cost involved with this and economic uncertainty that is passed down through generations.

The parallels between women in both generations continued in the way they managed their difficulties. Following the disclosure from her husband, Hafsa shared how she contacted the debt management charity, ***'I was the one who was kind of like you need to get in control of this'***, however this also had implications for the reactivation of old patterns and roles held of being 'the adult'. Hafsa detailed how when her mother faced challenges in her marriage she too fought for herself ***'she didn't feel like the situation was something that she just had to kind of take lying down and she had a plan'***. Here I felt that through sharing her account and bringing in her mother's experiences, Hafsa was challenging the dominant discourse and stereotypes around South Asian women of being 'victims of cultural standards', (Burr, 2002) and instead presented a different story. This was further reinforced as our conversation continued and Hafsa spoke about the role of the patriarchy within all structures not just Indian culture, ***'the british western culture is also based on patriarchy'***. In many ways throughout our interview Hafsa presented counter-narratives such as 'free-range parents', a '50/50 division of labour', and her experience of dating her husband pre marriage.

Hafsa chose to bring references to Bollywood movies and music which were particularly comforting to her in times of difficulty. In particular she named *'Dilwale Dulhaniya Lejayege'*, *'Hum Apke Hain Kaun'*, *'Pardes'*, *'Kuch Kuch Hota Hain'*, and *'Kabhi Khushi Kabhi Gham'*. Hafsa described these fondly and I felt the nostalgia and warmth that she described when watching these and listening to the associated soundtracks. Hafsa shared how these were films she watched as a child as an adult in particularly difficult times. It also seemed that these movies had evolved from a coping strategy to also be something she bonds with her children over as they now also watch these films together. The message she wished others to take from this was that: ***'it can be as simple as that'***.

4.1.9 Zeina

Zeina is the daughter of Fatima, but we met separately. She has one parent who migrated to the UK and one parent who grew up in the UK, he is a ‘double amputee’, which Zeina felt was important to name as part of her story and similarly related to the photo which she brought to the interview.

The beginning of the story started with Zeina’s early years *‘it starts all the way from childhood when I were little’*, she shared how although it was not possible to name the specific experiences there was a felt sense that ‘something was different’. This might reflect the developmental stage of Zeina and how early memories of difficult events may be stored in a non-verbal way (Gaensbauer, 2016). She spoke of her younger brother who had a disability and became increasingly physically unwell, before his passing which was an emotive story to recall and Zeina was tearful in doing so. She explained how within her familial context disability was ‘normal’, *‘it wasn’t something to be concerned of in my house’*, and the destigmatised view that they held in relation to disability. This was also reflected in the picture she brought in which Zeina highlight the display cabinet which in many Asian households would house the ‘good plates’, *‘ours was just filled with medicine, we weren’t ashamed of disabilities’*.



Figure 11

Photo Zeina brought with her to the interview depicting her family, and the medicine cabinet which she referenced in her narrative.

The bereavement of her younger brother was the precipitating point within Zeina's story and she described the impact of this *'it impacted me such a way I forgot he existed'*. This in particular was of relevance as Zeina described how his care formed a large part of the daily routine, I felt through this information she expressed the shock of forgetting such a significant part of her life. Zeina described how although she had forgot, there was a sense she on some level remembered in feeling withdrawn in school, feeling intermittently upset and as though 'something was missing'. As our conversation continued Zeina shared some of the challenges within the home and her parents' separation. She was positioned in a role of responsibility with choosing which parent to live with *'you need to stay with your dad he's a double amputee but on the other hand people said go with your mum she's got no family members in this country'*. The conflict that Zeina felt was palpable and presented a 'catch 22', situation in which there was no right answer.

Zeina later went on to describe how she had coped with these events through *'brain fog'*, this later peaked in adolescence, and she described how she would *'go with the flow'*. This impacted her in many ways of simultaneously forgetting the difficult experiences she faced with her brother and within her home life but also 'good memories'. She described how during this time her difficulties also manifested as *'hibernating, sleeping fourteen, fifteen hours a day, forgetting to eat and getting lost in playing video games'*. During this period Zeina was referred to counselling on two occasions and described her difficulties with this process. The first counsellor she saw as a child was *'dismissive'*, and focussed on the parental marriage which shifted the focus away from Zeina's bereavement: *'what should have been a bereavement situation with my brother passing away ended up becoming this whole separation situation'*. Later on during adolescence Zeina sought a second round of counselling which had an Islamic framework, but this focussed on *jinn* and she equally found this unhelpful.

These experiences of counselling shaped Zeina such that she chose to study this at degree level, *'to tell them it doesn't work, I'm gonna prove them it doesn't work'*. She shared this with a tone of conviction. Zeina shared how over the course of her degree her views changed through a conversation with a tutor who invited her to consider multiple perspectives and multiple ways of coping if one version does not work. Zeina described the role of her maternal grandfather in shaping how she copes now through *'evaluation'*, labelling the

emotion and then finding the appropriate solution to this. She carries the message he shared ***‘don’t use [psychiatric] labels, just actually sit there and think why you feel the way you feel, like why is a very big question’***. For Zeina this strategy worked well in understanding her feelings and ‘working backwards’. So much so she has not used ***‘brain fog’*** to cope for the last five years approximately.

In ending the interview, Zeina shared a message which when I heard I felt reflected her honesty and openness during the interview ***‘metaphorically if you need to eat with your hands, just eat with your hand and feel comfortable’***.

4.2 Collective narratives

The participant stories were considered in relation to one another. As I was considering the perspectives of multiple generations, I have presented the collective stories as follows: first generation (Table 9), second generation (Table 11) and between generations (Table 13). These shared ideas are considered in terms of similarities and differences. Within each of the collective narratives a main story and sub-story is presented. The main story represents the over-arching concept and the sub-story contains the themes which contribute to this overall concept.

4.3 First generation

Main story	Sub stories
<i>Survival</i>	<i>What choice do I have?</i> Stories of sacrifice.
<i>Knowledge is power</i>	<i>I didn't know.</i> Stories of awareness.

Table 9

Collective narratives held amongst the first-generation individuals with both main and sub-stories represented.

4.3.1 Survival

The collective theme which came about was around the idea of 'survival', specifically in terms of employment, economic circumstances and the life left behind in their home country. There was an idea that sacrifices had been made to migrate and in turn, there was an over-arching idea of needing to continue despite many challenges. This had an associated sub-story underpinning this broader concept of 'choice', specifically a lack thereof in relation to coping.

The ways in which this manifested for Khadija and Raj was somewhat similar, in that they had to continue to pursue their goals in terms of employment. ***'I had just one vision. I Want to stand on my feet because if my husband has to give up work because the way his health was going, I didn't wanna live hand to mouth.'*** (Khadija). This was understood as a belief held that as an individual, they had to carry on with their day to day lives and, in a way, survive the difficulties they faced ***'I did it, I didn't have a choice, I have no choice,'*** (Rizwan). In hearing Khadija, Rizwan, Raj and Fatima speak, I was led to a position that felt

that it might have been difficult to imagine an alternative possibility, other than survival. In the context of their identity of migration, there is a certain economic loss which accompanies immigration and a restarting of one's life (Bhugra & Becker, 2005). In a neoliberal society which favours the individual meeting their own needs through any means necessary, it is unsurprising that there is pressure to 'carry on'.

The societal context around the time in which the first-generation participants migrated to the UK, namely the early 2000's, might also further explain their beliefs around choice. Within the media there is continued vitriol around immigration (Carlile & Harrison, 2022), interpersonal and institutional racism faced by minoritised groups (Nazroo, 2022; Robinson, 2009) and messages that 'immigrants drain resources' (Avdagic & Savage, 2021). Over time these ideas may become internalised by the self and inform their decisions and processes, for example, the belief that they do not deserve resources and instead should 'carry on'. Within services, there may be an opportunity to challenge these ideas and invite new ways of coping.

In addition to considering the influence of the media and other sources of information, a shared theme across the first-generation participants was the evolution in their openness around their distress. This might also reflect the evolution of messages within mainstream media, as one study demonstrated the way that on average over time 1992-2008 messages within the media had become less negative and public opinion also begun to shift (Goulden et al, 2008). This process of unlearning was reflected in Khadija and Fatima's accounts.

4.3.2 Knowledge is power

The idea of access to knowledge and how this might shape the experiences of help-seeking was constructed as an important factor for each of the members of the first generation. Here, I understood this as the idea that information and access to this can give rise to choice and options for care, support and the ways in which challenges are navigated. Underneath this theme was the idea that participants did not have access to this such that there was an idea of 'I didn't know', in terms of a collective narrative of not having access to the information needed at the time. The way in which this manifested varied across participants as represented in Table 10.

Participant	Concept of information	Quotes
Raj	Awareness of rights	<i>'I didn't know my rights really speaking.'</i>
Rizwan	Knowing how to support the community	<i>'This situation is very hard and in this situation I don't have an answer' I have no word to say what to do.'</i>
Khadija	Awareness of support available	<i>'You don't realize there are help around, which at that time I didn't know.'</i>
Fatima	Defining the term 'depression' and 'counselling'	<i>'I didn't understand was the word is depression.'</i> <i>'That's the first time after few years, the word I found out the word called counselling.'</i>

Table 10

Quotes as related to participant account of the role of information within their experiences.

The context of Rizwan's experience of information differed and instead spoke to more of his identity as an imam. Within Muslim communities individuals may turn to their faith leader in order to seek advice on any number of matters (Boender, 2021). This highlights a key factor in relation to what Rizwan shared of the importance of equipping those who may be called upon during times of difficulty, with the necessary skills and information to support their community. This has been piloted within other contexts (Khan, 2021), but perhaps is another area for further exploration and investment for faith leaders to be equipped with the necessary tools to support their communities well-being.

Khadija, Fatima and Raj spoke about the role of information in being instrumental to understanding their experiences of difficult life events and the support they accessed. Raj spoke of his experiences in entering the workforce almost immediately after migration and how there was little time to learn about the society he was now living in but also the resources that could have supported him. Fatima also spoke to not knowing what support was on offer. In holding the migration context in mind, this collective narrative reflects the information which individuals may have access to, but also raises a question of why individuals are provided with information of the support around them.

Finally, Raj and Fatima spoke of the offer of medication from services. In a context where there is limited awareness of the support available to begin with, this represents a potential harm in taking a medicalised approach as individuals may not have made this decision in an informed way whereby they are aware of all their options. This raises a question of the

clinician perception of communities and why medication is used as a first-line intervention in place of psychological support. This collective narrative also relates to the previous of ‘choice’, whereby individuals did not feel they had a choice in the way they coped. Perhaps it is the responsibility of services to offer this and return agency to the individual with appropriate information to make an informed choice.

4.4 Second generation

Main story	Sub stories
<i>Emotional expression.</i>	<i>We’re going to do something different.</i> Stories of hope for how future generations will express their emotions.
<i>Gender</i>	<i>The operation of the patriarchy.</i> Stories of the intersection of gender with other facets of identity.

Table 11

Collective narratives held amongst second-generation participants including their main and sub-stories.

4.4.3 Emotional expression

The idea of ‘emotional expression’, was shared by second-generation individuals. In particular this was constructed as the opportunity to express emotions and feelings, they spoke of some of the limitations around this. Underneath this broader concept was the ways in which they would approach this differently with the next generation of individuals, coming to an idea of ‘we’re going to do something different’. This included a hope to normalise the experience of emotional challenges and ‘make space’ for speaking about these openly within the next generation. Interestingly when asked about the messages they might share with the next generation around coping they shared the contextual nature of how they might respond i.e. the messages they share would be specific to the individual experiences. Quotes which illustrate the collective narratives of emotional expression and specificity of the ideas they wish to share are shown in Table 11.

Participant	Quote
Aditi	<i>'That it's a valid thing to feel and you should be allowed the space for it.'</i> <i>'The opposite of what I was kind of taught growing up' [in relation to messages around coping].</i>
Deepa	<i>'You shouldn't have to repress it. You shouldn't have to hide it. That it's okay to feel that way, that actually it's normal as well. We can. We can feel umm distressed about things and that's a normal part of human experience, whereas growing up it was very much you don't show emotion.'</i>
Hafsa	<i>'I want you to feel okay to be able to express that to someone, not to internalize it, not to feel like you have to carry that on your own. That it's okay to express this, that your partner should be able to hold space for that, that your family should be able to hold space for that, that the people around you should be able to hold space for that.'</i>
Zeina	<i>'Speak to me. And if you don't feel comfortable speaking to me, say to me you need help. There's always, like in school, you can speak to your teacher. There's always going to be someone.'</i>
Jasmeet	<i>'I would actually address it and not brush it under the rug and uh, I would allow them to feel how they feel without dismissing their feelings.'</i>

Table 12

Quotes as related to the collective narrative of emotional expression.

Participants expressed the importance of validating the experiences of emotions and encouraging individuals to openly speak about emotional experiences and distress. Specifically for Aditi, Deepa and Jasmeet, there was an active commitment to take a different approach to the one which was taken by their parents. Zeina and Hafsa noted the importance of the individuals around in facilitating conversations and creating a space in which experiences can be explored.

Situated in a broader context there are evolving ideas around emotions within society in terms of normalising experiences and contextualising these, for example, teaching school-aged children about mental health (Coverdale & Long, 2015). As aforementioned reporting around mental health difficulties has also changed. Similarly with the technological evolution with social media and other media outlets, individuals now have access to more information than previously, which may also shape understanding of challenges and different ways of coping (Naslund, Bondre, Torous & Aschbrenner, 2020).

Social media and the media broadly was something second-generation participants spoke of in relation to an important factor which shaped their understanding and conceptualisation of distress *'But um, uh media, I think has been really beneficial in just exposing you to different ways of thinking'*, (Aditi). *'Yeah, definitely. I mean that, you know, all the discussion about mental health is completely, you know, out there. And it's much more transparent.'* (Deepa). However, Zeina also highlighted the ways in which media might also perpetuate misinformation: *'media is just, it's really horrible they don't understand the full complexity or they do, but this they're not really bothered'*. These narratives represent the different ways in which the role of wider messages can be both helpful or a hindrance.

4.4.4 Gender

The concept of gender was a shared concept that was constructed amongst second-generation individuals. Within this broad concept, participants spoke about this specifically in relation to the ways in which the concept of patriarchy operated within their stories and experiences which formed a sub-story that was specifically in relation to fathers. The way in which patriarchy operated in relation to participants experiences of distress and coping varied.

For Zeina her father was described as supportive and a parent with which she had open conversations around her mental health. Hafsa described witnessing the impact of patriarchy and gender roles between her parents, although, this was not enforced upon her. Jasmeet, Aditi and Deepa all spoke to the way in which specific gender norms were witnessed and enforced upon them. These differences represent the ways in which power might operate within a context-dependent framework. Of note is the witnessing of patriarchy towards mothers and extended family can communicate an idea to children. Even if this is not an overt message, through the lens of family communication patterns theory, behaviours and patterns modelled between parents can inform the behaviour of children (Koerner & Fitzpatrick, 2006). A visual representation of the relationship to patriarchy is shown below in Figure 12.

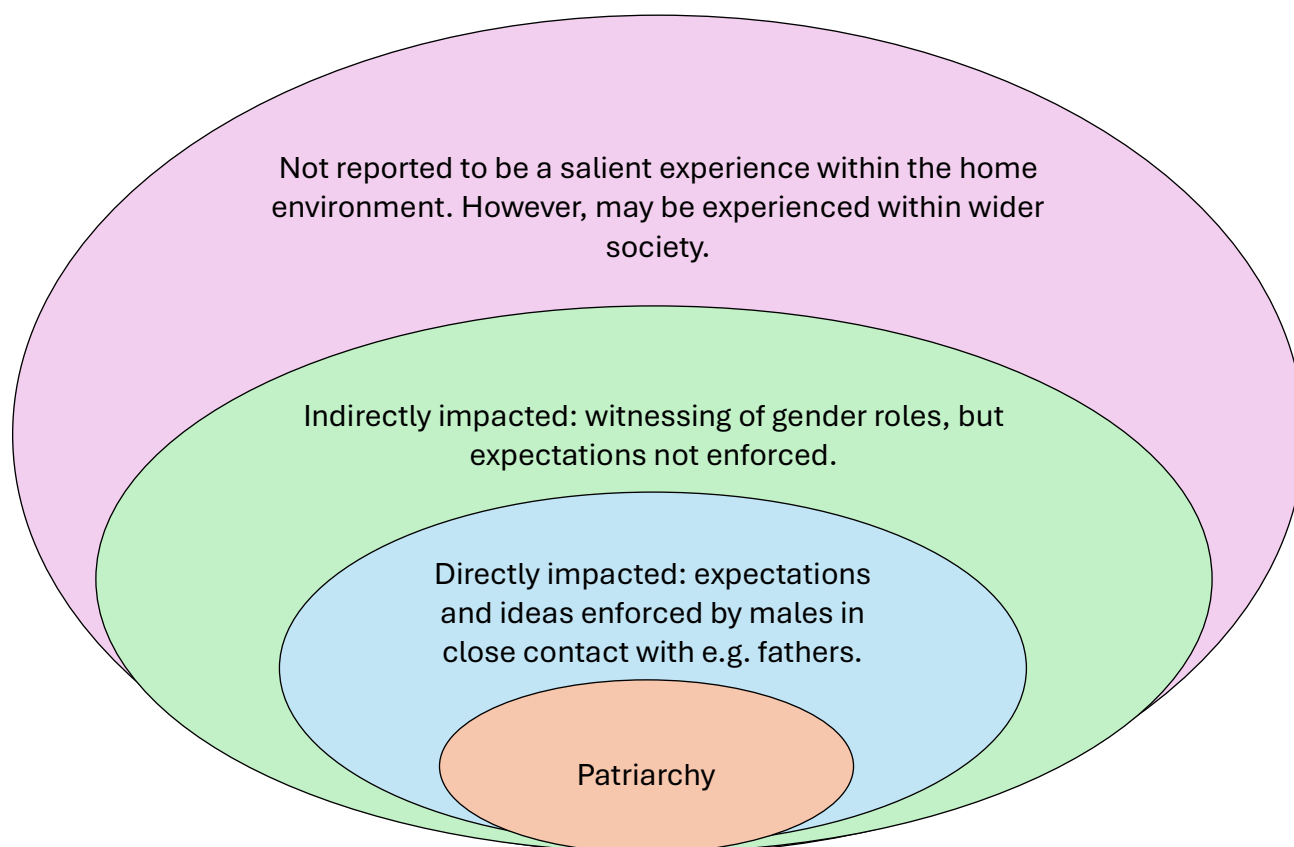


Figure 12

Relationship to patriarchy as expressed by each of the participants.

The operation of patriarchy was exemplified in the way in which individuals storied distress help-seeking and access to resources. With the concept of needing to fulfil a particular gendered norm around emotional expression, individuals are required to subscribe to ideals which may differ to their own wishes and identity. This can have an incredibly distressing impact as Deepa described in her account. The concept of limitations around self-expression and impact of this suggested to impact on the development of self and mental health (Adler, 2012). This in turn suggests that careful consideration should be given to individuals from a second-generation Indian background as to the ways in which their gender identity specifically relates to their role. Finally, in relation to coping, Aditi referenced the point of men holding financial resources and power and the implications of this for help-seeking. This can extend to access to private therapy, transport to session, the impact of taking time off work to attend sessions as some examples.

One thing to note, is that the operation of patriarchy is not specific to South Asian or Indian communities. This statement is included here as societal narratives often reflect a particular perception of South Asian and Indian men as violent and oppressive, they have been coined as the current ‘folk villain’ (Gill & Harrison, 2015), reflecting a racialised stereotype. However, patriarchy can also be upheld within our systems of healthcare and the perceptions held around Indian women through placing their experiences into reductionist boxes. The intention is to invite a both/and position, patriarchy does exist but the way in which it operates must be considered carefully. Hafsa worded this idea better than I can: *‘Because this is also patriarchal. This British Western culture is also based on patriarchy.’*

4.5 1st and 2nd generations

Across both first and second-generation participants there were shared collective narratives as shown in Table 13.

Main story	Sub stories
<i>NHS provision</i>	<i>What we have and what we want.</i> Stories of the existing NHS structures and how this was experienced. Stories about the changes that people want.
<i>Inter-generational ideas</i>	<i>Previous and future generations.</i> Stories of generations past influence on subsequent generations. Stories of wanting ‘something better’ for generations to come.
<i>Community</i>	<i>Connections are key.</i> Stories of friendships and a social network as a source of support.

Table 13

Collective narratives held across both first- and second-generation participants, here three main stories are represented.

4.5.1 NHS provision

Participants spoke of their hopes for the changes they wish to see within NHS services with seven of the participants speaking from a lived experience position having sought psychological support previously. The participants spoke of the NHS and contextualised this into a sub-story of ‘what we have’, which reflected the current service offer and experiences in relation to the existing NHS provision of support. An additional sub-story was ‘what we

want', this was rooted in the hopes for what might change in NHS services to improve the offer and better support the needs of individuals from Indian backgrounds, both from the perspective of first and second-generation participants. Specifically, the importance of curiosity about the cultural, familial and individual context to understand the needs of the individual were named.

When considering the individual in relation to the clinician, the identity of the clinician was seen as an important factor in developing a shared understanding. Khadija constructed her thoughts around being seen by a clinician who did not share her background ***'It depends who you're sitting with who is your counsellor. Then you will benefit more. someone who has got bit more background about the culture or knows more about the religion'***. The evidence around matching clinician and client on ethnicity is variable, with some research which suggests there are better therapeutic outcomes (Farsimadan, Draghi-Lorenz & Ellis, 2007). Conversely, some individuals expressed a preference for a therapist who was not of the same ethnic background (Gurpinar-Morgan, Murray & Beck, 2014) an important point regarding choice is highlighted. Zeina further expanded on this idea around clinician choice with suggesting that beyond the identity of the clinician how much choice is afforded with regards to the therapeutic relationship itself and changing clinician ***'I think that's where NHS need, to broaden it up, that you might not be the perfect councillor for that particular client.'***

At the level of service delivery, the offer of support was storied, with a similar theme of 'choice' and 'options'. Both Hafsa and Fatima spoke of the limited number of sessions offered within the NHS and how this can be experienced as insufficient support ***'Often that 6 to 8 sessions of CBT is not enough.'*** (Hafsa), ***'The NHS I heard NHS say no, that's it. You done your job. You done your six weeks, course eight week course. Let them go.'*** (Fatima). In the NHS increasingly, manualised approaches are adopted within psychological services, which often reflect a Cognitive Behavioural Therapy (CBT) lens (Forbat, Black & Dular, 2016). This idea was also reflected within Khadija's accounts where she expressed the importance of a clinician working practically and systemically with the agencies related to the individual ***'So the people who is affected, people who is making that people feel like that, and the person going for advice is like a triangle trying to solve the problem.'***

The importance of understanding the context relate to both practical considerations of therapy and the intervention itself was another shared idea. In considering the familial context and

values, Jasmeet spoke of the potential impact of implementing the suggestions made within therapy *'If you do move out or all of that like what are you supposed to do after that with your family members... If you get shunned, then what?'*. Aditi also highlighted the impact on access to therapy for individuals who live within an extended family context, *'If you do feel that you need to get therapy you might have barriers such as I've gotta lie to my parents now just to get therapy or I can't speak to them. I can't speak to my therapist over zoom because what if my mum walks in or she hears.'* These ideas suggest the importance of considering the system around the individual and how this informs the way in which they may experience psychological support. However, in considering the individual context this needs to be specific as opposed to generalised. Zeina named the stereotypes held around the needs of South Asian women and how this relates to service commissioning: *'new counselling services for Asian women and the key thing at the top is always family situations and spousal situations... An Asian woman's life is not surrounded by that and it's just NHS just assume that that's where our life rotates around.'* This highlights the need to consult a variety of voice and co-develop services if they are to be setup with a specific group in mind.

4.5.2 Inter-generational ideas

An idea shared by participants was the importance of inter-generational ideas, namely concepts and stories which were shared between generations. A point of interest was the sub-story of generations past and future, in that narratives move in both directions between past and future. These ideas were reflected in that each generation considers both those who came before and those to follow are held in mind by individuals.

Eight participants shared that they held narratives and ideas passed down from previous generations and had thoughts about what they might wish to share with subsequent generations. This highlights the role of intergenerational communication within this group of individuals. A point of interest was the convergence of narratives about previous generations and the hopes they shared for future generations as constructed by first- and second-generation participants. With regard to messages passed down, participants noted ideas of 'not coping well', 'not expressing emotions or holding 'different ideas'. Quotes which illustrate these ideas are shown in Table 14.

Participant	Quote
Fatima	<i>'I'm thinking my auntie was stressed as well in that time or depressed, but because in that time if you say depression, they think you gone mental. But it's two different things, but at that time I should myself say that time I don't know two different things because I didn't know that different.'</i>
Raj	<i>'First generation people who come from India or from other other countries, they they have a different er different perspective of life.'</i>
Khadija	<i>'People in the past generation don't cope very well. I mean, they cope in a wrong way. They keep everything to themselves. They never shared anything. They never speak out.'</i>
Zeina	<i>'You've got to remember one thing, mental health is not something Asian community will ever accept to the full extent they will never accept that, how serious it is.'</i>
Jasmeet	<i>'They [previous generation] didn't, really take care of that emotions or their children's emotions'</i>
Hafsa	<i>'My parents like kind of just go through life and not same way that coping is just kind of dealing with whatever is going on, not putting in maybe, that you just kind of deal with the the bombs that go off and the aftermath of that, you don't kind of think about what leads you there.'</i>
Deepa	<i>'Often people of my mum's generation and my grandma's generation, they haven't they haven't really processed what they have been through.'</i>
Aditi	<i>'People [past generations] didn't understand why you were distressed, it was dismissed or it was you're kind of made to just shut up or um, made to feel like it wasn't important.'</i>

Table 14

Messages which participants had been exposed to from the previous generation which shaped their construction of distress.

Second generation individuals touched on how the first generation had 'different struggles', and faced their own challenges such as financial difficulties, which may have led them to cope in a way of surviving e.g. ***'The previous generations like... their main struggle was like financial, and that was their focus'*** (Jasmeet). First-generation individuals also contextualised the challenges faced by the generation before them. This suggests that between generations there may be a both and position held, a sense of frustration that the previous generation 'didn't cope well', and an understanding as to why this might be. This might give an indication to the sense-making process of understanding previous generations in that a behaviour or pattern is named, and then made sense of within the wider context. Interestingly,

Hafsa and Zeina both noted that although their parents coped with their difficulties through ‘survival’, they took a different approach with them of supporting and exploring emotions.

As aforementioned, another area of overlap was regarding the hopes held for future generations. This reflected ideas of wanting something ‘better’ for them. In constructing these messages within the interview, I was moved to a place of wondering if the participants might have been speaking to a past version of themselves. This was grounded in the idea that the messages they shared, somewhat related to their own stories. The messages that each participant hoped to communicate to the next generation are shown in Table 15.

Participant	Quote
Fatima	<i>‘If you stressed talk to some people and try to be strong your own self.’</i>
Raj	<i>‘People should seek advice much, much earlier. I mean, as soon as you see things not right, you must speak out. And you must get good advice.’</i>
Khadija	<i>‘Be strong, you know, and have a vision what you want to achieve in life and it's not easy.’</i> <i>‘I would also love to say that don't overstretch yourself and try to become, er a superwoman.’</i>
Rizwan	<i>‘Make dua for all of them that they have not to face kind of thing.’</i>
Zeina	<i>‘Labels don't use labels. That's a very like it's a huge thing.’</i>
Jasmeet	<i>‘Having the space to actually like express your feelings without being made to feel bad’</i>
Hafsa	<i>‘Life might not be peachy all the time, but it's okay to kind of feel that discomfort and sit in that discomfort sometimes. Umm. And that's valid and that's okay you don't have to push it away. You don't have to kind of do anything about it. Sometimes that it's okay to kind of ask for help and just kind of stay with it.’</i>
Deepa	<i>‘We are neither completely good or completely bad and that you know, single actions don't define us that actually it's important to have that view and that expectation that all people are fundamentally good and they want to be good.’</i>
Aditi	<i>‘If you're distressed, you really have to learn your what works for you and is a healthy way to process it.’</i>

Table 15

Quotes from participants which show the messages they wish to share with future generations.

The concept of wanting something better and different for the next generation might speak to a collective idea held by different generations. For first generation individuals, collectively, ‘a better life’, is often the motivation for migration to begin with (Bhattacharya & Schoppelrey, 2004). Therefore, it is unsurprising that they wish for the next generation to experience this.

This also moves away from a dominant narrative which problematises immigrant parents that I have personally heard within services, and within research where they might be framed as emotionally less supportive (Fleck & Fleck, 2013). Tentatively I hypothesise that this idea of ‘may the next generation have it easier’, is passed onto the second-generation individuals who also shared the same idea as the first-generation participants.

4.5.3 Community

Finally, the concept of community was an idea shared amongst both generations. The meaning of community is constructed by each individual and can vary in terms of who this is included within this and the role which they hold. Here, the concept reflected friends, family and individuals who formed part of the participants’ network. The importance and integral role in which these individuals reflected a sub-story beneath this concept that connections are key to the journey through coping.

The emphasis on friends as a source of support was demonstrated in each individual’s account, excluding Rizwan’s who spoke to family and religion as his primary source of support and this was not named in Jasmeet’s. Participants storied how their friends helped to make sense of their experiences through a shared identity and other characteristics. For the first-generation individuals in particular, friends also took a role of information sharing to link them in with support options and help with the adjustment post-migration. Amongst second-generation individuals’ friends were described in relation to their role of supporting one another emotionally and having a shared narrative in which they could relate to one another’s experiences.

In exploring this further, friendships seemed to have a different purpose and construction dependent on the generation. Raj spoke of how through friendships he felt able to stay in the UK, through their support with the adjustment purpose *‘but if I didn’t have those people [friends], I would have been gone’*. Khadija and Fatima had opposing constructions of what might be shared with friends relative to family members. Khadija encouraged an openness she felt was not possible with family members *‘friends are someone who you can tell anything and everything’*. However, Fatima referenced the concept of ‘izzat’, (honour) as guiding what she shares *‘so if you want to share something very secretive, don’t tell your friend’*. Honour is often understood through a collective lens in that this is shared between

family members who are each required to uphold this ideal. This concept guided her interactions in that her family might be more trusted as information which could 'compromise', her *izzat* would also impact theirs. These divergences highlight the different ways in which the first-generation constructed their social network and invites a curiosity around friends and/or family as support.

Amongst second-generation individuals, friends were cited as an integral part of making sense of their experiences particularly those specific to culture and upbringing. Friendships were important to coping but also in order to unlearn messages which they may have found unhelpful, in terms of sharing an alternative perspective and normalising the experiences they faced as a distressing event. Second-generation individuals specifically named their friends as having a shared identity in their ethnicity, familial context and upbringing. It is hypothesised that these shared experiences facilitated an understanding of each other, and this connection fostered the support offered.

The importance of positive relationships with peers as a source of support was reflected across both generations. Whilst these may be constructed differently in terms of the 'purpose', of friends and the ways in which interactional patterns occur, e.g. sharing more or less of oneself, they hold a significant role in the individual's way of coping. This highlights the role of connectivity and supporting individuals in sourcing this peer support if they are socially isolated.

Chapter 5: Discussion

5.1 Chapter overview

The present chapter aims to revisit the aims of the research, summarise the findings in the context of existing literature, appraise the current study and consider the implications of the current study. At the start of the study following my SLR, I hoped to answer the following research questions:

How are the experiences of distress and coping storied amongst first- and second-generation individuals of Indian heritage, and in what ways may these be held in alternative ways?

What changes to the NHS service offer of psychological support would first and second-generation individuals of Indian heritage hope to see?

5.2 Summary of results

Nine individuals of Indian heritage shared their individual narratives around distress and coping, four of whom were first-generation individuals and five who were of the second-generation. Each individual narrative represented a different story as outlined in Chapter 4. There were also shared ideas amongst the first generation, second generation and both generations of participants.

Amongst first-generation individuals, the impact of migration was constructed as a key part of their story in relation to distress. This reflected ideas of the challenges with returning to their home country due to structural and economic barriers, and adjustment to life in the UK post-migration in navigating new systems and cultural norms. This idea correlates with the findings of the SLR which detailed the impact of migration on individuals' well-being (Chiu, Ganesan, Clark & Morrow, 2005, Cotterell, Buffel, Nazroo & Qualter, 2024, Gilbert, Antoniadis, Bowen & Brijnath, 2019 & Samuel, 2009, Ahmad, Shik, Vanza, Cheung, George & Stewart, 2004). Amongst first-generation individuals, they retrospectively spoke of the ways in which they coped through a narrative of 'getting on with it', in part because there was a shared sense they had no other choice. Migration is often accompanied with loss of social networks, a change in identity and great personal sacrifice (Bhugra, 2004).

The awareness of support was another shared narrative amongst first-generation individuals. This broadly reflects the ideas suggested in existing literature in that individuals from South Asian backgrounds have less of an awareness of the mental health support services available to them (Memon et al, 2016). When the narratives were recounted, there was a sense of regret in the lack of knowledge held at the time about the support available. This suggests that rather than a rejection of the support available, individuals are not aware of the help they can access. With the context of migration, there is much to learn and adjust to within a new country (Kirmayer, 2011). Therefore, individuals may not be aware of the support available, particularly where other priorities e.g. housing, employment and education, take precedence.

For second-generation individuals one of the collective narratives was the limitations they faced in expressing their emotions fully. This reflected an idea around the suppression of expressed emotion in their formative years, which had evolved over time, but shaped the ways in which they storied and experienced distress. In part, some of the individual narratives reflected ideas within existing literature of psychological distress being associated with stigma (Kapadia, Brooks, Nazroo & Tranmer, 2017). This also related to the idea of upholding one's position within the community, in terms of honour and how this could be compromised through the outward expression of psychological distress, another idea which relates to existing literature (Zaidi, Couture-Carron & Matlicka-Tyndale, 2013). However, participants also spoke of the changes in their emotional expression over time, linked with new information and ideas, which highlights the opportunity of attitudinal change through alternative messages.

The role of gender, though not spoken about within first-generation individuals, was storied amongst second-generation participants. Interestingly, this differed across participants with some individuals being more directly impacted by the enforcement of patriarchal norms than others. Within the literature, the practice of patriarchal norms within India is well-documented (Nazneen, Hossain & Chopra, 2019). However, here there was also a counter-narrative in the nuance around the experiences of gender roles as represented in some of the participant narratives. Equally, they named the idea that the UK is also a patriarchal context. With the stereotypes around South Asian men as upholding patriarchal systems and stereotypes around South Asian women in wider societal discourse (Patel & Crocco, 2003), this presents a more nuanced perspective. Specifically, that although patriarchy exists across contexts its specific operation should be explored, not assumed.

In addition to generational specific collective narratives, there were also stories shared between generations. The role of inter-generational communication was constructed by both generations as an important factor in shaping their understanding of distress and coping. The importance of intergenerational communication has been noted within other populations (Cerdeña, Rivera, & Spak, 2021; Chou & Buchanan, 2021; Lev-Weisel, 2007), however, the current study highlights the importance of this for Indian individuals. Of note, was the way in which each generation spoke of the previous one, specifically ideas around how an individual 'should cope', and the focus on survival were ideas which were named. Tentatively this highlights the power of the messages passed down from one generation to the next. Additionally, all participants held hypotheses which contextualised the experiences of the previous generation. This reflects the idea that if the experiences of past generations are explored, unhelpful patterns may be understood and changed (Cai & Lee, 2022).

The importance of connection to others, values and meaningful activities was storied as key factors within coping. The importance of the social network was described as both generations as a way to manage the distress they faced, although the specific constructions around the ways in which these relationships supported the individual varied. For individuals who migrate, the loss of social networks is well-documented within the literature (Kindler, Ratcheva, & Piechowska, 2015). This therefore highlights the importance of immigrant individuals being supported to find a new social network, particularly as shown in the current study, this can be a significant source of support. Through the photos shared within the interviews, the importance of connection to values and meaningful activities was storied. Though these varied in their specific nature, these broadly reflected the importance of connecting to joy and reminders of personal values. This corresponds to findings within Chapter 2 which detailed ways of coping outside of formalised support e.g. through religion, sports, music (Tummala-Narra & Sathasivam-Rueckert, 2015; Chiu, Ganesan, Clark & Morrow, 2005).

Finally, participants shared the changes they hope to see within NHS mental health services. This has been explored in some of the previous research (Bowl, 2007), and as shown within the SLR, in Canada and the US. As the studies included in Chapter 2, reflect different health systems this was also explored within the current study. Participants shared some similar ideas as to those mentioned within the reviewed papers, such as the importance of the

clinician identity (Islam, Multani, Hynie, Shakya, McKenzie, 2017, Tummala-Narra & Sathasivam-Rueckert, 2016), the models and support options offered (Bansal et al, 2015) and the importance of the cultural context (Naz, Gregory & Bahu, 2019). Additionally, participants spoke of additional considerations, such as working systemically, the importance of choice within therapeutic support and questioning stereotypes and biases held.

5.3 Critical review of present study

The current study was reviewed using the CASP (2018) to appraise its methodological quality (Appendix 10). In addition to this tool, a narrative of the strengths and limitations is detailed below.

This was the first study within a UK context to examine the experiences of distress and coping of first- and second-generation individuals of Indian heritage. This study explored the ways in which distress and coping are storied, with an action-focussed approach which invited individuals to share their suggestions for service change. For research to hold its utility, practical implications are important. The value of the current study is that these ideas originate directly from the participants themselves.

Within the literature, South Asian individuals are often viewed as a homogenous entity. However, in the current study a distinction was made to consider a specific perspective of those from an Indian background. Arguably, there is also great heterogeneity within India culture as well, with different languages spoken and cultural practices that are localised to different areas (Dokuru, Horwitz, Freis, Stallings & Ehringer, 2024). Nonetheless the ways in which this specific subgroup of South Asian individuals may story their experiences of distress and coping is considered.

With regards to the methods utilised, the invitation to bring photos and objects from an experiential point of view was generally viewed positively by participants. Two participants expressed that this enabled them to reconnect with parts of themselves they had not had the opportunity to for some time. They also expressed their appreciation of the opportunity to bring an alternative part of themselves to the interview. In relation to Lieblich's (1998) criteria of narrative analysis, as previously detailed in Chapter 2 the narratives uphold width through the rich descriptions of the stories shared and direct quotes. Narratives were

presented in a logical format and collective narratives were contextualised with existing knowledge to fulfil the criteria of coherence. Insightfulness was practiced through providing suggestions and ideas for practice and future research as detailed below. Finally, the idea of parsimony was practiced by presenting the essential tenets of the stories in relation to the research questions.

In terms of the participants representativeness, there were both strengths and weaknesses to this. Within India and England, Indian Muslims are a marginalised group whose views are often not represented within research (Khan, 2020). Here, six of the nine participants identified as Muslim which enabled an under-represented group to share their story. However, of the participants only two were men and seven of the participants held a ‘middle class’, profession. Whilst this does not necessarily reflect economic privilege, it can impact on the ways in which ideas might be articulated and how stories are both shared and heard. Similarly, all the participants were working age adults and for those who migrated, this was within a specific timeframe of the early 2000’s. Therefore, the voices of older adults and those who migrated during a more recent socio-political context were not represented within this study.

In terms of the use of narrative inquiry, there are some limitations to these methods. Whilst rich, detailed data are produced, there is limited generalisability to other contexts, however, there are still clinically important implications as well as ideas for future research. Whilst all qualitative methods hold a level of subjectivity, narrative analysis posits that stories are co-constructed within a specific context at a particular time (Riessman, 2008). This can in theory invite a greater level of subjectivity. Additionally, from a public and participant involvement perspective, individual narratives are constructed in relation to the researcher, therefore it is not possible to use ideas such as ‘member-checking’, as this reflects my interpretation of the story shared based on my prior experiences, knowledge and context.

Although careful consideration was given to the reflexivity process such as the utilisation of a reflective journal following each interview and across the project (Appendix 9) and a bracketing interview. My identity will inevitably shape the interviews, data analysis and contextualisation of findings. As a brown, visible Muslim woman, even prior to the interview with my photo in the recruitment poster, my identity is present and in turn impossible to

exclude. This is not a limitation per se, more of a both and position of recognising the influence of myself on the entirety of the research process from inception to end.

5.4 Implications for clinicians

5.4.1 Language

Within the existing literature, SLR and original study the importance of language as constructing the understanding of psychological distress was noted. As was indicated by first-generation participants, there may be ideas, or language such as those around diagnostic terms e.g. ‘depression’ or support such as ‘counselling’, that individuals are unsure of the meaning of. As the dominant languages spoken within India use words that reflect emotions as opposed to diagnoses to describe events (Mitra, 2020), for clinicians working with this group of individuals the appropriate language is key. Similarly, as different ways of coping are used, concepts of talking therapy may need to be deconstructed for the individual.

5.4.2 Considering the context

Across both generations, participants spoke of the importance of feeling understood within the different contextual levels of their identity. Across existing literature (Bhugra, 2004), the results from the SLR in Chapter 2 and the original study the impact of migration on the well-being of individuals. For individuals who work with those who have migrated, a position of curiosity is suggested around understanding the impact of this and appreciating the contextual factors of adjustment.

The results also suggested the presence of a belief held that clinicians may not understand the nuances associated with their cultural context, practices, beliefs and intersectional identities such as the religious beliefs they follow. This in part might be reflected by research which suggests that clinicians at times also feel de-skilled in asking questions around identity and cultural beliefs for fear of being considered ‘racist’ (Beck, 2019). However, this leaves potential for a missed opportunity for the clinician to understand the client and for the client to feel understood in being seen with their whole identity. Here, the idea of cultural humility and curiosity may be understood as holding a position open to learning and understanding (Tham & Solomon, 2024). There also needs to be a conscious investment of the clinician to be open to holding an awareness of the biases held and a commitment to unlearning these to hold a position of cultural humility.

The familial context was also suggested to be important to consider. Participants spoke of the limitations which can be faced in both accessing support and implementation of specific ideas from an intervention, based on the roles held within the family. For example, the difficulties with accessing online therapy if living in an extended family or the risk associated with rejecting ideas held within the family. These limitations might be misconstrued as an unwillingness to engage in the therapeutic process but might instead reflect wider contextual factors. This was specifically named by second-generation individuals and is an idea that may specifically impact this group.

5.4.3 Perceptions of clinicians

The stories constructed around the experience of the support offered might also reflect the perception and expectations of psychologists held by this community. For example, first-generation individuals expressed their views that psychologists should work systemically and offer practical advice. This might also communicate the hopes for support that individuals bring upon entering services, which may or not be matched by the service offer. Moreover, this reflects that there may be different conceptualisations of distress, for example, within this community the belief that distress is related to social factors (Karasz, 2005), would correspond to support aligned with this. However, if this is not offered, individuals may become feel misunderstood and unsupported.

Therein lies a broader question around professional identity, as to what the role of a clinician in mental health services is. This is a question for clinicians themselves as to what extent they wish to engage in social-justice oriented practice (Rodriguez-Seijas, 2024). There are of course infinite possibilities around the identity taken on, however, it might be helpful to consider the perceptions and expectations and be explicitly clear as to the remit of support offered.

5.5 Implications for services

5.5.1 The use of participation within services

In many services across the NHS there is a drive for ‘expert by experience’ and service user engagement (Mockford, Staniszewska, Griffiths & Herron-Marx, 2012) in order to shape services to the needs of the individuals who access them. There have been many important

initiatives that have led to the improvement of services across different contexts. To build on this, work with local communities, especially for those under-represented within services would be beneficial. Within the current study, each participant had suggestions for the changes they hope to see within services. The implication here is that individuals hold ideas and suggestions, but their voices are either not heard or not heard within the platforms whereby change can occur. To amplify these voices, it is the responsibility of services to engage with the local communities and understand their needs.

5.5.2 Choice

One of the key ideas within the study was the ways in which services operated, such that this is often short-term work, focussed on the individual difficulties with limited choice in clinician. In considering the impact of this, through the idea of relationship to help (Reder & Fredman, 1996) for an already marginalised group this can further distance individuals from accessing the support they need, if once they seek support, it is not fit for purpose. This was reflected in some of the first-generation participants accounts who had hoped clinicians would work with the agencies that formed part of their context and their disengagement from therapy when this was not offered. Whilst systemic working is commonplace in services working with children and young people, this is less common for adult services (Hendrickx et al, 2020). However, this way of working may also hold benefits to enable the individual to feel less blamed and better supported.

5.5.3 Coping and connection

Alternative ways of coping and the importance of social networks represent an important idea for services. Through the photos individuals brought to the interviews, these converged on ideas of the importance of connecting to values and activities of importance. At times the narratives within services reflects one of focussing on the complexity around individuals. However this provides a relatively simple implication that services can encourage the use of models which reconnect individuals to their values. On the importance of social networks, services may wish to consider the importance of giving resource to peer support spaces and connecting individuals together. Peer support has been shown in the literature to be beneficial in managing psychological distress (Shalaby & Agyapong, 2020).

5.5.4 Anti-racist practice

The perceptions and stereotypes held by clinicians and services was noted within the current study. Participants also spoke about the wider context of discrimination and racism at different levels which is suggested to impact on the way in which individuals engage with services (Prajapati & Liebling, 2021). There has of recent been more interest in considering how ‘whiteness’, operates in clinical psychology and within mental health service contexts (Ahsan, 2020; Wood & Patel, 2017). However, the impact of biases are still felt and these may well exist outside of clinician’s and service’s awareness. Therefore, there is an invitation for services to consider how they are truly implementing anti-racist practice at all levels and how they bring the unspoken biases into conscious awareness.

5.5.5 Critique of implications

Seven of the nine participants spoke of their experiences of seeking support from mainstream services and this might have shaped the stories and information shared within the interviews. I chose to honour the ideas shared by participants and focus on the implications with the hope that their stories may be heard by the intended audience. Therefore, it is acknowledged that the recommendations for services are specific to the NHS and mainstream service context. As such, a limitation in these recommendations is that, for individuals who have not accessed support before or accessed this from an alternative provider the requests for the changes hoped to be seen might be different. Future research can explore the narratives around distress and coping for individuals who have not entered mainstream services to develop the understanding within this area.

5.6 Implications for future research

Within research, often South Asian individuals are grouped together as a homogenous group. However, the historical and current context of these countries differs significantly as well many different elements of culture (Dokuru, Horwitz, Freis, Stallings, & Ehringer, 2024). Although identities are intersectional (Burnham, 2018) and there are some concepts which overlap, there are still significant differences between groups. Therefore, where researchers are interested in the experiences of ‘South Asians’, from a cultural perspective the distinction between different subgroups should be made in order to capture the nuances of different individuals.

The importance of inter-generational perspectives was of significance within the current study. Future work may wish to consider exploring this further, through the use of parent-child dyads in order to understand the processes which exist within family systems. Similarly, the current study considered the idea and content of the messages passed down between generations, however the *how* of this was beyond the scope of the current research but may provide valuable information. Previous studies have highlighted the importance of understanding the processes such as the concept of circular silence (Cai & Lee, 2022) and inter-generational learning processes (Bowser & Freeman, 2020). This could provide valuable insights and implications for clinicians particularly when working systemically with this group of individuals.

Previously, in the literature there has been a focus of understanding the impact of stigma in the ways in which individuals from ethnically minoritised individuals access psychological support (Clement et al, 2015). Whilst this is an important factor to consider it is not the sole reason for the under-representation seen within services. Of the participants, seven shared that they had accessed psychological support, however, they found there to be other factors which shaped the ways in which they engaged with this e.g. the models used, number of sessions, alignment of hopes for therapy and support offered. Participants did also speak to the issue which may be termed ‘stigma’, such as limitations around emotional expression, however, this formed part of a broader picture. The invitation here is for future researchers to consider alternative narratives and positions and ask different questions regarding the processes underneath the under-representation seen within services, beyond the ideas which dominate the current discourse.

5.7 Dissemination

Dissemination of the research is key to its utility (Kerner, Rimer, & Emmons, 2005), the plans for this are across different contexts. At an academic level, the findings of the original study will be submitted for publication within an open access, peer-reviewed journal. The dissemination within a clinical context is key as the participants directly shared their ideas for shaping services. As a starting point, I plan to contact service leads within areas where the local demographics reflect a large Indian population. The intention would be to share the results through a teaching session or an accessible document with key action points noted.

Within my own clinical work I hope to challenge the dominant discourses held about individuals particularly those who were represented within the study.

The findings are also hoped to be shared with the community, participants who consented to be contacted will be invited to think about this together to share their hopes and ideas for how they feel this would be most meaningful. Some proposed ideas are to submit the photos to an existing zine such as that created by 'The Rights Collective' or make a zine which can be shared through the research Instagram account. Consent would be sought from participants around the use of the photos they shared prior to sharing them in this way. An additional idea would be to work with charities which specifically support the Indian community, such as Taraki, or MIND (South East London). I would hope to work with the participants of the study and the organisations mentioned to formulate a plan that meets their needs, but one idea would be to run a workshop or present an exhibition of the photos.

5.8 Conclusions

This thesis has provided a systematic review of the literature surrounding the experiences of South Asian individuals who migrated to a country in the 'global north' in terms of the impact on their psychological well-being and ways of coping. The original study explored in depth the narratives of first- and second-generation individuals experiences of distress and coping. The findings highlighted that for first-generation individuals, parallel process of access to information and the concept of choice, shaped their help-seeking behaviours. For second-generation individuals, emotional expression and the role of gender impacted the ways in which distress was storied. Ideas of coping and distress are passed down between generations, and there are shared ideas across generations of the importance of peer relationships and the changes needed within NHS mental health services.

5.9 Final reflections

My journey to this research began long before I started my thesis or had even written my proposal. It instead began when I started working in NHS services and heard the narratives held within services around ethnically minoritised individuals. There was a distinct contrast in the ideas I heard within team meetings and amongst clinicians to what I had witnessed of my own community. Ideas such that it is 'stigma' around mental health which solely precludes people from accessing services, that individuals 'are not psychologically minded',

and are ‘hard to reach’. I thought of the alternative stories I had heard growing up, ones of pain and survival following migration, racism and being the ‘good immigrant’. Yet, these nuances were rarely captured within service discussions.

With the current fashion of ‘anti-racist’, practice and increased focus of EDI initiatives I wondered how many individuals may consider themselves ‘anti-racist’, without having truly examined their positions and biases. Something which struck me whilst meeting with my participants was the ways in which they felt constructed by clinicians and how often they felt misunderstood with the nuances in their stories not being held.

To be entrusted with the stories my participants shared was a privilege, they extended an incredible amount of grace and trust to share their experiences with me. There is much to be learnt in the narratives they have gifted us; each individual has shared their requests for what changes they hope for. I hope I can take forward these ideas into services as I come to the end of my journey in training and adopt a new position. For those who read this thesis, I invite you to do the same. Whether that is something as simple as asking a different question or offering a different perspective in conversation, these small steps start to shift the dominant narratives and invite alternative possibilities.

Within my research, I invited each participant to bring an item or photo which represented their story. Below I have included a poem ‘Stories’, (Khatun, 2022, p.7). This poem represents my final reflection, the importance of using our positions in a way to give voice to those that do not have the same power.

Stories

This language that I whisper,
I have borrowed it to tell you stories about the
people who stole mine.
Let me voice my convictions,
they are far more important to me than the optics
of blood-stained inheritors.
To speak is to weaponise freedom,
and to write is to caress its wings,
both of which I must do to survive.

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Appendix

Appendix 1 – Participant recruitment poster.

Indian Generational Stories Research - call for participants!

What's the research about?
I'm looking at stories of psychological distress and ways of coping amongst Indian individuals. The hope is to inform services to be more culturally-informed and specific to the needs of this group.

What will it involve?
You'll be invited to complete an interview that will last about 90 minutes.

I will also ask you to bring a photo(s) or item(s) that relates to your experiences as an additional way to share your story.

Who can participate?
I'm looking for individuals who are:

- Over 18 and of Indian heritage
- Parent moved to the UK
- Child born in the UK
- Can be from the same family but it's not a requirement.
- Feel okay to talk about emotionally challenging experiences

Who am I?
I'm currently doing this research as part of my thesis.

I'm really interested in hearing stories that aren't always heard and trying to improve services.

I'm also of Indian heritage with a parent who moved to the UK.

If you're interested in participating you can email:
ar21aea@herts.ac.uk

Or get in touch via social media:
- Instagram: [indiangenerationalstories](#)
- Twitter: [@igenstories](#)



Appendix 2 – Ethical approval confirmation.

Validity:

This approval is valid:

From: 08/02/2024

To: 31/10/2024

Please note:

Failure to comply with the conditions of approval will be considered a breach of protocol and may result in disciplinary action which could include academic penalties.

Additional documentation requested as a condition of this approval protocol may be submitted via your supervisor to the Ethics Clerks as it becomes available. All documentation relating to this study, including the information/documents noted in the conditions above, must be available for your supervisor at the time of submitting your work so that they are able to confirm that you have complied with this protocol.

Should you amend any aspect of your research or wish to apply for an extension to your study you will need your supervisor's approval (if you are a student) and must complete and submit a further EC2 request.

Approval applies specifically to the research study/methodology and timings as detailed in your Form EC1A or as detailed in the EC2 request. In cases where the amendments to the original study are deemed to be substantial, a new Form EC1A may need to be completed prior to the study being undertaken.

Failure to report adverse circumstance/s may be considered misconduct.

Should adverse circumstances arise during this study such as physical reaction/harm, mental/emotional harm, intrusion of privacy or breach of confidentiality this must be reported to the approving Committee immediately.

Submission: Students must include the approval confirmation with their submission.

Appendix 3 – Semi-structured interview schedule

Interview Schedule

I'm interested in hearing about your life and experiences of emotionally difficult/distressing times and difficulties, in terms of how you coped with this and how you would describe these events and how this relates across generations.

In terms of the stories and examples you give in relation to emotional challenges/difficulties, you may wish to consider a specific time of your life or a singular event and explore this in more detail. I will leave this with you to decide on what feels most comfortable to share.

I will listen to you share your story and want to give you the time and space for you to explain what you wish to. I will listen without interrupting but if there's a natural pause in the conversation or it seems you have finished sharing your answer, I may ask some follow up questions. Is that okay?

Part 1:

Before we talk about challenges and coping, it'd be good to know a bit about you as a person and your identity.

1. Tell me a bit about you and your heritage / identity.

Part 2:

2. Starting from where you first go in your mind when I asked you that question can you tell me the story of your experience of an emotionally challenging/difficult time?

(Prompts)

When did it happen?

What happened?

What did this feel like?

Who first noticed this to be an experience?

What was your understanding of this experience?

What shaped this understanding?

What are the messages and ideas you hold about this experience?

Where do those messages and ideas come from?

When you think of this experience, were you reminded of any particular messages or ideas from generations past or present?

When you think of this experience, is there a message or idea you'd want to convey to the next generation?

3. What does the word coping mean to you in relation to emotional challenges/difficulty?

(Prompts)

What does this look like?

What does this feel like

What shaped this understanding?

Are there particular ideas or messages that come to mind?

When you think of this experience, did you see any particular messages or ideas from generations past or present?

How was your understanding of coping affected by messages or ideas from other places e.g. the media, family, friends etc?

4. Has your relationship with challenge and coping changed over time? Can you tell me about this?

(Prompts)

What were some of the messages or ideas you heard that you'd like to let go of?

What were some of the messages or ideas you heard that you'd like to hold onto?

What are some of the messages or ideas you would hope to pass onto future generations?

5. Thinking about the UK health context, is there something you'd like mental health professionals to understand?

(Prompts)

Are there any barriers to accessing support?

Are there any facilitators to accessing support?

Are there particular messages or ideas we as services aren't sharing enough?

Are there particular messages or ideas that are unhelpful?

Part 3:

Photo/object

Now we're going to have a think about the photo/object you've brought with you today as I have a few questions about this.

1. Tell me about the photo/object you've brought with you today.
2. Does it relate to a particular story or idea?
What is the significance of it?
3. What would be the message you would hope others would take from this?
Do you have a story that comes to mind when you look at this photo/object?
Is there a message or idea you're trying to share through this photo/item?

Ending

How has it been talking to me today?

Is there anything related to challenges or coping that you wanted to share but didn't have the opportunity to?

Is there anything that you don't want to be included within your account?

Appendix 4 – Participant information sheet



UNIVERSITY OF HERTFORDSHIRE

INFORMATION SHEET

1. Title of Project

First and second generational stories of distress and hope amongst Indian parent-child dyads.

2. Introduction

You're invited to take part in research looking at the experiences of psychological/emotional distress as well as ways of coping amongst individuals with Indian heritage. Before you decide if you want to take part, we have some information for you to read so you know what's involved.

Please read the information below and feel free to discuss with myself or others if you would like to.

I'm happy to answer any questions you may have or provide additional information to help you decide if you'd like to participate. We have some additional regulations if you would like to access this:

UPR RE01, 'Studies Involving the Use of Human Participants' can be accessed via this link:

<https://www.herts.ac.uk/about-us/governance/university-policies-and-regulations-uprs/uprs> (after accessing this website, scroll down to Letter S where you will find the regulation)

3. Who's doing the research?

I'm Aminah – a trainee clinical psychologist at the University of Hertfordshire. There's lots of different aspects to my identity, I'm creative, I love plants and I'm also a second-generation Indian.

From my own experiences and through speaking with others I'm really interested in the stories we have around distress and coping. I'm keen to include alternative ways of storytelling that hold important information such as photos and objects.

4. What's the purpose of the research?

We want to listen to the stories that aren't often heard. We know that Indian people are under-represented in mental health services mainly because the services aren't designed for them and their experiences aren't always understood.

Although there's lots of great work being done by different organizations there's limited research into the experiences of Indian people in terms of understanding what contributes to distress, the intergenerational factors and how to best support people.

We're hoping through this research we can start to understand these experiences and how services can better support Indian people.

5. Do I have to take part?

Not at all – it is completely up to you whether you decide to take part. If you do participate you will have this information sheet to keep and be asked to sign some consent forms. Agreeing to join the study doesn't mean you have to complete it.

You are free to withdraw from the interview at any stage without giving a reason. If you do take part in the interview, you can withdraw your data up until four weeks after the interview.

6. Are there any requirements to participate?

- You must be over 18 years of age.
- You must be of Indian heritage.
- You must either be a parent who moved from India to the UK with a child who was born here, you may refer to yourself as 'first-generation' OR
- You must be a child of someone who moved from India to the UK and have been born in the UK, you may refer to yourself as 'second generation'.

7. What happens if I take part?

You will do an interview with me talking about your experiences and I'll ask you to bring a photo/object related to your experiences to help you to share your stories. More detail on this below.

Pre-data collection

I'll meet with you online on Zoom before the interview to explain the structure of the interview and brief you on the photo requirements. I will also give you the list of interview questions so that you have some time to think about what you'd like to share and can make an informed decision about participating. You can also ask any questions you may have in this meeting.

On the day

If you agree to take part, when we meet (either online on Zoom or face to face depending on your preference and what's feasible) to complete the interviews. you can ask any questions or clarify any information you wish to. We will begin the interviews, which I will audio-record (this is so I can write down our conversation later).

Information about photos/other media

We are interested to showcase other ways that stories are shared so would like you to bring a photo (or photos) which relate to the theme of coping. It doesn't have to literally relate, but it could be that the photo tells a story that you want to share in relation to these themes.

I'll tell you more about this in the pre-data meeting as there are some limitations to the photos we can use in research. You could also include videos, art, poetry, a film reference etc if you feel this speaks to your story more but I would still like to take a photo of this (to have a record of what you bring).

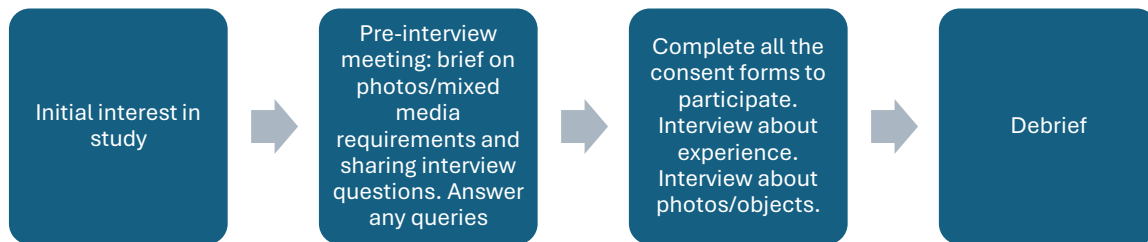
I'll ask you some questions about what you bring and this will also be recorded and transcribed. If you bring a photo I would take a copy of this so please kindly only bring something you feel okay with sharing. You will also need to sign a consent form on the day that says you're happy for what you bring to be used in the write-up.

You will then be given a debrief sheet which has some information about next steps, contact details if you have any questions later on and details of further support in case you need this.

I will also ask if you're okay with me contacting you to think about the data analysis, this means the themes and the results of the study.

In the future if you agree to be contacted, you will also be invited to help think about sharing the results from the study with the general public in a creative way.

I've put together a flow chart below to summarise the process:



8. How long will it take to do the study?

The interview part will take roughly an hour and a half. We'll also allow some time after to debrief (this won't be recorded).

9. What are the possible disadvantages, risks or side effects of taking part?

Depending on what you choose to share, there's a possibility you may experience some emotional distress. We'll give you the interview questions beforehand so that you have an idea what we're asking and how this could impact on you. If you do experience any distress we have some information below which could help with this, you can also speak with your GP for additional support:

- Taraki: a charity which offers support for Punjabi individuals <https://www.taraki.co.uk>
- Mind: <https://www.mind.org.uk> Mind is an organization with further resources tailored by area and need.
- Home Girls Unite: an online forum for support for individuals who identify as 'children of immigrants', <https://homegirlsunite.com>
- Hopscotch: a culturally sensitive organization supporting the needs of women in times of need <https://hopscotchuk.org/womens-services>
- Black, African and Asian Therapy Network: an organization specific to the needs of ethnically minoritised groups, there are resources and a therapist directory: <https://www.baatn.org.uk>
- Muslim women's network: a non-profit organization for Muslim women which offers a variety of support <https://www.mwnuk.co.uk>

If you need further support or your needs cannot be met by the above organisations, we can think about what/who may be able to help.

10. What are the possible benefits of taking part?

The intention of the project is to give voice to a community that often isn't heard within research. We know there's lots of blogs and information on social media but within the research field the findings are limited.

The aim of this study is that if we can publish research, that we can shape services and make them more suited to the needs of Indian individuals. We know that what we offer isn't suited, so this study hopes to understand experiences and in turn needs.

In partaking, you have the opportunity to shape future research and services to be more culturally informed and understanding. We also hope it's a valuable experience to share your story and have this witnessed.

11. How will my data be used and kept safe?

All data will be securely stored on a Microsoft SharePoint folder which needs two-factor authentication to be accessed and will only be accessed by the researchers.

We'll change your names and any other specific identifying information. We will only need to break this confidentiality if you or someone you know is in danger and we will involve you in this process as much as possible.

12. What about audio and visual material?

We will record the audio from the interviews and make a copy of the pictures/mixed media you have brought or take a photo of the object you have brought. This information will be stored in a secure online SharePoint as previously mentioned.

13. What happens to the data you collect?

- We'll transcribe the interviews, any identifying information will be anonymised.
- Identifying information (such as consent forms and audio recordings) will be stored separately to the transcripts. Paper copies of consent forms will be uploaded to a secure Sharepoint folder and hard copies destroyed.
- We keep transcripts and consent forms for up to 5 years but original recordings will be deleted once the data is transcribed.
- Your personal data will not be passed on to any third party or organisation.
- The write up and any future publications such as journals, blogs, articles etc may include direct quotes from the interviews; this will be anonymised and unidentifiable.
- In terms of photos you bring, these will be included in the thesis write up and any journal publication.
- We hope to have an exhibition or maybe make a zine where these could be featured but this would be your decision that we would get your consent for closer to the time.
- The data will be anonymised prior to storage.

14. Will the data be used in future studies?

No, the data will not be used in other research.

15. Who has reviewed this study?

This study has been reviewed by:

- The University of Hertfordshire Health, Science, Engineering and Technology Ethics Committee with Delegated Authority

The UH protocol number is (*tbc*)

16. Who can I contact with any questions?

Please get in touch with me by email: a.rahman24@herts.ac.uk

We also have an Instagram: [indiangenerationalstories](https://www.instagram.com/indiangenerationalstories) and a Twitter: [@igenstories](https://twitter.com/igenstories) that you can follow, share and message on these platforms.

Although we hope it is not the case, if you have any complaints or concerns about any aspect of the way you have been approached or treated during the course of this study, please write to the University's Secretary and Registrar at the following address:

Secretary and Registrar
University of Hertfordshire
College Lane
Hatfield
Herts
AL10 9AB

Thank you very much for reading this information and giving consideration to taking part in this study.

Appendix 5 – Consent form



UNIVERSITY OF HERTFORDSHIRE

CONSENT FORM

I, the undersigned *[please give your name here, in BLOCK CAPITALS]*

.....
of *[please give contact details here, sufficient to enable the investigator to get in touch with you, such as a postal or email address]*

.....
hereby freely agree to take part in the study titled:

First and second generational stories of distress and hope amongst Indian parent-child dyads
(UH Protocol number aLMS/PGR/UH/05460(2))

1. I confirm that:

- I have been given a Participant Information Sheet (a copy of which is attached to this form) giving details of the study
- The names and contact details of key people and, as appropriate, the risks and potential benefits, how the information collected will be stored.
- I have also been informed of how my personal information will be stored and for how long.
- I have been told that in the event of any significant change to the aim(s) or design of the study I will be informed, and asked to renew my consent to participate in it.

2 I have been assured that I may withdraw from the interview at any time without disadvantage or having to give a reason. Following the interview, I am aware I can withdraw my data until 4 weeks after the interview.

3 In giving my consent to participate in this study I agree that

- A voice recording of the interview, will take place and I have been informed of how this recording will be used.
- I am aware that all data I share will be anonymised, any quotes will be non-identifiable.
- Themes from what I share will be summarised and direct quotes may be used in the write-up and any journal publications and/or other methods of sharing research such as a blog or article.

4 I give consent for:

- the photos I have provided to be used within the research study and allow copyright rights for the researcher to use these photos in their writeup and publication as owner of the photo.
- If I have brought an object with me, I give consent for this object to be photographed and used within the research study.

I am aware that

- the photos and/or photos of the objects I have brought with me, will be included in the write up and possibly in a journal article
- for future dissemination plans of photos I will be contacted to obtain my consent to share these photos in that setting.

4 I have been given information about the potential risks of participating and what support in place if this should occur. If I show signs of distress or express that I am feeling distressed, I give consent to the researcher to contact me via email to check in with me in the week following the interview.

First and Second Generational Stories of Distress and Hope amongst Indian Parents and Adult Children

5 I have been told how information relating to me will be handled:

- it will be kept in a secure online folder within a password protected file,
- only the researcher, the primary and secondary supervisors will have access to the information including personal information such as contact details and recordings of interviews
- it will be used to write a doctoral thesis, themes and quotes may be included in the thesis and a journal publication and there is a possibility of anonymised data being deposited in a repository with open access (freely available).

6 I have been told that I may at some time in the future be contacted again in connection with this study during analysis of the findings, and to think about how the findings will be shared with the wider community . I give consent to be contacted to discuss the initial findings, and how to share the findings (consent to contact is an invitation to participate but can be declined).

Please tick below the items you consent to:

Requirement to participate in study:

- ☐ Participate in the study and the study requirements including those related to the photos/objects I have brought as indicated above.

Optional collaboration opportunities (consent to contact is an invitation which can be later declined):

- ☐ To be contacted in the near future to participate in data analysis.
- ☐ To be contacted in the future to consider how the findings are shared with the wider community.

Signature of participant.....Date.....

Signature of (principal)
investigator.....Date.....

Name of (principal) investigator *[in BLOCK CAPITALS please]*

.....

Appendix 6 – participant debrief sheet

Participant Debrief Sheet

Thank you for taking the time to participate in this research and offer the stories you shared with me.

The aim of the study was to understand how individuals from an Indian heritage experience distress and how they cope. We wanted to include alternative ways of telling stories as we understand that these can be held in ways that are separate to verbal information.

The intention overall was to be able to inform the support offered by services through a better understanding of these experiences. Often we hear from each generation of their experiences but not always these link across generations and therefore we asked questions around past generations.

If you need further support please feel free to access any of the below:

- Taraki: a charity which offers support for Punjabi individuals <https://www.taraki.co.uk>
- Mind: <https://www.mind.org.uk> Mind is an organization with further resources tailored by area and need.
- Home Girls Unite: an online forum for support for individuals who identify as 'children of immigrants', <https://homegirlsunite.com>
- Hopscotch: a culturally sensitive organization supporting the needs of women in times of need <https://hopscotchuk.org/womens-services>
- Black, African and Asian Therapy Network: an organization specific to the needs of ethnically minoritised groups, there are resources and a therapist directory: <https://www.baatn.org.uk>
- Muslim women's network: a non-profit organization for Muslim women which offers a variety of support <https://www.mwnuk.co.uk>

If you need further support or your needs cannot be met by the above organisations, we can think about what/who may be able to help. You can also contact your GP.

If you would like to be entered to the prize draw, please note if you win as per the University of Hertfordshire policy you will need to complete a form to receive the vouchers. This is an 'Agreement for Volunteers & Lay Members Involvement in Research' which will require you to provide your full name, address and telephone number.

Appendix 7 – Briefing email sent regarding photos/objects

Dear,

Hope this email finds you well. I'm looking forward to meeting you. I've included some info below about the photo/object part of the study. I've also attached the interview schedule again as it was a while back that I initially sent. If you have any questions please feel free to get in touch either via email or through Instagram 😊

The intention of a photo(s)/object that relates to coping is because within mental health services we often try to connect people back to what is important to them and I hope to represent this within my study.

- Just some disclaimers around photos – they can't include people (without their consent), but pictures of places, art (with the original artist credited), activities you enjoy etc are all fine, these are just some examples but you can be as creative as you like!
- Poems, music and mixed media are also welcome as sometimes these express feelings too.

As this will form part of my write up I'd greatly appreciate if you could send your selected photo(s)/photo of the object/screenshot of the poem or song, to my email or to the research Instagram.

Best wishes,
Aminah

Appendix 8 – Agreement for volunteers and lay members involvement in research.



AGREEMENT FOR VOLUNTEERS & LAY MEMBERS INVOLVEMENT IN RESEARCH

Doctorate in Clinical Psychology research study:

Title: _____

This research project is a study based at the University of Hertfordshire [or for NHS studies: XXXX Trust and the University of Hertfordshire]. The researcher is [XXXX]. The purpose of the study is to understand _____.

Payment will be made to volunteers and lay members of the public for their participation in meetings and other research involvement activities. The project will finish on XX/XX/XXXX.

This form must be completed by the participating volunteer before payment can be made. Any queries concerning this Agreement should be referred to the relevant Head of Research Centre at the University of Hertfordshire

Between: **The University of Hertfordshire**

and

Name

(The “Participating Volunteer”)

Address

Tel No.

Email Address

ACTIVITY Volunteer for Doctorate in Clinical Psychology research study

The **Participating Volunteer** has agreed to assist the University by voluntarily taking part in the research **Activity**.

1. The Activity to be undertaken is described below and it is the Activity for which you have given your consent/agreement.

Complete

e.g., Attend meetings to discuss recruitment, study progress, findings and how to share our results.

Review participant information and materials as a Participating Volunteer

Give his/her views to inform the research process and direction.

There will be no requirement for the participating volunteer to attend all meetings or take part in all activities.

CONFIRMATION OF ATTENDANCE

2. The Researcher will confirm the Participating Volunteer has attended the Activity outlined above.

PAYMENT

3. The Participating Volunteer will receive a participation payment of £20ph in the form of vouchers / one-off payments for completion of the activities described above. Payment will not be made for any activities in which the Participant did not participate at all.

RELATIONSHIP BETWEEN THE UNIVERSITY AND THE PARTICIPATING VOLUNTEER

4. The University does not regard the Participating Volunteer as an employee of the University nor as a worker, and the payment made to the Participating Volunteer for the participation is not made with respect to any employment relationship with the University.
5. The Participating Volunteer is advised that it is their personal responsibility to declare any payment for participation to HM Revenue & Customs under Self-Assessment, if that is appropriate to their personal circumstances. The University will not deduct income taxes from the payment.

SIGNED FOR AND ON BEHALF OF THE UNIVERSITY

The signatory for the University confirms they have authority to enter into this agreement on behalf of the University e.g., Principal Investigator

SIGNED

PRINT NAME

Position at UH

DATE

.....
.....
.....
.....

SIGNED BY THE PARTICIPATING VOLUNTEER

I acknowledge receipt of a copy of this agreement and accept its terms.

SIGNED

PRINT NAME

DATE

.....
.....
.....

Appendix 9: Excerpts from reflective journal

Reflections on interviews:

Interview A: first generation

The first interview is done, I know I did the pilot and had ‘practiced’, the questions but it’s so different doing the real thing. I found it moving and really quite amazing to hear people’s stories in a different way to how we hear them within a clinical context.

I was struck by how it felt to interview someone from the first-generation and really aware of the fact that I would probably normally refer to them as uncle if I saw them in the community. I think the gender and age differences felt more present in the way that even asking such personal questions to someone much older than me was really present. I still asked of course but there was a part that felt strange because that wouldn’t really be the norm if I met this individual in another context.

As well as those parts I could feel the sadness from the participant’s experiences and it reminded me of just how much struggle is involved with migration. I guess it reminded me of the stories I grew up with and how painful some of the injustices can be.

Interview B: second generation

I thought I was getting the hang of data collection but this interview was emotionally difficult. My participant disclosed something that was incredibly traumatic for them and I really appreciated them sharing something so deeply personal with me, but I also felt that this must have taken a lot for them too. It was hard to not go into ‘trainee clinical psychologist mode’, and still ask the questions I kind of needed to ask for the purpose of data collection. I didn’t go into details of the incident because this didn’t seem appropriate in the context.

The object they brought with them to the interview had an incredibly powerful and moving story attached to it. This reminded me why I wanted to include this element to begin with because even though it takes some setting up and is an additional request

from participants, it can open a new layer to the conversation like it was today. My correspondence just after the interview also moved me. Initially the participant didn't want to name the specific incident but then said that perhaps it might help someone else who's going through a similar thing to not suffer in silence. I think again, that just reminds me the importance of these stories and getting this research out there even though it's a tough process.

Reflections on recruitment:

I've reached out to a few organisations, but it doesn't quite sit right with me to ask for people to support with recruitment to my study. I also don't want to build a relationship with organisations that support an already marginalised group with the overall 'hope', that they will help me to access participants. Also, I don't know what my post-training plans are or even where I'll end up and don't want to make empty promises of keeping up relationships that I may not be able to keep. That just feels like replicating harm in some way. I know it's difficult but I'm going to keep to my principles and even if it takes longer at least this doesn't feel like I'm just calling in favours.

Appendix 10 – Quality appraisal of current study

Criteria for Quality (Y= Yes N= No? = Cannot tell)	Criteria met	Evidence
Was there a clear statement of the research aims?	Y	Aims and research questions are detailed in the context of the existing literature. These were informed by a systematic review of the existing literature around the experiences of psychological distress within individuals of Indian heritage who had migrated to the Global North.
Is a qualitative method appropriate?	Y	Qualitative methods enable for rich data to be produced and for ideas to be explored in depth with participants. This is particularly important in this context where there is limited evidence around this topic.
Was the research design appropriate to address the terms aims of the research?	Y	The research design enabled the question of the ways in which distress and coping are storied to be answered through the opportunity to consider the wider sociopolitical context.
Was the recruitment strategy appropriate to the aims of the research?	Y	Decisions around recruitment were made in line with my own personal values. I contacted a number of organisations, some of whom agreed to share the study whereas others declined. I thought it was important to consider the importance of not forming relationships which I may or may not be able to maintain at the end of the research and did not want to simply 'take', from communities. Instead, the study was shared by those who felt comfortable and through social media channels.
Was the data collected in a way that addressed the research issue?	Y	Semi-structured interviews enabled the depth and nuance of participant experiences to be captured. Photo-elicitation methods allowed participants to have the opportunity to share an additional element of their story and represent this in an alternative way.
Has the relationship between researcher and participants been adequately considered?	Y	A reflective diary was kept throughout the project and after each interview an entry was made in order to reflect on the process. Additionally, I completed a bracketing interview prior to data collection to reflect on my own biases.
Have ethical issues been taken into consideration?	Y	Careful consideration was given to the ethical issues which might arise within

		the current study. In particular the issues related to consent, confidentiality and photos.
Was the data analysis sufficiently rigorous?	Y	Transcripts were read and re-read and a rigorous process of analysis was followed to examine the content, structure and dialogical-performative aspects of the interviews. The analysis was also appraised against criteria specific to the analysis method chosen.
Is there a clear statement of findings?	Y	Results sections states the findings and the discussion further elaborates on this.
How valuable is the research?	Y	The findings show the importance of inter-generational communication between first and second generation individuals of Indian heritage. Suggestions for service development were made by all participants which provides practical and tangible ideas for how services may improve.