

ASHA: Using Participatory Methods to Develop an Asset-building Mental Health Intervention for Bangladeshi Immigrant Women

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What Is the Purpose of This Study?

- This article describes a successful partnership between clinicians, researchers, activists, and members of the Bronx South Asian immigrant community. The team collaborated to design and implement a depression intervention for women that would synchronize with local concepts of distress and address concrete problems
- The Action to Improve Self-esteem and Health through Asset Building (ASHA) program is a depression intervention designed by and for South Asian women immigrants. ASHA helps women to build psychological, social, and financial assets.
- This article describes the development and preliminary test of the ASHA intervention.

What Is the Problem?

- Common mental disorder is highly prevalent among low-income immigrant women, yet few receive effective treatment.
- This underuse is partly owing to a lack of conceptual synchrony between biopsychiatric theories underlying conventional mental health treatments and explanatory models of distress in community settings.

What Are the Findings?

- ASHA was effective in decreasing depression and increasing financial independence.
- Using a culturally synchronous approach to psychological treatment may be effective in decreasing distress in immigrant populations.

Who Should Care Most?

- Mental health clinicians and researchers.
- Providers who work with culturally diverse and/or immigrant populations.

Recommendations for Action

- Using a community-based participatory research (CBPR) approach to addressing psychological distress may be effective in defining a common understanding of an illness problem, its causes, and its cures.
- A true CBPR approach requires that cultural representations of illness should not be regarded as a deficit—mere “folk beliefs” or a lack of “mental health literacy”—but as legitimate, culturally shaped understandings of distress and illness that reflect important social and economic realities.
- Members of traditionally underserved groups may be more likely to engage in and benefit from an intervention that responds to their indigenous concepts of distress.

- Interventions that include opportunities for asset building or English language education can help women to mobilize their resources to seek work and further education, which in turn improves their self-confidence and overall mood.
- The program that resulted from our collaborative efforts may also serve as a model that may be relevant in other community settings.