

Exploring Immigrant Women's Mental Health Experiences using a Postcolonial Feminist Perspective Inquiry

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Introduction:

Immigrants coming to Canada from non-European have increased significantly over the past several decades. As a result there is a stronger emphasis on the health care provider to provide culturally sensitive and appropriate care, as well as to promote equity within health care.

Evidence has shown that immigrant and refugee women experience difficulties in accessing and using mental health services

(Meadows, Thurston & Melton, 2001; Morrow & Chappell, 1999; Stewart et al., 2008).

Background:

- Alberta has a population of over 3 million people-immigrants account for 16.2% of this total; while in Calgary immigrants make up 23.4% of the total population (Census, 2006).
- Many studies report that serious mental health problems exist among immigrant & refugee women. In order to decrease the severity of mental illness and its consequences in preventing secondary problems, health care providers must address these issues (Beiser, 2005; Bhui et al., 2003; Li & Browne, 2002).

Research has been conducted on immigrant women's mental health care experiences yet:

- There is limited understanding of how these women access multiple levels of health care to deal with mental illness
- Thus we need research that pays attention to how contextual factors such as cultural, social political, historical, and economic intersect with race, gender, and class to influence these women's mental health care practices, their access to mental health care services, and social support networks.

We contend that the postcolonial feminist perspective would be useful in:

- Exploring the mental health care needs of immigrant women
- Increase understanding and awareness of what would be helpful in meeting their needs
- Providing an analytic lens to view the impact of these contextual factors in shaping immigrant women's mental health care experiences

What is Postcolonial Feminist Perspective?

Central Tenets:

1. Postcolonial feminist researchers argue against the objectivism and value free epistemology of traditional scientific inquiry; theorize that knowledge is socially constructed & value laden (Ghandi, 1998). Positionality of the researcher is acknowledged & incorporated into research analysis.
2. Committed to examining how race, gender, and class relations influence social, cultural, political, and economic factors, which in turn shape the lives of immigrant women living with mental health illness.

Central Tenets:

3. A feminist project is a social justice project which places women's experiences at the centre of analysis. Central aim is not only to generate an accurate account of women's lives from everyday experiences but to improve the oppressive conditions in which they live (Anderson 2002; Collins 2000).
4. Postcolonial feminist research pays attention to the interlinking of knowledge and power relations. Knowledge cannot be reduced simply to language, meaning or whether or not the investigations of theories are true because all knowledge is subject to change under the influence of power relations within social institutions and disciplines (Foucault 1980).

An important function of postcolonial feminist research is to examine how inequity and unequal social power relations influence the distribution of health care resources and accessibility of health care services for women of marginalized social groups (Anderson 2000, 2002).

Contextual Factors Affecting Alberta Immigrant Women's Mental Health Care Experiences

- Exploratory qualitative study conducted in a western province of Canada
- In-depth interviews utilizing semi-structured questionnaires were carried out with 10 immigrant women (born in China, Vietnam, and Sudan)
- Past history of mental illness diagnosis & experience with accessing mental health care services

(Donnelly, 2006)

- **Purpose:** a) investigate how social, cultural, political, historical, and economic factors intersect with race, gender, and class to influence the ways in which immigrant women manage their mental illness, access available health care services, and social support networks
- (b) identification of barriers/facilitators
- (c) identify health care strategies that are culturally appropriate and effective at meeting mental health care needs from the immigrant women's perspective

Interview questions were carefully constructed to explore:

- Whether immigrant women viewed themselves as having difficulties with mental health care access; were available mental health care services suitable & accessible to them
- How they promote mental wellbeing; what prevented and what motivated them to seek help for their mental health problems
- What they perceive as the best possible strategies to prevent mental illness among immigrant women

- Other interview questions were aimed at whether or not the participants viewed gender, social position, racism and discrimination as affecting their mental health care experiences and access to services
- Provided additional insight into the structural barriers and gendered social relationships that influence immigrant women's lives and their health care practices

Utilizing the postcolonial feminist perspective:

- Helped us to explore the intersecting forces that influence the immigrant women's every day life and how they interpret and come to understand their health and access mental health care
- Allowed for understanding of how the views of immigrant women may be shaped by their past experiences from their home country and by other displacement experiences

Findings:

- (a) Immigrant women face many difficulties accessing mental health care due to: cultural differences, social stigma, insufficient language skills, unfamiliarity & unawareness of services, and low socioeconomic status.
- (b) Structural barriers, and gender roles are barriers to accessing the available mental health services.
- (c) The health care provider-client relationship had great influence on whether or not immigrant women sought help for mental health problems.

Implications for Practice & Policy

- A shift is required away from understanding culture as a social characteristic of the client to one that recognizes culture as a fluid and dynamic process, which is important to the every day situation of immigrant women.
- To provide quality & equitable care to immigrant women an alternate approach is needed that is not only culturally sensitive but that also considers the many determinants of health that affect their lives.

Implications for Practice & Policy

- To be aware that power, access to knowledge and privilege influence immigrant women's access to the available mental health care services.
- It is necessary to challenge oneself to recognize & question how stereotypical views & biases may affect practice & how the women accesses mental health services.
- Cultural safety is about recognizing negative attitudes and stereotyping of clients due to their ethnicity.

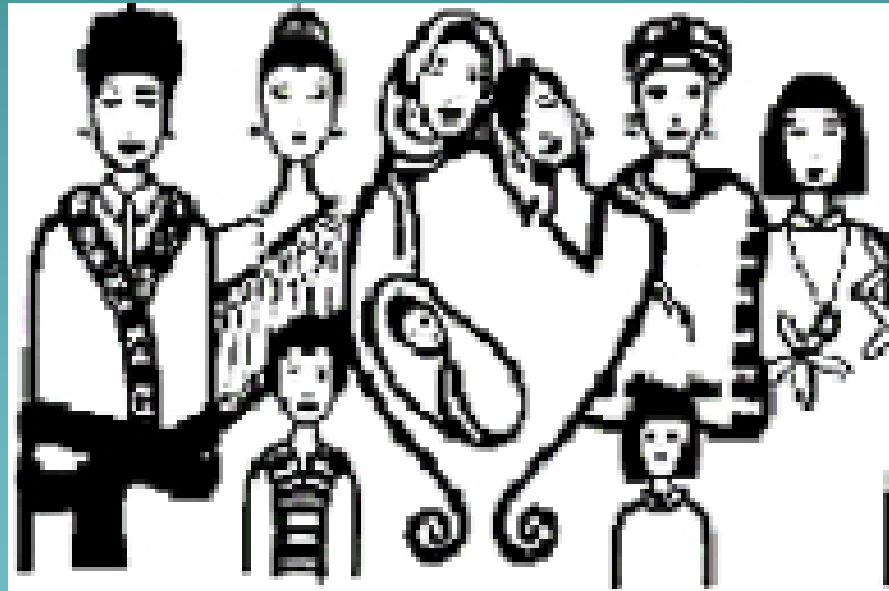
Implications for Practice & Policy

- Immigrant women's voices help define what the important issues are and suggest effective strategies to address the mental health problems.
- Strategies that are actively engaging women with mental illness and utilizing their experiences to guide policy change and innovation is necessary.

Implications for Future Research:

- Further research needs to focus on intervention strategies that listen to the immigrant women's perspective to provide significant information about their support needs and preferences
- A need to increase inquiry aimed at overcoming barriers & inequities to provide a clearer picture of service usage
- Gender lens application will help support & increase understanding of how social policy may create bias against immigrant women
- Research that is explicit about the forces that influence women's health & gives direction for addressing unequal power relations

Immigrant & refugee women's voices: Exploring postpartum depression help seeking experiences & access to mental health care



Research questions

- 1) How do immigrant & refugee women conceptualize postpartum depression?
- 2) How do immigrant & refugee women utilize available health care services & social support networks to cope with their PPD related problems?
- 3) How do contextual factors such as social, cultural, political, historical, and economic influence immigrant and refugee women's mental health care experiences?
- 4) What services or strategies could address postpartum depression care and treatment among immigrant and refugee women?

- **Background:** Postpartum Depression (PPD) affects 10-28 % of all new mothers globally
- Exact cause remains uncertain; general consensus suggest there are psychological & psychosocial factors that predispose women to this condition (Beck,2008;Dennis & Creedy; Stewart et al., 2008)
- **Population Health & Surveillance Data**
Calgary, July 2007-June 2008: 15,000 maternal events (births); (10.7%) screened as high risk for postpartum depression during this timeframe (Alberta Health Services, 2009)

- Immigrant and refugee women may be particularly vulnerable to less than optimal health outcomes following childbirth because of language difficulties, as well as cultural and socioeconomic factors that shape their postpartum experiences (Katz & Gagnon, 2002; Sword, Watt & Krueger, 2006).
- Until recently PPD research was focused more on the population as a whole and not specifically on the needs and issues of refugee and immigrant women (Dennis, Janssen & Singer, 2004; Stewart et al., 2008).

Theoretical Framework:

- Kleinman's Explanatory Model (1978, 1980) of health, disease, & illness will provide a framework by which to examine the interactions between immigrant & refugee women, their families and health care professionals, which reveal how cultural knowledge and values influence their help-seeking behavior to PPD health care services.
- Postcolonial Feminist Perspective will provide an enquiry into the multifaceted socio-economic, historical and political forces which shape the immigrant & refugee woman's mental health care experiences (Anderson, 2002; Reimer Kirkham & Anderson, 2002).

Research method:

- In-depth critical ethnographic interviews:
"style of analysis & discourse embedded within conventional ethnography...critical ethnography is conventional ethnography with a political purpose..." (Thomas,1993)
- Foremost concern is about social inequalities and work is directed toward positive social changes

Sample:

- Purposive & snowball sampling: 30 immigrant & refugee women living in Calgary, Alberta
- Network & gain support from health care providers & key individuals to gain access
- Each participant will have 2 interviews, the 2nd interview being a member check
- Open ended questions used as prompts to encourage participants to talk about their experiences in their own words that provide rich, descriptive context

Inclusion criteria:

- 1) Women with immigrant or refugee status living in Canada < 10 years
- 2) 18 years of age and over
- 3) EPDS screening indicates high risk for PPD (score of 10 and above) < 5 years
- 4) Current stable mental health
- 5) Interviews will be conducted in the participant's first language

Edinburgh Postnatal Depression Scale (EPDS)

- 10 item self-report scale to screen for PPD in the community
- Valid screening tool for identifying women who are at risk for PPD but does not constitute a psychiatric diagnosis of depression
- Scores above 10 indicate mothers at risk
- All new mothers are screened at the two month well baby visit in the Community Health Centre

Outcomes/Impacts of Research:

- Knowledge gained will contribute to development of health care services that are effective, culturally appropriate to address PPD among immigrant & refugee women.
- Results made available to health care providers & policy makers with the aim to increase their understanding of how immigrant & refugee women cope with PPD, their related problems & their practices of promoting mental well-being.
- Provision of effective health care services addressing their mental health needs will result in useful mental health care while potentially reducing health care costs.

Thank you for attending!
Any Questions

