

Engaging Newcomers in Mental Health Promotion: Suggestions for Service Delivery

By Leah Petersen, M.A., CCC

SUMMARY

Background

Effectively meeting the mental health needs of new immigrants and refugees (IRs) poses challenges due to language and cultural differences in addition to stressors associated with migration. MOSAIC, a multicultural non-profit serving IRs in the lower mainland of Vancouver, has committed to developing and piloting culturally appropriate and accessible counselling services for IRs beginning in the fall of 2015. The initial phase of their goal in providing mental health services was to seek action research funding to engage IR populations and frontline service providers in the process.

Project

This article presents the processes and outcomes of a demonstration project that used community action research to learn about the mental health needs of immigrants and refugees (IRs) in the City of Vancouver. In collaboration with Vancouver Coastal Health's Bridge Clinic, MOSAIC engaged service users and frontline workers in action research in order to learn about IR barriers to access mainstream mental health services, and their cultural models of care. Funded by the City of Vancouver's Social Innovation Project Grant, the project targeted Chinese, Filipino and South Asian immigrants, as they comprise the largest immigrant populations in the City of Vancouver. The primary goal of the project was to discover common cultural practices among these three ethnic populations in Vancouver to inform the development of more accessible and culturally appropriate mental health services.

Method

Effective mental health promotion begins with engaging community members. MOSAIC ran a total of 5 focus groups with participants from Chinese, Filipino and South Asian immigrant communities. Initially, a focus group was held with cultural key informants to learn the most appropriate recruitment methods, focus group structures, and questions.

To recruit participants, flyers were distributed to local settlement services and community centers. In addition, flyers were sent out electronically to a vast network of settlement workers across the City of Vancouver. Participant criteria were minimal: Self-identifying as a member of the targeted populations, 19 years of age or older, and proficient in English (screened via phone interviews).

Results

Focus group discussion questions addressed the following issues: Accessibility of current mental health services, cultural healing practices, and suggestions for future programs and services. Below are table summaries of the discussions from all five focus groups:

Table 1: Factors that Affect Accessibility

Stigma	Cultural Understanding of Mental Illness	Environmental Stressors	Practical Barriers
Poor treatment of mental health patients in home country	Health viewed holistically as an interconnected system between body, mind and spirit	Lack of employment and income	Isolation; difficulty leaving home to seek help
No degrees of mental health; people are either well or “crazy”	Illness can be understood as a poor connection to God	Learning a new language, system, and cultural norms	Lack of awareness of services
People are labeled for seeing a psychiatrist	Supernatural forces can cause mental illness (i.e. curse)	Discrimination	Language
Lack of knowledge about mental health creates underlying fears	Lack of balance between yin and yang impacts mental health Mental health problems often manifest as physical symptoms, and are understood as bodily issues	Competition and familial pressures to succeed	

Table 2: Cultural Healing Practices

Mental health	Physical health	Spiritual health
Self-help: reading books about emotional wellness, using proverbs	Traditional Chinese Medicine (TCM) for herbs, to balance yin and yang, and for long term treatment/maintenance of health	Going to Church/Temple
Self-care: exercising, good nutrition, socializing, being in nature	Acupuncture, healing massage	Engaging in prayer/meditation
Seeking counselling support or speaking with trusted family and community members	Exercise (i.e. yoga, walking)	Seeing a spiritual healer to rid oneself of a bad spirit
Seeking psychiatric support as a last resort		Engaging in rituals such as black magic, evil eye, and red chili pepper burning to cure mental illness

Suggestions for Programs and Services

Positive mental health campaigns. In order to increase awareness of services among new immigrant communities, participants suggested using positive mental health campaigns to garner interest. Because of the shame and stigma associated with seeking help, promoting services as wellness programs would increase interest and engagement.

Psycho-educational groups. Participants expressed concern about the lack of education in their cultures on the signs and symptoms of mental illness. They shared their fears of mental illness going undetected, and the potential risk of suicide. They stated that psycho-education groups would be important for new immigrants to learn how to recognize mental illness.

Therapeutic group activities. In the interests of promoting wellness, it was suggested that group activities be offered to provide peer-to-peer support. Structured outings in the community, with a counsellor present, would provide participants with the opportunity to talk about their social/emotional problems in a more relaxed environment while also being physically active.

Counselling services in the community. Participants unanimously stated that counselling services are not stigmatizing like psychiatric services. They stated that the availability of free or government funded counselling services in the community would be hugely beneficial. By offering counselling services at community centers and/or settlement agencies, immigrants are far more likely to access the services. In addition, the provision of outreach workers would ensure that new immigrants who are more socially isolated get the support they need.

Building linkages with temples and churches. In order to improve the flow of information and resources regarding mental health, participants suggested liaising with and building partnerships with religious affiliations. Because faith plays an integral role in the lives of most immigrants, it is important for community and settlement services to build relationships with faith communities, so that new immigrants have better access to mental health care services and programs.

Provider education. Focus group participants discussed the importance of family doctors having better training and education on recognizing mental health symptoms in their patients. Due to the physical manifestation of mental health problems, it is critical that doctors are able to recognize symptoms to provide appropriate treatments and referrals.

Conclusion

The growing cultural diversity in the City of Vancouver poses unique challenges for mental health service delivery. MOSAIC's action research with IR populations provided information on participant barriers to access local services, cultural understandings of mental health, healing practices, and recommendations for service providers. Focus group outcomes were consistent with current themes in the cross-cultural mental health literature. Although there are significant challenges to providing mental health services that are accessible and culturally safe for IRs, this project has provided suggestions for interventions that could be delivered in the community at settlement service agencies or community centers. By integrating prevention and early treatment services for IRs into our mainstream mental health services that recognize and respect IR cultural models of care – we are getting closer to mental health service delivery that is inclusive.