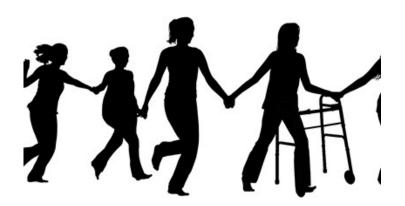## Service Providers, Activism and Immigrant Women's Mental Health and Wellbeing

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WHAT WE NEED TO KNOW

Promoting the health of diverse immigrant communities is an important dimension of their social inclusion and is also "congruent with social justice" values (MacDonnell et al., 2017a). Service providers (SPs) play a fundamental role in promoting the mental health and wellbeing (MHW) of racialized populations. Although much discussion has taken place about mental health issues, responses to building SP capacity have been limited. Furthermore, community-based research that looks at SPs' perspectives and supports is needed.

SPs regularly encounter racialized immigrant women struggling with mental health problems and often respond with conventional treatment (e.g., counselling, lifestyle focus). This project builds on research demonstrating the value of activism as a mental health promotion strategy for racialized immigrant women. It engages with SPs to inform and learn how activism-based resources can become an innovative intervention for individual women and capacity-building in communities. We explore how SPs consider activism as a key feature of the MHW of racialized women (MacDonnell, et al., 2017a, b). To our knowledge, no research has been done that explores SPs' needs in relation to activism-based mental health promotion. More research is needed to identify SPs' needs to optimize their capacity, and to use activism-based resources to promote racialized immigrant women's MHW.

WHAT IS THIS RESEARCH ABOUT?

The goal of our study was to build service providers' capacity to promote racialized women's MHW using activism-based resources, while simultaneously building community capacity. Our qualitative community-based research:

- Explores SPs' understandings of activism as a component of mental health promotion for racialized immigrant women;

- Identifies the strategies SPs apply to promote women's MHW;

- Identifies barriers and facilitators for SPs to optimize activism-based resources that can promote racialized immigrant women's MHW.

This study emerged as part of the recommendations from our previous study that called for the creation of networks, spaces, and accessible resources that can help SPs to understand the positive link between MHW and racialized immigrant women's activism (see MacDonnell et al., 2017a). This project is of great importance to service providers, policy-makers as well as immigrant and marginalized women.

HOW WAS DATA COLLECTED?

Researchers collected data from 19 service providers who were over 18 years of age, working in settlement and mental health services in the Greater Toronto Area. All participants were female, and most self-identified as racialized and indicated they had experiences as immigrant Canadian women. While they held diverse educational backgrounds, they were well-educated, and had different employment experiences. Their work experience ranged from 2 to over 10 years.

SPs participated in one of three focus groups to discuss their understandings of activism and their strategies to support the MHW of racialized immigrant women clients in their care. The research team had developed material from earlier research on the relationship between activism and MHW with racialized immigrant women themselves. This included:

1) brochures geared to various language communities about the links between activism and wellbeing;

2) a clear language information sheet summarizing that earlier research; and,

3) a summary document of research, policy, program, and practice recommendations emerging from that research.

Participants provided feedback on their perceptions of the utility of such resources as tools for them to use in their practice to promote racialized immigrant women's MHW.

WHAT DID THE RESEARCHERS FIND?

SPs' narratives were analyzed for themes that contributed to 1) their understandings of activism, 2) strategies SPs implement to promote MHW, and 3) factors that limit their ability to promote MHW among racialized immigrant women.

SP UNDERSTANDINGS OF ACTIVISM

SPs described a variety of ways of conceptualizing activism, referring to terms such as taking control, empowerment, which are aligned with concepts of advocacy and social change. Activism was also explained as a vehicle to challenge the system in a way that includes - but is not limited to - a view of activism that occurs only on a collective level involving mass protests.

So, what is personal is political. Everything we do is connected to political systems, so I think that the definition of activism is connected to empowerment, but also… individual empowerment, but political empowerment (FG2).

Activism was also explained as a response through action, as a "chain reaction" from individual activism to leadership and to collective change. It is a concept that also takes shape in different forms that often involve bringing people together in dialogue.

I mean, you don't have to be out there on the streets, right? You don't have to be screaming and disclosing yourself or all this stuff, right? It's all about conversations that you have. Then also conversations that you have with yourself, right? (FG2).

We're really big on storytelling so we often find ways to implement activities that center around storytelling and ways to record stories, and then have it out in the community (FG2).

STRATEGIES TO PROMOTE CLIENT MENTAL HEALTH AND WELLBEING

SPs' narratives challenge traditional understandings and ideas of activism as well as MHW. For example, SPs pointed to the relevance of structural factors shaping MHW in relation to basic conditions and resources that people need (e.g. employment, housing) and emphasized a focus on rights, meaningful education, and empowerment.

…anything that women do towards recognition of who they are, recognition of their state of mind, reducing isolation, trying to get education and their rights forward—that can all be under the big umbrella of mental health, right? Because it all leads to a healthier state of mind… (FG2).

SPs explained various strategies they implement to promote the MHW of racialized women, specifically related to knowledge exchange (e. g, sharing resources) and the social determinants of health such as holding social gatherings to reduce isolation.

We run year-long conversation circles… it has served as a place for people to gather and social and exchange information. And I think it contributes to their promotion of mental health, to break the isolation… People can drop in anytime and they come in to learn English and on the side, it…often happens, they also exchange information. And then, they ask me for… information…So that's a safe place, and it's good for them to social, to make friends, to exchange information, and I think that promotes health and mental health (FG1).

We are part of the newcomer health team, and we recently developed [an] updated newcomer package…the previous one didn't have anything about mental health. …we worked around making it more accessible (FG2).

SPs worked strategically and creatively within their organizational mandates to provide meaningful supports.

So people focus so much on survival, like getting employment, stable housing, childcare in place, that they don't have a lot of time for exercising, for focusing on wellbeing. They kind of lose themselves and interest in certain things because they did not satisfy their basic needs, and that comes first. So you know, I don't even talk about available physical activities, recreation centres, all those stuff, if they struggle to survive or if they're currently on social assistance. It's extremely hard. I make more referrals to food banks now, not to mention housing. We're in a housing crisis for 5, 6, 7 years (FG3).

SPs also encouraged their clients to advocate for human rights, social justice, and broad social change. They noted the value of creating educational opportunities for groups of women as an important step in the process of developing tools to participate in range of initiatives related to activism for social change.

BARRIERS TO PROMOTING CLIENT MHW

SPs mentioned a wide array of barriers including lack of access to appropriate mental health assessment tools, training, time constraints, and overall resource and funding constraints. A key barrier is that the mental health and settlement sectors are quite separate and that has implications for providing care to clients. As SPs shared,

in the past, I would have one in 10 clients that disclosed mental health crisis or suicidal thoughts. Now, I can say every third client comes to me with a story, at least they disclose symptoms. So, we don't have adequate tools…. I can't do mental health assessment. Then suggesting services, what would be suitable to them, it's hard, especially if they're still in denial. So maybe it will take 3 to 5 visits to settlement worker, experienced one. That's also a challenge in the sector itself (FG3).

…because a lot of us are funded by particular funders, it's like we have to stick to a particular script or things to follow and I wish that it was…a bit more open…. we can only work with this client to do this and this (FG2).

SPs explained that these barriers have impacts on service provision. Staff who are overworked but also who have limited resources can offer fewer options for their clients.

I also think many of them [SPs] are overworked because [they] might be seeing so many clients in a day…. They cannot give enough time, appropriate time, to that particular client or this family (FG3).

ORGANIZATIONAL RECOMMENDATIONS TO PROMOTE CLIENT MHW

SPs emphasized that organizational approaches to foster optimal support for racialized immigrant women must involve closer collaboration between the settlement and mental sectors along with the communities they serve.

- Organizations should consider using a broad understanding of both mental health and activism to develop spectrum of initiatives and programs that link activism to MHW for their clients, including client education on equity, social justice, and human rights.

- Organizations should consider using a strengths-based approach, bringing settlement and mental health sectors together and collaborating with racialized immigrant women's communities to build on current resources to develop:

1) meaningful resources, programs and services including education; and

2) workshops and training for SPs and interpreters that link MHW and activism.

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