



# Barriers and Facilitators to Maintaining Good Mental Health

A qualitative interview study investigating the  
perceptions and experiences of female migrants

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# Background



**Systematic Review:** *Barriers and Facilitators to Seeking and Accessing Mental Health Support in Primary Care and the Community Among Female Migrants in Europe*

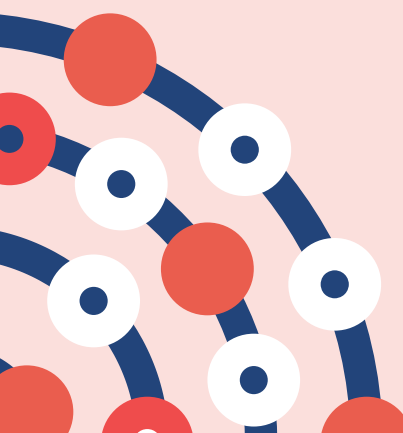
**Authors:** Patrick Nyikavaranda, Marija Pantelic, Christina J Jones, Priyamvada Paudyal, Alice Tunks, Carrie Llewellyn

**Methods:** The protocol was pre-published on PROSPERO. 6 electronic databases were searched. Thematic analysis was undertaken. A feminist quality appraisal tool was applied.

**Results:** Barriers: *lack of information, **stigma**, religious, and cultural practices and beliefs. Lack of consideration of **gender-specific needs** within the health system.*

Facilitators: *Gender-sensitive services, supportive general practitioners and religious leaders*

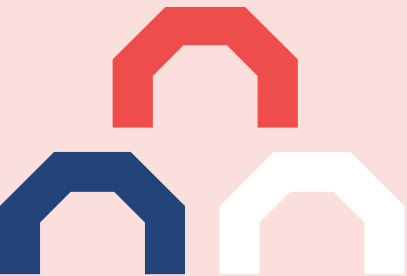
**Conclusions:** The design of mental health research, services, policies, and commissioning of support for migrants must consider **female migrant needs and include them in the processes**. Mental health support services **must be culturally appropriate** and gender-sensitive.



# Co-production Group Need and Purpose

To co-produce/make key decisions about the research alongside the supervisory team and how it is undertaken at all stages, for example:

- *Choosing how the research is undertaken*
- *Co-designing the interview schedule*
- *Suggesting the resources to hand to the female migrant participants*
- *Input to the study protocol*
- *Promotion and recruiting towards the study*
- *Co-interviewing and analysis*
- *A reference point for study issues, e.g., gender-specific, analysis-specific and recruitment issues*
- *Co-dissemination of study findings*



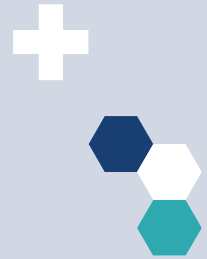
# Experiences and Perceptions of Mental Health and Access to Support of Migrant Females in KSS

**Study Team:** *Patrick Nyikavaranda, Juliet Batista, Anne Wong, Esohe Linda Abumwenre, Anna Wang, Fatima Elkhaldi, Marija Pantelic, Christina J Jones, Carrie D Llewellyn*

## Study Aims:

- *To gain an understanding of the **barriers and facilitators** to maintaining good mental health in primary and community care settings in Kent, Surrey and Sussex.*
- *To use **participatory action research** practices and co-production/involvement guidelines throughout the study*
- *To evaluate through personal reflection the effectiveness of employing **feminist and community-led participatory action research** in a female migrant mental health study*

# Methods



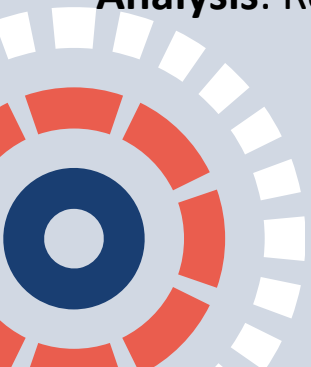
**Design:** Qualitative study using semi-structured interviews

**Setting:** Working alongside community-led organisations in Kent, Surrey and Sussex, Southeast England

**Participants:** 18 adults self-identifying as migrant females (Age range 35 years (24-59), The mean age was 38.83 years (SD = 10.29 years))

**Procedure:** Interviews were conducted online and in person. Co-production group members co-interviewed participants

**Analysis:** Reflexive thematic analysis (Braun, V., & Clarke, V. (2006))



# Barriers to accessing support



# Stigma as a Cross-Cutting Barrier

Sub-Theme	Illustrative Quotes
Fear of losing children due to mental ill-health	<i>If the school is aware that the mom is having a breakdown. The last thing I need [is] for social services to contact me...they don't just come like that because you called them thinking they will help...This is speaking from experience.</i>
Racism and hostility towards female migrants	<i>Being called that angry black woman or being called militant...and the perception that black people don't feel pain as much.... Being female already, you know you don't have as much authority as the males</i>
Institutional sanctioning of stigma	<i>I still feel several incidents of racism toward me [because I am] Asian or like maybe just how we look...I have to do more to get the same support</i>
Societal attitudes as a hidden epidemic	<i>There was the stigma of Oh, no, we'll just keep this quiet. Because no one's gonna marry anyone in this family.</i>  <i>I think one of the main reasons why I haven't gone to seek any support is because from where I come from, we don't talk about mental health. It's almost like a taboo...You can't have a mental health issue. It's not allowed</i>

# Facilitators to Good Mental Health Support

*My first go-to is probably going for a walk, if I've had a bad day if I'm having a bad time, I'm going for a walk*

## Individual

Strengthening Bodies and Minds: The Power of **Physical Activity** for Female Migrants

Healing Rhythms: **Music** as a Tool for Self-Care

Spiritual Strength: The Power of **Faith and Religious** Support

## Interpersonal

The Ties that Bind: The Role of **Social Networks** in Well-being

**Therapy:** Mindful Healing for Female Migrants

**Education and work-based support:** Empowering Female Migrant's Minds

## Systems level

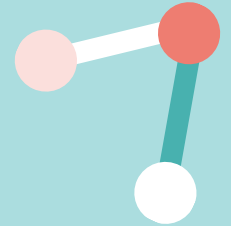
Virtual Wellness Anywhere: The Benefits of **Remote Support** and **Online Information**

Right Help. Expert Care: The Significance of **Appropriate** Support

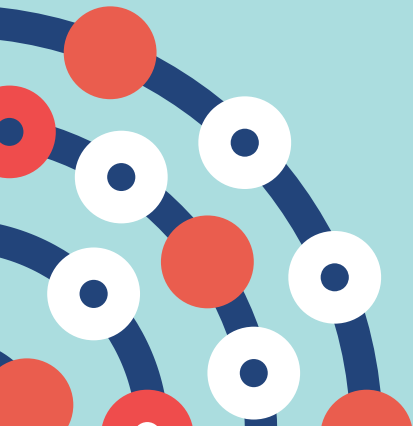


# Conclusions

Barriers and Facilitators to accessing Mental Health Support



- *Participants found numerous barriers to support. These cannot be generalised to the wider society as being female and being a migrant compounded some of these barriers*
- *Stigma has a very big impact on help-seeking behaviours and support*
- *Low-cost and often free forms of facilitators to well-being are effective*



# Recommendations

1. Provide information and education specific to female migrant needs
2. Improving access to school-based and work-based support
3. Adaptive support - culturally curious
4. Consider incorporating informal and group support
5. Involve female migrants in the research, design, and commissioning of support

# References

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