



# **Newcomers' Experiences with Accessing Mental Health Services: An Ethnographic Study**

**Kamini Kalia, RN, BScN, MScN**

**Cheryl Forchuk RN, PhD**

**Helene Berman RN, PhD**

**The University of Western Ontario**

*October 21st, 2009.*



# Definitions

- **Newcomers**
  - Immigrants
  - Refugees



# Background

- > 200, 000 newcomers each year
- 1/5 Canadians will experience a mental illness in a lifetime
- Inconsistencies in rates of mental illness in newcomers
- Risk factors: Pre-migration and Post-migration



# Background

- **Accessing Mental Health Services (MHS)**
  - Services are under-utilized
  - Cultural differences and competencies
  - Patterns of Acculturation
  - Stigma and Discrimination
- **Conclusions**



# Study Purpose

The purpose of this study was to understand how newcomers access mental health services in Canada.



# Research Questions

1. What are the experiences of immigrants and refugees accessing MHS?
2. What barriers and facilitators do newcomers experience in accessing MHS?



# Study Design

## Ethnography

- ...seek out and experience worlds different from their own to understand the meanings of social action within cultures

(Wolf, 2007)



# Recruitment

## Inclusion Criteria:

- Immigrants and refugees aged 18+
- Encounter with MHS
- In Canada for minimum 6 months
- English Speaking or Non-English Speaking

## Recruitment Methods:

- Information Letter and Flyer
- Public Presentations
- Community Leaders



# Data Collection

## Methods

### Interviews and Field Notes

- $N = 10$
- *Interpreters*

### Semi Structured Interview Guide



# Data Analysis

- Data driven inductive approach
- Data saturation
- Crystallization
  - Reflection
  - Discussion with research team

(Boyatzis, 1998)

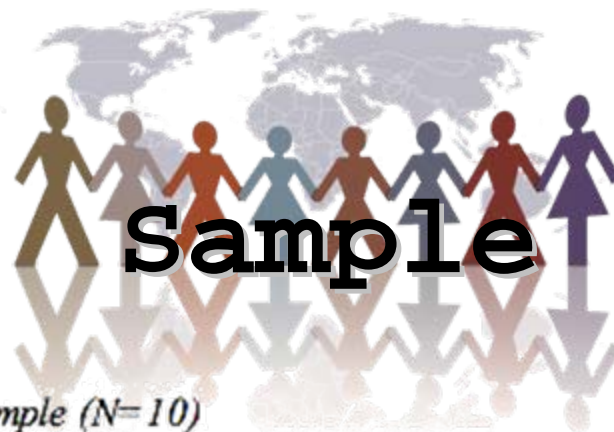
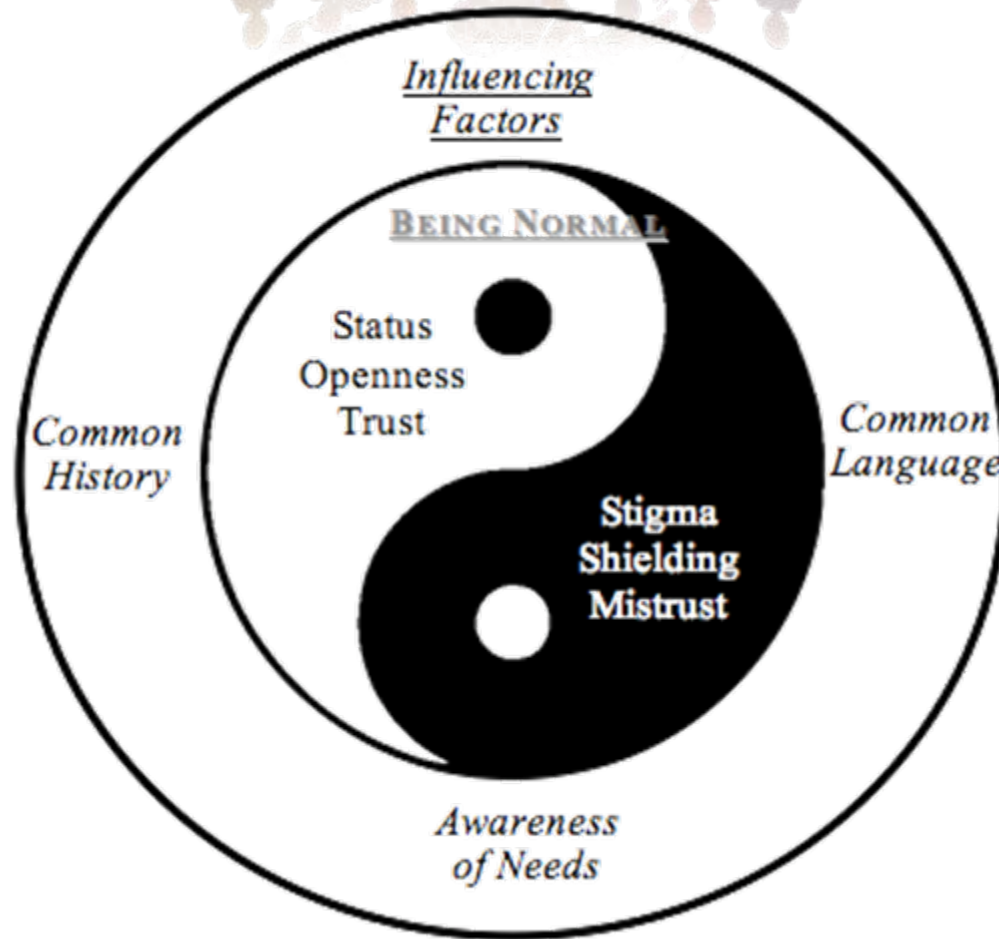


Table 1

*Characteristics of the Sample (N= 10)*

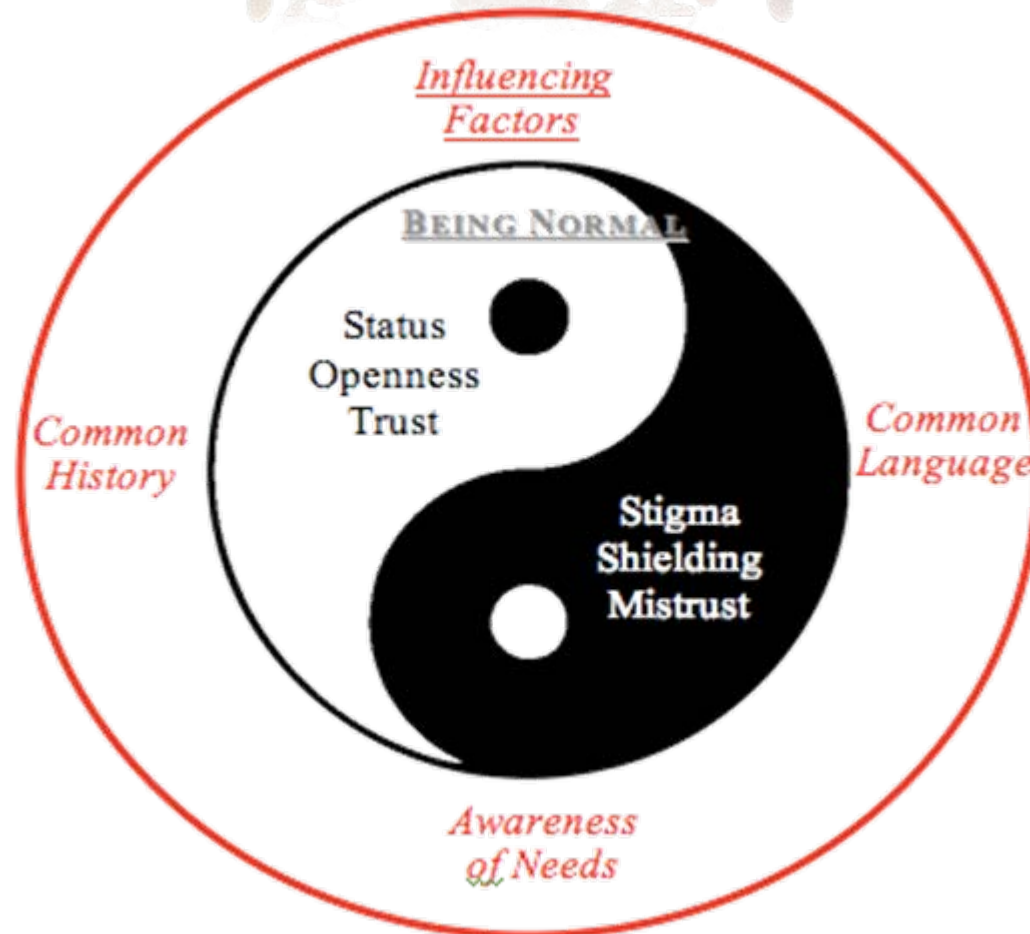
Characteristics		Frequency	Percent %
Gender	Male	2	20
	Female	8	80
Countries of Origin	Bosnia	6	50%
	Kurdistan	1	10%
	Iraq	1	10%
	Azerbaijan	2	20%
Length of Time in Canada	1-5 years	2	20%
	6-10 years	7	70%
	11-15 years	1	10%

# Experience at the Level of the Individual

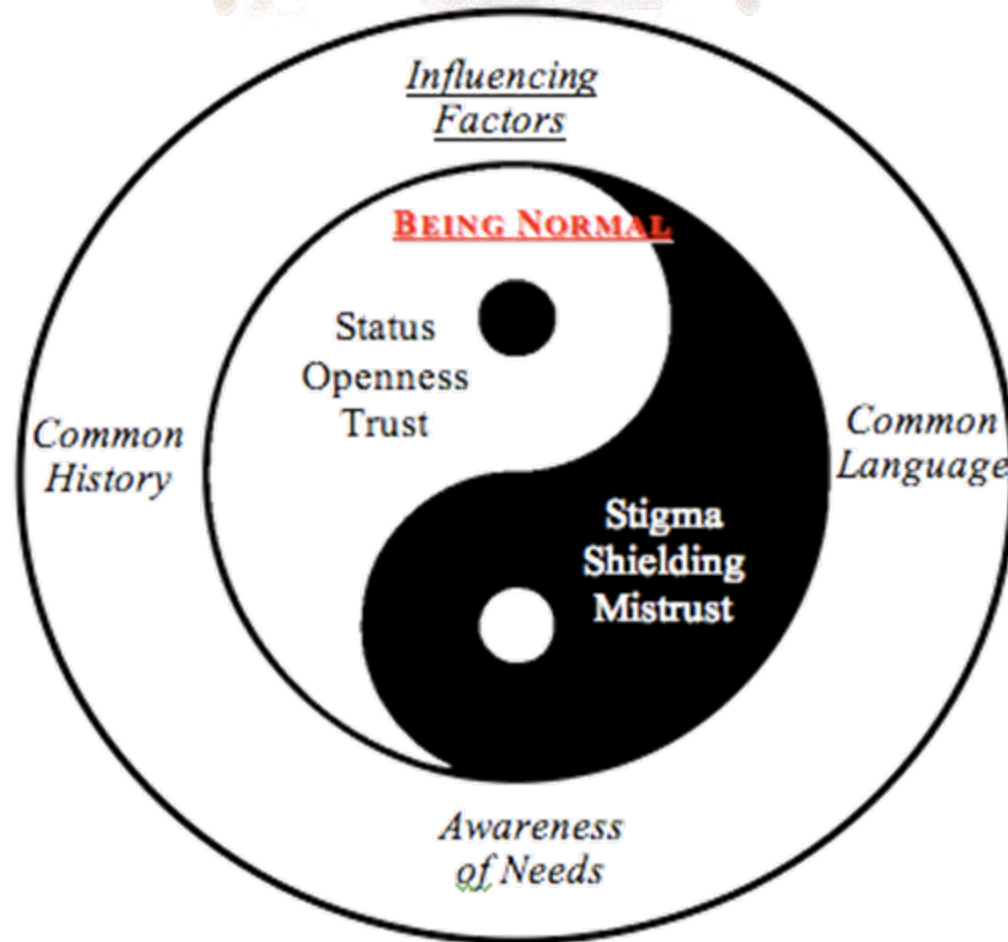


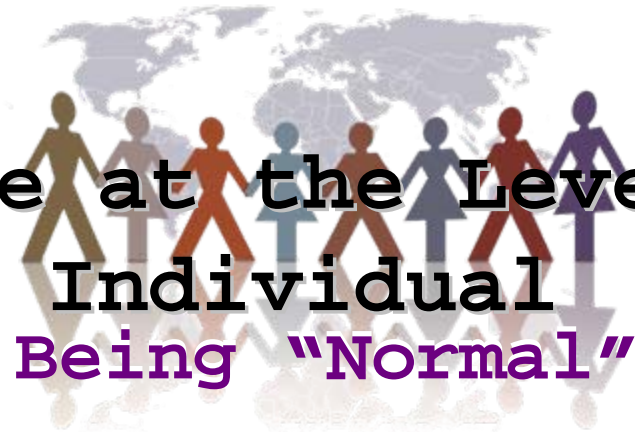
# Experience at the Level of the Individual

## Influencing Factors



# Experience at the Level of the Individual Being "Normal"

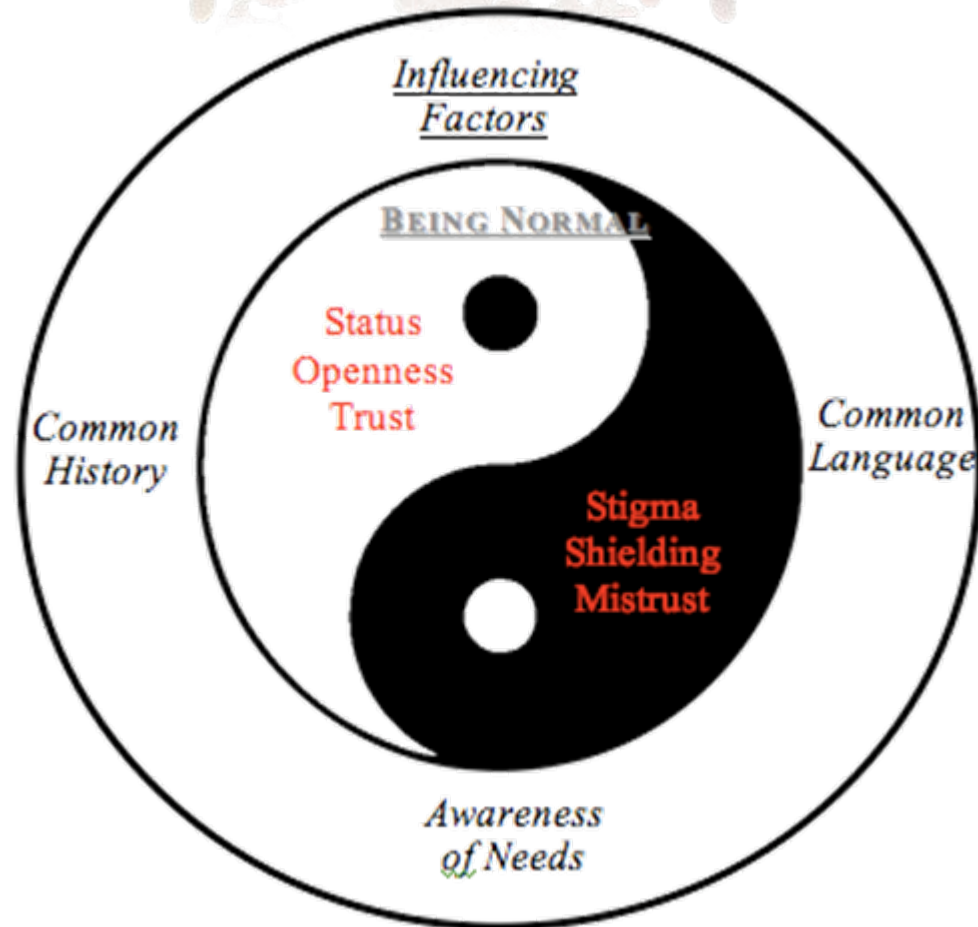




# Experience at the Level of the Individual Being "Normal"

*"...[b]ecause in my country if somebody goes to a psychiatrist, oh something her brain is wrong why she is going there, she's not normal anymore, she's abnormal. That's the cultural thing we always think. But in Canada, everybody goes to their psychiatrist or therapist, but in my back home, we think the same thing."*

# Experience at the Level of the Individual Dichotomies





# Experience at the Level of the Individual Status Vs. Stigma

*"In our culture, we didn't want to talk to somebody else, so [we] just keep it all inside...You know, our culture, um we always show that we have a nice uh, nice relationship. We don't want people to know that we have our difficulties. We don't always show. It's a status."*



**Experience at the Level of the  
Individual  
Openness Vs. Shielding**

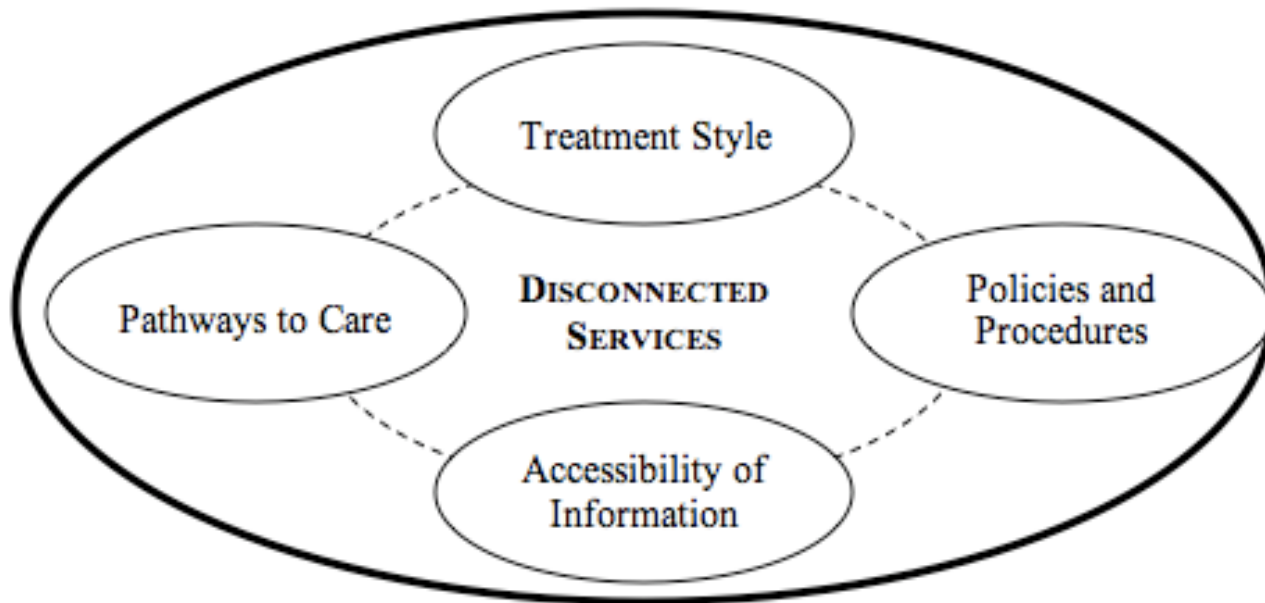
*"If I talk to my doctor, maybe doctor  
[will]talk to my daughter and that  
cause huge problem for me and  
misunderstandings, and I don't want to  
bother. So I keep my inside."*



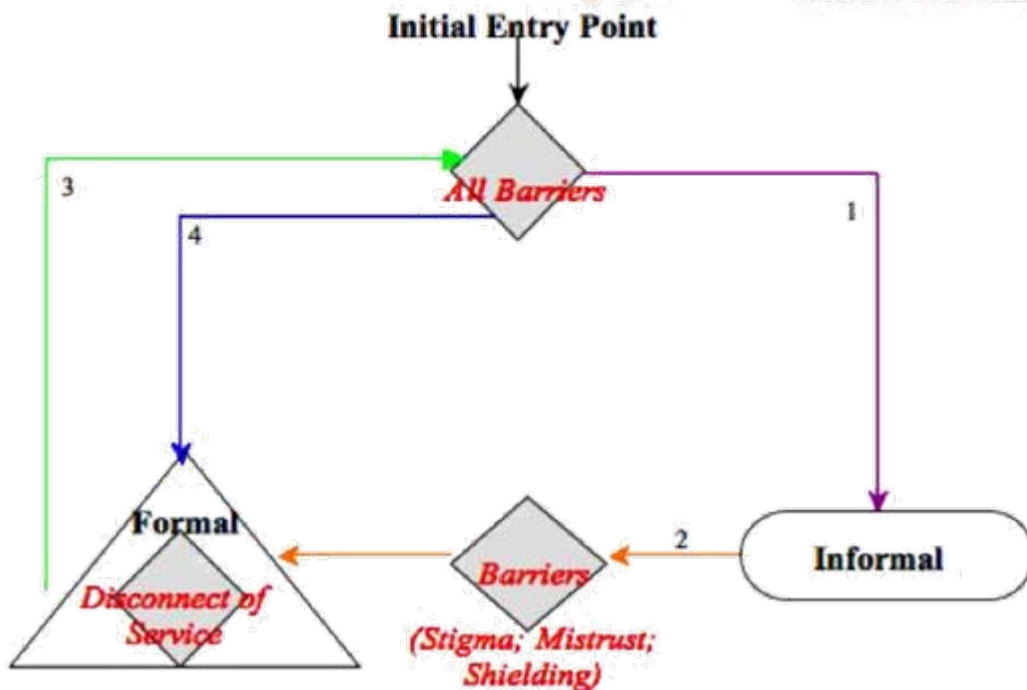
# Experience at the Level of the Individual Trust Vs. Mistrust

*"We had a really bad experience with it because we had this um, back in [home country] a fight was between Muslim and Serb and they found us a Serb translator. And then you can just imagine how that, it was really, my father was killed by a Serb, I did not want to see any Serbs, I did not have somebody translate for me, I really don't have trust in those people, so..."*

# Individual's Experience with the System



# Pathways to Care



## Pathway to Services Key

- 1 – The individual's direct path to informal mental health services.
- 2 – The path to informal services and subsequently, to formal services if barriers were overcome.
- 3 – The individual's direct path to formal services. Barriers that impede full and further access continue to exist.
- 4 – Formal services directly connect with the individual in need of help, however, barriers still exist which may impede use.



# Implications

## Practice

- Cultural sensitivity and competencies

## Education

- Improving curricula

## Policy

- Anti-discrimination initiatives
- Culturally appropriate services



# Limitations

- Use of Interpreter
- Openness of participants
- Geography



# Conclusions

- Revealed pathways to MHS
- Multitude of barriers and facilitators to accessing MHS
- Newcomers are balancing multiple experiences and are trying to navigate through a disconnected system



**Questions?**

**Thank You**