Service Providers Breaking the Silence: Trauma Experienced by Service Providers Who Support Racialized Immigrant Women's Mental Health and Wellbeing

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WHAT WE NEED TO KNOW

It is well recognized that 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 the mental health needs of their clients, little is known about SPs' perspectives on MHW and on their own MHW needs. Researchers have found that psychological and emotional risks associated with the provision of services to vulnerable population, have been overlooked (Newell & MacNeil, 2010). And this is important if we consider that SPs who serve traumatized victims may also be impacted as a result of their work (Kulkarni et al., 2013).

This Information Sheet draws on our community-based research project that connects MHW to activism (see MacDonnell et al., 2017a). Our study focused on how to help SPs working with racialized immigrant women in the mental health and settlement sectors understand the positive link between MHW and activism as a tool for promoting their clients' MHW. In doing so, it shines a light on SPs' everyday work, their experiences of supporting the MHW of racialized immigrant women, and the personal and professional impacts of that practice. There are implications for recognizing how SPs respond in transformative ways to challenges in the current practice environment and the need to create SP support.

WHAT IS THIS RESEARCH ABOUT?

The goal of our study was to build SPs' capacity to promote racialized immigrant women's MHW using activism-based resources, while simultaneously building community capacity. For details of our qualitative community-based research see Information Sheet # 8 (MacDonnell et al., 2018) and related organizational recommendations. We interviewed 19 service providers who were over 18 years of age, working in settlement and mental health services in the in the Greater Toronto Area. All participants were female, and most self-identified as racialized and indicated they had experiences as immigrant women. They were well-educated, with a range of 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.

In this Information Sheet we explore barriers that SPs face in addressing the MHW needs of their clients, the actions SPs take in response to system barriers, and the impacts of SPs' work on their own MHW. We conclude with recommendations to address SPs' needs for support. We believe this study may be of relevance to other SPs, agencies and policy makers.

WHAT DID THE RESEARCHERS FIND?

SPs narratives referred to the following themes: 1) barriers they face promoting client MHW, 2) SPs' activism in response to the systems that create barriers, and 3) impacts on SPs' own MHW.

BARRIERS TO PROMOTING CLIENT MHW

SPs explained the various barriers, from the personal to the structural level, that they face when trying to meet the needs of and promote the MHW of the population. They recognize the complex nature of their clients' lives and needs, as well as the limitations they face in their roles as mental health or settlement providers. Many work in isolation from other SPs who could bring complementary expertise in settlement or mental health.

In current climate around housing and employment…awareness about mental health is increasing, so people talk about it more, but the services are not there. So we…struggle a lot to offer adequate support, especially in settlement environment where we're not clinicians….When people disclose and are not willing to disclose the same stories to a family doctor or mental health community agencies, we are the only first responders that they talk to (FG3).

Both settlement and mental health SPs identify how stressful it is to stay current with constantly shifting immigration/refugee policies and programs, as well as related policy and program supports for clients facing such issues as poverty. Yet, even in supportive workplaces, their client workloads are overwhelming and they often have no time for training or sharing cases with colleagues. As several SPs stressed, "Plus we have targets… We're scheduled half an hour, half an hour, half an hour." (FG1)

BARRIERS FACED BY SPs INCLUDE…

- ✓ Limited training for settlement workers on mental health
- ✓ Mental health workers have limited training on settlement, diversity, and the cultural contexts that shape the everyday lives of racialized immigrant women

SERVICE PROVIDERS CHALLENGE THE SYSTEM

SPs' strengths and the strategies they employ to take action at any one time are shaped by factors such as their understanding of the system, their perspectives advocating for racialized populations, as well as their personal experiences as racialized immigrant women. This is evident in their commitment to creating programs in response to gaps and participating in community dialogue and multiple level actions to support community needs. Working within and beyond the constraints of their roles and organizations, SPs mobilize their skills, knowledge and strategies to serve better their clients. By doing so, we argue, SPs actively challenge system dynamics that impact negatively on their work and on the their clients' MHW and also have also positive impacts on their own MHW.

We have a lot of non-status, uninsured people that come to my work. And some of the services, they don't qualify for… Where am I going to send them? What can I do? There's not a lot of services. So, you know, creating program services for them is a way for me, an activity or an action that I'm taking towards activism as my role towards activism (FG1).

Depending on where you're located in your nice little office somewhere, and people financially can't get to you, and emotionally, possibly, not get to you, so activism is also, for me, just to be able to get out into the community and meet and hear what's going on and respond to the needs based on what you're hearing (FG1).

SERVICE PROVIDERS AND THEIR MENTAL HEALTH SUPPORT NEEDS

SPs identified multiple factors related to their work of caring for their clients that affect their own MHW. They expressed feelings of frustration and guilt when ongoing organizational and system level constraints limit their ability to help others as they wish.

> *So, I do feel guilty. I don't know why, but I feel horrible because I don't really have… a nice explanation to give them. …. I mean I explain funding and how that works, but it doesn't free them to feel better. They just hear facts, but it doesn't explain why they're being treated so vastly different in this country* (FG1).

As SPs from the settlement sector explained, they many times act as first responders, however, they often lack the tools and training of mental health providers. They feel often isolated and highly stressed when trying to find resources in a timely manner and when they try to respond within the limitations of the structure of their work (e.g. meeting targets). SPs' emotional upheaval, and work overload is a response to the various barriers they face to provide care for their clients. Narrow mandates from their own organizations limit their control to meet their clients' complex and holistic needs.

> *… 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…. Like we can only work with this client to do this and this* (FG1).

They also are aware of the system barriers (e.g. long wait lists), as well as the changing policies around immigrant and refugees, and about the uneven resources for various refugee groups. They said they "feel stuck".

An important issue SPs face is vicarious trauma from hearing the horrendous stories of client experiences that include war-related trauma. SPs' testimonies speak of the tensions they experience as they listen to clients' life stories and hear of the pain they experience, and which often undermines their dignity, humanity and rights.

> *There's a lot of pain. People look at you with very painful expressions that are "I'm coming from Darfur. I've seen things that no human should ever see"* (FG1).

SPs are highly committed to supporting their clients. However, the cumulative effect of caring for clients who have experienced trauma and/or who have dealt with seemingly intractable system-level issues can take its toll on SPs themselves. SPs reflected on how this may have an impact on their work with people in need.

SPs felt they were "burnt out" and expressed feelings of social isolation. Losing meaning in the work they do is a clear consequence of their situation. While SPs who worked in teams were more able to find meaningful support from colleagues, others spoke of the pressure they felt to maintain a professional stance that prevented them from speaking out or sharing their experiences with colleagues.

> *…talking about it, I'm doing something, right? It could be much more hurting if I stay quiet, right? That may lead me to depression.. if I'm speaking of maybe how I'm angry, right? And then after not finding the answer, maybe I'm still in the mental health problem* (FG1).

Finally, in the context of SPs' complex personal and work-related experiences, they also shared key ideas that speak of their resilience and self-determination. A transformative narrative emerged as a key component of how SPs understood the notion of activism, of how they themselves and their organizations promoted the MHW of racialized women beyond the narrow biomedical and behavioral main stream approaches.

RECOMMENDATIONS

To promote the MHW of SPs who care for racialized immigrant women there is a need to:

1) Provide interpersonal, emotional, and informational support for SPs;

2) Build networks between mental health and settlement SPs such as for peer support and opportunities to take individual and collective action to challenge the system.

3) Bring settlement and mental health sectors together along with the communities they serve to develop multilevel and comprehensive strategies.

For SPs working in settlement sector: Improve access to training on MHW plus develop information and processes that can support timely client referrals to MHW support including peer networks. For SPs working in mental health sector: Improve timely access to training on current programs, policies, and community resources that support immigrant women (e.g., access to health care, employment).

These recommendations have implications for provincial and federal programs and policy development to address SPs working conditions, examining mandates of settlement agencies in light of mental health issues clients may face.

SELECTED REFERENCES

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ABOUT THE INFORMATION SHEET

This information sheet is a summary of the study: "*Finding a Space for Me Outside the Stereotypes": Building Service Provider Capacity*. This study was in collaboration between Women's Health in Women's Hands Community Health Centre, Toronto, Ontario, and York University School of Nursing, Toronto, Ontario. For further information, please contact Dr. Judith MacDonnell, 416-736-2100 Ext. 77515, jmacdonn@yorku.ca

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