Understanding Mental Health Stigma and Barriers to Mental Health Services among East African Young Adults in the Seattle area

Redeite S. Moges

University of Washington

Author Note

University of Washington School of Social Work

Special acknowledgment to my mentors Asia Bishop and Dr. Jane Lee

Understanding Mental Health Stigma and Barriers to Mental Health Services among East African Young Adults in the Seattle area

Abstract

While the US has a growing population of African immigrants/refugees more studies are needed to understand the perceptions and needs for mental health services among this population. Given the unique experiences of the African Community, there is currently limited resources, studies, and conversations happening in this community. There has been little to no research conducted on mental health in the East African community. To fill this gap this study aims to better understand the stigma and barriers related to mental health service access for young adults in the East African community. Doing so will help inform culturally responsive approaches to address the needs faced by this population. In line with these objectives, the current study employs a qualitative design to address the following research question: How can we understand mental health stigma and barriers to mental health services for young adults in the East African community? Semi-structured interviews were conducted with 3 young adults. Questions focused on background and immigration experience, mental health and mental health services. Interviews were transcribed and coded deductively. Thematic analysis was then used to condense codes into broader themes. Triangulation was used as a strategy to enhance credibility and trustworthiness. Themes that emerged related specifically to barriers, supports and in combination of both. Barriers included, misinformation and lack of awareness, intra-community gossip, and lack of available and culturally specific services and providers. Supports focused primary on social networks. Religion was seen as a barrier and a support. This pilot study provides an in-depth understanding of barriers and stigma of mental health in the

East African Community among young adults. With this information practitioners, community partners, as well as community members can be informed, and practitioners can make positive changes to provide culturally appropriate and responsive services to this community.

Introduction

Mental health has been discussed widely in the research field in western countries. However, the mental health needs of ethnic minorities are not as widely considered in the research field. There are limited studies conducted regarding the mental health of immigrants and refugees in the United States (US). This study will examine the mental health needs and barriers to accessing services among young adult, East African immigrants/refugees in the Seattle area. Africans living in the US are among the fastest-growing populations. In data reported in 2015, 2.1 million African immigrants are residing in the US. (Monica, 2017). Among the 2.1 million, 1.7 million African immigrants are coming from Sub-Saharan African with East Africa (Ethiopia, Kenya, Somalia, Eritrea, Sudan, Tanzania, Djibouti, Uganda, Rwanda, and Burundi) being the largest immigrant population. Among the East African countries, Ethiopia, Kenya, Somalia, Eritrea, and Sudan comprise the largest immigrant groups in the US. Currently, there are limited published studies that discuss the needs of this community. The only current data available is a published report (Balahadia, 2016) expressing a need to have an open discussion surrounding mental health in the East African community in Seattle.

In 2016, McCann, Mugavin, Renzaho, and Lubman, conducted a study with young adults who recently migrated from Sub-Saharan Africa. The study used focus groups and identified four help-seeking barriers among the study population: the stigma of mental illness, lack of mental health literacy, perceived lack of cultural competency of formal help sources, and lack of mental

health literacy. As mentioned above, public stigma and self-stigma were common and deterred participants' help-seeking within sub-Saharan African communities. They found concerns regarding disclosure, fear of community rejection and being labeled as “lunatics” when it comes to help-seeking.

Hence, it is critical that we examine the mental health needs of the East African community. Specifically young adults of the East African community in Seattle have multiple worries, such as struggling to find jobs, fear of safety, lack of transportation, racism in public schools, discrimination, lack of finding resources or finding elders to talk to, lack of the cities involvement in the community, and the lack of education around drug and alcohol (Balahadia, 2016). Thus, we must examine the needs of young adults concerning their mental health. The present study seeks to address this gap.

Research Question

The present study has the following research question: How can we understand mental health stigma and barriers to receive mental health services in the East African Community Among Young Adults?

Purpose

Specifically, this study seeks to better understand the mental health needs of the East African Community in the greater Seattle area and identify culturally responsive approaches to address the needs.

Methods

Objectives/Aim

The study has the following aims:

- To identify key priorities and barriers to receiving mental health services in the East African Community
- To obtain a better understanding of the mental health needs of young adults in the East African Community.
- To gain a better understanding of the coping strategies of this community when it comes to mental health.
- To obtain a better understanding of stigma in this community.

Study Design

The study is an exploratory, cross-sectional, qualitative study. Specifically, semi-structured interviews were conducted to get an in-depth understanding of mental health needs among East African young adults in the Seattle area.

Sample and Data Collection and Procedures

Participants were recruited through purposeful sampling. This was conducted via networks, community groups, and snowball sampling. Specifically the following outreach strategies was be used: (1) flyers about the study will be distributed at community centers; (2) Information about the study will be posted on social media groups (i.e. Facebook groups); (3) Word of mouth- the researcher explained the opportunity to participate in the study to community members and groups and ask them to refer potential participants.

The researcher interviewed three young adults (aged 18-25 years) who live in the greater Seattle area and identify as East African immigrants/refugees. Inclusion criteria for participants will be: (1) age (18-25 years); (2) Identify as East African (Ethiopia, Kenya, Somalia, Eritrea, Sudan, Tanzania, Djibouti, Uganda, Rwanda, and Burundi); (3) immigrant/refugee status

(not born in the United States). Exclusion criteria for participants were: (1) Not aged between 18-25 years old; (2) not identifying as East African (3) Born in the US.

In-Depth Interviews

The study involved an hour-long in-depth interview with each individual (n=3) in a private location. The researcher recorded the entire conversation with a voice recorder. Trustworthiness was managed through member checking and triangulation.

Categories of questions

The in-depth interviews asked participants about the following areas:

- Background and immigration experience (e.g. Experiences in the U.S., experiences in their countries of origin, social support networks in the U.S.)
- Mental health (e.g. participants' definition of mental health; understanding of mental health services; cultural understanding and perceptions of mental health; mental health needs)
- Mental health services (e.g. how participants deal with mental health needs [informal vs. formal]; strategies for dealing with mental health issues; whether there are services available or accessible to them; the types of services or support that participants desire)

Informed Consent

All study procedures are approved by the Institutional Review Board (IRB). Participants were given an information sheet and consent form giving full details of the study. Participants signed consent forms and were given a copy. Participants were informed about the purpose of the study, study procedures, potential benefits, and risks.

Analysis Plan

Interviews were transcribed and coded deductively using predetermined coding scheme that aligned with the study objective. Thematic analysis was used to condense codes into broader themes, with data source triangulation used as a strategy to enhance credibility and trustworthiness.

Reflexivity

As a person from the East African community, I am mindful of reflectivity. While completely avoiding biases when conducting research is unfeasible, I understand my positionality as a person from the community and the impact I might have on this study. I tried my hardest to suppress my own assumptions about this community while conducting this study not just during the analysis, but also throughout the research process. Member checking and 2nd coder were also other strategies that were beneficial.

Results

Themes emerged which highlighted barriers, supports, and combination of both. Barriers included misinformation, lack of awareness, intra-community gossip, and lack of available and culturally specific services (See Appendix). Supports focused primary on social networks. Religion was seen as both a barrier and a support, operating as a coping mechanism while perpetuating stigma about mental illness. This study provides an in-depth understanding of the stigma and barriers associated with mental health and access to services for young adults in the East African Community. Findings suggest that increased awareness related to stigma and how this impacts service utilization within this community is needed. Additionally, practitioners should be informed about mental health-related stigma so that they can provide culturally appropriate and responsive services to this community.

Barriers

Intra-community gossip was seen to be very prevalent as one of the barriers. People would gossip within social circles such as at church or at school. This was seen as a barrier because it creates stigma which could cause folks to avoid seeking mental health services. In relation to intra-community gossip, participants also had fears over breaching confidentiality which could result in gossiping within the community. As a result of intra-community gossiping as well as breaching of confidentiality people could steer clear of receiving services because of the underlying stigma.

Similarly, other barrier included misinformation, lack of awareness and lack of available culturally specific services. Participants noted the lack of available services that is catered to their needs. All the participants wanted a counselor that looked like them, understood their cultural backgrounds, and had knowledge about their upbringings. This was very important to them because they wanted to be represented and wanted to feel comfortable and safe when they are sharing something private and personal.

Supports

Social networks such as church, friend circles, and family were seen as a support system. Participants described their social circles at school and outside of school as their support system. They also described families as well as church a place to mingle and destress. They created their close-knit communities in those spaces making it a space to garner support.

Combination of both

Religion was seen as a support as well as a barrier to receiving mental health services as well as a conversational starter. Some participants saw going to church for example as a coping

mechanism through prayer and through creating a social support at church, however they also saw church as the place where people gossiped. Religion was also seen as the only place to receive treatment while completely disregarding evidence-based treatment.

Discussion

The purpose of this study was to gain an in-depth understanding service barriers and stigma regarding mental health needs in the young adult East African Community. Three major themes emerged from interviews with three young adults, that highlighted barriers, supports and in combination of both. Barriers included, misinformation and lack of awareness, intra-community gossip, and lack of available and culturally specific services and providers. This study contributes important knowledge to a limited body of literature regarding mental health needs and barriers to service access within the East African community. Additionally, findings hold important implications for informing service approaches and future research.

Policy and Practice Implications

There has been extensive work done within the mental health research community in the US and around the world; however, there is a huge gap when it comes to research on access to mental health services and addressing stigmas in the East African community. Findings from the current study suggest practitioners, community partners, as well as community members should be informed, and practitioners should make positive changes to provide culturally appropriate and responsive services. This points to the need for additional trainings for practitioners in order to create a culturally appropriate and responsive services for this community. This finding implies the need for policy to be in place that requires and supports practitioners to be trained adequately in order to serve this community. Furthermore, based on

our finding of lack of available and culturally specific services and provides, more black identifying practitioners need to be hired that understands and can relate to this communities' specific needs.

Research Implications

There are several research implications for future research. First, increasing the sample size of East African young adults in the greater Seattle area would strengthen the quality of this study. Second, future research needs to focus on practitioner's training cultural humility as well as understand why there is a lack of representation and lack of culturally appropriate and culturally responsive services among practitioners. Lastly, future research is important in looking at wide array of populations within the East African community to identify their needs on this matter in order to provide culturally appropriate and responsive services.

Study Limitations

There are several limitations of this study that should be considered. This study required participants to speak English, and therefore excluded non-English speakers within the community. This study also has a small sample-size (n=3). This study aimed to gain an in-depth understanding of barriers and supports regarding mental health among young adults within the East African community. It will be important for future research to use a larger sample size in order to obtain information about potential variation in experiences within this community.

Conclusion

The U.S. has a growing population of African immigrants/refugees who experience immense health disparities, particularly regarding mental health and trauma. More studies are needed to understand the perceptions and needs for mental health services among this

population. In conclusion, we need a deeper understanding of mental health stigma and barriers to mental health services to provide services that are both culturally appropriate as well as culturally responsive. Through interview with individuals from this community, this study demonstrated key findings regarding mental health perceptions, stigma, and barriers to mental health services in the Seattle area. Ultimately this study will lead to continuous research on improving the needs of this community and help implement programs that are culturally appropriate and responsive.

Reference

Balahadia. (2016). Voices of Seattle's East African Communities: An Overview of Community Issues and Opportunities, Seattle, City of Seattle Office of Immigrant and Refugee Affairs

Gashaw-Gant, G. G. (2005). Culture and mental illness: A review of a model for providing mental health services to East African refugees/immigrants, ProQuest Information & Learning, 4283-4283 p.

McCann, T. V., J. Mugavin, A. Renzaho, and D. I. Lubman. (2016). Sub-Saharan African migrant youths' help-seeking barriers and facilitators for mental health and substance use problems: a qualitative study: Bmc Psychiatry, v. 16, p. 10.

Anderson, M. (2017). African Immigrant Population in the U.S. steadily Climbs

Appendix

Theme	Code	Example Quotes
Barriers	● misinformation, ● Lack of awareness ● Intra-community gossip ● Lack of available culturally specific services. ● Stigma	Interviewee 1: “within the Habesha community, there's like, a lo the stuff regarding mental health is kind of taken as you know, it like, oh, you know, it's like people don't believe in like medicatio of being treated, you know, they think of, oh, holy water or like, let's pray or like church and like stuff like that. Maybe because they're not that aware or educated or people don't talk about it that much that it's like being untreated. Yeah. But yeah.” – lack o awareness, religion seen as coping method. Interviewee 2: When we first moved here [to Seattle] a few mon later, this kid was my mom's friend's son. He committed suicide. died by suicide, actually, he shot himself at home. And just the v that people were responding to it and like the was just clearly misinformation, just misunderstanding, and what do you call it? [the word] I'm looking for is just ignorance they just didn't know And lack of awareness which of course and, of course, that was factor and his act, you know, like, that was something he didn't have access to [get] the help. Maybe there was an awareness th he didn’t know, he probably didn't feel comfortable or, maybe n that he didn't feel comfortable, but there wasn't even that line o communication open in the first place, whereas in America it is. a lot more open. It's a lot more like the roads have been well plowed and used before. “ – lack of knowledge, awareness, acce to services, stigma Interviewee 1: “So I feel like if there's a resource cater to African countries and like, surrounding mental health, I feel like that's much it'll be much easier to talk about and treat those people o cater to those people - resources specifically for them, yeah, you know, and I feel like you can't have a white, person that makes h come and try to treat mental health in like they Eritrean or Ethiopian community because he doesn't know our ways…” – la of available culturally specific services. Interviewee 1: “Having it [mental health resources] confidential because I feel like a lot Ethiopians and Eritreans, they kind of ho back from seeking those treatments or resources? Because they like, Oh, you know, gossip goes around the community, you know it's like, oh, this person saw me going in there… Yeah. And I fee

		like, kind of letting them know that it's available and it's confidential." – intra-community gossip, fear of breaking confidentiality Interviewee 2: "I know of counselors close by I know there are church things that are available like Christian based counselors. Um, I don't know that they would cater to me specifically and w I'm looking for because I live in Redmond, and all of them are white. There's not a single black one. Some are women, but the they're like older white women. And like, I've tried I've had counseling before with a white woman and just there was like th huge gap of, I guess, understanding that we couldn't cross" – lac of culturally specific services Interviewee 3: "Yeah, but I don't think I've ever heard mental, lik being discussed in my community." – Lack of awareness Interviewee 3: "if you act like if you act different than what's considered normal, then like, something's wrong with you. Yeah And I think like that identity is like in the back of my head unconsciously its there Yeah, so that's what I think happened." - stigma Interviewee 3: I guess I can only speak for myself, right? I feel lik when, you know, when I was going through whatever, I think I wanted to talk to somebody, I just didn't know how, yeah, cuz lik said, growing up, I didn't see that happening around me.
Support	● Social Networks	Interviewee 2: "I guess yeah, school would be a good place. I do know if this is really a place but like, listening to things like Ted Talk." Interviewee 2 "…Even just talking and hanging out and like eat together sharing a meal or having tea together definitely, benef to help you not feel all alone." Interviewee 3: "I feel like the way they [parents] think about it is like, I'll just talk about it with my friend and kind of figure it out.
Combination of Both	● Religion	Interviewee 1: "…they'll be like, Oh, you know, the devils in him like, kind of relating it to, like religion and like, you know, versus like, a medical reason."

		Interviewee 2: “It's kind of like, our automatic response for a lot people is, well, let's go to church. Let's pray about it. Let's curse demons. Let's get healing and things like that, which is valid, but leaves like no space for actual scientific studied intervention like that.” Interviewee 2: “Yeah. But I think like I was saying the gossip thing real. We purposefully live away from larger Kenyan communities because my mom doesn't want to fall into being another Kenyan woman in all, the Kenyan women's circles and knowing all of this what so and so's kids did and blah, blah, blah... And that is real, like, something happened to me in Texas. I didn't mention it in church. I like I mentioned it to my mom's friend while I was at her house, and she mentioned it to someone and then the whole entire Kenyan church knew and then they brought me to the front and prayed for me because of it. And I was like, what is happening how did it get escalated this point” – Gossiping in church as a barrier Interviewee 2: “Yeah, I do. I do. For starters, like everyone always says this, but awareness, like being aware that you can pray about it. But there can also be things that you should be doing” – prayer as a support and barrier. Interviewee 3 when asked about support systems: church! Churches! That was [is] the number one place Yeah. Friend’s house too. Yeah. I think I think that's about it, especially in the US.”