

Changing Perceptions of Mental Health: Reflections on my Community

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New City, New Community

I applied to work at the Pro Bono Counseling Project of CHAI, a program devoted to providing affordable mental healthcare to South Asian clients, with a clear mission. Eight months earlier, I had started going to the Brandeis Counseling Center. It was a decision that I had agonized over for two semesters, and finally determined was in my best interest. At my first few sessions, I was tense; I would walk into Mailman Building hoping that nobody would see me, sit straight-backed and cross-legged on the plush therapy couch, and walk away from the building as nonchalantly as possible. The BCC was a compartment sealed off from other parts of my life. During the week I was South Asian Student Association treasurer, Bhangra dance team captain, and a community advisor, but every Thursday from 10 to 11 am I was a patient.

I firmly believe that mental health is an integral part of well-being and that we should not be ashamed of it, but when it came to my own, I was ashamed. I feared the judgment of my peers, my boyfriend, my family, and myself. Over time, the surrealism of going to the BCC wore off, and I began to incorporate my visits into the visible equation of my life. During the week I was a student, a friend and a mentor, and on Thursdays from 10 to 11 am I was a girl proactively tending to her mental wellness. After one particularly productive session, I recall stepping out of the building and taking a deep breath, feeling my muscles and mind relax. "I wish everyone could feel what I am feeling right now," I thought.

My fellowship began with a drive from Long Island, where my family had been conducting its annual visit to my cousins' house, to the unfamiliar city of Baltimore. I departed from my cousins' house with my parents (or Aai and Baba, as I refer to them in our native language Marathi) after a game of Settlers of Catan we squeezed into the morning. Five hours and a road trip McDonald's meal later, we stepped out onto the driveway, hot from the Baltimore sun. Brick and stone Tudors bordered the cul-de-sac and Elise, my new housemate, sat rocking in a chair on the broad porch of her house. At age 74, Elise is the former editor of the Johns Hopkins magazine and an activist for environmental protection. As we entered the house, she told us of her aversion to paper towels, Ziploc bags, and other paper

and plastic products. The living room was full of old books, newspaper clippings and other textual goodness, and we were soon to find the other rooms in similar condition. We began moving my bags to the guest room upstairs, and Aai recited her list of suggestions about regular cooking, safe driving, and calling every night.

"Yes, yes, I'll send you pictures of my food everyday so you know I'm not starving," I replied, attempting to deal with the knot in my own stomach. I felt some relief when we entered the guest room, which was decadently furnished with a queen bed, rocking chair, and lacy curtains. While Baba and I admired the room, Aai was busy counting and recounting every bag and box we had moved in.

Once we finished unpacking, we left to meet Swaran, my mentor in Baltimore, for dinner. I knew that Swaran was a licensed social worker who has worked in mental healthcare and public health for over 50 years, and was eager to see her in person. On the way to the restaurant, an Indian place just a two-minute walk from the house, Swaran called me to say she was running late. After 15 suspenseful minutes at our table, Swaran walked in with a smile that belied her old age. She was dressed in a white salwar kameez and greeted the waiter as though she had known him for years. As she came over to our table, Swaran pulled me into a hug and expressed her joy at finally meeting me. She was soft and warm and I relaxed into the embrace.

I tried to imagine myself being asked about my mental health. I imagined the question could feel invasive and presumptuous, as though there were something about me that indicated my mental health was subpar. But if mental health concerns are not something to be ashamed about, shouldn't the question feel as natural as asking someone about their physical health?

As we dug into the naan and curry, she reemphasized that I should call her Swaran, and not Mrs. Dhawan. We learned that Swaran had immigrated to the United States from Kashmir, a northern Indian state in the Himalayas, 50 years ago with her young daughter. She had settled in Baltimore and began a career in social work, and over time became an influential voice in the field of mental healthcare. She fielded Aai's numerous questions about the city and my internship, and ended with a statement that abolished Aai's worries on the spot: "I will look after Mrudula like she is family. While she's here, she is my granddaughter."

A Writing Lesson

Pro Bono is in the business of

Pro Bono gives people free counseling

The Pro Bono Counseling Project helps underinsured residents

The Pro Bono Counseling Project provides eligible Maryland residents access to free mental healthcare.

I watched as the Pro Bono Counseling Project's mission statement took form under my pencil and Barbara's watchful eye. Well, technically Barbara was in the office next door, presumably writing a grant proposal, taking phone calls and scheduling interviews for her successor all at once. My supervisor and Pro Bono's executive director was, to say the very least, a busy woman. Despite the physical distance and wall between us, I felt the self-consciousness produced by the presence of a new supervisor. Barbara had already edited – twice! – a short introductory email I planned to send to a potential partner organization. The main hitch was in my statement of Pro Bono's mission.

In my office, I mulled over my revisions and dreaded the prospect of bringing a paper copy to Barbara's office for another round of ruthless editing. The email was just one item on a list of basic tasks I had been given for the week. Make a new logo for CHAI, reach out to past partners, update CHAI's webpage, etc. Deciding to take things one step at a time and focusing on the task at hand, I composed myself and headed back into the lion's den. Barbara took her red pen to the paper, crossing out words and underlining others strategically.

Why is she being so picky? I thought.

"I'll tell you why I'm being so selective about this," Barbara began, as though I had spoken aloud. "We have to represent Pro Bono's services correctly so you have to be careful with your words. For example, you can't say we provide free therapy, because what we actually provide is access to that service. And when you write to potential community partners, stay away from the term 'mental health.'"

"How about holistic health?" I proposed.

"Hmmm... holistic health is not exactly mental health. We need community partners to understand the goal of our work without

explicitly stating that it deals with mental health," she replied.

It seemed to me that Barbara was looking for a code word, something that community members could interpret as "mental health" and use to talk about it discreetly. Could it be that "mental health" held enough negative verbal power to necessitate the use of code words? I reflected on something my sociology professor had said about the term "mental health" in my health and sociology class. She claimed that the question "How is your mental health?" is frequently interpreted as "Are you feeling bad?" The term "mental health" is so closely linked with mental illness that it is difficult to use one without implying the other.

I tried to imagine myself being asked about my mental health. I imagined the question could feel invasive and presumptuous, as though there were something about me that indicated my mental health was subpar. But if mental health concerns are not something to be ashamed about, shouldn't the question feel as natural as asking someone about their physical health? To be honest, the multitude of email revisions had left me in a state of semantic satiation with regard to



Meeting Razia Kosi, one of CHAI's original founders.

the phrase “mental health.” I had repeated it so many times it had temporarily lost its meaning. I decided to quit my ruminating and pick it up another day.

CHAI’s Roots

The following day, Swaran and I met with Razia Kosi, one of the co-founders of CHAI, which was an independent organization before it merged with Pro Bono. CHAI originally stood for “Counselors Helping Asian Indians” but the phrase was changed to “Counselors Helping South Asians” to be more inclusive. Razia’s office housed the remnants of the old CHAI; dozens of pamphlets and materials translated into South Asian languages filled up the closet, while boxes of books were stacked to the ceiling in the adjacent corner. There were materials in Hindi, Punjabi, Telugu and Urdu, but even that represented only a tiny fraction of the existing South Asian languages. On the other side of the room were Razia’s polished wooden desk and two computers, allowing her maximum efficiency in completing her PhD thesis. I perched on the edge of a couch clutching my Ethics Center notebook and fixing my dupatta. I had dressed in a casual but very Indian dress, anticipating that Razia would do the same, but I was wrong.

“So tell me what you want to know,” Razia said, settling her tall, Western-dressed frame into an office chair.

“OK, what inspired you to create CHAI?” I asked.

“Years ago, a friend and I were discussing the treatment of mental health within the South Asian community, and the stigma that keeps it fixed as a taboo subject. We realized that there weren’t any organizations dedicated to tackling that problem, so we founded CHAI,” she responded.

“And have you run into obstacles since then?” I asked.

“Of course, it’s difficult to get community members to participate in our activities and workshops if we present ourselves as a mental health-related organization. And of course, we could always use more money to keep things running,” she laughed.

I was confused about the particulars of Razia’s response to my last question, and in retrospect, I wish that I had asked her to elaborate. Why exactly was it difficult to get community members to participate in workshops? Were they uninterested in the topic of mental health, or interested but afraid to take part in the workshops? If it was the latter, what exactly did they fear? Instead of asking her to clarify, I moved on to my next question.

“Why did CHAI decide to merge with the Pro Bono Counseling Project?”

“After 15 years of being an independent organization it became difficult to sustain our work, especially with staff members moving into new phases of life. We realized that Pro Bono has a very similar mission to ours, and that joining a larger nonprofit could help us reach more people and provide more services. Pro Bono is not specifically geared towards South Asians, but they share our vision of a stigma-free society in which people can access mental healthcare,” Razia replied.

“What kinds of services does CHAI provide, as an independent organization and now as a special program of Pro Bono?” I continued.

“We’ve always conducted workshops and presentations about mental health, illness, care and related topics. The presentations are culturally competent and geared towards a South Asian audience. We also provided referrals to mental healthcare providers and as a part of Pro Bono, we can actually

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connect people to therapists on the spot. Ideally, we’d like to be able to connect them to South Asian therapists,” Razia responded.

I wrapped up my interview questions, quickly jotting down notes to ensure I could articulate well CHAI’s mission and avoid Barbara’s red pen in future writing assignments. I went home that night and reflected on what stigma looked and felt like to the average South Asian American person. From my personal experiences with family friends and relatives of my parents’ generation, mental health seemed to be a topic that is acknowledged as valid, but inappropriate to bring up in polite conversation. Accounts of mental health concerns are best kept within the family, either out of loyalty to family or fear of shame, or both. By contrast, South Asian Americans of my generation (like my friends and cousins) are far more vocal about mental health concerns, at least in the company of their peers.

My personal experience with addressing mental health concerns had been relatively easy and ultimately hugely cathartic. Before going to Baltimore, when I finally confided in my parents that I had been attending BCC sessions and explained the reasons why, I



My mentor Swaran Dhawan enjoying Thai food – our favorite!

was met with unconditional understanding and love. Baba listened carefully while I explained the situation. His views on mental health have always been on the progressive side; he believes in the importance of discussing mental health with family and obtaining mental healthcare for those in need. He held me in his arms and told me that I should never hesitate to talk to him because his family is the most important thing in his life. Aai was equally supportive, although I know her views on mental health are closer to those of the South Asian cultural norm I've observed. It seemed that in that moment, the bond of family overcame whatever stigma around mental health there may have been in our household. Even my sister, with her big-sisterly judgmental streak, had only comfort and understanding to offer.

Honestly, I think that most of the shame I felt came from myself. The hardest part of my journey was taking the first step to go

to the BCC, something that I was stopping myself from doing out of fear. I knew that I was privileged to have a supportive family whose views on mental health aligned with my own, and that other South Asian Americans may not be so lucky. Still, I wondered how much of the stigma other South Asians feel is also self-generated.

Dinner with Swaran

A few days later, Swaran invited me to her home for dinner. Swaran's house was decorated with traditional Indian paintings and ceramic vases full of dried flowers. My stomach growled in anticipation as we carried plates of salmon, Indian peas and potato curry, soybean salad, and *parathas* (Indian flatbread) to the table. The mix of ethnic influences on my plate reflected the eclectic mix of décor around the house.

I returned to my contemplation from a few nights before, when I had attempted to categorize attitudes on mental health by generation. I had come to the conclusion that individuals of my parents' or grandparents' generations would treat mental health as a taboo topic, but here I was in the company of a glaring contradiction to that conclusion. Swaran, a woman of my grandparents' generation, born and raised in South Asia, had committed herself to a lifetime of advocating for the recognition and destigmatization of mental health. She had spoken to countless people openly and honestly about it, all while maintaining the reputation of being an influential and respected member of the South Asian community. Perhaps attitudes about mental health were not so easily categorized by age.

"Swaran, how is it that you have such a progressive view on mental health? Given that you were raised in an older time in India?" I questioned.

"I've always been in social work, and through my work I saw how much people suffer

from the stigma around mental health. It's important to me to break down that stigma," she replied.

"Well what exactly drives that stigma? Why is it so prevalent in South Asian culture?" I probed.

"Many South Asians have a stereotypical picture of the mentally ill in their minds – that of crazy people who cannot function in society. Stigma also gets perpetuated through family relationships. There is a lot of loyalty within and between families, and keeping mental illness quiet is a way of preserving family dynamics. Not everyone wants to keep it quiet, but it is hard for them to speak out," she explained.

I asked Swaran to elaborate, curious about the interplay of mental health and family dynamics. I recalled how Swaran had proclaimed me her granddaughter during dinner with my parents, and how consistently she had backed up that promise with her actions. Swaran valued family, and when she explained the role of family dynamics in the perpetuation of mental health stigma, it did not sound negative. Swaran did not scorn South Asian people for perpetuating stigma, but recognized that it comes from a positive place – the love of family. Many South Asians do not keep mental health concerns under wraps out of malice, but because they think it's the best thing to do for their family.

"And about the South Asian therapists, is it true that South Asian people always need or want a therapist of their own culture?" I persisted with my endless questions.

"No, that's not always the case. Some would actually prefer a non-South Asian therapist, because they fear that a South Asian therapist could hold non-progressive views on mental health or be associated with their social circle," Swaran replied.

Our conversation was raising more questions for me by the minute. I thought about Swaran's last response; it reminded me of a situation that a relative had experienced the previous year. Her primary care physician was South Asian, and while she performed the duties of a PCP well, my relative had been uncomfortable discussing issues of sexual health with her. She worried that her PCP might hold conservative views on sexuality due to her ethnicity, or reveal confidential information to family members who saw the same doctor, and switched to a non-South Asian PCP. Could a similar situation arise in a therapist-patient relationship, allowing preconceived notions of culturally formed viewpoints to interfere with the therapeutic process? I would need to consider this when recruiting new therapists for the CHAI program.

And what of my role as a representative of CHAI? Did my ethnicity afford me credibility in this work, or detract from it? Would community members appreciate connecting with someone of their own culture, or be put off by possible involvement in their social circles? In Swaran's case, her ethnicity was an advantage. She regularly attended theater performances, community dinners and philanthropic events, forming social connections with community members through their shared culture. Many of CHAI's partners were acquired through the trust and love she established with community members.

Small Steps

After getting more acquainted with CHAI, I focused my efforts on developing CHAI's network. The plan was to reach South Asian community members by partnering with places of worship that boast high attendance for prayer and social services. I shortlisted a few Hindu temples, mosques, and gurdwaras (Sikh temples), and started making calls. Seven unanswered phone calls in, I switched to email and established a solid 1/6 response

rate. I had been told that temples and mosques typically do not have full-time staff to take calls and check emails – a fact that I used to console myself. I reported the progress to Barbara, worried that it was not enough. To my surprise Barbara was excited by the progress, claiming that every response "is a start."

Pleased with Barbara's reaction, I headed to the break room and noticed something I had missed before – a spread of *Shooter* magazines on the coffee table. Confounded by the presence of a magazine promoting gun use, I asked a fellow intern to explain the situation. She replied that Barbara had been subscribing to *Shooter* magazine for a year in the hopes that the editor would publish an advertisement for Pro Bono. In case someone in need of mental healthcare was reading *Shooter* with malicious intent, they might then be inclined to contact Pro Bono instead of the gun sellers listed in the magazine. So far, she hadn't had any luck.

And what of my role as a representative of CHAI? Did my ethnicity afford me credibility in this work, or detract from it? Would community members appreciate connecting with someone of their own culture, or be put off by possible involvement in their social circles?



In my office, surrounded by boxes of CHAI's marketing materials and the new Pro Bono poster.

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This new information gave me some perspective on Barbara's statement that "it's a start." Of course, convincing a magazine editor to publish an advertisement and establishing connections with community groups are two different scenarios, but a similar lesson can be learned from both. In community outreach, it is necessary to be patient and tenacious in your efforts. In the case of destigmatizing mental health within an ethnic community, it is crucial to establish personal connections, and those connections aren't formed overnight. Swaran has spent 50 years working in Baltimore and playing the long game of making CHAI a familiar name. As she once



Drawing a henna design for Barbara – the whole office took part in the fun after attending a Henna Night event.

told me, we did not want the community to view us as an unfamiliar organization trying to force its agenda upon others.

An Unexpected Conversation

Baba once gave me a piece of advice that I try to live by: take every opportunity presented to you. So I decided to join my housemate Elise at a meeting of the Citizen's Climate Lobby, a political action organization that lobbies for environmental protection policies. Elise has been an active member of the organization ever since she had a nightmare about a future in which her grandchildren would be displaced from their home because of environmental crises.

Elise and I pulled up to a sizable colonial house with an SUV in the driveway and manicured bushes along the patio. Betty*, the host, greeted us and we followed her to the kitchen, where a spread of refreshments sat atop a granite island. My skin reacted with goosebumps to the change in temperature; outside it was 96 degrees, but a hard-working air conditioning system maintained a cool 68-degree atmosphere inside the house. After pouring herself a glass of pink lemonade, Betty asked me what brought me to Baltimore. It was small talk, and I knew how this type of conversation typically went. I would give my spiel about Pro Bono and the Sorensen Fellowship, and the other person would respond with some variation of "I don't know much about mental health myself but that sounds like important work." This time, the conversation went in a different direction.

"I'm interning at the Pro Bono Counseling Project this summer to provide access to free mental healthcare to those in need," I said.

"That's wonderful, my son is schizophrenic and has been in the system for a few years. I'm glad to hear that there's an organization doing this work," Betty responded.

I hoped that my shock did not register too vividly on my face as I processed Betty's words. Betty had given me an honest and intimate peek into her family's life for which I had been unprepared. It was an image incongruent with the one I had conjured up based on her beautifully decorated and spotless house. I was shocked; subconsciously, I must have assumed that a family living in such a space could not possibly be affected by mental illness. I was ashamed by this reaction; did I really believe that mental illness develops and exists only in undignified, chaotic places? That a family living in this home could not be affected by an "unbecoming" affliction? My reaction to Betty's words revealed my own bias and self-propagated stigma.

I tried to formulate a response that struck a balance between empathy and sympathy, interest and nonchalance. I wanted to express that I could appreciate the difficulty of living with a mental illness, but not that I pitied her or her son. I wanted to show interest in the piece of her life that she had shared with me, but not seem shocked by it. I admired her honesty and ability to share this information without a hint of shame or hesitation. I admired her son for presumably taking the necessary steps to live with his condition. I stumbled and ultimately only managed a hesitant "I'm sorry to hear that."

Rejection

The following week was rife with ups and downs that made me think more deeply about the implications of our work. Our request to conduct a workshop for the girls' youth group at the Muslim Community Center was approved. On the other hand, our request to do a mental health and parenting workshop with a local Hindu temple was swiftly denied. Our contact at the temple claimed that the topic of mental health would alienate the parents at the temple. Frustrated with his narrow-mindedness, I brought the issue to Swaran.

“Our goal is to create acknowledgement and acceptance of mental health concerns in the community, and reduce the stigma around them. But we can interact with community members only as much as they permit us to,” she told me in response.

“Should I have called him back and asked again? I’m sure I can come up with a more convincing argument for the workshop than I did before,” I persisted.

“There’s no need for that, because we cannot force acceptance,” she returned.

I was tempted to say that unless we encourage people to get out of their comfort zones we cannot make progress, but then I considered an alternative. Like other proponents of mental health, I have always believed that talking about mental health is the ultimate solution to stigma. But is that really the case for everyone? I recalled a conversation I had with my friend Emily* last year, when she confessed to me that she had been struggling with anxiety. Upon hearing her story, I offered to accompany her to the BCC to make an appointment, but she refused. When I asked why she did not want to use the BCC’s services, she told me that in her culture, talking about mental and emotional concerns is unusual, and that talking about her problems would just make them worse. At the time, I assumed she was just scared. Of course the idea of discussing her anxiety was frightening; I had been plagued by the same fear at my first few appointments, but look how far I’d come! I’d made leaps and bounds in solving my problems, and believed it was only a matter of time and acceptance before the BCC would do the same for her.

But what if that wasn’t the case? Had I been narrow-minded and presumptuous in believing that what works for me will work for others? Perhaps the temple’s coordinator was not being narrow-minded,

but had a different method for tackling the stigma around mental health. Then again, who was he to decide for the temple members that the workshop would be poorly received? I thought of all the temple members that he had answered for. If mental health is kept hush-hush within the temple’s culture, how could the organizer know his members are uninterested or offended by the topic? Emily at least had the chance to turn down the talking approach to mental health, but the temple members never had that chance. If they did, what would they have chosen? I kept these questions in mind as I prepared for our first workshop at the Muslim Community Center.

A Meeting with a Leader

In order to plan the workshop, Swaran and I met with Najma, the grandmotherly youth group coordinator at the Muslim Community Center. We had met Najma for the first time at a henna event at the mosque, where we had our hands painted with intricate designs and Swaran had struck up conversations with every woman in the room. She had greeted Najma with her customary hug, and within minutes had arranged for this meeting.

“So, what do you propose the topic of this workshop should be?” asked Najma.

Mental health, of course – I thought.

“We are hoping to instill the importance of mental wellness, and could do so indirectly through a workshop about family dynamics and friendships,” suggested Swaran.

“That’s a great idea, or perhaps a workshop on stress management? I know there are people at the mosque struggling with mental health concerns but they will be more willing to attend if the topic is something they feel comfortable talking about, like stress,” Najma added.

By the end of the meeting, we decided on “Friendships and Family Dynamics” as the topic for our girls’ youth group workshop. We hoped to incorporate mental health topics into the more “palatable” theme of relationships. Since my theory that categorizing attitudes about mental health based on generational differences had been debunked, I had no idea what to expect from the girls.

Wow – it was fortunate that Swaran had spoken before I did. It seemed that Barbara, Swaran, and Najma were utilizing code words to slowly lead people to the real issue. We narrowed down the potential topics and drafted an agenda for the workshop. Najma stood in complete contrast to the temple coordinator who had rejected the proposal for a workshop. She was not only cognizant of the need for mental health training, but was actively working to give her members the option of learning about it. I admired the way she tracked her members’ needs and made an effort to bring them educational programs. By the end of the meeting, we decided on “Friendships and Family Dynamics” as the topic for our girls’ youth group workshop. We hoped to incorporate mental health topics into the more “palatable” theme of relationships. Since my theory that categorizing attitudes about mental health based on generational

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Mental Health and Relationships: a Workshop

We gathered around the rickety folding table as I gathered my thoughts. Around me were 15 girls and women between the ages of 12 and 26, draped in hijabs of every color, curiously and patiently waiting for the workshop to start. Beside me sat Swaran, 83 years old and unstoppable, reclining in her chair and gazing at the attendees through softly wrinkled eyes. I stood up, dropped my pen, picked it up, and began.

“Hi everyone! Thanks for coming to our workshop, we’re so excited to have you,” I said in my best community advisor voice.

I ran through the beginning introductions: my university, my major, my reason for being in Baltimore, Swaran’s work experience, and the Pro Bono Counseling Project’s carefully crafted mission statement.

“The Pro Bono Counseling Project provides eligible Maryland residents access to free mental healthcare.”

I glossed over the sentence, moving swiftly onto our first activity before the girls had a chance to process the last two words. We played the icebreaker Color Questions, in which participants assign each other colors that represent different lists of questions. Once assigned a color, each player answers one question from the corresponding list. The game began:

“iPhone or Android?” I read from the blue list.

“iPhone, do you even really have a phone if it’s Android?” the girl to my left quipped. A wave of laughter passed through the group and I grabbed the next list.

“When do you feel most at home?”

“When I’m here – at the mosque with my friends,” the next girl responded. This time the response elicited sentimental agreements, and I smiled at the success of the game. While I grew more comfortable at the table, Swaran laughed and joked with the girls as though she had been 17 yesterday.

We then dove into our topic for the day: friendships and family relationships. The girls were a talkative bunch, and participated fully in our discussion of reconciling family expectations with societal norms, maintaining healthy friendships, and balancing Eastern and Western cultural values. Once the group was fully engaged in the conversation, I tried to work in the topic of mental health. However, Swaran seemed at ease with letting the conversation direct itself. It confused me at first, but then I recalled what Swaran had told me about community work and acceptance. Community outreach is a slow process, and people cannot be pressured to quickly change deeply ingrained beliefs. Nevertheless, I hoped to at least introduce the topic of mental health. Upon wrapping up the discussion, we asked if they had any questions for us. One of the more outspoken girls stood up and said, “I’d like to hear more about the signs of mental illness, and what to do if you spot one in a friend.”

I smiled at the comment, pleased to see a desire for knowledge balancing the reluctance to speak about mental health that we had expected. This girl was stepping into the cultural “comfort zone” we had created. Swaran answered the question briefly, and promised to cover the topic more fully in a future workshop.

The Last Day

On my last day at Pro Bono, I compiled a folder of information for the new intern who would take my place in the CHAI program. I inserted CHAI’s new program card and a list of (almost) community partners with notes about each organization’s response to our organization.

I had learned over two months that the interplay of mental health and South Asian culture is not as black and white as I used to think. The stigma around mental health cannot be pinpointed to a specific subset of people within the South Asian community. Age, upbringing and family dynamics are indicators of attitudes about mental health, but outreach should be conducted on a case-by-case basis. Groups of people will respond differently to various styles of outreach – some will appreciate a direct and informational approach, while others might need an indirect approach using code words. It takes time to observe a shift in cultural attitudes, but through consistent and careful interactions with a community, it is possible. Swaran and Barbara, with their 75 years of combined experience in the mental health field, exemplified the tenacity required to make change.

Before leaving the office, I thanked Barbara for her work, guidance, and writing advice. It turns out that practice does make perfect, especially when there is red pen involved. After work, I joined Swaran, at this point fully in the role of my grandmother, for one final dinner. I called my parents to plan my flight home to Boston, and Baba asked what I had learned at Pro Bono. I wondered how I could condense two months of experiences into a phone call.

“You’ll just have to wait until the Sorensen essays are out,” I laughed in reply.

**Names have been changed out of respect for the privacy of the individuals.*