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# Depression Among Older Immigrant African Women in Metro West Massachusetts

Bi Toh
*Walden University*

# Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral study by

Bi Toh

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Review Committee
Dr. Carlton Huff, Committee Chairperson, Social Work Faculty
Dr. Juanita White, Committee Member, Social Work Faculty
Dr. Nancy Campbell, University Reviewer, Social Work Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
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Abstract


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by

Bi Brenda Toh



MSW, Wheelock College Boston, 2015

BA, University of Buea, 2002



Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

This study addressed depression among older immigrant African Women in Metro West Massachusetts to better understand the causes and prevalence of depression among older women coming from Africa to live in the United States. The study situated older women to be above the age of 55 and focused on exploring the views of social workers in relation to issues of depression among these women. It addressed the factors that influence older immigrant African women's adaptive capacity in Metro West Massachusetts, the mental health service social workers offer to older women from Africa living in the United States, how social workers assess the need for mental health services for their clients, and the service modifications social workers can introduce to enhance mental health service delivery for older women coming from Africa. These issues were investigated from the perspectives of the structural-functional theory, whereby data were collected using interviews. Data were transcribed, coded and theme developed. The sample size was limited to 12 participants who were selected using quota sampling. The findings obtained indicated that socioeconomic and cultural background; reasons for migrating; experiences before, during, and after migration; English language proficiency; stigma and marginalization; residential location; and individual characteristics are some of the factors that influence the adaptive capacity and mental health of older African women immigrants. These findings indicate that for positive social change social workers should focus on understanding these factors to enhance the effectiveness of their mental health service delivery.

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Dedication

This study is dedicated to the memory of my grandfather Yong Zacharia, my grandmother Princess Sarah Kouh, my uncle Joseph Ayeah Nuh, "so I will not live to be called the uncle of a doctor?," my aunt Martha Winain Ngam, and my younger sister Sih Prescilla Toh Yurica, who could not live to see this moment.

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Section 1: Foundation of the Study and Literature Review

**Introduction**

In West Massachusetts, United States, the most common health disorders are anxiety and depression, which are prevalent in elderly immigrant women aged between 50 and 79 years (Agbemenu, 2016). Despite various efficacious interventions for depression and anxiety, elderly immigrant women experience mental health care disparities in their access to mental health services and the quality of treatment. Research has indicated that African American heterogeneity prevents access to depression and anxiety treatment. In addition, African Americans are becoming an increasingly visible minority within the United States, especially in West Massachusetts, and are often depicted as Blacks. In the current study, I sought to understand the causes and prevalence of depression among older immigrant African American women in Metro West Massachusetts and how the older immigrants cope with depression. A total of 12 self-identified social workers were interviewed about their patients' mental health problem symptoms and treatment experience, what they thought was the cause of their patients' anxiety, stressors facing their patients' life in West Massachusetts, their patients' access to mental health services, and how patients coped with depression. Results indicated considerable variability across the two groups, with African American elderly immigrant women endorsing higher rates of depression and anxiety as well as higher rates of treatment-seeking than other demographics. Finally, although the two groups differed in the extent to which they experienced stigma about mental health issues, stigma did not predict symptom endorsement or treatment-seeking behavior for either of the two groups.

These findings underscored the importance of attending to both between-groups and within-group differences in the mental health and mental health treatment experiences of different ethnic groups.

## Background of the Study

Recently, there has been a growing need for social work for immigrants, particularly immigrants aged 65 years and above (Social Work Today, n.a.). These immigrants are usually the ones who experience the relocation to an entirely new geographical region where people are strangers to them. They encounter challenges trying to establish themselves in their new location, which negatively impacts their physical and cognitive health (Social Work Today, n.a). The impacts can be observed in social isolation, loss of independence, cognitive declines, and health problems in old age.

Old age is the critical time of life when elderly people need special care and attention. Their socialization patterns are changed, especially when they have to migrate. According to Lotfi (2020), immigration often has adverse effects on aging people as they are mentally weakened to take the pressures enforced on them by various changes. Their family and social relations are affected, resulting in more complex problems like physical, psychological, and sociological difficulties. The adverse effects may emerge in economic, social, psychological, political, and cultural terms (Lotfi, 2020).

Social work interventions are innovative strategies that can help uplift the emotional and physical wellbeing of elderly migrating people. Social workers can help elderly individuals towards the adaptation process so that social exclusion can be mitigated and social justice can be served (Haidar, n.a.). Because social workers work

with mixed status families, they have to protect these families' rights, especially by targeting their ethnic backgrounds.

An increase in older African American migrants is expected by 2050, with racial-ethnic needs arising among those who have low educational levels (Gilmore, 2013). However, there are healthcare access barriers to racial and ethnically diverse older immigrants (Koehn, 2009). There is a vast disparity of healthcare provisions to the native populations and those aging migrants who are transferred to other regions, which can adversely affect these populations' morbidity and mortality rates (Kristiansen et al., 2016). Culturally competent social workers must address their social and emotional needs so that medical and therapeutic healthcare services can be appropriately provided to those who need them.

## Problem Statement

In this study, I explored the views of social workers in relation to depression among older immigrant African women currently living in West Massachusetts. Older immigrant African women referred to women over 55 years of age who had relocated from any African country after acquiring permanent residency in the United States. Depression among elderly immigrant women stands out as an essential phenomenon for study in social work, considering the extent to which the condition affects vulnerable populations. Derr (2017) pointed out that immigrants typically face stressors relating to migration experience, which may cause or intensify mental health problems. Moreover, Derr discussed that immigrants tend to access mental health services at a lower rate than nonimmigrants. Subsequently, immigrants are at risk of untreated health conditions,

leading to increased disease burden (Lynch et al., 2016). This negative health predisposition has created a greater need for mental health services among immigrants who seem more susceptible to develop depression. This situation makes it imperative to establish the views of social workers addressing mental health needs, especially depression, among older immigrant African women in Metro West Massachusetts. Metro West Massachusetts has a cluster of cities and towns with one of the fastest-growing communities of African Americans, growing 95% since the year 2000 (Impact Metro West, n.a.). However, disparities in education and social gains are still seen for the people of color, as are evident in other parts of the United States (Rosenberg, 2020). In turn, insights gained should play a critical role in developing comprehensive mental health programs aimed at improving immigrants' health outcomes.

As noted, migration can be challenging, and many immigrant women experience challenges that affect their mental health (Foo et al., 2018). For example, changes in practices, values, social factors, and cultural identification are factors contributing to the potential risk of developing mental health issues (Alegría et al., 2017). Similarly, Foo et al. (2018) asserted that migration into a new country leads to drastic changes in essential aspects of everyday life. Here, the process of assimilating to new environments and cultures can cause considerable levels of acculturative stress, which researchers have linked to the occurrence of psychiatric disorders (Foo et al., 2018). Therefore, examining stressors surrounding the migrant experiences from the social work perspective should offer insights into the issues faced by this vulnerable population, especially for women aged 50 years and above.

Thus, I aimed to determine the views of social workers from West Massachusetts who work with older immigrant African women in Metro West Massachusetts affected by depression. This research revealed service modifications, such as giving patients with language barriers more time to enhance access to quality mental health services. Immigration can create worry, which may increase the risks of experiencing depression, and this can be exacerbated by cultural factors, such as language barriers, which may cause difficulty in diagnosing and treating this disorder among immigrant populations (Landa et al., 2015). Failure to appropriately determine social workers' views on depression within a specific community translates to neglecting social health and welfare (Baldwin-Clark et al., 2016). In response, I intended to obtain the perspective of social workers regarding depression within the selected migrant population and insights into how professionals in the healthcare sector can help meet emerging needs.

**Purpose of the Study**

In this study, I obtained the views of social workers regarding depression in older immigrant African women in Metro West Massachusetts. These perspectives provided insights into ways the social workers sector can assist in meeting the population's emerging needs. The study's include service modifications needed to meet the needs of the African immigrant women located in Metro West Massachusetts (see Takeuchi, 2016). These findings can enhance access to quality mental health services and ensure that women understand the implications of not seeking mental health services. Having examined the stressors faced by the migrant women, I gained insights into the issues the women face within the population, and solutions directly targeted to the population can

be developed. Social workers can also benefit as they can use the findings of this study to determine methods to reach out to the population under investigation.

**Research Questions**

In this study, I focused on answering the following research questions:

1. From the perspective and benefits of social workers, what factors influence older immigrant African women's adaptive capacity in Metro West Massachusetts?

2. What mental health services do social workers offer to older immigrant African women in Metro West Massachusetts from the social work perspective?

3. How do social workers assess the need for mental health services for older immigrant African women in Metro West Massachusetts?

4. What service modifications can social workers introduce in practice to enhance mental health service delivery for older immigrant African women in Metro West Massachusetts?

**Definition of Key Terms**

*African women:* African women refer to native or inhabitant women of Africa or of African ancestry (Ythera, 2017). In this study, African women referred to the older immigrant African women born outside of the United States in Africa who migrated to the United States legally or illegally and currently reside in West Massachusetts. The women had lived almost half their life in Africa before they immigrated to the United States.

*Culturally informed*: Culturally informed is defined as the offering of care by healthcare professionals that respects, acknowledges, and integrates the patient's cultural values, practices, and beliefs (Ka'apu & Burnette, 2019). In this study, culturally informed referred to the ability of the social workers to offer services that recognized, affirmed, and valued the worth of the clients, their families, and communities and preserved and protected their dignity. In this study, culture extended beyond identifying the patient and family by race and ethnicity to include variables like faith, country of origin, education level, socioeconomic status, and level of acculturation.

*Coping mechanisms:* Coping mechanisms are the collection of strategies used to cope with stressful events in one's life and the trauma and its painful memories (Orzechowska et al., 2013). In the study, coping mechanism referred to the different cultural strategies the women used to deal with stressful situations. The women used the methods to adjust to the stress they faced, assisting them in maintaining their emotional wellbeing.

*Host country:*  According to Yamlaksira et al. (2021), a host country is a country that holds a cultural event or sporting event to which others are invited. In this study, the host country was the country accommodating the African immigrants or where the immigrants lived, which was the United States.

*Immigrant:* According to the Gimeno-Feliu et al. (2019), an immigrant is defined as a person who comes to permanently live in a foreign country. There are four types of immigration status: citizens, residents, undocumented, and nonimmigrants. In this paper, I did not focus on the status of the immigrant, but I expected the status of the immigrant

to contribute to how the immigrant accessed mental health services. Therefore, I considered all immigrants who immigrated from Africa and lived in the selected community.

*Migration:* Migration is the temporary or permanent movement of humans or animals from one geographic region to another (Pandya, 2021). In this study, migration referred to the movement of people from any African country to the United States. The focus was only on women who had migrated from Africa to the United States either alone, with their family, or with a relative living in West Massachusetts. The process of the women migrating was not a significant focus, but it was relied upon to help determine if it contributed to the women failing to access mental health services.

*Older immigrant African women:* Older immigrant African women referred to women over 65 years of age (see Noubicier & Charpentier, 2013) who relocated from any African country to the United States. The women could have migrated to the United States legally or illegally. The phrase also referred to women who entered the United States as refugees, and they have remained there until their advanced age. In this study, I focused on older immigrant African women who lived in West Massachusetts and suffered from depression.

**Significance of the Study**

The African American community has faced racial discrimination since the slavery period and continue to experience the same problem in modern times (Watkins et al., 2019). This type of modern slavery affects the African Americans' living social conditions and directly affects their health. Some of them are old and susceptible to

health disorders due to negative racial experiences. Social workers have aimed to help the African American community with an ethnic-centered and holistic approach while working with this population segment. Therefore, social workers could gain support from this research to specifically address the concerns of the older immigrants from the African American community.

This community's increment in social work has risen over the past few decades. Its members travels along the lines of physical and mental health due to loss of identities when they travel to a new region and there is a change in their living conditions. Theoretical and practical strategies have been developed with continuous research, design, implementation, and evaluation of several social work practices in this population segment. Afrocentric or Africentric paradigms have been established to discuss the seriousness of the oppression and the prolonged culture of slavery still faced by this community (Watkins et al., 2019). Thus, in this current study, I addressed the social work interventions for the elderly community among African American immigrants.

The study's findings can contribute new knowledge to address the gap in research regarding depression in older immigrant African women residing in Metro West Massachusetts. They provide new insights into ways social workers can meet the emerging needs of older immigrant African women population. The community social workers can also use the results to address the emerging needs and challenges older immigrant African women face when accessing mental health services. More specifically, in this study, I focused on how the target population is affected by depression when there are barriers to receiving support. It can, therefore, equip social workers with the

knowledge to develop strategies to treat depression and bring awareness to older African women immigrants' unique needs.

## Theoretical Framework

The theoretical framework used to frame this project was the structural-functional theory. Some theorists, such as Cassel (1995) and Cobb (1976), expressed that social support serves as a resistance factor and plays an essential role in reducing the adverse impact of exposure to negative life events (Thoits, 1985). This theory played a key role in understanding the onset of depression among older immigrant African women, given the various social demands associated with being a migrant. Further, Kinser and Lyon (2014) emphasized that painful experiences may increase the possibility of suffering from stressful episodes. Stress and vulnerability add to the chance of developing depression, where changes in the environment, lack of coping mechanisms, and lack of support have an adverse impact on the mental health outcome of this group (Alegría et al., 2017). Cultural influences can be revealed that are vital in determining the methods used to treat this population. Social workers must be familiar with the structural-functional theory to become culturally competent when dealing with this population. Explained in this theory is why society functions the way it does, and it emphasizes the relationships between the different social institutions that make up society (Emadpoor et al., 2016). These social institutions are education, law, government, religion, and culture. Social workers are trained to understand that society is like a system where all the parts work together to create a whole. Emadpoor et al. (2016) posited that communities need culture to function. Therefore, being culturally informed is beneficial to the social worker, and it allows them

to reach out to the community members and approach them in an acceptable manner (Sabbioni et al., 2018).

## Review of Professional and Academic Literature

There is a lack of literature focusing on older African immigrant women (Okudo & Ross, 2016). This shortage is due to the perception African immigrants have regarding depression (Thomson et al., 2015). Thomson and colleagues observed that depressed individuals are stigmatized, with most African communities believing that bad spirits cause depression. With this notion, it is difficult for women to seek professional health services as they are labeled and judged by other community members harshly (Sánchez et al., 2014). A comprehensive search of peer-reviewed publications was conducted for this study, focusing on mental health among older African immigrant women from the following sources: MEDLINE, PsycINFO, CINAHL, EBSCO, Research Gate, ProQuest, SAGE Journals, and EMBASE. The keywords used to search for the appropriate literature for this study were *depression in older women, depression in older immigrant women*, *older African American women, older immigrant African women, depression in immigrant African women,* and *depression and older immigrant women*. To specifically target the research towards *African American women*, this keyword was included for keeping the literature concise.

### Cultural Competence

The available body of knowledge indicates that cultural incompetence is one of the challenges affecting social workers when dealing with older African women immigrants. Okudo and Ross (2016) offered information on the various health challenges

that African immigrants from different parts of Africa face when they relocate to the

United States over time and explored the healthy immigrant effect. Okudo and Ross

asserted that when African immigrants relocate to the United States, they are often

healthier than their American counterparts due to the healthy immigrant effect. However,

as the immigrants acclimatize into the U.S. system, they often adopt the unhealthy

lifestyles and behaviors of the United States, which leads to them developing lifestyle

diseases they would not have developed had they not relocated to the United States. This

article offers useful insights into immigrants' health changes and how physicians have

neglected this population. It also provides an understanding of the peculiarities pertaining

to the African immigrant population, noting that they lack culturally useful care.

In support of Okudo and Ross's finding, Sánchez et al. (2014) observed that the

most commonly occurring mental health disorders are depression and anxiety among the

African immigrants, with culture and stigmatization playing a critical role. Sanchez and

colleagues suggested that the mental health care disparities experienced by immigrants

are due to insufficient mental health services in their communities, lack of cultural

competency, and mental health stigmatization. The authors also noted a gap in the quality

of care given and their access to mental health services. This information clarifies why

many African immigrants do not receive or seek mental health services. Understanding

how to overcome some of these barriers can assist in reducing the causes of depression

among older African immigrant women in the community.

The immigrants' social and cultural backgrounds have also been cited in several

studies as one of the challenges affecting the mental health of African women

immigrants. For instance, Delara (2016) established that the mental health of African immigrant women is affected by the social, cultural, and health care system, and there is a need to embrace different methodologies for promoting mental health among women. According to Delara, the mere fact that a woman is a migrant makes her more vulnerable to migration's negative and positive mental effects. The women's effects depend on their legal status, stage of the migration cycle, and mode of travel. Delara indicated that the immigration process could be traumatizing for women, especially if they had to seek clandestine means to arrive in the United States. Asking these women repetitive questions regarding their immigrant victimization could bring about mental disorders like depression. The women could also avoid seeking mental health services if they feared being asked questions about their immigration experience. Older immigrant African women have been found to experience problems of isolation, language, abuse, culture, and mobility (Delara, 2016). These problems hinder their access to mental health services. The relevance of this article is that it shows the issues older immigrant women face and why they may fail to seek professional mental health services.

**Mental Health of Immigrants**

The effects of immigration experiences on the immigrants' mental health has received significant attention from researchers, with most of them associating the relocation process with the development of mental health disorders such as depression. For instance, Rashid and Gregory (2014) focused on the experiences of African immigrant women and their life before and after their relocation. Their study demonstrated that African immigrant women face numerous challenges when relocating

to the United States. However, some women have managed to overcome the obstacles and withstand their adversity. It is vital to know why some older immigrant African women suffer from depression while others do not. The study offered critical information on how some of the women managed their relocation and avoided developing depression, which could be used by other African immigrant women when they relocate to the United States.

In support of Rashid and Gregory's findings, Thomson et al. (2015) claimed that the relocation process can impact the immigrants' mental health, and without information on mental health and helpful services, many immigrants are denied access to mental health services. Thomson et al. noted that immigrants are underrepresented in the mental healthcare system, and they underutilize mental health services. Barriers to service utilization play a key role in older immigrant African women. They revealed that economic hardships faced by immigrants affect their mental health and access to mental health services. According to Thomson et al., the most significant barriers to health information and services uptake are the inadequacy of linguistically and culturally appropriate services and obstacles related to the settlement experience. In the present study, I aimed to determine if these are the same barriers the older immigrant African women face in West Massachusetts.

**Depression Among Older African Immigrant Women**

Depression has emerged as one of the primary mental health challenges affecting Older African Immigrant Women. According to Baldwin-Clark et al. (2016), depression is a major problem among older African immigrant women, and because they are

understudied, their depression is rarely discussed or researched. Baldwin-Clark et al. noted that the focus of most depression studies has been White older adults. This observation suggest that the prevalence rates of depression might be higher than what is thought. It is rare to find African immigrants making use of healthcare, social services, and long-term care because they lack awareness of the resources, limited financial resources, differences in the interpretation of mental health issues, and mistrust of the systems (Baldwin-Clark et al., 2016). Baldwin-Clark et al.'s research showed that these issues have prevented older African immigrant women from accessing mental health services, thus warranting strategies that can be used to boost access. Understanding why these women fail to access helped to formulate questions for the social workers to establish if they are the same issues faced by the population under investigation.

While African immigrants are among the most affected people by depression, research indicates that the problem is also prevalent in other immigrant populations. For instance, Lazar-Neto et al. (2018) assessed the frequency of depression among Massachusetts immigrants to determine correlations of depression. The authors demonstrated that most immigrants do suffer from depression. By analyzing Brazilian immigrants who relocated to Massachusetts, the authors indicated that migrants encounter the same barriers as those faced by older immigrant African women. Therefore, access to mental health services could be due to systemic issues and not the migrants themselves. Understanding what hinders migrants from accessing or seeking mental health services can be beneficial to the communities as those problems can be

eliminated. This article helped me to determine the access to mental health services by different migrants within the same state.

While it might be easy to state that the failure to access mental health services is due to a lack of knowledge by the migrants, there are other issues like cultural preferences and lack of services. Immigrants from Africa and Brazil face the same language barriers where they are not competent in English, which can result in them failing to understand what physicians or mental health professionals are recommending or advising. Culture plays a key role in the treatment of migrants (Lazar-Neto et al., 2018). This observation suggest the need to analyze cultural to establish if the social workers are culturally aware or understand the culture when treating or dealing with immigrants. The significance of Lazar-Neto et al.'s article is that it demonstrates that immigrants share almost the same experiences when it comes to depression once they relocate to the United States. To this end, there was a need to investigate the issues surrounding mental health services in the communities and establish the reasons behind the discriminatory access to the services.

**Stressors faced by Older African Immigrant Women**

The stressors facing older African Immigrant women have received significant attention from researchers. For instance, Li et al. (2016) analyzed stressors faced by African immigrants and refugees when they relocated to the United States. The authors linked the stressors to the development of depression. Many immigrants face social and interpersonal challenges when migrating to a new country. Some of the social and interpersonal difficulties include separation from family, social isolation, and

discrimination in the host country. Another difficulty posited by Li et al. is the loss of

social identity tied with their former cultural and community groups. These difficulties

can lead to depression symptoms in older immigrant African women. The article by Li et

al. increased the knowledge on the development of depression among immigrant women

and the underlying causes of the symptoms. The authors have demonstrated the strategies

employed by most immigrants to reduce the symptoms of depression, which could be

significant for this study as I questioned if the same strategies could be applied to the

population under investigation. The postmigration factors affecting mental health in

migrants should be closely analyzed. Adding to the current information regarding the

stressors and issues faced by immigrants, the authors demonstrated a need to consider the

premigration and postmigration factors. Postmigration factors are high contributors to the

immigrants developing depressive symptoms and failing to seek mental health services.

Postmigration experiences have been cited in various studies as one of the factors

leading to depression and other mental disorders. Foo et al. (2018) analyzed the extent of

depression among immigrants and explored the variations in prevalence based on

demographic and educational factors. The authors wanted to examine the link between

migration and the development of depression. When older immigrant African women

assimilate to new cultural practices and surroundings, they may develop acculturative

stress, leading to depression. The article has noted that the early postmigration phase is

highly attributed to increased acculturative stress levels, which tend to reduce as the

immigrant settles in the host country. The increased levels of acculturative stress could

lead to increased mental distress and, if not adequately treated, could result in depression

later on in life. However, the authors noted there is no relation between migration and the development of depression because once the immigrant is well acclimatized with the new environment, they adapt and settle down to the new culture. The adjustment period involves adjusting cultural values and social networks, which can lead to confusion and the development of depression (Foo et al., 2018). The lack of social support is shown to be a huge contributor to the development of depression later in life as the older immigrant can be lonely and may not have the social support they would have had in their home country.

The influence of cultural factors on the immigrants' mental health suggest the need for cultural competence among the social workers. Ekwemalor and Ezeobele (2020) explored the portrayal of depression among Nigerian-born immigrant women living in the United States. They established that moving from a patriarchal culture to a more democratic one can be challenging for immigrants. According to them, limited knowledge of what services are available to the immigrants and the culture of being secretive denies most migrants the opportunity to receive assistance with mental health problems. Disruption of the traditional family structure is one of the effects of migrating to the United States because family structure as it is known back in Africa is not the same, and this may cause distress to the women who are used to socialization between the extended family members. When Nigerian migrants face stressful situations, they can be guarded in their interactions and may not divulge information (Ekwemalor & Ezeobele, 2020). Therefore, there is a need for cultural competence in social workers. Without cultural competence, the social workers are not be able to effectively communicate with

the immigrants, and they might continue suffering in silence. Cultural expectations play a crucial role in mental health problems like depression. The beliefs the immigrants had back home can be harbored in the host country, and the women may not want to hear they have been diagnosed with depression. Ekwemalor and Ezeobele established that most Nigerian women who have immigrated to the United States have labeled depression as craziness or madness. This shows the level of stigma one may have if diagnosed with depression and coming from Nigeria. Ekwemalor and Ezeobele proposed the use of a conversational style of interview to assist in relaxing the Nigerian immigrants when they are undergoing their health assessment. Using conversational style interviews can break the cultural shield and allow the women to disclose their health conditions.

## Summary

In this section, I have presented a review of the available literature concerning the subject topic. Various themes concerning the challenges faced by older African immigrant women have emerged. It has been demonstrated that older immigrant African women often do not receive adequate mental health services due to systemic and cultural barriers promoting the lack of access to mental health services. This revelation shows that identifying the missing links is not enough; instead, there should be an investigation on how to overcome the barriers and make it easier for women to access mental health services. The review has also confirmed a discrepancy regarding access and usage of mental health services among older women, whereby most immigrants have been found to encounter significant challenges after relocation. A study that would investigate this issue empirically was, therefore, warranted, a gap that is sought to fill in this study

through social workers perspectives. Social workers interact closely with the immigrants, suggesting they can provide vital insights into how the immigrants make use of the available mental health services. They were also deemed the most suitable to explain the lack of access to mental health services because they are charged with offering the available services to the population. As indicated in this section, African immigrants begin developing depression and other mental health issues after relocating. This finding indicate the need for social workers to target older women in the immigrant population and rethink their strategies for addressing the relocation challenges of this segment. It also shows that these women are under serious threat of depression, thus requiring social work organizations to direct their attention to this stratum of the population specifically.

Section 2: Research Design and Data Collection

**Research Design**

This was an exploratory study to uncover the views of social workers who worked with African women immigrants located in Metro West Massachusetts. The reason for selecting an exploratory study for current research was to give flexibility in the entire research process. It also provided a better understanding of the established research questions. This approach also provided significant insights into why the issues under investigation warranted research attention. The interpretation was made based on the gained data, allowing research question and its relevant queries like what, how, and why to be answered. In addition, an exploratory study has several benefits, such as being low cost, laying down the foundation of research for further implications in the future, identification of the correct topic in the initial stage so that time and resources are not wasted, and providing assistance for other researchers on the same topic (see Question Pro, n.a.).

The focus of the study was to gain insights into the barriers older immigrant African women face in accessing mental health resources, which also included an analysis of the availability of those resources. Due to their understanding of and interaction with this population, the views of the social workers were examined to ensure the information being presented was reliable. Social workers are responsible for addressing the health challenges that this community faces. Thus, insights were revealed through interviewing and gaining their perspective regarding the current situation. The views expressed by the social workers were analyzed to determine the effect of

depression among older immigrant African women. The source of information for this study came from the responses obtained from the individual interviews with each social worker. The epistemology of this study was on exploring the experiences of social workers working with older African immigrant women living in Metro West Massachusetts. Social workers working in the community for 3 or more years were included for this study. Exclusions included social workers who met the above criteria but had not worked with older African immigrants. This inclusion process ensured that experienced social workers could provide information relevant to the study. All participants needed to complete consent forms before participating in the study.

The interviews were audio-recorded, and I took notes as the interview progressed after obtaining consent from the participants in written form. The audio recordings were used as the available transcriptions of the interview, deemed to be the first step of data analysis. I used these transcriptions to develop codes before entering the data into the system. For this study, I used SPSS Statistics software to analyze the data. The selection of this software for the analysis was to determine the factors, or, more specifically, the barriers to health services that older immigrant women face. I analyzed the data to be closer to the obtained data and to understand the dimensions upon which the responses could be verified. The data were verified by inviting the participants to review those recordings and to ascertain that those were the actual words in their voices. The participants negated any manipulations so that the data were considered valid. Ethical considerations were also be taken into account by obtaining permission from the participants for repeated future use of those recordings for research purposes.

**Methodology**

The data obtained from the study were qualitative as I relied on interviews with social workers. The validity and reliability of the research results depended on this phase because ethical research must be free of bias. The reason for selecting this type of study is that qualitative research provides insight into the participants' feelings (see Rahman, 2017), emotions, and opinions, which are crucial. However, extreme care needs to be taken to interpret the language and meanings assigned to the words that the participants utter. The social workers' feelings and thoughts relevant to the particular setting and the culture they deal with helped shape their comments. Hence, when I gave marks and grades to the responses, the meaning of their evaluations were better understood. As qualitative research is flexible, the participants can be open their feelings and emotions, which cannot be achieved through a survey. The detailed information helped me determine what was constant for the participants and what was omitted.

The interviews were conducted using Skype and Zoom as suggested by the social workers. The online form interviews were conducted by keeping Covid-19 social distancing in mind. There were certain benefits of conducting interviews for the current research, such as flexibility; interpretations of nonverbal responses, such as sighs, laughter, low, and high tones in between the sentences; and the place decided by the respondent giving them a comfort zone where they could respond to the interviews questions that directly impacted the quality of responses and the validity of the analysis. I controlled the order of the questions so that one response might lead to the answer, and the similarity or differences in responses could be evaluated (see Sociology Group, n.a.).

Experienced social workers can understand their clients and educate others on culture's impact on women's depression (University of Southern California, 2020). To conduct the research, samples were selected from social workers currently serving the Metro West Massachusetts region, my prior place of employment. I posted flyers around mental health offices, retirement homes, and hospitals inviting social workers to participate in the study. I also handed out flyers to social workers attending conventions, training, and programs within the area. The research questions aimed to help determine the role social workers play in ensuring the availability of mental health services and modifications that could help improve service delivery. For example, what mental health services do social workers offer to older immigrant African women in Metro West Massachusetts from the social work perspective? The data collection process relied on Skype and Zoom to conduct the interviews. Ten questions were administered to probe for relevant information from 12 social workers working with elderly immigrants in various institutions throughout West Massachusetts.

Some potential participants were excluded due to no consent, leaving the study early, or no interview due to time constraints, limiting the number of respondents to 12 social workers. An acceptable sample size is 10% of the total population (Tools for Dev, n.a.). The Skype and Zoom interview meetings lasted approximately 45 minutes to 1 hour. To ensure the interviewees were comfortable during the interview process, I conducted the interviews in their agreed-upon space and time where all information obtained could be kept confidential. Off work hours were also an option.

**Participants**

Social workers operate by interacting with different people in the community. They handle numerous cases, and they are at the forefront of community initiatives regarding healthcare. This made them the best candidates for this study as they deal with different clients and they handle cases of depression. Interviewing the social workers offered me information on the prevalence of depression to help understand why it is not highly reported. The participants provided vital insights related to depression, particularly associated with this community. Social workers are even in a strategic position to interact with people who had not come to their facility for depression. Spotting an issue gives them the edge to initiate a conversation with a woman with depressive symptoms. Social workers are charged with visiting the community members in their households, which provides them with an advantage as they can check up on the older women, discuss how they are feeling, and possibly discover undiagnosed cases of depression.

The number of study participants was 12 social workers who had been working in the Metro West Massachusetts area for a minimum of 3 years. I determined that working with this number of social workers would represent the population under study because there were around 120 social workers in the area. According to the criteria mentioned above for accurately representing the sample size, which is 10% of the total population, 12 participants was the right choice. If there had been more participants, I would have spent too much time conducting the interviews and performing data analysis (see Okudo & Ross, 2016). It would also have been unethical to select a large sample size because I

might have been unable to interview all the participants. Furthermore, there was a possibility that I would have been pressed for time, hence leading to unclear answers

**Instrumentation**

I used quota sampling due to the inclusionary criteria that identified the characteristics of participants to be included in this study. Quota sampling is similar to purposive sampling (Family Health International, n.a.); the only difference is that the researcher decides on the number of participants and the characteristics they are looking for in the participants. In purposive sampling, the participants are grouped to a preselected criterion (Glen, n.a.). The sample sizes are not fixed on purposive sampling as they are in quota sampling. The characteristics used in quota sampling are age, gender, class, residence, profession, experience, or marital status (Iliyasu & Etikan, 2021). I chose quota sampling because I had a specific criterion of the participants in the study. Using the quota sampling strategy, I focused on the social workers who were most likely to have experience working with older African immigrants, knew about depression in the community, and had vital insights into the research topic. Other reasons for selecting quota sampling for this research included gaining the best representation of potential participants in the closing sample and quotas, tending to represent the population as close to reality as possible. Additionally, the results and analysis are closer to the population characteristics, making the results more reliable, time-saving in data collection because the predetermined criteria in selecting the quota were beneficial, and saving extra costs of conducting extensive data collection and sample once the criteria were known about the type of quota to be selected (Question Pro, n.a.).

**Data Analysis**

All the interviews were audio-recorded and transcribed verbatim. This protected against bias and provided a permanent record of the data I. I made notes during the interview indicating the observations noted, thoughts, and opinions. Although observations like body language and the general composure of the interviewee give a picture of how the interview process is conducted, the ability to make them was limited by the use of internet-based technologies. The data analysis came after all the interviews had been conducted. There was also a need to do a proper analysis to ensure valid results and avoid the influence of preconceived assumptions. Potential biases were eliminated through a systematic, thorough, and objective analysis. Data analysis provides an understanding of exactly how the researcher reached various conclusions and makes the results much more trustworthy (see Pannucci & Wilkins, 2011). Because I conducted semistructured interviews, I used a thematic analysis of the data.

Thematic analysis is flexible and can be used for explorative studies where no clear patterns are being searched (Nowell et al., 2017). The steps for a thematic analysis are familiarization with the data, assigning preliminary codes for describing the content, searching for patterns in the codes, reviewing themes, defining and naming themes, and producing the report (Mortensen, 2020). Selecting thematic analysis for the interviews determines the amalgamation of factors that serve as themes and emerge as standard features (Nowell et al., 2017). It has become an increasingly meaningful way to conduct qualitative studies because it is flexible, as are exploratory and qualitative research. It matches the purpose of qualitative research if a rigorous thematic analysis is undertaken,

close to reality. The core skills that a thematic analysis inherit were imperative for the current study because the communication of viewpoints and their interpretation were the essence of this research.

As discussed in previous chapters, it is vital to ensure that the study is reliable and valid. Towards this end, I ensured that the analysis was done with a high level of objectivity during the data analysis process. I might have had preconceived assumptions regarding the study, and these had a way of creeping up on me as I performed the data analysis (see Bengtsson, 2016). However, by adhering to the steps laid down for thematic analysis, I eliminated the preconceived assumptions I might have had, giving the study the validity it needs. Also, by documenting my data analysis and collection processes, I can demonstrate to the reader that I remained objective in the data collection and analysis (see Austin & Sutton, 2014). Giving a step-by-step representation of what was done ensures that the reader can follow me through the journey and be confident that I conducted the study with the utmost credibility. I offered all the information regarding the study, including the number of social workers, the selection criteria, and questions asked during the interview. This information gave the study the reliability and validity needed (see Taherdoost, 2016). I provide information on how the analysis was carried out, which can allow future researchers to replicate the study and confirm its validity.

## Ethical Procedures

Any research that involves human subjects has interaction or intervention that involves human subjects or involves the access to identifiable private information should undergo an institutional review board (IRB) review and approval (Wolf et al., 2018). The

IRB approval is a federal requirement put in place to safeguard human subjects who are involved in any research study. For this study, I interviewed social workers. Therefore, I was required to undertake an IRB review and could not begin the study before receiving the IRB approval number. The Tuskegee Syphilis study was one of the underlying reasons why there was a requirement that before human subjects are involved in any research study, the researchers must seek approval from the board to ensure that they have put measures for safeguarding the interests of the participants (Barrett, 2019). The Tuskegee Syphilis study had numerous ethical violations that required an independent board's involvement in overseeing research studies involving human subjects (Barrett, 2019).

Any research study that involves human subjects must seek informed consent from the study participants before the study begins (Wolf et al., 2018). There should be both written and verbal consent for participation in the research. Researchers are charged with educating and informing potential study participants about the research study and their role in the study. Researchers understand that the information shared with the participants might be complex or distressful, and the participants might need some time to absorb all the data (Biros, 2018). I gave the participants at least 48 hours to review the information provided before signing off on participation. I was also available to the potential research participants to answer any questions, ensuring the study participants received all the assistance and support they needed before appending their signatures on the consent form.

The consent is the written document given to the research participants. According to Walden University IRB, there is a difference between consent and assent, as consent is written documentation. In contrast, assent is just a go-ahead for research (Walden University, n.a.). It implies that Walden considered assent as 'verbal agreement'; however, ethical research is written consent. In the light of Covid 19, there are no specific requirements that need to be followed regarding IRB Walden resources. I adhered to any local social distancing regulations put in place to be consistent across the study.

Walden University IRB has given some specifications for gaining consent from the participants (Center for Research Quality Walden, n.a.). The sample consent form template for participants aging 18 years and above indicated features to be included, such as the purpose of the study, the involved procedures, the voluntary nature of the research, risks and benefits associated, privacy issues, contacts and questions, and finally a box in which the final consent was clarified by filling up the box with participant's information (name, date of consent, participant's and researcher's signatures).

I gave the potential subjects ample time to process the information and ask questions (UCI Office of Research, n.a.). The likely subjects were encouraged to ask questions to ensure they understood what the study entailed. Although Walden's sample consent form included a 'contacts and questions' section in which I gave my contact number so that the participants could contact me for further clarifications, the same notion was kept in mind in this research, knowing that any research involving humans should be based on ethics.

The informed consent process involved giving adequate time to review the information provided, whereby the potential subjects were given sufficient time to consider all options. I answered all the questions posed by the subjects to clarify anything that was not clear. I also ensured that the potential subjects comprehended all the information. There was ample time for me and the subjects to exchange information and ask questions. Once the potential subjects were certain about the information, they were given additional time to review it and ask any questions before signing the consent form (see UCI Office of Research, n.a.).

Ethical considerations of conducting research implied that just for conducting the study and fulfilling its purposes, I did not have any right to infringe the fundamental rights of other humans by considering them participants without their consent (Nihjhawan et al., 2013). Informed consent aimed to give sufficient information to the participants in an easy-to-understand language so that comprehension of information could become more straightforward. Also, their decision was voluntary and not coerced, for which the written documentation served as proof of their signatures. In real terms, informed consent was the entire process of gaining the participants' permission to research them. It included my obligation to observe no harm or privacy breach towards my potential subjects.

## Limitations, Challenges, and Barriers

Recruiting social workers was a huge challenge for this research, mainly due to having no prior relationship with prospective participants. I had to build trust with the participants to obtain the required information concerning their rules as social workers.

The role of trust was crucial for this research because it involved human participants (Guillemin et al., 2018). My success was heavily dependent on the trust relationship I developed with the participants because it allowed me to obtain factors that required honest responses. The first stage of conducting research, gaining informed consent, would not have been possible without the participants' trust. For this reason, research ethics were followed with a keen interest in gaining reliable results as the participant had to rely on my goodwill only.

Another challenge was time limitation, which was brought about by the unavailability of some social workers. I needed enough time to obtain complete information to make an in-depth analysis of the responses. Enough time was also needed to interact with the respondents and gauge their expressions, opinions, and emotions. Therefore, the time constraint was a limitation, especially when any participants had to leave the interview.

Another challenge that occurred is that some social workers had emergencies that made them cancel reschedule interviews. Face-to-face interviews were infeasible due to COVID 19. According to the renewed guidance for following the protocols of human research issues by IRB, if face-to-face contact is not involved, data collection could be continued based on the approved protocol; otherwise, online platforms like Zoom and Skype should be used (Davidson. Edu, n.a.). I, therefore, used internet services like Skype and Zoom to overcome this challenge.

**Summary**

The data collection was done using online interviews through internet services like Skype and Zoom. The study participants comprised 12 social workers working in Metro West Massachusetts. Interviews were recorded to aid in transcription during the data analysis process. I intended to uncover patterns and make codes for the themes discovered. The study methodology incorporated semi-structured interviews that included closed and open-ended questions. Therefore, I contacted the respondents via virtual meetings, collecting feedback about the consent, as done in the prior studies. During the data analysis process, I familiarized with the data, assigned preliminary codes for describing the content, searched for patterns in the codes, reviewed the themes, defined and named themes, and produced the report. These steps flowed systemically, ensuring that I did not miss anything vital. For sampling, the quota sampling method was utilized to adhere to the identified inclusion criteria for the social workers. The data were analyzed through thematic analysis, a flexible but systematic approach to the evaluation process for keeping the results objective. Afterward, an appropriate presentation of results was done by describing the findings uncovered and reporting the themes discovered from the obtained data. Ethical considerations were a top priority in the entire process for the validation and reliability of the results.

Section 3: Presentation of the Findings

In this exploratory qualitative study, I aimed to explore the views of social workers regarding depression in older African women immigrants in Metro West Massachusetts. I also sought to bring new insights into ways the social work sector can assist in meeting the population's emerging needs. Armed with the study results, the issues the women face within the population and solutions directly targeted to the population can be developed. The study findings can also enhance access to quality mental health services and help ensure that women understand the implications of not seeking mental health services. In this section, I present the findings obtained based on the following research questions:

1.  From the perspective and benefits of social workers, what factors influence older immigrant African women's adaptive capacity in Metro West Massachusetts?

2.  What mental health services do social workers offer to older immigrant African women in Metro West Massachusetts from the social work perspective?

3.  How do social workers assess the need for mental health services for older immigrant African women in Metro West Massachusetts?

4.  What service modifications can social workers introduce in practice to enhance mental health service delivery for older immigrant African women in Metro West Massachusetts?

In this section, I also discuss the data analysis techniques used to conduct the study, the sample population and demographics, thematic analysis, and the summary.

## Data Analysis Techniques

The data collection process began after receiving authorization from Walden University's IRB. After that, the study invitation flyer was posted on Facebook and LinkedIn social media websites to obtain the 12 study participants with experience working with elderly immigrant African women in Metro West Massachusetts. Due to challenges posed by the COVID-19 pandemic, all the interviews were conducted using internet services like Skype and Zoom. The recruitment flyer was adjusted to indicate this decision.

I had to rely solely on the responses received via email, showing interest in participating in the study. An explanation of the following steps, including the need to sign the consent form, was provided to each potential participant who met the inclusion criteria and responded to the study invitation through email. Because the study targeted the adult population, I ensured that all the relevant measures were put in place to prevent minors from taking part in the study. Also, the recruitment flyer contained information on who could participate in the study, which assisted in screening vulnerable populations. The study did not include any individuals in the vulnerable categories, though there was still an opportunity to have vulnerable adults who met the inclusion criteria.

The consent form and screening took place as the emails streamed in to ensure that each participant received communication on time. I responded to each potential study participant within 2 hours of expressing their willingness to participate in the study. They

were prompted to respond to the email with the consent form and indicate they agreed to participate in the study. Only those who showed their consent were contacted and scheduled for a virtual interview. I began scheduling the interviews based on how the study participants responded. Social workers with more experience working with older immigrant African women and indicated their willingness to participate in the study were given priority. The rationale for doing this was the possibility of getting more information from these people than social workers with less experience.

**Sampling and Sample Characteristics**

Quota sampling was used in this study because I wanted to select the participants based on a specific criterion. As noted by Etikan and Bala (2017), quota sampling is used when members of the study population do not have equal chances of being selected, thus necessitating a nonprobabilistic/nonrandom approach. Social workers who showed interest in the study were requested to provide information regarding the number of years worked in the area, the clientele they worked with most, and the vital insights they would bring to the study. This approach explains why the number of study participants were reduced to give me adequate time to conduct interviews and obtain comprehensive social workers' information.

The characteristics sought from the potential study participants included the following:

1. A minimum of 3 years working in the Metro West Massachusetts area as a social worker.

2. A graduate from a recognized institution.

3. Experience working with older women immigrants from Africa.

The study participants were given pseudo names (Social Worker) and assigned unique numbers to conceal their identities and enhance confidentiality. None of the social workers' actual names were used in any of the questionnaires or during the interview. During the virtual interview, the participants were requested to not use their actual names or those of their clients. Only after agreeing and understanding this requirement did the interview recording start. Table 1 presents the sample characteristics of the study population.

**Table 1**

*Study Sample Characteristics*

| Participant | Education qualifications | Experience in years |
|---|---|---|
| Social Worker 0021 | BSW and MSW | 6 |
| Social Worker 0022 | BSW | 4 |
| Social Worker 0023 | BSW | 4 |
| Social Worker 0024 | BSW and MSW | 5 |
| Social Worker 0025 | BSW and MSW | 5 |
| Social Worker 0026 | BSW | 3 |
| Social Worker 0027 | BSW and MSW | 3 |
| Social Worker 0028 | BSW | 3 |
| Social Worker 0029 | BSW and MSW | 5 |
| Social Worker 0030 | BSW and MSW | 5 |
| Social Worker 0031 | BSW | 4 |
| Social Worker 0032 | BSW | 6 |

*Note*. BSW = Bachelor in Social Work, MSW = Masters in Social work

**Data Collection Procedures**

As indicated earlier in this section, quota sampling was used to select the study participants. All the recruited study participants were sent the consent form via email. Once the potential study participants responded with the words "I consent," they received

a link with calendar dates and times for the virtual interview. The participants selected a date and time slot that was convenient for them and were sent confirmation messages via email. These messages allowed me to prepare for the scheduled date and time.

All the interviews were conducted online based on the participants' preferences. However, I limited the platform choices to Zoom and Skype. This limitation was communicated to them and added to the consent form as part of what they needed to give consent to. For the Zoom interview, a password was created and sent to the study participants for them to join the virtual interview. There was also a unique meeting ID for each study participant to avoid mix-ups when sending the interview invites. The participants were requested to access the interview link in a private and secluded area to enhance confidentiality and privacy.

The number of participants was limited to 12 social workers. I considered this number a representative because only about 120 social workers work in the area. Due to time restrictions, it was not possible to have more than 12 social workers. Having more than this number would have made coding and data analysis time-consuming, thus prolonging the study duration and yielding unclear answers. Interviewing the participants took the bulk of time, and scheduling interviews with more than 12 participants would have made it almost impossible to interview all of them, or the quality would have been considerably reduced.

**Data Analysis and Coding**

After each interview, I transcribed the interview verbatim to mitigate biases and provide a permanent record of what the interviewees said. During the interview, field

notes were also noted on the interviewee's body language, thoughts, and opinions regarding the subject topic. Body language is vital as it offers a picture of how the interview process was conducted and the interviewee's feelings, which is critical in data analysis (Farooq & De Villiers, 2017). Semistructured interviews were used to allow me to identify themes from the participant' views. There were no clear patterns expected or identified before the study commenced. Therefore, using thematic analysis, themes could be uncovered for use in the study (see Castleberry & Nolen, 2018).

The data analysis process started by transcribing the audio, reading the text, taking notes, and looking through the data. This process helped me familiarize myself with the data and provided the understanding needed to analyze it. The second step involved coding, whereby the most exciting text sections were highlighted or extracted from the responses. I went through each interview transcript and highlighted phrases or sentences that seemed interesting or relevant to the study. Shorthand labels (codes) describing the highlighted phrases or sentences were then created as Castleberry and Nolen (2018) recommended. New codes were added as the text was being analyzed. All the data were then collated into groups based on the identified codes.

The third step was generating themes involves going through the identified codes, identifying patterns, and developing themes, which comprised several codes. Some of the codes deemed vague or not relevant enough to the study were discarded, while others were converted into themes. The themes identified offered more information about the research topic and questions. They were then reviewed and compared with the dataset to ensure that they accurately represented the data. The objective was to ensure nothing was

missing and all the vital information had been captured. This strategy is consistent with Kiger and Varpio's (2020) observation that themes can be modified, discarded, or combined to ensure value and accuracy. The last step involved defining the themes, whereby the meaning of each theme was formulated and its role in understanding the data determined. This step allowed me to assign succinct names to the themes so that they could be understood with relative ease.

## Study Validity

### Credibility and Trustworthiness

Credibility and trustworthiness are reflected in the data collection and data analysis procedures and methods. The data analysis plan for this study was structured and reevaluated continuously through the data collection process, thus helping me to examine and mitigate researcher bias. Self-awareness was vital when interacting with participants, capturing data, and anatomizing them once they were collected. I also captured diverse experiences during the data collection process, as evidenced by choice of individual interviews as the best way to collect data for this study.

Peer de-briefers or peer debriefing were used to establishing the study's validity. As noted by Cheng et al. (2017), peer de-briefers enhance the validity of the information collected. I worked with one of my peers who was not involved in the study and held impartial views regarding the study. This peer examined the study transcripts, general methodology, and final report and offered constructive feedback, enhancing validity and credibility. According to Richards and Hemphill (2018), peers can detect overemphasized

points, underemphasized points, vague descriptions, biases made by the researcher, and general data errors. The peer de-briefers enhanced my data awareness.

**Limitations**

Due to the Covid-19 pandemic, I used internet services such as Skype and Zoom to conduct the interviews. These technologies are prone to technical challenges, such as losing the internet connection and others. To this end, I had no alternative but to persevere through them and, in the worst-case scenarios, reschedule the interviews to a later date or time (see Mirick & Wladkowski, 2019). Conducting interviews online also prevented me from gauging the participants' body language. Farooq and De Villiers (2017) observed that the main body area seen when conducting interviews virtually is the face, which does not offer much information as would have been possible if the interview had been conducted face-to-face.

Another challenge was the lack of personal touch associated with face-to-face interviews, leading to a disconnect between the interviewer and the interviewee and possibly affecting the study results. Some social workers found it hard to concentrate on the online interviews because they were not used to them. The nature of their work requires them to have a physical presence when dealing with a client. It is also worth noting that the study focused on older African women immigrants, meaning that data collection was limited to a small population. Most social workers have a diverse clientele and lack enough experience working with the target population. Also, the study results cannot be transferable to other populations because I focused on a small sample size of African elderly women. With only 12 social workers, the study population could be

considered unrepresentative. Furthermore, the study's focus was on older African women immigrant, which limited generalizability of its results. Failure to focus on the experiences of immigrants from other communities could affect how the findings are interpreted.

## Findings

### Research Question 1

Research Question 1: From the perspective and benefits of social workers, what factors influence older immigrant African women's adaptive capacity in Metro West Massachusetts?

*Results*

Among the dominant themes emerging from the participants' responses was that older African women immigrants' adaptive capacity is heavily dependent on many factors, including their reasons/motivations for migration (voluntary or involuntary), cultural background, individual characteristics, and the migrant's experience. The participants defined involuntary migration as "the type of migration that is externally imposed." This definition suggests that the immigrants would have preferred to stay in their home countries if given a chance instead of moving to a foreign country, where they could be discriminated against, isolated, hated, and impoverished. The residual psychological effect associated with the flight trauma was cited as one of the factors that influenced immigrants' behaviors for years due to the involuntary and migratory nature of their lives.

*Discussion*

It emerged that one of the factors affecting the older immigrant African women's adaptive capacity was their socioeconomic background. The participants indicated that the experiences of immigrants in Metro West Massachusetts are heavily influenced by their socioeconomic background, including their educational achievements, occupation, and income. They argued that most immigrants are unlikely to have received relevant education to work in high-paying jobs, meaning that when they get old, they remain dependent. Failure to have the necessary education also means that they find it hard to interact with other people, affecting their social life. Participant SW0024 observed the following:

> There is no denying that the immigrants' socioeconomic background affects their adaptive capacity in Metro West Massachusetts. While education is not a guarantee that one will adapt quickly, it increases the probability of doing so with relative ease. Those who are educated find it easy to adapt because they can communicate and interact with people from diverse backgrounds, thus reducing isolation. They are also engaged in gainful employment, which increases their financial independence and helps them to settle.

Limited English language proficiency was also a significant barrier to older immigrants' adaptive capacity. Although this is not a problem for people from predominantly English-speaking countries, the participants noted that older adults' lack of English proficiency prevented them from seeking help, thus complicating their lives in Metro West Massachusetts. All the participants cited the language barrier as one of the

primary reasons older immigrants find it difficult to adapt to their new surroundings.

According to them, most of those with limited English proficiency report dissatisfaction

with the quality of services given to them, including care and medication. They also

indicated that limited English proficiency is a threat to patients' safety because it

increases the possibility of misunderstanding instructions and having adverse medication

reactions. Even providing written instructions in the immigrants' native language is

sometimes ineffective because some older women immigrants have less formal education

and little literacy in their language. Participant SW0025 shared the following:

> Apart from preventing older women immigrants from seeking help, limited
>
> language proficiency makes it hard for these immigrants to explain their
>
> conditions, meaning that they are usually dissatisfied with the quality of care and
>
> services they encounter. It also threatens their safety by increasing the likelihood
>
> of misinterpreting or misunderstanding medical instruction and having adverse
>
> reactions. While giving written instructions can help address this issue, it is worth
>
> noting that most of these people have less formal education and mastery of their
>
> native language, meaning that the instructions are often ineffective.

The immigrants' residential location also influenced their adaptive capacity in

Metro West Massachusetts. It emerged that whether an immigrant's house is in a

conventional or new destination for immigrants was a critical determinant of their ability

to adapt. The participants observed that immigrants in new destinations are more unlikely

than those in conventional destinations to have well-established safety nets, advocacy

groups, and qualified service providers who understand their culture. These new

destinations were also identified as areas where an immigrant is likely to have different social networks. In this case, older immigrants who have recently migrated to these new areas are unlikely to know many established immigrants to whom they can turn for help and insights about issues affecting their lives, including the health care system. Participant SW0024 noted the following:

Those located in the conventional destinations for immigrants seem to have an advantage over their counterparts in new destinations because there are safety nets there that can make their settling seamless. Their proximity to other immigrants also means they have people they can turn to for assistance whenever something is disturbing them. The location where an older African woman immigrant is situated in Metro West Massachusetts also plays a critical role in her adaptive capacity.

Another factor that the participants cited as influential in the adaptive capacity of older African women immigrants is stigma and marginalization. Several factors could expose this category of immigrants to stigmatization and marginalization, including cultural and religious differences, accent, skin color, and language barriers. Stigmatization can also be worsened by the native communities' concerns about the impacts of immigrants on community resources and services. Among the themes emerging from the interviews is that immigrants, especially the undocumented ones, overstretches the safety net by taking away from deserving cases. This view contributes to stigmatization, preventing older African women immigrants from settling quickly. All the participants confirmed that stigmatization and marginalization is an issue that has

been preventing immigrants from adapting to their new surroundings. Participant SW0026 shared the following:

> Being part of a marginalized and stigmatized group is detrimental to any immigrant's adaptation in Metro West Massachusetts and other parts of the United States. Stigmatization and marginalization make these people reluctant to seek care because they feel that they will be treated poorly. This reluctance to seek care reduces their satisfaction while at the same time exacerbating their problems and making their lives unbearable. Stigma and marginalization also increase the chances of being isolated and developing mental health issues such as depression and anxiety.

### *Impressions*

The dominant theme regarding this research question is that many factors influence the adaptive capacity of older African women immigrants in Metro West Massachusetts. However, the primary ones include their reasons/ motivations for migration (voluntary or involuntary), cultural background, individual factors, and the immigrant's experience. Those who have migrated voluntarily adapt with relative ease compared to those who migrated involuntarily due to problems in their country of birth. Such problems are characterized by traumatic experiences that affect the immigrant's mental well-being. The socioeconomic and cultural backgrounds are also critical determinants because some immigrants did not have decent jobs when they were young due to a lack of education or relevant qualifications. This situation means that they remain dependent when they get old, thus reducing their adaptive capacities as

immigrants in the area. Such immigrants also lack the necessary English language proficiency to facilitate adaptation and allow them to seek mental health services. Their social life is also impacted by the fact that they can hardly interact with other people apart from their family members, some of which may not be closer to them. Socioeconomic and cultural background is also likely to influence the immigrants' residential location and the possibility of experiencing stigma and marginalization. To this end, social workers must understand these factors to enhance the effectiveness of their services to this category of immigrants.

**Research Question 2**

Research Question 2: What mental health services do social workers offer to older immigrant African women in Metro West Massachusetts from the social work perspective?

*Results*

The social workers interviewed in this study indicated that the mental health services provided to older immigrant African women in Metro West Massachusetts are geared towards ensuring the primary stressors that make them vulnerable to depression are avoided or mitigated. One of the themes emerging from this research question was that supporting these women in their acculturation process can go a long way in addressing the mental health issues affecting them. All the participants concurred that the early post-migration stage is characterized by increased acculturative stress, which causes mental distress and depression in later stages of life if not adequately addressed. Older

African women immigrants also take time to adjust their cultural values and social networks, leading to confusion and depression. Participant SW0021 observed,

> Older African women immigrants are often prone to depression because of their inability to acclimatize as quickly as their younger counterparts when they encounter cultural transition. Apart from their traditional values, lifestyle, and beliefs being challenged by the new experiences, they also face isolation from their children and grandchildren whose acculturation is usually rapid.

### *Discussion*

Against the background of the stressors identified, it emerged that one of the mental health services provided by social workers to order African women immigrants is the creation of awareness about different cultural norms and practices in their new environment. They also educate the mainstream providers about the immigrants' cultural backgrounds and the need to incorporate their practices into the western-oriented health services to promote acceptability. The participants noted that these services are critical to helping the immigrants avoid the stresses associated with the cultural transition. By understanding their traditional cultural practices and educating them about their new environment's culture, the immigrants are expected to appreciate different cultural backgrounds, thus allowing them to avoid distress. Participant SW0022 explained the following:

> For the older African women immigrants to deal with the distress caused by cultural transition, we usually ensure that there is awareness about the cultural norms and practices in Metro West Massachusetts. This awareness helps them

appreciate the cultural backgrounds of others and the importance of adjusting their own traditional practices to fit the new surroundings. It also helps them understand the importance of seeking health services, which is critical in managing mental health disorders such as depression.

The importance of having an integrated and coordinated approach to addressing the mental health issues of immigrants was also emphasized. The researcher established that most of the interviewees supported having an intervention model that would help understand the immigrants' trauma and provide an adequate response. According to them, the current model is focused on medical aspects of trauma, thus limiting its scope to providing services such as psychiatric drugs and psychotherapy. While these services are critical, the participants indicated that a holistic view of the immigrants' needs is needed to address the root causes of depression and other mental health disorders. For instance, Participant SW0021 argued that

> To address the mental health issues of older African women immigrants, we social workers must come up with a way of addressing the root causes, and that can only be done by having a model that will help us understand their needs. Without that, we will just be treating symptoms.

Another approach taken by the social workers in Metro West Massachusetts to help older African women immigrants address their mental health issues is to empower them by focusing on promoting resilience and productive aging. This move helps to address the stereotypes associated with this category of immigrants. They also engage in actions that challenge structural oppression and promote the development of income and

housing policies to improve older immigrants' well-being, life status, and self-efficacy.

Participant SW0024 shared the following:

> One of the measures we use to improve the mental health status of older
> immigrants is empowering them through housing, income, and other service
> policies. These policies ensure that these people are productive and resilient as
> they age. We also emphasize the importance of creating opportunities for older
> adults from ethnic minorities to engage in social activities that will keep them
> busy. This approach helps avoid social isolation, making older women prone to
> depression and other mental health disorders. It also facilitates their acculturation
> process.

It also emerged that providing basic knowledge and skills is critical to empowering the aging African women immigrants. The participants indicated that social workers have been training this category of immigrants on caregiving services such as problem-solving, emotional support, and coping mechanisms for isolated people. These services are monitored and evaluated by social workers. According to these participants, immigrants who have been under these programs have reported benefits such as improved psychological and emotional well-being, communication skills, and a sense of belonging and identity. Participant SW0026 revealed the following:

> Training older African women immigrants on basic skills and knowledge,
> including providing caregiving services, is something we have tried, and the
> response has been great. Most of those who have been in such programs have
> shown positive signs, including an improved sense of belonging and identity,

communication skills, and coping mechanisms. Their psychological and emotional well-being has also improved, indicating the need to empower these people with skills and knowledge that can help them stay active.

Promoting health-seeking behaviors is also another strategy being used by social workers in Metro West Massachusetts to improve the mental well-being of older immigrants. It emerged that the stigma surrounding mental health issues has been preventing immigrants from seeking help at an early stage. The lack of health-seeking behavior increases the possibility of turning the daily stressors into depression and complicating their lives by preventing them from engaging in meaningful activities. To this end, among the mental health services being provided is the development of models to deal with the stigma surrounding mental health issues and encourage immigrants to seek the attention of health professionals at an early stage so that a timely intervention can be provided. Participant SW0023 suggested that "social workers have developed measures to address the stigma that surrounds mental health disorders." He indicated that those measures are geared towards promoting health-seeking behaviors among the immigrants, especially the older adults. Participant SW0023 noted, "Fighting the stereotypes and stigmas surrounding mental health disorders is critical to encouraging older African women immigrants to seek help from health professionals when dealing with trauma and stressors."

### *Impressions*

The themes I picked regarding this research question indicated that the mental health services provided by social workers to older African women immigrants in Metro

West Massachusetts are focused on addressing the primary stressors that make them vulnerable to depression. In particular, the stressors associated with the acculturation process are targeted. The dominant themes included the creation of awareness about different cultural norms and practices, empowerment focusing on promoting resilience and productive aging, provision of basic knowledge and skills, and promoting health-seeking behaviors. However, the scope of these services is still limited to the medical aspects of the immigrants' traumatic experiences, suggesting the need for a comprehensive, integrated, and coordinated approach that would give a holistic view of the immigrants' needs. Such an approach would enhance mental health service delivery in the area.

**Research Question 3**

Research Question 3: How do social workers assess the need for mental health services for older immigrant African women in Metro West Massachusetts?

*Results*

All the participants indicated that social workers in Metro West Massachusetts lack a proper method of assessing the mental health needs of older immigrant African women. Although valuable frameworks for explaining factors in the presentation of mental health issues exist, it emerged that efforts to determine the demand for mental health services for older immigrants are hindered by several barriers ranging from financial to political, ideological, and bureaucratic. These barriers make it challenging to implement best practice guidelines across the region. The participants also indicated that "the knowledge of transcultural care varies from one social worker to another, meaning

that the approaches used in assessing the needs are also different." However, regardless of how an immigrant expresses the need for mental health services, understanding her background information is critical.

*Discussion*

Among the dominant themes I picked was that social workers are limited by the fact that they fear being curious about the older women immigrants' belief system and may not know how to ask relevant questions because they are uncomfortable with it. Those interviewed in this study indicated that they feel uncomfortable asking such questions as those related to individuals' mental health. This discomfort can prevent the workers from exploring and establishing vital issues and indicators of immigrants' need for mental health services, especially when different languages, cultures, and religions are involved. Apart from this discomfort, it was established that social workers lack a mandated cross-cultural assessment tool to assess the need for mental health services among the older African women immigrants in Metro West Massachusetts. As Participant SW0026 observed, only a few workers understand the part of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) that deals with cultural psychiatry. She shared the following:

> Few social workers are familiar with DSM-5's section on cultural psychiatry, and those who are familiar with it feel the need to gather as much information as possible to conduct a robust transcultural evaluation. As such, there is a challenge in determining the relevant details concerning whether there are any cultural or ethical aspects to the immigrants' mental health that deserve attention.

It was further revealed that timing is critical in assessing the need for mental health services among older African women immigrants. The participants stressed the need for asking the right questions at the appropriate time, noting that an immigrant's past may be such traumatic that at the time of assessing their needs, they are so psychotic that social workers are unable to get an accurate reflection of what the immigrants are experiencing due to this psychosis. The immigrants may also be unwilling to reveal those experiences, meaning that trying to extract that information may prove counterproductive. As Participant SW0027 observed, questions about such incidents are usually unproductive until the target immigrants are stable and have built a relationship of trust between her and the social worker. She explained the following:

> Questions about traumatic experiences and mental health issues are usually counterproductive unless the person is stable and has established a relationship of trust with the social worker or the care provider. Therefore one of the measures social workers employ to assess the need for mental health services among older women immigrants is to build a relationship with them so that they can feel confident to share their experiences. The information acquired then helps them determine whether the immigrants require any mental health services.

The lack of a standardized assessment tool for the mental health needs of older African women immigrants has led to the adoption of ad hoc measures. For some social workers, these measures have included screening the immigrants at triage and determining their needs. It emerged that evaluations are usually tailored based on the signs or indicators shared by the family members, including the changes in behaviors of

their kin. However, the participants indicated that language barriers usually hamper this process because some of the older immigrants come from countries that are not English speakers, and the interpreters have not adapted well to the native language, hence increasing the complexity and misunderstandings. The need to train on how to work with the interpreters was also expressed, with Participant SW0025 noting that such training is lacking. He explained as follows:

> Tailoring evaluation tools based on the indicators provided by family members has been hampered by the language barrier because most of these older immigrants take time to learn English, meaning that an interpreter is usually needed. However, the presence of an interpreter does not always make things easier because they also need adaptation with not only the immigrants but also the social workers. There is, therefore, a need to train on who to work with the interpreters so address the misunderstandings that arise during the interpretation.

Significant efforts are being made to develop a framework through which social workers can work with the interpreters to enhance the effectiveness of the assessment process. The participants indicated that assessments are currently done based on the social workers' awareness, instinct, and skills, with many of them stressing the need for a standard patient-oriented mechanism. As Participant SW0028 explained, a framework that is not based on intuition, personal knowledge, and skills is required to enhance the predictability of the assessment. He noted that "there is a need to have a predictable way of determining the mental health needs of an older immigrant because social workers are

currently relying heavily on intuition, personal knowledge, and skills to do the assessments."

The participants also highlighted the use of community forums as one of the ways social workers use to assess the mental health needs of older African women immigrants in Metro West Massachusetts. These forums are used to identify the problems experienced by the immigrants and how they affect them mentally. They also bring together people from diverse backgrounds, including community health workers, older women immigrants, educational facilities, and representatives from different hospitals or health facilities to create awareness about mental health and a platform for people to express their needs. The feedback obtained from these forums helps the social workers to develop policies and frameworks to identify immigrants with mental health needs. Participant SW0028 observed the following:

> Community forums have also been used by social workers to assess the need for
> mental health services among older African women immigrants. These forums
> provide an opportunity for the immigrants to share the problems they face and
> how they impact their lives. It also allows social workers and health practitioners
> to gauge the effects of these problems on the mental well-being of the immigrants
> and provide solutions.

### *Impressions*

The participants' responses suggest that social workers in Metro West Massachusetts lack a proper method of assessing the mental health needs of older immigrant African women. Despite the existence of valuable frameworks to explain

critical factors in the presentation of mental health issues, significant barriers exist regarding the assessment of these needs, especially in this category of participants. This observation indicates that there is no harmonization in the way social workers go about the evaluations, with each of them adopting their unique approaches. It also highlights the need for a cross-cultural assessment tool that would help social workers avoid the limitations posed by cultural differences in their works. Community forums could also provide a platform for social workers to pick such needs and take appropriate measures.

**Research Question 4**

Research Question 4: What service modifications can social workers introduce in practice to enhance mental health service delivery for older immigrant African women in Metro West Massachusetts?

*Results*

The participants recommended several modifications to improve mental health service delivery to older immigrant African women in Metro West Massachusetts. Among them included the adoption of a comprehensive approach to addressing the needs of these immigrants, including medical, psychosocial, and psychoeducation. These measures primarily focus on establishing the effects of policies on the immigrants' daily lives and mental health disorders such as anxiety, post-traumatic stress disorder, and depression. Social workers interviewed in this study indicated that assessing the impacts of policies on immigrants' daily lives and mental health can go a long way to enhancing service delivery.

*Discussion*

It emerged that effective policies are essential in creating an environment where the mental health services of older African women immigrants are considered. Participant SW0028 noted that "one way of improving mental health service delivery is by focusing on policies' influence on the well-being of older African women immigrants." The participants also proposed the need for recognizing the variations between immigrants based on their country of birth. Their views suggested that such variations may predispose subsections of African immigrants to mental health issues, thus warranting consideration by social health workers. For example, language barrier and pre-migration factors such as persecution before or during the migration to Metro West Massachusetts must be considered when analyzing the mental well-being of the older African women immigrants. Participant SW0029 observed that "the physical and psychosocial strains that some immigrants experience during and after migration have significant adverse effects on mental well-being." This observation indicates that the physical and mental experiences of the immigrants during the immigration process must be considered when assessing their mental health needs to improve the effectiveness of mental health service delivery.

Another service modification that the participants recommended was to improve the focus on preventive services instead of curative measures. Some of the preventive services proposed included promoting mental health education, whereby older African women immigrants would be given essential information about what mental health means and where they can find low-cost or free mental health services. They noted that there is a

need for the development of low-cost preventive services focusing on older African immigrants. These services could help disseminate information related to mental health, thus increasing awareness among the immigrants. Other proposals for improving information dissemination included creating associations that would bring immigrants together, including clubs, churches, and others. Social workers could use these associations as outreach points when delivering mental health services. Participant SW0030 noted the following:

> Ethnic associations can provide a platform for social workers to access immigrants with relative ease and disseminate information about mental health services. It can also provide the immigrants with an opportunity to interact with their fellow immigrants and share experiences, which is critical in preventing mental health issues. I believe that focusing on preventive services such as health education can help address mental health challenges faced by immigrants, especially older African women.

It also emerged that focusing on spiritual healing and prayers can enhance mental health delivery in this category of immigrants. All the participants noted that many older African immigrants believe in spiritual healing and prayers, meaning that social workers must take that aspect in their mental health service delivery. According to them, religious coping mechanisms positively impact mental health, especially in reducing depressive symptoms. To this end, they recommended incorporating spiritual healing in health education programs. Participant SW0029 shared that "the incorporation of spiritual healing into health education program has many advantages including the fact that it can

be combined with other treatment and prevention approaches, thus boosting mental health service delivery."

To enhance the effectiveness of mental health needs assessments, the participants indicated the need for a flexible and family-oriented approach, where evaluations are based on detailed information regarding the immigrants' backgrounds, needs, and experiences. They also highlighted the need for having interpreters to address the challenges associated with language barriers or lack of English proficiency. Participant SW0030 argued that "having systems that can help social workers get a comprehensive understanding of the needs of older African women immigrants and their cultural differences would be critical to enhancing mental health delivery, especially when an interpreter is involved." Almost all the participants emphasized the importance of integrating an interpreter in the process of understanding the mental health needs of older immigrants. However, they also suggested the need for social workers to be trained on how to use interpreters to gather relevant information for assessments.

It also emerged that one of the barriers hindering effective mental health services delivery is the lack of a consistent framework for assessing and addressing the needs of older African immigrants. To this end, the participants emphasized the need to have a consistent approach, noting that it would go a long way to reducing unnecessary discrepancies and ensure that essential details regarding the immigrants are not missed, either because of the social workers' uncertainties or discomfort, or unawareness. According to them, such an approach would enhance social workers' discretion and

autonomy and give support to specific immigrants' issues. Participant SW0027 shared the following:

> A standardized assessment tool would improve mental health service delivery for older African women immigrants because it would help social workers who might not have all the necessary training and experience to handle such people. It would also improve the quality of service to the immigrants who express mental health needs by increasing predictability.

There seemed to be a consensus among the participants that social workers must be flexible and adaptive when dealing with older African women immigrants. They all emphasized the need for social workers to be familiar with the potential triggers for mental health disorders and ensure that patients from this category of immigrants feel safe and confident to share their issues with them. Participant SW0030 observed about flexibility and adaptability in mental health service delivery, "social workers must behave in a way that makes the older African women immigrants as comfortable as possible by being flexible and adaptive." He added that "a flexible patient-oriented approach is needed to improve assessment processes and mental health service delivery."

*Impressions*

The themes picked by the researcher regarding this research question suggest that among the service modifications needed to enhance mental health service delivery in Metro West Massachusetts is the establishment of a comprehensive framework for addressing the needs of these immigrants, including medical, psychosocial, and psychoeducation. Such a framework must recognize the existing variations between

immigrants based on their country of birth or origin. These variations are significant predictors of the chances of older African women immigrants developing mental health illnesses. Focusing on preventive measures such as mental health education can also go a long way to enhancing mental health service delivery because it could make the immigrants more aware of the need to avoid the stressors and seek medical attention at an early stage. Lastly, incorporating spiritual healing and prayers into mental health services and adopting a flexible and family-oriented approach when dealing with this category of immigrants can help improve service delivery because it takes care of their culture and beliefs, which is essential.

## Summary

In this section, I have presented the findings made from the interviews regarding the four research questions. The first question concerned the factors that influence older immigrant African women's adaptive capacity in Metro West Massachusetts. Several factors were highlighted by the participants, including reasons/ motivations for migration (voluntary or involuntary), cultural background, immigrant's experience, socioeconomic background, English language proficiency, stigma and marginalization, and residential location. The second research question focused on the mental health services offered by social workers to older immigrant African women in Metro West Massachusetts. It emerged that social workers provide several services to these people ranging from supporting them in their acculturation process to the creation of awareness, empowerment, development of an integrated and coordinated approach to addressing mental health issues, and promoting health-seeking behaviors.

Regarding the third research question, it emerged that social workers in Metro West Massachusetts lack a proper method of assessing the mental health needs of older immigrant African women, leading to the use of ad hoc measures such as triage, instincts, and community forums. The final research question focused on the modifications needed to improve mental health service delivery for older African women immigrants. It was established that several improvements are required, including the adoption of a comprehensive approach to addressing the needs of these immigrants, recognizing the variations between immigrants, focusing on preventive services, integrating spiritual healing and prayers, using a flexible and family-oriented approach, and having a consistent framework for assessing and addressing mental health. The participants identified these service modifications as ones that would enhance mental health service delivery.

Section 4: Application to Professional Practice and Implications for Social Change

The purpose of this exploratory study was to uncover social workers' views regarding depression in older immigrant African women in Metro West Massachusetts. I aimed to analyze the perspectives of social workers dealing or offering services to the older immigrant African women to gain insights on how other social workers can meet the emerging needs of the population. The views of social workers working in the Metro West area were sought using interviews as the data collection method. Overall, the collective experiences shared by the participants provided information on the services needed for the population, issues faced by women, and possible solutions. Significant insights were obtained regarding how social workers deliver mental health services and responses of older African women immigrants. To this end, the results obtained are expected to assist in service modifications and enhancing access to quality mental health services in the area.

The study was carried out because depression among elderly immigrant women stands out as an important phenomenon for study in the context of social work, taking into consideration the extent to which the condition affects vulnerable populations. Immigrants are faced with stressors related to their migration experience, which expose them to mental health problems. Migration can be challenging, and many immigrant women experience challenges that affect their mental health (Foo et al., 2018). It was, therefore, imperative to determine the views of social workers from West Massachusetts who work with older immigrant African women in Metro West Massachusetts affected by depression. The research questions for this study were as follows: (a) From the

perspective and benefits of social workers, what factors influence older immigrant African women's adaptive capacity in Metro West Massachusetts? (b) What mental health services do social workers offer to older immigrant African women in Metro West Massachusetts from the social work perspective? (c) How do social workers assess the need for mental health services for older immigrant African women in Metro West Massachusetts? (d) What service modifications can social workers introduce in practice to enhance mental health service delivery for older immigrant African women in Metro West Massachusetts?

The research questions I addressed in this study highlight the challenges the women experience and the barriers they encounter to accessing mental health services. There are mental health disparities among the women, and many struggle to receive assistance and do not accept a mental health diagnosis. Social workers have had issues when it comes to discussing mental health problems like depression and anxiety with the older immigrant African women, mainly due to culture. The social workers have to be culturally aware and approach the women based on their culture. Therefore, cultural awareness plays a crucial role in the treatment of women. Social work practice has been modified in Metro West Massachusetts location as social workers have to learn different cultures and understand how each culture approaches the issue of mental healthcare. Reducing the causes of depression is beneficial to society as there will be fewer people who need mental health services or are living with mental conditions. Therefore, the study can benefit the community by shedding light on how cases of depression amongst the older immigrant African women can be addressed.

The increment in social work for the African American community has been rising for the past few decades. Theoretical and practical strategies have been developed with continuous research, design, implementation, and evaluation of several social work practices among the older immigrant African women. Watkins et al. (2015) posited that the Afrocentric or Africentric paradigms have been established to discuss the seriousness of the oppression and the prolonged culture of slavery still faced by this community. It travels along the lines of physical and mental health due to loss of identity when they travel to a new region and changed living conditions are experienced. For this reason, the social work interventions for elderly African American immigrants were addressed in the current study.

Based on my data interpretation, I concluded that multiple factors play a critical role in predisposing older African women immigrants to mental health issues in Metro West Massachusetts. An immigrant's reasons/motivations for migration (voluntary or involuntary) is a critical determinant of her chance of developing mental health disorders, with those who migrate being at higher risk due to the traumatic experiences they encounter before and during immigration. Other factors include cultural background, immigrant's experience, socioeconomic background, English language proficiency, stigma and marginalization, and residential location. Older African women immigrants are more susceptible to the problem of language barrier than their younger counterparts, meaning that they have a challenge interacting with social workers or seeking professional help. There is also the stigma and marginalization associated with mental illnesses, which may prevent immigrants from seeking help. All these factors suggest the

need for social workers to understand the sociocultural backgrounds of the immigrants so that they can increase the chances of satisfying their needs. Having an interpreter can also go a long way to helping them understand the needs of those who lack English language proficiency.

This study's results can be used by other social workers dealing with a similar population. They can help the social workers to discover the strategies they can employ to reach out to such a population and the strategies they should avoid. Cultural influences have been uncovered that can be vital in determining the methods used to treat this population. Being culturally informed is beneficial to the social worker, and it can allow them to reach out to the community members and approach them in a manner that is acceptable. Social work can benefit the most because the results suggest strategies social workers can use when dealing with older immigrant African women. Considering that women have different cultures based on their country of origin, it is vital that a social worker first understand the client's culture before offering treatment or counseling to the individual.

### Application to Professional Ethics in Social Work Practice

The social work problem highlighted in this study relates closely to these two principles of the National Association of Social Workers (NASW) Code of Ethics: cultural awareness and social diversity and competence of the social worker (NASW, 1996). A social worker should understand the culture and religious beliefs of the population they are serving and its role in human behavior and society. Without understanding these factors, a social worker may struggle to interact with the clients,

which can create a rift between the clients and the social worker, resulting in the client not receiving adequate service. The services offered by a social worker should be sensitive to the client's sociocultural and religious background. Cultural sensitivity allows the social worker to understand the client's culture and offer services that are in line with the client's culture (Lorenz, 2019). Being culturally sensitive ensures the social worker can offer services that are acceptable to the client.

A social worker must also understand the nature of social diversity and oppression as they relate to race, national origin, ethnicity, sex, sexual orientation, color, age, marital status, religion, immigration, and mental health (NASW, 1996). The study's findings highlight the importance of being culturally sensitive because social workers who are not culturally sensitive may have a hard time dealing older African women immigrants, mainly due to failure to understand their culture and language. This finding is consistent with Viola et al.'s (2018) argument that being sensitive to the client's culture and beliefs gives the social worker the added knowledge of approaching the client, interacting with them, and probing them for information. All these are vital for effective delivery of mental health services. Social workers who understand a client's culture know the limitations or things they cannot discuss. They also know how to approach the clients so that they can share essential information about their experiences and mental health conditions. For example, in some cultures, talking about mental health is taboo, and the client might assume the social worker is saying they are crazy. Therefore, having adequate information and understanding of the different cultures ensures the social

worker does not discourage or chase away the client based on how they approach the delicate issue of depression.

This study also demonstrated that competence is needed in social work practice, especially when dealing with immigrants' mental health issues. Social workers should accept the responsibility based on their existing competence (De Kock, 2020). For a social worker to work with older immigrant African women, they need to have the competence to assist people from diverse backgrounds because immigrants have different experiences based on their country of origin and the reason for migrating. Therefore, a social worker with no experience in dealing with such issues will always have a challenge. The study increases the current knowledge regarding the barriers to mental health access by the older African women immigrants, and other social workers can use the results to improve service delivery. Understanding the barriers older immigrant African women and social workers face regarding mental health access can allow social workers to modify their current practice models to be more accommodating and effective. Social workers have to review the available literature to determine new models and advances in practice they can implement in their practice. The current study can be used as part of this continued knowledge acquisition.

The NASW Code of Ethics is clear in terms of how a social worker should handle cultural issues, and the requirement of being culturally competent is vital (NASW, 1996). A social worker should not accept employment in an area with a diverse population if they are not prepared to learn about the different cultures present in their work area (De Kock, 2020). Without cultural competence, the social worker may discourage clients

from seeking mental health services, which can lead to further alienation of the population under study. Already, women are finding it hard to access mental health services, and the situation should not be aggravated further by employing social workers who are not culturally aware or willing to learn. Social workers must understand diversity and oppression, which allows them to work with different clients and offer effective services without discrimination. Competence in social work mandates that social workers have ample knowledge in an area before offering their services (De Kock, 2020). Therefore, social workers who are not culturally competent should not attempt to offer their services to clients from different cultures. Familiarization with the different cultures at the base of their client's area is vital and shows the social worker's competence.

## Impact on Social Work Practice

The study has revealed that older African women immigrants face different challenges when trying to adapt in West Metro Massachusetts. Even when they know about hospitals, they might be referred to a social worker, but fear going there because they assume social workers deal only with mental health issues, which goes against their traditions. Another concern the women might have relates to their perception of the costs of seeking mental health services, whereby they are likely to perceiveas high due to their socioeconomic background. The stigma associated with mental health illnesses also prevents them from seeking mental health services for fear of being perceived as mad. All this can be modified by having the social workers visit the community where the women are located and chat with them. The goals of this approach would be to make the women aware of the services they can receive from their local health center or specialized

areas. The costs for the services should be discussed to ensure they understand what services are free and those that are charged. The visit by the social worker can serve numerous purposes. For example, visiting the community can allow the social worker to perform an overview of the women and determine if any women might need counseling services based on how they interact with the social worker. Secondly, the visit can introduce the women to a social worker whom they can approach later when they need social work services.

## Recommendations for Social Work Practice

This study's findings suggest that several service modifications are needed to enhance mental health service delivery when dealing with older African women immigrants. The language barrier is an existing problem that social workers must address. This problem indicates the need for giving the clients enough time to settle and gain confidence to express themselves fully without feeling rushed. To enhance quality mental health services, it is vital to ensure clients are not limited to a given timeframe and the social worker is not rushed to finish with each client. The additional time can benefit all the parties involved because the social worker can get enough time to understand the client's needs and experiences. It can also allow social workers to assess the need for an interpreter to help those lacking English language proficiency. Furthermore, the results have demonstrated that the adaptive capacity of older African women immigrants is heavily influenced by their socioeconomic and cultural backgrounds, suggesting the need for social workers to understand them when dealing with this category of immigrants.

**Future Research**

Further research is needed to include more social workers and cover other immigrant populations. As previously indicated, focusing on African immigrants only limited the study's generalizability, making it hard to determine if the same results would be found if the population under study differed. Expansion of the study to include immigrants from other continents would increase the study's trustworthiness and could be used to generalize the population. The sample size used was small due to a lack of ample time. Future studies should consider increasing the number of social workers. Such a move could allow the researcher to gain a better and comprehensive understanding social workers' views and use it to inform social practice changes.

**Action Steps**

Cultural barriers can be overcome through increased time spent with a client. The more time a social worker spends with a client, the more comfortable the client will feel, and they may begin to trust the social worker, which can encourage the client to speak freely with the social worker and express what is bothering her. The more time a person spends with another, the more likely they are to trust the person (Saasa, 2019). Therefore, the increase in time should be a policy consideration for social workers working in culturally diverse areas or in areas where there are language barriers. Increased time with a client can increase the bond between the client and the social worker, making their interactions friendlier and getting acquainted with the social worker. As they continue spending time with the social worker and interacting, the client may be comfortable enough to disclose to the social worker what is troubling her and how she feels about

talking about it. Cultural barriers can be overcome as the client and social worker spend increased time together (Saasa, 2019). The social worker can benefit by learning more about the client's culture, and the client can benefit by expressing themselves to the social worker in a way she feels comfortable. The result is that the client can receive the vital assistance and guidance she needs from the social worker.

The second action step would be strategies social workers can use to reach out to the population under study. Currently, social workers interact primarily with the women who visit the social work facilities. However, other women opt not to visit these facilities due to fear of stigmatization and marginalization. Reaching out to these women and creating awareness is vital to reducing mental health cases within the community. Women can be encouraged to visit the facilities to receive assistance with any underlying issue they might have. Taking services to the community removes the stigma associated with mental health services, and more women can start appreciating the services of the social workers. Service modification to have social workers visiting the community can make the social workers familiar with the women, and with time, the women may start embracing the services offered. Reducing cases of depression and anxiety in the community is the main agenda, and social workers should ensure they can reach out to the community in different ways. There is also a need to focus preventive measures, such as socioeconomic empowerment, instead of curative interventions. Such measures can help to address the daily stressors that contributes to depression and other mental health disorders.

**Transferability**

These study findings can be transferable to other populations dealing with older immigrant women from other parts of the world. The issues faced by African immigrants might be similar to other immigrants making the findings transferable. The importance of cultural competence comes to the fore from the study results. Social workers have demonstrated how vital it is to have cultural competence, a skill that can be used for different communities and settings. There should be a push to increase cultural competence training in schools to have more social workers understand how to handle a diverse population. The study results have demonstrated that information is missing because most social workers have expressed, they that struggled to handle the population, especially due to a lack of language proficiency and sociocultural differences. Therefore, they were recommending more training regarding cultures.

**Usefulness**

Policy considerations and changes can be implemented based on the results of this study. There are different aspects to look for within a community, and in most cases, social workers can find it hard to manage a new community because they lack the appropriate skills. Understanding the different challenges faced by the immigrants can help a social worker treat the client or provide the necessary mental health services. Further research is needed to uncover more information that might have been missed or applicable for other races. This study's focus was on older African immigrant women, which might have limited the results as more information is needed to determine if the men also face the same challenges as the women. Future research can look into the

impact of immigration on young adults and teenagers. These populations could be facing some challenges associated with immigration too. The loss of friends and new culture could negatively affect the young minds of the population, leading them towards escapist strategies like drugs or alcohol abuse. African immigrants might have different experiences than immigrants from other continents. Therefore, a more inclusive study is needed to determine if the study results can be used for other communities.

## Implications for Social Change

The study findings can provide the groundwork for increased delivery of service to older immigrant African women living in the area. An increase in mental health cases within the community has not been matched by the same increase in mental health services. The number of women seeking mental health is a small portion of the population and determining the reason behind this small number is vital. There is an opportunity to push for changes by using this study's results to demonstrate the community's need for mental health services. The challenges social workers may note can be used to change practice, like increasing each client's allocated time. Language barriers could make it hard for a client to express themself fully within a short duration. However, an increase in the allocated time can allow the clients to state their issues without feeling pressured.

The competence of social workers can be increased with the addition of knowledge contributed by this study. Currently, there is no information concerning the failure of older immigrant African women to seek mental health services. With the insights offered by the social workers, the competence of the social workers can be

increased since they would better understand the restrictions faced by the older immigrant

African women. The impact of a mental health diagnosis on the women are illustrated by

the study results and social workers can understand how the women feel when diagnosed

with mental health problems. Social workers can also modify their approach towards

immigrants and encourage them to seek assistance. The older immigrant women might

not be receptive to the social workers initially, but with time they can embrace social

workers, which could increase access to mental health services in the community.

Furthermore, the study results can be used to push for funding and grants by sharing the

findings with policymakers indicating the need for changes targeting the population

under study. Armed with evidence from the study, there is an increased likelihood of

tangible changes being implemented to boost mental health service delivery.

## Summary

In this exploratory qualitative study, I aimed to uncover the views of social

workers regarding depression in older immigrant African women in Metro West

Massachusetts. By analyzing these perspectives, significant insights were gained that can

help social workers enhance the effectiveness of their service delivery when dealing with

older African women immigrants. I also aimed to contribute to the existing knowledge on

how mental health problems faced by African immigrant women located in Metro West

Massachusetts can be reduced. The knowledge of the causes of depression is beneficial to

society because it can ensure that there are fewer people who need mental health services

or are living with mental conditions. It can also benefit the community by reducing cases

of depression amongst the African immigrant women caused by their migration experience.

This study's results can be used by other social workers dealing with a similar population. Based on this study's results, other social workers can benefit by finding out the strategies that can be employed to reach out to such a population and the strategies they should avoid. Cultural influences can be uncovered to determine the methods that can be used to treat this population. Being culturally informed is beneficial to the social worker, and can allow them to reach out to the community members and approach them in a manner that will be acceptable. Social work could benefit the most since the results have suggestions that other social workers can use when dealing with African immigrant women. Considering that the women have different cultures based on their country of origin, it would be vital that a social worker first understand the culture before offering treatment or counseling to the individual.

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