Geopsychiatry 4 (2026) 100106

Contents lists available at ScienceDirect

Geopsychiatry

journal homepage: www.sciencedirect.com/journal/geopsychiatry

The health needs of the Indo-Caribbean community in the United Kingdom

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This paper is based on a report which was commissioned by the charity Careif (www.careif.org) an international mental health and educational charity as the result of requests for a review of the health needs of the Indo-Caribbean Community in the United Kingdom (UK) and a report to be written which detailed these findings. The Indo Caribbean community have largely remained hidden within UK service provision and it was felt that it was important to produce a report which questioned this, foregrounded the relevant issues and made recommendations for Government policy, research and practice. The Indo Caribbean community is not formally identified, thus not recognised in the UK census gathering data and they are wrongly frequently subsumed into the South Asian or Caribbean community data, although their backgrounds and needs are different. Given this context, it was not possible to undertake a traditional scoping review as there is a lack of data or a comprehensive research evidence base or related policy documentation. Therefore, the authors had to consider what material was available, as well as look at evidence from a range of disciplines nationally and internationally. The Indo Caribbean community have a specific and complex history and identity which has roots in colonialism and forced migration. This report is situated within a Geopsychiatry framework which emphasises the relationships between international factors and local mental health consequences and uses an interdisciplinary lens. The heightened risks of mental and physical ill health within this group were noted in this report and recommendations are made for future research, practice and policy. There are populations of Indo Caribbean people in other parts of the world and it is hoped this report will also have relevance for them (see Figs. 1 and 2).

Preface by Dr Albert Persaud

Foreword by Professor Dinesh Bhugra

CAREIF (The Centre for Applied Research: International Foundation).

Share knowledge, change lives.

Careif is an international mental health charity that works towards increasing awareness of mental health and the mental health of everyone across all countries and cultures.

We focus on training, learning and the dissemination of information. Knowledge and understanding are essential in the journey to improve conditions for those with mental ill-health and to improve mental health and wellbeing.

Knowledge should not only be available to those with wealth or who live in high-income countries and in urban and industrialised parts of the world but should be shared with all. We also recognize that knowledge gleaned from low- and middle-income countries and the less developed, rural, and poorer countries of the world is equally valuable learning to that from the wealthier parts of the world.

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https://www.careif.org/

1. Preface

In 2023 we celebrated 75 years of service by the NHS to the nation. Since the inception of the NHS Indo-Caribbean people have played an important part in its growth and evolution and shared in some of its biggest successes.

But the story of the Indo-Caribbean community in the UK is much more than this, in that it has with serene ease contributed and helped shaped the UK national architecture, with its contribution to politics, science, sports, arts, music, business, education and its strong sense of community cohesiveness and charity.

However, the government has never recognised the presence of this community nor, as this report demonstrates, their health needs and

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[1] Present/permanent address. If an author has moved since the work described in your article was carried out, or the author was visiting during that time, a "present address" (or "permanent address") can be indicated by a footnote to the author's name. The address where the author carried out the work must be retained as their main affiliation address. Use superscript Arabic numerals for such footnotes.

https://doi.org/10.1016/j.geopsy.2026.100106
Received 6 May 2026; Received in revised form 9 July 2026; Accepted 13 July 2026
Available online 13 August 2026

health experiences. There has not been much work focusing on the Indo-Caribbean population. There is a lack of understanding and appreciation of the heterogeneity and the unique needs of this community. Research and studies have often failed to understand and forgotten to identify their specific health needs, uniqueness and differences within the broader similarities and other equally important histories. They are not the "Other Windrush", or the "Other South Asians" as their own history, heritage, and culture are uniquely profound even if deriving from a singular India. The history of the Indo Caribbean people is an example of how geopolitics affect people's lives, the lives of communities, their experience of and migratory histories, countries of residence and may influence their wellbeing. Geopsychiatry is an important emerging field within mental health that seeks to improve the understanding of the impact of these distinctive geopolitical events on individual and community mental well-being. This report is a small start to identify the various health issues both mental and physical of the Indo-Caribbean community in the United Kingdom.

I pay tribute to the immense effort and dedication by all given to this research, and to Dr Jeeda Alhakim, Dr Koravangattu Valsraj Menon, Professor Rachel Tribe and Professor Dinesh Bhugra CBE.

The recommendations and findings from this study are poignant. To mark 2023's anniversary, let this report be the next cornerstone for the NHS, now and for generations to come, and pave the way for more understanding, collaboration, research and developments for all communities including the Indo-Caribbean community and those with mixed heritage.

Albert Chaitram Persaud.

Descendant of Indian Indentured.

2. Foreword

Social justice for people with mental illnesses depends upon the basis of equity when individual's needs are met accordingly. There have been periods of extensive debate about minority ethnic groups. The Covid-19 pandemic illustrated that people from minority ethnic groups were more prone to morbidity and mortality. There is increasing research evidence that shows that minority groups face additional stress due to their minority status which contributes to increased psychological and psychiatric morbidity.

Worryingly among various ethnic groups, the Indo-Caribbean community in the UK often gets ignored. Previous studies from the region and in this community have shown that rates of certain psychiatric disorders such as depression, self-harm, suicidal ideation, and suicide are higher in this group. While it is important to recognize the heterogeneity of the community, it is vital that service providers take the needs of the community seriously and on board and provide culturally sensitive services that people can use without feeling discriminated against.

In this exceptional report, Careif have taken on the task of highlighting not only the challenges that the Indo-Caribbean community faces, but more importantly solutions are put forward. The contributions of this community to the British cultural scene are multi-faceted across various fields from medicine, sports, entertainment to healthcare delivery. There is an urgent need to not only recognize their contributions but to ensure that the community is looked after in a truly culturally appropriate manner.

My grateful thanks and congratulations to the authors of this report. A small number of recommendations provided here should be easily met and I urge the policymakers and service planners to work with service providers to ensure that the mental health needs of this underserved community are met appropriately.

Professor Dinesh Bhugra CBE.

Patron of Careif.

3. Stories from the community

I'm from Trinidad & Tobago. I'm Trinidadian & Guyanese, I'm Caribbean, I'm Indo-Caribbean.

All the above statements are true, while each holding distinct nuances only understood if you're from the Caribbean or of Caribbean heritage. While growing up in Trinidad I knew my mum was from Guyana and made trips there as a child to visit family. My sense of self was rooted in Trinidad, and I held my Trinidadian self as distinctly different to my Guyanese cousins. As I got older, I still held on to my 'Trini' identity while also identifying my Guyanese roots when I encountered bigotry and verbal attacks on 'those people coming over here, stealing our jobs'. This 'Us vs Them' crossed racial lines, with your country being the common ground. When I moved to Guyana to start medical school, I had a sudden jarring realisation of the Afro vs Indo split in identities. While I had grown up seeing racism (especially over politics), I had never found myself as part of a group involved in this split. An argument between former friends caused a split along racial lines and I was expected to be on-side as an Indian. The subtle undercurrent of racial divide that I grew up with in Trinidad was like a peacock on display in my new home and I was appalled. My identity and sense of self still held on to being 'Trinidadian' and 'Guyanese', without feeling the need to further elaborate.

When I moved to the UK years later, I realised that if I named either country it was often met with blank stares or confusion, so I became 'Caribbean'. Saying 'I'm from the Caribbean' was easier as an identifier as most people have a reference to the Caribbean as a whole. However, it was also met with confusion as 'But you don't look Caribbean' (Translation: 'You don't look black'). Or my personal favourite 'But you look Indian?!'. Filling in any official form was problematic as well. The 2021 census is a prime example with options for 'Black, Black British, Caribbean or African' with subgroups and 'White and Black Caribbean', showing recognition and inclusivity of the white Caribbean population.

Because, despite Indo-Caribbean people making up a significant part of the population, contributing to the culture, having our own unique health and care needs, we are invisible to the world outside. It then

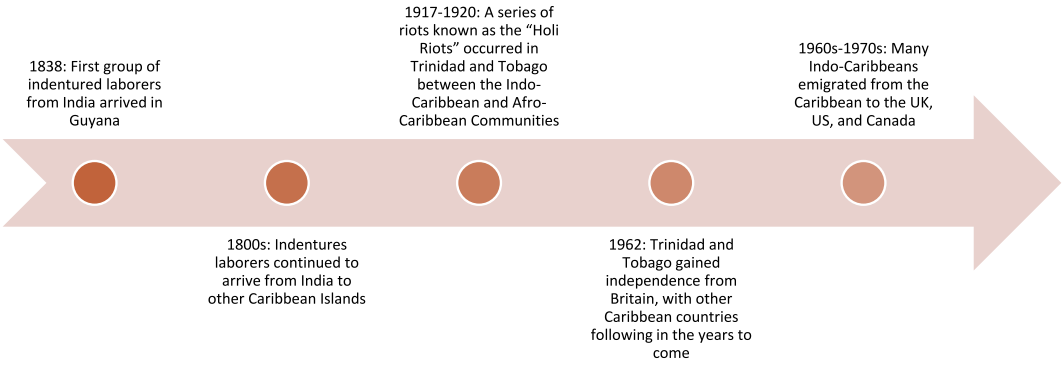

Fig. 1. Timeline of key dates in the Indo-Caribbean history.

became a personal crusade to ensure that when any form I filled in asked for demographic data, I wrote in 'Indo-Caribbean'. Over the years I have met others who do the same and had similar realisations of erasure and a need to ensure we are counted.

While it may seem trivial to ensure that this group is recognised especially as often we're met with 'but you're ethnically Indian, so why not just choose that?' or 'why not just choose black Caribbean?', in a health and social care setting, there are differences between Indo-Caribbean and Indian populations.

Dr Lisa Rampersad.

4. From the chair of careif

As a group, Indo-Caribbean people have often had their identity merged or subsumed under the label of either South Asian or of Caribbean, but these ascribed labels may fail to recognize the uniqueness of the experiences, history, or health needs of the Indo-Caribbean community in the UK. It is important to remember that the Indo-Caribbean population are a diverse group of people from a range of Caribbean nations with distinct identities, practicing a range of religions and with their own special individualities. This is perhaps most clearly detailed by Dr Lisa Rampersad in the section of this report entitled *Stories from the Community* where she describes her experiences of other people labelling, categorising, or assigning her to different groups using nomenclature she might not use herself. How they ascribed a label also seemed to be affected by where she was geographically located at the time and where the people labelling her were located. The history of the Caribbean and colonialism also plays a central role in the present as detailed in this report.

Given the dearth of literature and research into this group we hope this report will begin to address some of the issues it raises. Cultural literacy amongst service providers relating to the needs of the Indo-Caribbean community in the UK appears to be low. There is considerable research evidence that minority groups in the UK suffer from higher rates of various psychiatric disorders in the UK and elsewhere when compared to the Caucasian population. Often these findings ignore within-group variations by homogenising the groups and thereby failing to recognize the diversities found within them.

This scoping review has gathered and analysed the evidence currently available on the mental health of Indo-Caribbean people in the UK, although we wish to be clear that there is a paucity of research at present. We at Careif hope this report will help form the basis of identifying priority areas for research, clinical interventions, public education for stakeholders including patients, carers, policy makers, politicians, service/care providers, practitioners, voluntary and other relevant organisations so that linked up service delivery can be provided with the active participation of the Indo-Caribbean people in decisions relying on culturally appropriate models.

Professor Rachel Tribe.

5. Executive summary

This report provides an overview of the physical and mental health needs of the Indo-Caribbean community in the United Kingdom (UK), examining the history of the Indo-Caribbean community in the UK, the prevalence of mental health conditions among the community, the barriers to accessing mental health services, and the existing services available.

A scoping review was carried out to identify and map the existing literature related to the health needs among the Indo-Caribbean community.

The Indo-Caribbean community has a long and complex history tied to the history of colonialism in the Caribbean, and the report highlights the legacy of the Indian Indenture System, a system of bonded labour that brought close on half a million Indians to the Caribbean to work on sugar plantations and in other industries. After their contracts ended, many of these indentured labourers chose to stay in the Caribbean and settle in the region, with many later migrating to the UK to work in

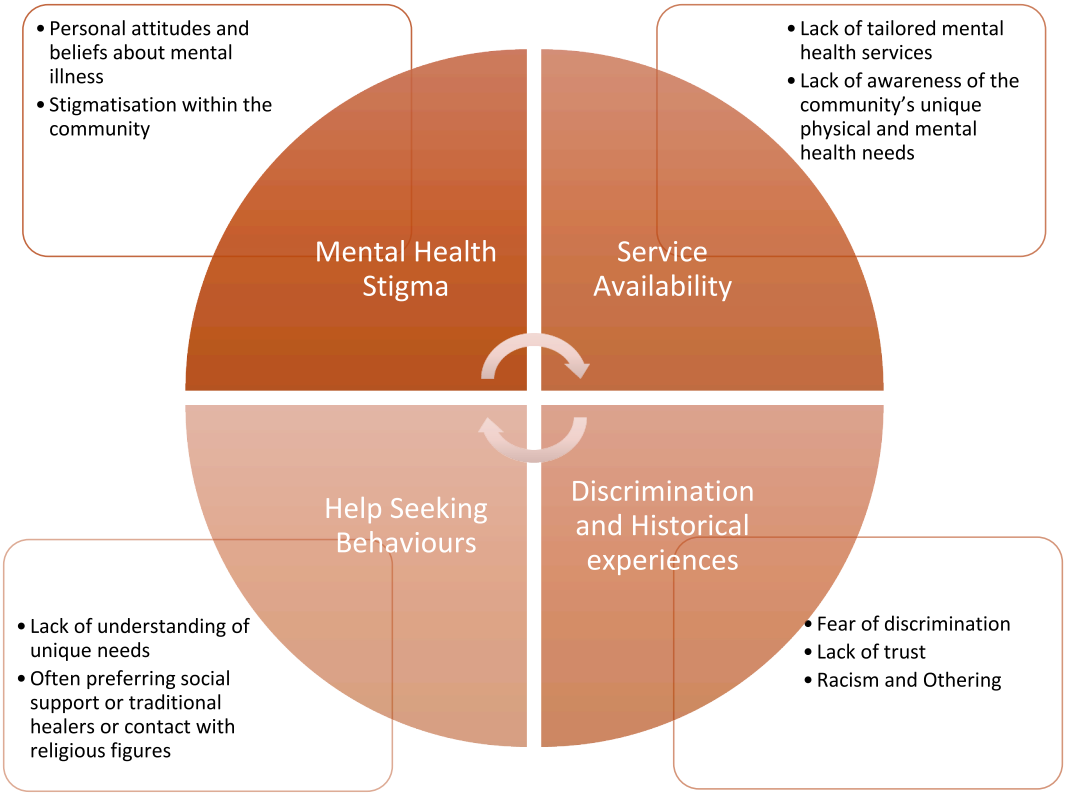

Fig. 2. An overview of potential barriers in accessing services.

frontline services such as the National Health Service.

A search of the relevant literature revealed that there was a paucity of health-related data relating to the health experiences and outcomes of the Indo-Caribbean community in the United Kingdom. This is in contrast to data on health documented in the UK's South Asian and Afro-Caribbean populations.

A major barrier to ascertaining epidemiological data on the UK's Indo-Caribbean community relates to the UK Census which does not have a classification for Indo-Caribbeans, as it does for "Black Caribbeans" or for South Asians. The closest census designation is "Asian Other". In addition, before the 1960s in the former British Caribbean, and before 1975 in the former Dutch Guyana and current French Caribbean, statistics on migration and ethnicity were not documented. Ethnic diversity is therefore hidden, and it is not possible to know the exact population figures for the Indo-Caribbean community in the UK.

As a result of these drawbacks the review relied on the literature generated in the Caribbean and North America, as well as using accounts of personal stories, to develop any plausible initial conclusions about the Indo-Caribbean community and their needs more broadly. The review also examined possible socio-cultural factors that may play a role in the community's vulnerability to physical and mental health conditions.

The review found some evidence to suggest that the Indo-Caribbean community faces unique physical health needs, including higher rates of cardiovascular disease, hypertension, and diabetes in comparison to their Afro-Caribbean counterparts.

In addition, the Indo-Caribbean community may be vulnerable to suicide, substance abuse and experience raised rates of mental ill-health related to identity formation and discrimination. They may also experience barriers to accessing mental health services, including the need for culturally appropriate services that consider the specific needs and experiences of the community.

6. Recommendations

These recommendations emphasize the need for more research and policy that considers the specific health needs of the Indo-Caribbean community, and for mental health services that are culturally appropriate and address the unique experiences and needs of this community. It is important to involve Indo-Caribbean communities in the development of these services to ensure that they are effective and meet the needs of those who require them.

1. More research is needed to specifically address the mental health needs of the Indo-Caribbean community, as the current evidence base is lacking. This should involve conducting studies that focus on this community, rather than grouping them together with South Asians.
2. The government should include Indo-Caribbean as a separate category in the next census, whilst forming part of the global majority they are unique, recognising this will enable better tracking of health and wellbeing outcomes, as well as identifying potential areas for targeted intervention.
3. Statutory services should collect data on Indo-Caribbeans to better understand the specific health needs of this community and ensure that services are tailored to meet their needs.
4. To improve access to mental health care for the Indo-Caribbean community, it is important to address structural barriers such as reducing stigma and increasing funding for mental health services targeted towards ethnically minoritized individuals. It is also crucial to involve Indo-Caribbean communities in the development of mental health services and advocacy efforts.
5. Health services should recognize that Indo-Caribbean identities are diverse and fluid and allow for the expression and negotiation of multiple cultural identities. Mental health services should be culturally appropriate and consider the unique experiences and needs of this community.
6. Cultural practices and the maintenance of cultural identity can serve as a protective factor against mental ill-health. Mental health services should recognize and value the positive impact of culture and allow for cultural practices to be incorporated into treatment plans, where appropriate.

7. Key terms used in this report

Complex Trauma: refers to prolonged and repeated exposure to traumatic events or experiences, particularly during childhood, that disrupt a person's sense of safety, security, and attachment. It often involves interpersonal trauma, such as abuse, neglect, and violence, and can have a profound impact on a person's physical, emotional, and social functioning. The effects of complex trauma can be long-lasting and may include symptoms such as flashbacks, anxiety, depression, dissociation, self-harm, and difficulties with relationships and trust.

Cultural Literacy: refers to the ability to understand and appreciate the cultural beliefs, practices, and values of a particular group or community. It involves having knowledge and understanding of the history, traditions, language, and other aspects of a culture, and being able to navigate and communicate effectively in cross-cultural situations.

Culture: is a shared set of beliefs, values, customs, behaviours, and artifacts that characterizes a group or society, although these are not static, but are dynamic.

Diaspora: refers to a population group that has dispersed from their ancestral homeland and settled in other parts of the world. This term is often used to describe the spread of a particular ethnic or cultural group beyond their original geographic location. The term can also refer to the collective experiences and cultural practices that are maintained by members of this dispersed population. The concept of diaspora encompasses not only physical migration but also cultural, emotional, and spiritual connections to the ancestral homeland. Diaspora can also include the transnational or transgenerational experiences and cultural expressions of people who have been displaced, either voluntarily or forcibly, from their homeland.

Discrimination: unequal treatment of individuals or groups based on their ethnicity, race, or mental health status.

Ethnicity: is a social category based on shared cultural heritage, language, religion, nationality, or physical characteristics.

Global Majority: refers to the majority of people around the globe who are not Caucasian, this equates to approximately 80-85% of the world's population.

Indo-Caribbean: refers to individuals of Indian descent who reside in the Caribbean. The Indo-Caribbean community in the UK refers to descendants of these individuals who reside in the UK.

Inter-generational Trauma: the transmission of trauma from one generation to the next through various mechanisms, including the transmission of cultural and historical memories, exposure to traumatic events, and the social and psychological effects of trauma.

Mental Health: refers to an individual's overall psychological wellbeing and includes their emotions, thoughts, and behaviours.

Post-Traumatic Stress Disorder (PTSD): a mental health condition that can occur after exposure to a traumatic event, such as war, violence, or abuse, and is characterized by symptoms such as flashbacks, nightmares, and avoidance behaviours.

Stigma: negative attitudes and beliefs towards individuals with mental health problems, which may prevent them from seeking help and support.

Substance Abuse: the excessive use of drugs, alcohol, or other substances, which can have negative impacts on an individual's physical and mental health.

Wellbeing: wellbeing is a broad and multidimensional concept that refers to the overall state of an individual's physical, mental, and emotional health, as well as their social functioning and general life satisfaction. It encompasses various aspects of a person's life and reflects their subjective experience of feeling happy, fulfilled, and content.

8. Introduction

The aim of this report is to highlight the physical and mental health needs of the Indo-Caribbean living outside the Caribbean. Whilst there may be commonalities and differences in relation to Indo-Caribbean populations who have migrated away from the Caribbean to different parts of the world, we have chosen to highlight those who form the community living in the United Kingdom.

The term, *Indo-Caribbean*, refers to individuals of Indian descent who were living in the Caribbean region, this report is concerned with people of Indo-Caribbean heritage living in the UK.

This report reveals that there is scant information about the health needs of this group of people. Nevertheless, we have compiled an overview of the history of the Indo-Caribbean population, their subsequent movements, and their part in the Indian diaspora. We offer some limited findings of the prevalence of mental health conditions and risk factors among the community and identify the barriers they face to accessing mental health services. The report offers policy recommendations and strategies to improve access to mental health services for members of the Indo-Caribbean community in the UK.

Throughout the report, cultural and historical factors will be considered as crucial and core elements that may impact on the mental health of the Indo-Caribbean community. Despite the increasing awareness of mental health in the general population and among African Caribbeans, there remains a paucity of literature on the experiences of the Indo-Caribbean community and a lack of documentation of their historical movements. Nevertheless, the historic origins and trajectories of this community provides evidence that can emphasize the complexities of their identity formation. This report aims to contribute to and encourage further research on the physical and mental health needs of Indo-Caribbean community in the United Kingdom.

9. Background

9.1. History of the Indo-Caribbean community in the UK

The Caribbean region includes the Caribbean Sea and its islands, along with some of the nearby coastal areas on the mainland of the Americas. The geographical area associated with the Caribbean region has changed over time. According to some it "comprised at one time six million people of the Anglophone Caribbean islands and was interchangeably equated as the West Indies" ([1], p.1). Today, the region consists of nearly forty-four million people with the highest populations in Haiti, Cuba, Dominican Republic, Jamaica, Puerto Rico and Trinidad and Tobago [2].

The ethnic make-up of the area has been dependent on the waves of immigration brought by colonization by the Spanish, English, Dutch, and French, the Atlantic slave trade from Africa, and indentured servitude from Asia. It is the historical movement of people from South Asia that is of especial relevance to this report.

The Indo-Caribbean community in the Caribbean area has a long and complex history that is closely tied to the history of colonialism in the area as colonial masters moved people from one colony to another. Soon after abolishing slavery, the British, Dutch and French settlers and planters, brought indentured workers from India. This took place during the colonial era from the mid-19th century to the early 20th century. By the late 1800's they had moved about 400,000 Indians to the Caribbean from India, for labour on sugar plantations and in other industries as the British Empire needed a workforce for its colonies. Turning to India as a place of labour led to the creation of the Indian Indenture System, a system of bonded labour. Many of these labourers were poor and saw this an opportunity to escape poverty in their country of origin and improve their economic prospects. This process lasted till the 1920s and

Table 1
These Figures Were Compiled From A Number Of Sources. Adapted From Lomarsh Roopnarine (2007).

Destination of Indians Indentured in the Caribbean		
Destination	**No. Indentured**	**Time Frame**
British Guiana	239,960	1838-1917
Trinidad	143,939	1845-1917
Suriname	43,404	1873-1916
Guadeloupe	42,236	1854-1895
Jamaica	37,027	1845-1914
Martinique	25,404	1854-1899
French Guyana	8500	1862-1885
Grenada	3200	1857-1885
Belize	300	1880-1917
St. Vincent	2472	1861-1880
St. Lucia	2300	1858-1895
St. Kitts	361	1860-1861
Nevis	342	1873-1874
St. Croix	325	1863-1868
Total	**551,470**	

for many this was a system of forced labour resembling enslavement. This system changed the lives of more than two million Indians as they journeyed from India to one of 19 British colonies including, Trinidad and Tobago, Guyana (formally British Guiana in South America), Jamaica, Barbados, Grenada, and St. Vincent, Malaysia, Uganda, Kenya, South Africa, Fiji and Mauritius [3].

After their contracts ended, many of these indentured labourers chose to stay in the Caribbean and settle in the region. At the time, they made up half of or more of the populations in Guyana and Trinidad and Tobago (Razack, 2010). The rest of the labourers remained in Suriname, Martinique, Jamaica, and other West Indian countries [4] (See Table 1).

Colonial policies hindered the process of forming alliances between those who were previously enslaved and indentured workers in the region, creating and maintaining tensions between these groups and leading to a separation in living circumstances, where Indo-Caribbeans primarily lived in rural areas and Afro-Caribbeans resided in urban areas. The rising tensions between the two groups became more volatile after the 1960s when most British colonies gained independence (Razack, 2010).

In the 1960s and throughout the process of the Caribbean colonies gaining independence, some of the indentured labourers of Indian heritage, Indo-Caribbeans moved to either Britain, France, or the Netherlands. Roopnarine [5], refers to this as an *intracolonial movement*, where migration took place from the colonies to the metropole, and it often meant Indians from the British Caribbean migrated to Great Britain; Indians from the French Caribbean to France; and Indians from Dutch Guiana (now Suriname) to the Netherlands. There is no accurate indication of when Indo-Caribbeans began to arrive in Great Britain or the number of people who arrived at its shores since their movement to the Caribbean region.

In the early days of this migration, people of Indo-Caribbean descent were a part of the overall group who were recruited by various British organisations, such as British Rail, London Transport, the National Health Service (NHS) and the Post Office, to rebuild post-war Britain [5]. From 1948, when the *Empire Windrush* arrived, until 1952, between 1000 and 2000 people entered Britain each year, followed by a steady and rapid rise until 1957, when 42,000 migrants from the New Commonwealth, mainly from the Caribbean arrived in the UK. Indo-Caribbeans mostly from Guyana and Trinidad and Tobago, were a major part of this new migration, in recent times they have been described as the "Other Windrush" [6].

Young Indo-Caribbean women arrived in Britain, some to train and work as nurses in the NHS, while Indo-Caribbean men often found employment in many frontline services such as London Transport, British Rail, etc. and in factories. Others were employed as lawyers, doctors, dentists, and university lecturers, although racism and discrimination were prevalent.

By the 1970s, many informal Indo-Caribbean groups emerged as a way of making their identity distinctive in Britain. They promoted sports and cultural events, featuring musical performances combining calypso rhythms and Indian instruments. Importantly Indian cultural adherence – religion, rituals, heritage, music and art – learnt and practised by them and their parents were an important part of their resilience and well-being. According to the National Archives [7], "by the end of 1990, the British Indo-Caribbean population was estimated at between 22,800 and 30,400". This figure was seen by many as a gross underestimate then as it is now. There is general lack of awareness of the presence of Indo-Caribbean people in the UK.

The key problem that we face when trying to ascertain the size of the Indo-Caribbean population in the UK is that the UK Census has no classification for Indo-Caribbeans, as it does for "Black Caribbeans" or for South Asians (a term which in itself is used in a variety of ways) such as people with Indian, Pakistani, or Bangladeshi heritage. The closest census designation is "Asian Other," which counted 835,720 people by the end of 2021. Additionally, before the 1960s in the former British Caribbean, and before 1975 in the former Dutch Guyana and current French Caribbean, statistics on migration and ethnicity were not documented. In this report we make use of available data to provide an analysis of the apparent mental health needs of the Indo-Caribbean community in the UK.

9.2. *Unique cultural and ethnic identity*

In his book *The Indian Caribbean*, Roopnarine [5] indicates that comparative studies looking into the Indian experience in the Caribbean raised several questions, for example, "what are some elements that bind or separate Indian Caribbean people? How have they evolved as a people since indentured emancipation? How have they been perceived by the wider Caribbean society? What are some challenges they face in an ever-globalising world?".

In his account, Indo-Caribbeans have developed an "in-between" status, shaped by the Indian subcontinent customs such the Hindu religion, music folklore and Bollywood films, as well as their dwelling in the Caribbean. He suggests that with time India had little relevance to them, as they had very little knowledge of India other than what has been handed down to them by their indentured ancestors. Roopnarine [5], continues to make a distinction between People of Indian Origin (PIOs) who became residents of the Caribbean and Indians who migrated since the Second World War, who he calls as Non-Resident Indians (NRIs). The latter would have arrived without an indentured contract or after indenture labour emancipation but have remained and formed significant populations or communities in the Caribbean. He points out that these two different groups often have little to no contact with each other. Therefore, it is important to note that the use of the terms Indian Caribbean and Indo-Caribbean in this report, refers to individuals who were brought from India to the Caribbean to labour as indentured labourers. These were called East Indians as this was where they were from in India, but after they settled and became a part of the fabric of Caribbean society, most scholars began referring to them as Indian Caribbeans or Indo-Caribbeans. Indo-Caribbeans contributed to the cultural and economic life of the region. As a result, the community has a rich and diverse cultural heritage that blends South Asian, African, and European influences ([1]; Razack, 2010).

9.3. *Cultural and social factors impacting mental health*

The period of indentureship (1834-1920) was characterised by brutal working conditions, poverty, lack of medical care and limited social and economic mobility, as well as family problems brought on by unrecognised marriages for Hindu and Muslim Indians under the Christian marriage rites [8]. The challenges these conditions brought would have made it difficult to cope, contributing to many physical,

psychological, and psychiatric vulnerabilities and inevitably leading to some maladaptive coping mechanisms. Notably, among these were alcoholism and suicide as escape routes (Maharajh, 2010; [8]). Alcohol became an effective 'self-medication' for some Indo-Caribbean people, providing them with a means to cope particularly as their arduous labour went unrecognised and their working days grew longer. As for suicide, this is likely to have begun during the process of emigration, and those travelling on the ships would throw themselves overboard as the journey from India to the Caribbean became intolerable (Maharajh, 2010). Examples of suicide continued into the period of indentureship and became recognised as a coping behaviour to deal with difficult working conditions and the ill-treatment by plantation owners. It is important to note that the causes of suicides were not fully investigated at the time, but some earlier reports show that rates were greatly higher across the Indian diaspora. Given the legacies of these mental health challenges for Indo-Caribbean people both in the Caribbean region and diaspora, it is possible to suggest that these historical social factors may contribute to current health profiles (e.g. Ref. [9]).

10. Scoping review

A scoping review was carried out to identify and map the existing literature related to the health needs among the Indo-Caribbean community. The process began with discussions amongst trustee members from CAREIF along with colleagues from the South Asian and the Indo-Caribbean community. Following this a range of search terms and keywords were used to begin an in-depth search of electronic databases. Terms used were Indo-Caribbean, Caribbean East Indian, Health, Mental Health, Needs, Indentured Labour, Trauma, and Discrimination. The search was conducted on several databases including PubMed, PsycINFO, and Google Scholar. No inclusion or exclusion criteria were applied at this stage to keep with the broad scope of the report. Data from studies carried out in the Caribbean, North America and the United Kingdom revealing key indication of the community's health needs were extracted and included in the report. The extracted data were then analysed and synthesized, and the findings were used to identify gaps in the existing literature and inform the report's recommendations. The scoping review process helped to provide a comprehensive overview of the available literature on mental health needs in the community and highlighted the need for more research in this area.

11. Findings

11.1. Health conditions prevalent among the Indo-Caribbean community

The key finding of the scoping review was the paucity of health-related data relating to the health experiences and outcomes of the Indo-Caribbean community in the United Kingdom. This is in stark contrast to data on health documented in the UK's South Asian and Afro-Caribbean populations (see, for example [10]).

In addition, the search revealed little UK evidence related to the prevalence of mental ill-health for the Indo-Caribbean population (including depression, post-natal depression, schizophrenia, bipolar disorder, anxiety, PTSD or complex trauma or dementia). Nothing was found that related to prevention and health promotion in this population.

In view of this lack of reliable studies, the scoping review has relied on the literature generated in the Caribbean and North America, as well as using accounts of personal stories, to garner some initial conclusions about the Indo-Caribbean community and their needs more broadly.

The broader literature suggests that the Indo-Caribbean community does experience unique challenges, particularly in the areas of their physical and mental health needs. In particular, their experiences of mental health, suicide, substance abuse, and identity formation appear to be key components. Additionally, the community appears to share commonalities in terms of their physical health concerns, with hypertension and diabetes being prevalent disorders.

11.2. Unique physical and mental health challenges faced by the Indo-Caribbean community

11.2.1. Physical health needs

There is some indication that the Indo-Caribbean community faces unique physical health needs. Some studies show this community has higher rates of cardiovascular disease, hypertension, diabetes, obesity, and other illnesses in comparison to their Afro-Caribbean counterparts (Maharajh, 2010).

In an attempt to find studies that detailed various metrics about cardiovascular disease in the Indo-Caribbean population, Bapatla et al. [11], carried out a systematic literature review in the hope of revealing trends in relevant epidemiology, risk factors and social determinants of health for this population. Their search yielded only seven papers, highlighting the lack of robust data on this topic. The systematic review emphasised that the Indo-Caribbean community has diverse contextual, social, and cultural factors, that may indicate that the community faces unique epidemiological and health related challenges [11]. However, the extremely limited research regarding the social determinants of health in this community, suggests that management and treatment of these diseases may not be adequate to meet their health needs. Thus, the authors urge the healthcare community to expand their options for demographic data collection to include Indo-Caribbeans in their research to help inform interventions, increase health agency, and address relevant, preventable health issues.

11.3. Suicide in the caribbean region and in the Indo-Caribbean community

According to the World Health Organisation [12], suicide is the fourth leading cause of death among 15–29-year-olds globally as set out in their Global Health Estimates published in 2019. They continue to suggest that every year nearly 703,000 people die by taking their own life and many more attempt suicide. Suicide is a major public health issue in the Caribbean and in Indo-Caribbean communities, for example in 2019 the suicide rate for Guyana alone was 40.8 per 100,000 people - well above the global average of 9.0 per 100,000 [13].

What is more, research shows that suicide rates among Indo-Caribbean immigrants in the Caribbean region remain higher than their African-Caribbean counter parts, suggesting there may be cultural factors at play possibly influenced by their historical displacement in the region [14]. Though the causes of suicide remain complex, a study carried out by Hutchinson and Simeon [15], found an association between social distress and suicide rates in Trinidad and Tobago. In this study, a significant relationship was found between unemployment, serious crimes, ethnicity, emigration rates and admission to a psychiatric hospital. In a follow up study, Hutchinson et al [16] found that of 48 cases of suicide for 1996, 39 (81.3%) were due to paraquat poisoning.[2] The incidence of paraquat induced suicide was 8.0 per 100,000 and more common in females in the 15-24 age group and more common among men in the 25-34 age group. Reasons cited for the cause of this were the highest for family-of-origin issues followed by marital problems. The study established that paraquat poisoning was a

[2] Paraquat is a toxic chemical that is widely used as an herbicide (plant killer), primarily for weed and grass control. In the United States, paraquat is available primarily as a liquid in various strengths. The US Environmental Protection Agency classifies paraquat as "restricted use." This means that it can be used only by people who are licensed applicators. Because paraquat is highly poisonous, the form that is marketed in the United States has a blue dye to keep it from being confused with beverages such as coffee, a sharp odour to serve as a warning, and an added agent to cause vomiting if someone drinks it. Paraquat from outside the United States may not have these safeguards added [17].

significant form of suicide in Trinidad and within the East Indian population. More recent studies, such as that carried out by Emmanuel and Campbell [18], continue to show suicide attempts within the Indo-Caribbean demographic group are significantly more prevalent than in other Caribbean populations. The study also revealed that countries with larger Indo-Caribbean populations exhibited higher rates of suicidal attempts.

11.4. Substance Abuse

According to one member of our scoping team, Dr Lisa Rampersad, alcohol abuse is widespread in the Caribbean community, and even promoted in music, making it a regular part of life. She adds that the use of cannabis has also been part of the Caribbean culture and has recently been decriminalised in Trinidad and Tobago, indicating a wider acceptance of its use. There remains a lack of research on the community's use of centrally acting substances. Nevertheless, there is some indication that it may be a prevalent issue within the Indo-Caribbean community, with a higher level of alcohol use shown in Trinidad, Tobago and St. Lucia for those young people practicing the Hindu religion in comparison to other religious groups, as found by Rollocks and Dass [19]. According to Dr Rampersad, the use of alcohol is promoted in music, making it a normal part of life. It is clear that these claims, whilst based on experience, are anecdotal and require systematic investigation.

11.5. Identity formation and mental health

It could reasonably be argued that matters relating to identity formation are a key component of the Indo-Caribbean community's experience, as is evident in their rich historical and cultural heritage. This impression has been formed based on personal stories as exemplified by Dr Lisa Rampersad (see page 4), and from the limited evidence found in literature (e.g., Ref. [20–22]).

Identity formation is a complex "dialogical process shaped by multiple, contradictory, asymmetrical, and often shifting cultural voices of race, gender, sexuality, and nationality" ([23], p.228). Historically, during the colonial period, British policies reinforced racial divisions between Afro-Caribbeans and Indo-Caribbeans. Such divisions may have benefitted the need for production and order within sugar plantations as well as helped maintain a racial order rooted within white supremacy and anti-Black structures [22]. Though the Indo-Caribbean community in the Caribbean attempted to maintain the caste system, this was diluted and developed into two forms – "high nation" and "low nation" – where there was a shift in emphasis to a differentiation in class systems based on education, economic power, and profession. Roopnarine [22] suggests that this resulted in further stratification in the community according to "power, privilege and prestige" and the development of a three-tiered system of class – a small elite class at the top, a larger low class at the bottom, and an invisible middle class in between. This class divide widened the gap between those with Indian heritage working on the plantations (at work) and East Indians in their communities (at home).

These 'new' classifications may have required the community to adjust their views and lives in the Caribbean to new western forms and interpretations of race, class, and gender relationships, it is unclear from the literature what impact this has had on the community as it stands today or if inter-generational trauma is an issue. There remains little to no research exploring the community's current experiences and how these affect their overall health. Additionally, there seems to be a lack of consensus in the limited literature available regarding whether the East Indian family was successful in preserving their traditional systems or incorporating them into their new surroundings. According to Nevadomsky (1980; as cited in Ref. [22]), during these social changes the East Indian family could not maintain or integrate their traditional systems as opposed to their African counterparts. Whereas Morton Klass (1961; as cited in Ref. [22]) suggested that the East Indians living in the Caribbean were able to preserve important homeland social institutions such as marriage and joint family patterns with some adjustments.

Roopnarine [22] suggests that Caribbean East Indians' identity may fit into four different categories, however he maintained their identity remains complex and could transgress these categories of organisation. He continued to emphasize the importance of affirming the fluidity of their ethnical-cultural heritage and identity development. He concludes by saying "there is an Indo- Caribbean crisis. That is there is a growing distance between India and Caribbean East Indians as well as Caribbean East Indians and the Caribbean East Indian Diaspora" (p. 10).

11.6. "Otherness", otherism, discrimination, and mental health

Exploring the concept of "Otherness" and its role in developing social identity and mental health difficulties, Bhugra et al. [24] suggested it has negative implications for healthcare relationships, therapeutic outcomes, help-seeking behaviours, and patient wellbeing across various healthcare disciplines.

Bhugra et al. [24] suggest that social identities are developed in relation to groups or individuals that we perceive as different from ourselves. This can create a binary opposition between "us" and "them" that is pervasive across various domains, "including biological sex, species, profession, mental health, and legal categories" (p. 2). In this case, our sense of self is then validated by the perceived difference between ourselves and others and can therefore strengthen hierarchical disparities between groups. Often the majority group, who are considered to personify the "normal" cultural standards, is differentiated from minority outgroups, who are often seen to embody "strange or different" identities. These distinctions or practices are linked to colonialism and imperialism, where there is a need to control and dominate the Other, as can be seen in the experiences of the Indo-Caribbean and Afro-Caribbean communities during the period of indentureship and thereafter emancipation.

Othering, which involves creating this division between groups of people based on social identities, can result in various forms of discrimination, ostracism, disenfranchisement, stigmatization, and oppression. These negative effects can be explicit or implicit in institutional patterns and can impact policies, laws, and social practices. Which in turn can intensify health inequities "due to entrenched power dynamics and infrastructural care pathways that favour social majority groups" (p.3). In addition to the effects this can have on institutional structures, Othering could also lead to idiosyncratic psychopathological risk factors in comparison to the dominant majority and can add to minority group-based stressors. The phenomenon could also lead to negative cognitive effects, such as executive functioning impairments, shape self-image and influence changes in individual behaviours [24].

11.7. Access to mental health services

Reduced access to mental health care is a major issue affecting ethnic minority communities in many countries (e.g. Ref. [25]). Though there was an increase in awareness, research and advocacy efforts, there remains a significant gap in access to mental health services for ethnically diverse individuals. A recent report by the UK government's Race Disparity Unit showed that ethnic minority communities were less likely to access mental health services than the overall population, and they often faced significant barriers when attempting to do so [26].

One of the key reasons for the lack of access to mental health services for individuals is the prevalence of structural racism in healthcare systems. Research suggests that current health and more specifically mental health systems lack the cultural competence required to offer effective services. Other factors such as financial, organisation, and diagnostic factors as well as practitioner implicit biases and discrimination contributes to inappropriate utilisation of services (e.g. Ref. [25–27]). These factors can lead to misdiagnosis or inappropriate treatment, which can ultimately exacerbate mental health issues.

In addition to the above, there are several individual and cultural influences within ethnically minoritized communities that can prevent individuals from seeking help and accessing services (see Figure 3). For example, one study noted an absence of mental health literacy within the participants and, moreover, it spoke to a strained relationship that appeared to be present between service providers and service users [27]. It also proposed that the above as well as lack of mistrust could be substantial barriers to accessing mental health support.

Though the research considered the broad grouping of "Black and Asian Minority Ethnic" populations it could be argued that the Indo-Caribbean community may have similar experiences. However, it would be prudent to examine their needs independently as they may have idiosyncratic experiences in comparison to others.

12. Discussion

The most striking finding of the scoping review is the lack of any clear data on the health of the Indo-Caribbean community in the United Kingdom. There is no clear evidence-base on which to base a thorough analysis on the health needs of this group of people. This is perhaps unsurprising given the current lack of a category of 'Indo-Caribbean' in the UK census and the lack of documentation on migration of this group of people from the Caribbean. What was apparent from other available sources was that this group may be at risk of raised levels of physical and mental ill-health.

From the examination of other existing literature, it is apparent that the British, Dutch, and French colonization is likely to have had a significant impact on the health needs of individuals from within the Indo-Caribbean community. The legacy of colonialism has resulted in a complex interplay of factors that have contributed to poor physical and mental health outcomes, including discrimination, dislocation, and cultural suppression. It has become apparent that the unique social determinants of health that affect Indo-Caribbean individuals must be considered when developing physical and mental health interventions. These determinants include historical trauma, immigration, socioeconomic status, and access to culturally competent mental and physical health care. Any effective mental health interventions must address these social determinants of health to adequately address the health needs of the Indo-Caribbean community. It is important to recognize Indo-Caribbeans as a distinct group, rather than grouping them together with other ethnic communities. This could help to improve understanding of their specific health needs and inform policy development.

Overall, the findings emphasize the need for more research and policy that considers the specific health needs of the Indo-Caribbean community, and for mental health services that are culturally appropriate and address the unique experiences and needs of this community. It will be important to involve Indo-Caribbean communities in the development of these services to ensure that they are effective and meet the needs of those who require them.

13. Recommendations

1. More research is needed to specifically address the mental health needs of the Indo-Caribbean community, as the current evidence base is lacking. This should involve conducting studies that focus on this community, rather than grouping them together with South Asians.
2. The government should include Indo-Caribbean as a separate category in the next census to enable better tracking of health and wellbeing outcomes, as well as identifying potential areas for targeted intervention.
3. Statutory services should collect data on Indo-Caribbeans to better understand the specific health needs of this community and ensure that services are tailored to meet their needs.
4. To improve access to mental health care for the Indo-Caribbean community, it is important to address structural barriers such as reducing stigma and increasing funding for mental health services targeted towards ethnically minoritized individuals. It is also crucial to involve Indo-Caribbean communities in the development of mental health services and advocacy efforts.
5. Health services should recognize that Indo-Caribbean identities are diverse and fluid and allow for the expression and negotiation of multiple cultural identities. Mental health services should be culturally appropriate and consider the unique experiences and needs of this community.
6. Cultural practices and the maintenance of cultural identity can serve as a protective factor against mental ill-health. Mental health services should recognize and value the positive impact of culture and allow for cultural practices to be incorporated into treatment plans, where appropriate.

CRediT authorship contribution statement

Jeeda Alhakim: Data curation, Formal analysis, Investigation, Methodology, Project administration, Resources, Writing – original draft. **Koravangattu Valsraj Menon:** Conceptualization, Data curation, Formal analysis, Funding acquisition, Investigation, Methodology, Project administration, Resources, Supervision, Validation. **Rachel Tribe:** Conceptualization, Data curation, Formal analysis, Funding acquisition, Investigation, Methodology, Project administration, Resources, Supervision, Validation, Writing – review & editing.

Declaration of competing interests

The authors declare the following financial interests/personal relationships which may be considered as potential competing interests: Dr Jeeda Alhakim reports financial support was provided by Careif charity to complete the report. If there are other authors, they declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Data availability

No data was used for the research described in the article.

References

[1] Maharajh HD, Merrick J. Social and cultural psychiatry experience from the Caribbean region. New York: Nova Science Publishers, Inc; 2010.
[2] Worldometer (2023) Population of Caribbean (n.d.). Retrieved May 2024 from https://www.worldometers.info/world-population/caribbean-population/.
[3] Striking Women. Indentured labour from South Asia (1834-1917). https://www.striking-women.org/module/map-major-south-asian-migration-flows/indentured-labour-south-asia-1834-1917.
[4] Khan A. Rites and rights of passage: seeking a diasporic consciousness. Cult Dynam 2007;19(2–3):141–64. https://doi.org/10.1177/0921374007080289.
[5] Roopnarine L. The Indian Caribbean: migration and identity in the Diaspora. University Press of Mississippi; 2018.
[6] Kaladeen M, del P, Dabydeen D. The other windrush: legacies of indenture in Britain's Caribbean Empire. London: Pluto Press; 2021.
[7] National Archives. Migration histories. 2023. https://webarchive.nationalarchives.gov.uk/ukgwa/+/http://www.movinghere.org.uk/galleries/histories/caribbean/settling/indo_caribbean2.htm.
[8] Moss K, Adams E, Toner D. Immigration, intoxication, insanity, and incarceration in British Guiana. Slavery & Abolition 2022;43(4):705–29.
[9] World Health Organisation. First WHO report on suicide prevention. https://www.who.int/news/item/04-09-2014-first-who-report-on-suicide-prevention; 2014.
[10] Williams DR, Haile R, González HM, Neighbors H, Baser R, Jackson JS. The mental health of black Caribbean immigrants: results from the National Survey of American life. American Journal of Public Health 2007;97(1):52–9. https://doi.org/10.2105/AJPH.2006.088211.
[11] Bapatla N, Ramoutar UD, Sharma N, et al. Cardiovascular disease in the Indo-Caribbean population: a scoping review. Cureus 2021;13(6):e15375. https://doi.org/10.7759/cureus.15375.
[12] World Health Organisation. Suicide. https://www.who.int/news-room/fact-sheets/detail/suicide; 2021.

[13] Pan American Health Organisation PAHO. The burden of suicide in the region of the Americas. ENLACE data portal. Pan American Health Organization; 2021. 2021, https://www.paho.org/en/enlace/burden-suicide.
[14] Mahy G. Suicide behaviour in the Caribbean. Int Rev Psychiatr 1993;5(2–3):261–9. https://doi.org/10.3109/09540269309028316.
[15] Hutchinson G, Simeon D. Suicide in Trinidad and Tobago: associations with measures of social distress. Int J Soc Psychiatr 1997;43(4):269–75.
[16] Hutchinson G, Daisley H, Simeon D, Simmonds V, Shetty M, Lynn D. High rates of paraquat-induced suicide in southern Trinidad. Suicide Life Threat Behav 1999;29:186–91.
[17] Centres for Disease Control and Prevention (CDC). CDC | Facts about paraquat, May 16; 2019. https://emergency.cdc.gov/agent/paraquat/basics/facts.asp.
[18] Emmanuel MK, Campbell MH. Commentary: homicide-suicide in the Caribbean. J Am Acad Psychiatr Law 2012;40(4):469–71.
[19] Rollocks S, Dass N. Influence of religious affiliation in alcohol use among adolescents in trinidad, tobago, and st. Lucia: a follow-up study. Am J Drug Alcohol Abuse 2007;33:185–9.
[20] Khan C. Searching for boxes to check: constructing boundaries of second-generation Indo-Caribbean identity through community initiatives. Soc Ident 2022;28(6):730–46. https://doi.org/10.1080/13504630.2022.2148645.
[21] Khan C. Intergenerational differences on antiblackness in the Indo-Caribbean community in New York city. Ethn Racial Stud 2024;47(4):809–30.
[22] Roopnarine L. Indo-Caribbean social identity. Caribb Q 2006;52(1):1–11. https://doi.org/10.1080/00086495.2006.11672284.
[23] Bhatia S, Ram A. Culture, hybridity, and the dialogical self: cases from the South Asian Diaspora. Mind Cult Activ 2004;11(3):224–40. https://doi.org/10.1207/s15327884mca1103_4.
[24] Bhugra D, Smith A, Liebrenz M, Ventriglio A, Gnanapragasam SN, Buadze A, Pemberton M, Poulter D. "Otherness", otherism, discrimination, and health inequalities: Entrenched challenges for modern psychiatric disciplines. Int Rev Psychiatry 2023;35(3–4):234–41. https://doi.org/10.1080/09540261.2023.2192275.
[25] Arday J. Understanding mental health: what are the issues for black and ethnic minority students at university? Soc Sci 2018;7(10):196. https://doi.org/10.3390/socsci7100196.
[26] Commission on Race and Ethnic Disparities. The report of the commission on race and ethnic disparities. https://www.gov.uk/government/publications/the-report-of-the-commission-on-race-and-ethnic-disparities; 2021.
[27] Memon A, Taylor K, Mohebati LM, Sundin J, Cooper M, Scanlon T, de Visser R. Perceived barriers to accessing mental health services among black and minority ethnic communities: a qualitative study in southeast England. Lancet 2016;388:S76. https://doi.org/10.1016/S0140-6736(16)32312-1.

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