Society and workplace diversity research group

Barriers to help/treatment seeking among migrants

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Migrant

- Migrant is a generic term to encompass all people who migrate.
- This includes:
  - those who freely migrate (e.g., immigrants, International students)
  - Those who migrate involuntarily (e.g., asylum seekers and refugees)
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Objective

- Migration comes with a number of adaptation challenges that may put an individual's health in jeopardy.
- Expect that migrants will readily utilize all available resources and services in order to alleviate health problems that they may encounter.
- However, this does not appear to be the case.
- Objectives with this lecture
  - What prevents or hinders migrants from seeking help (i.e., the barriers) and
  - How can these berries can be eliminated.

Introduction

- Barriers to accessing care are complex and multiple involving legal, contextual, economic, and religious/cultural factors.
- Nature of barrier depends on whether the “migration” is voluntary or. involuntary
- Where exactly/ precisely in the “migration phase or transition” the migrant is.
- For a typical migrant (e.g., Expatriate or International student, or an alien-worker) the migration transition is simply
  - Home country ➔ transit ➔country of settlement

Phases of prospective refugee's transition

- 6 phases
  - Pre-flight
  - Flight
  - 1st asylum
    - REPARTRIATION
  - Claimant
  - Settlement
  - Adaptation
    - REPARTIRATION

The major barriers

- Legal – whether you are a recognized migrant. If illegal, you may be disqualified
- Economic
- Linguistic
- Religious/
- Cultural factors

Pre-departure

- Major social challenges, break in social and civil order
  - Exclusion from the health care
  - Lack of funds to cover medical care etc

Flight stage

- Health care services may not be available etc

First major barrier: First asylum

- Legal: one's status as a refugee is yet to be established
- Eligibility for health care or not
  - SDG 16 -- states: "Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all level"

Legal

- Different countries may have restrictions on what the prospective refugee can get
- Medical emergencies (often offered)
- Mental health care (often not offered)
- Prospective refugee unsure whether “excessive” use of the health care disqualify his/her asylum application

First major barrier: First asylum

- fear of losing potential citizenship if significant physical or mental health problems are disclosed.
- These fears constitute a major barrier to disclosure and seem to stem from migrants' lack of knowledge on their rights and obligations and the way they may relate, or not, to their migratory status.

Second major barrier: Claimant phase

- Linguistic barriers
  - major concern among patients and health practitioners
  - alters the process of meaning making.
  - Difficulties in clearly conveying nature of suffering (when patient is not fluent in the host language)

Linguistic barriers -- Recommendation

- The use of interpreters and cultural brokers
  - provide the patient with the option to navigate between their mother-tongue and the clinician's language in communicating their difficulties.

Third barrier: Explanatory model of illness/disease

- Differences in explanatory models of illness/disease
  - and idioms of distress (i.e., etiology, symptoms, treatment and outcome)
- Major barrier – determining whether the person actually suffer from a health problem or not
  - Understanding its nature, and accurately interpreting the meanings of displayed “symptoms” and the treatments that make sense for the patient

Stigma as a barrier

- Immigrant communities may also be particularly vulnerable to stigma related to mental health.
- Stigma → stems from the fear of scandal and shame, which result from the labelling of psychological or physical suffering as “pathologies” or “mental disorders”.
  - Such labelling may cast shame on the patient and his/her family and compromise his/her reputation or social status (Jones, & Corrigan, 2012

Views on western health care services

- Persons from diverse migratory contexts may additionally hold a negative view of Western health services, particularly mental health services.
- Some of apprehension to the use of the health care may come from “negative” past experience from their own home country
- Their apprehension from their past experiences with the health systems in their country of origin as well as in their current context (Hassan et al., 2012).

Reducing or eliminating barriers

- Informing clients of their legal rights very early in their stay
- The use of interpreters
- Migrants leaning host/national language
- Making known to migrants “doctors” who are culturally informed, competent and sensitive
- Some knowledge about the country of origin
  - (e.g., colonial history; geography and location; political and social structures; religious dynamics; conflicts and violence; family relationships; and racial constructs and relationships.

Reducing barriers

- Practitioners should be wary of perpetuating stereotypes and rigid categories
- This approach in turn often leads to clinical recommendations that aim to re-establish the conditions for well-being as defined by the dominant group.

Reducing barriers

- Knowledge of the origin of the patient can serve as door way doorway to establishing rapport
- Knowledge helps get to know migrant patients' and their families, for better rapport and also nature of treatment

Process of clinical intervention

- culturally sensitive way.
  - practitioners should not pressure patients to express emotions or disclose in a culturally unfamiliar manner, as cultural expectations may prohibit the direct expression of certain emotions.

Process of clinical intervention

- To reduce stigma, or at least circumvent it, the practitioner may want to avoid using “psychiatric labelling” for some patients and involve the family/community key people in treatment when appropriate (Gearing et al., 2013).
- Clinicians should consider the patient’s point of view on health issues, including mental health, the family system, opinions on Western society, and the use of alternative modes of healing

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