

Working with refugees, asylum seekers and migrant workers to promote mental health

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Overview

- Local and service context for the project
- Theoretical context for the project
- Project outline
- Discussion of dilemmas arising from our work so far



The Context: Great Yarmouth Locality

- Seaside town
- Area with social and economic deprivation
- 2001 census
Population 91K – vast majority of people classified as “white”
- Recent change from homogenous to visibly diverse community



The Context: Local mental health services

- NWMHP major provider - also some voluntary and independent sector services
- Recent changes in service structures
- Primary care and psychological services
- Long waiting times for psychological therapies
- Good interpretation services but minority ethnic groups are underrepresented in people referred (not in some staff groups)



The Context: Our aspirations

- “to promote mental health by working in partnership with communities and all relevant agencies to support and enhance the skills and expertise which facilitate mental health.”
(Mission statement)
- focus on deprived areas and reshaping services to reflect local needs (NRF)



Theoretical Context: Mental Health Promotion

- Mental health promotion requires an understanding of local perceptions of consumers and providers of services, e.g:
 - How community members view the nature, origin & potential ways of resolving mental health problems
 - How people view and experience local services
 - How local providers make decisions about service delivery and work with communities
- Health behaviours are shaped not only by knowledge, but also interaction with identity, beliefs, material conditions, etc.



Theoretical Context: Social Representations Theory

- Theory about a shared set of understandings and meanings about 'social objects'
- Not seen as fixed mental entities, but socially constructed and locally negotiated in ongoing, dynamic process
- Influenced by wider/dominant cultural & historical meanings
- Takes into account practices and material conditions



Theoretical Context: Social Representations

‘health beliefs and behaviour are constructed against a background of constant social interaction and negotiation.....Beliefs about health and illness express the larger social psychological factors which shape the choices people make about health related behaviours and practices. These factors range from **concrete conditions of living** to the particular **patterns of interaction and communication** within any given community, to the **lay and cultural knowledges** that guide the interpretative frameworks used to make sense of health and illness.’

Jovchelovitch and Gervais, 1999



Theoretical Context: Material *and* Discursive Approaches

- Debate about importance of material vs. social factors in understanding mental health
- Important to explore both elements of the local context in refugee, asylum seeker and migrant worker mental health



Project Rationale

- Arose from us questioning the equality of access and cultural appropriateness of our local mental health service
- Aims to generate a more sensitive understanding of the mental health needs of refugees, asylum seekers and migrant workers
- To inform community health professionals



Structure of Project

- Two year, Neighbourhood Renewal Funded project
- Part 1: Liaising with community organisations and members - Qualitative research project to explore local knowledges and understandings about mental health needs
- Part 2: Taking action to build on what we have learned from our initial explorations



Research Methodology

- Qualitative Project
- Participants: 10 local professionals/key informants, 5-10 community members
- Individual semi-structured interviews
Possibly focus groups
- Simultaneous analysis and interviewing
- Analysis draws from grounded theory and discourse analytic methodologies



Progress so Far

- Identifying similar projects across the country and region, learning from others' experiences
- Currently making links with local people and organisations who are active in local target communities
- Mapping local populations and services
- Developing trust to promote access
- Identifying challenges and areas of concern



Dilemmas

How do we understand and work with the expectations of the community?

- Cultural understandings of mental health and expectations of services
- Perceptions of power (both of mental health workers and of community members)
- How much can each influence?



Dilemmas

How do we know we are working ethically?

- Where are the professional ethical guidelines for community psychology (e.g. BPS)?
- How are we using our power?
 - When to formulate?
 - How strategic to be in use of psychological skills
 - Consent in working organisationally
 - Recognising value base in our empowerment agenda



Dilemma

What is the role of the psychologist in communities?

- Negotiator?
- Advocate?
- Broker?
- Development worker?
- Psychologist?



Dilemma

What about everyone else?

- Local perceptions of being ‘inundated’ by new communities
- Potential effects of the project on local perceptions of ‘preferential treatment’
- Education for the wider community about the need for the project
- Inclusion for the whole community – equality of access



Dilemma

What is the community?

How do we define this?

