

A Qualitative Study on Treatment Approaches and Culturally Sensitive Mental Health Care for African Immigrants in the U.S

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Although the population of African immigrants in the U.S. continues to increase there is limited research on effective mental health treatment for this group. The purpose of this study was to understand the strategies that African immigrants utilize when dealing with emotional and psychological distress and in maintaining their overall wellbeing. The study also sought to obtain information on important aspects mental health professionals should consider in providing culturally sensitive treatment to African immigrants. Results from in-depth interviews with 13 participants from the states of Washington and Georgia demonstrated four factors that are beneficial to this group include: 1) sense of community, 2) spirituality, faith, and religion, 3) meaningful recreation, and 4) cognitive strategies. When working therapeutically, participants emphasized the importance of cultural relevance, collaboration, clarifying expectations, hospitality, and incorporating their values and interests. Other essential factors for mental health professionals to consider are their roles within their families in the U.S. and abroad, and their need for assistance navigating life in the U.S. particularly when they initially arrive. Study findings also demonstrated that African immigrants' perceptions of mental health and distress are highly influenced by cultural beliefs from their native countries. African immigrants in the current study had diverse ways of dealing with mental and emotional distress, which portrayed high resiliency. Recommendations are given to assist mental health professionals to better serve African immigrant populations.

Immigrants often present with a favorable health status on arrival but over time develop the same or even worse health status than Canadian-born populations. Refugees on the other hand often arrive in poorer general health status than their immigrant counterparts and often present with ill physical and mental health status. Contributing to their likelihood for poor health is a difficult migration journey that may include migration from countries experiencing violent conflicts, forced migration at short notice, and living in refugee camps, along with unfavorable social determinants of health.

While there is a growing body of literature specific to immigrants' and refugees' experiences in accessing health care, little is known about the experiences of African immigrant and refugee families. In two systematic reviews on immigrants' experiences of accessing primary care and maternity services in

Canada, none of the 33 studies focused on African immigrant and refugee families. South Asian and South-East Asian immigrant populations were the focus of most of the studies. Accordingly, better representation of other racialized groups, more information-rich data including immigrant participants' voice, more work on the perceptions and experiences of parents raising children, and a broader focus on primary health care were recommended. In addition, more information on experiences based on the type of immigrants is warranted. All interviews were digitally recorded and transcribed verbatim. In keeping with the qualitative paradigm, data collection occurred concurrently with data analysis. All data emerging from interviews and field notes informed data analysis with careful line-by-line analysis of the transcripts, and iterative analysis.

African immigrant and refugee families presented with various health conditions that reflected different health needs and a possible decline in their health status. Some families arrived in Canada after a difficult immigration journey that included experiencing violent conflicts and living in refugee camps. Life in a refugee camp was portrayed as very difficult. Upon arriving in Canada, families lived under unacceptable conditions (e.g. poor housing) and were challenged in their quest to access health care services. Families shared their experiences on accessing health care services that touched on the social determinants of health including health system and services, physical environments, employment and job security, stress and illness, culture, language, immigration, and social supports.

African immigrant and refugee families face considerable barriers in accessing primary health care services which is reflective of poor social determinants of health. The families in this study experienced challenges because their expectations were not quite met and because of barriers related to facing a new life. In spite of the barriers and poor social determinants of health, both immigrant and refugee families viewed the use of culturally relevant collaborations and networks as opportunities to improve access. In order to improve primary health care access for these groups, policies and programs that seek to address social determinants of health and tap into culturally relevant networking collaborative approaches are needed.