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Perceptions of Mental Health: Eight conversations with Mainers from Africa

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Background

As of 2016, 42 million refugees from around the world had been forced to flee their home lands due to war, persecution, or natural disaster (George & Jettner, 2016).

Due to these stressors along with relocation and resettlement, *refugees are at a significant risk for trauma and other mental health issues* (George & Jettner, 2016).

The literature consistently validates this heightened risk for mental illness in refugees. Additionally research suggests that non western communities often have different terms to define mental illness and stigmatize treatment (Bettmann, Penney, Clarkson Freeman, & Lecy, 2015).

Despite these findings, more research is needed into refugee's perspectives on mental health.

Objectives

- Elicit the beliefs and opinions of refugees about mental health, mental illness, and their implications.
- Examine how culture impacts the way we define mental illness or mental health.
- Empower refugees by creating a foundation for more culturally conscious mental health care.

Methods

- Semi-structured interviews with 8 refugees from Africa, 2 males and 6 females. Participants came from:
  - Democratic Republic of Congo (DRC)
  - Rwanda
  - Somalia
  - South Sudan
- Phenomenological study
  - Participants answered approximately 15 open ended questions
- Responses analyzed using thematic analysis

References

- Bettmann, J. E., Penney, D., Clarkson Freeman, P., & Lecy, N. (2015). Somali refugees' perceptions of mental illness. *Social Work in Health Care, 54*(8), 738-757. doi:10.1080/00981389.2015.1046578
- George, M., & Jettner, J. (2016). Migration stressors, psychological distress, and Family—a Sri Lankan Tamil refugee analysis. *Journal of International Migration and Integration, 17*(2), 341-353. doi:10.1007/s12134-014-0404-y

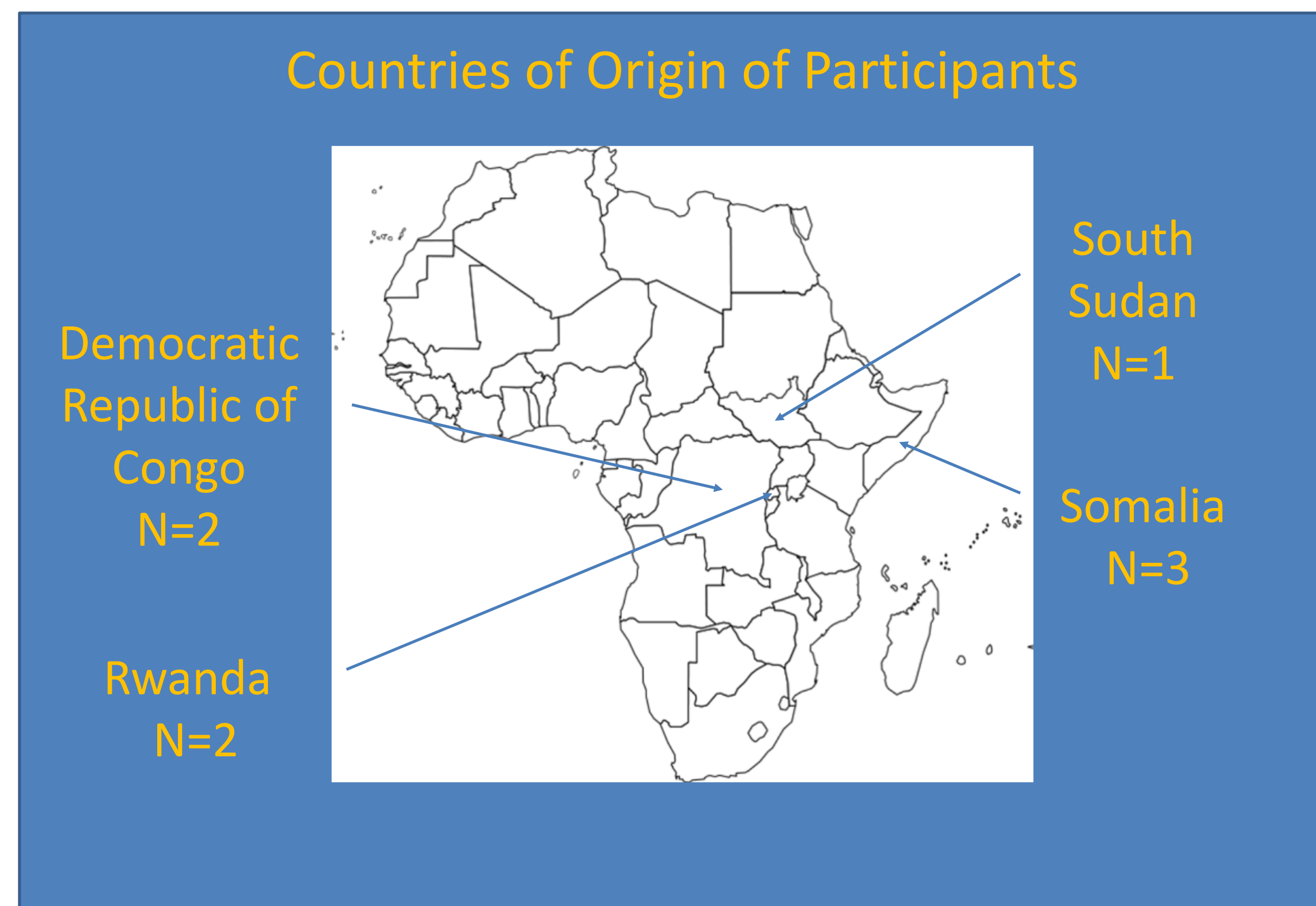Figure 1. Responses to "What does mental health mean to you?" in word cloud format

Countries of Origin of Participants

South Sudan N=1

Democratic Republic of Congo N=2

Somalia N=3

Rwanda N=2

Figure 2. Countries of Origin

Theme 1: "[M]ental health…is when you…mentally and emotionally don't feel, don't feel ok."

Theme 2: "[M]ental health is every single day life."

Theme 3: "In my community they believe that seeking help for mental health is a weakness."

Theme 4: "In my country, we don't have this opportunity to see someone you can explain your problems to…but here in America, I've noticed even people in my community are seeing social workers"

Theme 5: "You need to be available for your family"

Theme 6: "I would hear stories about people having the devil possess them, and then mosque would read the Quran on them and that would help them…Sometimes its permanent and sometimes not."

Figure 3. Participant quotes associated with themes

Findings

- Theme 1: Deficit focused conceptualization of mental health
  - Half of participants focused exclusively on mental illness
- Theme 2: Mental well being indicated by balance between:
  - The emotional self (wellness)
  - The physical self (brain health)
  - The spiritual self (religion, relationship with God or Allah)
- Theme 3: Stigma as a reason for not acknowledging mental illness
  - Accessing services as a sign of weakness
- Theme 4: Cultural response impacting mental health
  - Amount to which participant successfully acculturated impacts mental health
  - Migration and relocation experience impacting views of mental health
- Theme 5: The importance of family
  - Being separated from family as a source of mental illness
  - The struggles between parents and children in a new country
- Theme 6: Religion as a source of strength and/or explanation for mental illness

Discussion

❖ This study has added to the body of literature examining refugee's perceptions on mental health to in turn better serve those populations.

❖ Some participant's definition of mental illness aligned with western views attributing causes to biology or stress. Others defined mental illness as super natural events, for example being possessed by *Jinn*, the Somali word for "devil". Many noted "balance" as a sign of mental well being. Commonly shared ideas were that mental illness is caused by stress, spirit possession, trauma, family troubles, the lack of acculturation, finances, and environment.

❖ All participants discussed religion as a source of strength as well as treatment for mental illness. This is done through reading the Quran, talking to religious leaders, meditation, and prayer.

❖ The findings also suggests that with acculturation, education, and access to culturally conscious services, refugees will seek mental illness treatment although they may still feel stigmatized by community members for doing so.

❖ Participants in the study emphasized the need for more education and services tailored to their communities. This would help to counter the lack of treatment due to stigma and introduce the western view of mental illness.