IMMIGRANT ACCESS TO MENTAL HEALTH SERVICES: CONCEPTUAL AND RESEARCH ISSUES

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ABSTRACT

The concept of access to mental health services includes cultural responsiveness and effectiveness as well as mental health promotion and prevention. Research on immigrant access must consider cultural factors which affect the next generation and must examine mental health outcomes. Improving immigrant access will ultimately benefit all Canadians.

Under the Canada Health Act, Canadians have come to expect "reasonable access to health services without financial or other barriers" (Canada Health Act 2009). However, achieving that goal remains a challenge. In 2000/01, 12% of Canadians aged 12 and over reported unmet health care needs. This rate is almost triple that when the indicator was first measured in 1994/95 (Sanmartin, Houle, Tremblay and Berthelot 2002). The reasons identified for the needs being unmet were predominantly access issues, including long waiting times and services being unavailable, inaccessible or inadequate (Sanmartin, Houle, Berthelot and White 2002).

Access to mental health care is even more disappointing. In a related survey, 21% of Canadians with symptoms of mental disorders or substance dependencies reported unmet needs for their problems (The Daily 2003, Statistics Canada). In this context of overall challenges in accessing mental health services, are immigrants' difficulties to access unique? Generally, immigrants' access is treated separately in research and policy literature because of evidence that the difficulties are more acute and imply different response strategies.

Data in Canada have shown that immigrants and ethnic minorities are underrepresented in the mental health care system or are less likely to use mental health services. Even among those who experienced a major depressive episode, it was found that Chinese immigrants, for example, were less likely to consult health professionals (Chen, Kazanjian and Wong 2009; Tiwari and Wang 2008). Numerous other studies have examined the barriers that deter immigrants from benefiting from mental health services, including language, health beliefs, family dynamics and indirect financial costs.

Extant knowledge has spurred various initiatives by health service providers and policy-makers to reduce the identified barriers and increase the use of mental health services. However, these responses may be inadequate because of the restricted interpretation of access to mental health services and the related shortfall in research evidence. This article will advocate for broadened concepts of access and mental health services and will recommend some directions for future research to fill the gaps in knowledge. It will conclude that the research and policy agenda for immigrant access to mental health services is ultimately the agenda for all Canadians.

CONCEPTUAL UNDERSTANDING OF ACCESS

At present, the discourse on immigrant access to mental health care is largely focussed on individual deficits, such as language and cultural barriers. The response strategy, accordingly, is to help immigrants overcome these deficits through programs such as language/cultural interpretation or community outreach. The goal of this approach is to connect immigrants with available mental health services and access is measured in terms of the use of existing services. However, a popular model of health service use suggests that access is more than the "output" of the healthcare system in that the number of clients served is not equivalent to the level of access.

According to this model proposed by Andersen and Davidson, access to healthcare involves both individual and contextual components (Andersen and Davidson 2001). While individual characteristics (such as age, gender, health beliefs, financial means) predispose and enable a person to seek healthcare, contextual characteristics

(including the delivery and organization of healthcare) strongly influence the use of healthcare as well. Andersen and Davidson also define access as:

> "actual use of personal health services and everything that facilitates or impedes their use…..Access means not only getting to service but also getting to the right services at the right time to promote improved health outcomes" (p.3).

This definition espouses several quality indicators of health system performance proposed by the Canadian Institute of Health Information—*availability, accessibility, appropriateness, acceptability, competence, safety and effectiveness*—as essential components of access (Canadian Institute of Health Information 1999). Taking this broad view of access and considering the criteria involved, current approaches to improve immigrants' access are profoundly inadequate.

Despite the fact that all health services offered in Canada are *available* to landed immigrants, their use of mental health services consistently lags behind that of the general population. While the goal of the current approach is to make existing services more *accessible*, the fundamental question is whether the *right* services are available, that is, whether the services offered are *appropriate* and *acceptable*. Immigrants from certain cultural backgrounds tend to express their psychological distress as somatic symptoms. They may resist the medical approach to psychological problems or the stigma of psychiatric treatment. At the same time, their psychological distress often stems from real social stressors. Under these complex circumstances, making the right diagnosis and providing the right intervention may require multifaceted efforts. Existing mental health services, which are built around the medical model, are often not appropriate or acceptable. Appropriate and acceptable therapies, including traditional and alternative treatment and psychosocial interventions, are usually not covered by health plans. Moreover, many health practitioners in Canada called to care for immigrants and refugees are not trained in cross-cultural service provision or in the specialized areas pertinent to this vulnerable group, e.g. post-traumatic stress disorder. Despite the best intentions, care provided may not be *competent* or *safe*. Taking into account these nuances of access, it is fair to conclude that access to the *right* mental health services for immigrants is limited at best. Finally, Andersen and Davidson state that access is ultimately evaluated by the improved outcome of the service. Increasing immigrant's use of existing services does not necessarily mean they have access to *effective* services. In fact, current statistics on immigrants' use of mental health services may overestimate their true access to services that meet all the criteria implied in the broad definition.

CONCEPTUAL UNDERSTANDING OF MENTAL HEALTH SERVICES

The expansion in scope of the concept of mental health to include mental wellbeing opens up another area in which the unique needs of immigrants must be understood and addressed. The World Health Organization defines mental health as:

> "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (World Health Organization 2007).

The Public Health Agency of Canada defines mental health as:

> "the capacity of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections and personal dignity" (Public Health Agency of Canada 2006).

The discourse on immigrant access to mental health service has to date largely focussed on remedial services for those who experience mental health difficulties. To ensure that immigrants achieve optimal mental health and live to their full potential in Canada, attention must be paid to their "access" to mental health promotion and prevention initiatives.

The strategies for promoting mental health typically targets the determinants of health, such as employment, housing, education, social support. These are also issues of particular salience to immigrants who are in transition in all these spheres. Many of the hurdles immigrants face during this vulnerable phase—recognition of credentials, finding full employment, affordable housing, language training, building social networks, integration with the local community, acculturation, discrimination—are in fact critical points of intervention to achieve the goals of mental health promotion and prevention. Successful immigrant settlement, in addition to benefiting the socio-economic future of Canada, contributes also to the health of the population. Current research suggests that immigrants' mental health worsens over time. Although there is no direct evidence that attributes the decline to their settlement experience, concerted efforts to facilitate this transition may help immigrants maintain their health advantage.

RESEARCH ON FACTORS THAT INFLUENCE ACCESS

Much about immigrants' access to mental health services or lack thereof is still unknown. Two areas of research are particularly needed to inform the development of appropriate strategies for improving access: specifying the role of factors that influence access and measuring the outcome of intervention.

Although there is general agreement that immigrants are disadvantaged in terms of access to mental health services and many barriers to access have been identified, there is still no clear understanding of the role that these factors play or the factors most responsible for lack of access. The complexity of health service use and access is one obvious reason why the pathway to access has not been articulated. For responsive strategies to be developed, it is important for researchers to begin to tease out the many influences on access. Clarifying the contribution of two general categories of influences is helpful as a start: migration and culture.

The majority of recent immigrants to Canada come from non-European origins and are ethnically and culturally different from the (majority) resident Canadian population, for whom the health system is designed. As a result, the issues of migration and cultural diversity are intertwined in the discourse on access to care. Owing to constraints in research design or data availability, current research on access to care often fails to separate the effects of the two, even though there is evidence that not all immigrants experience lower levels of access. White immigrants, for instance, are statistically indistinguishable from the Canadian-born White population in mental health service use. Even among visible minorities, Chinese immigrants have lower rates of use than South Asian and Southeast Asian immigrants (Tiwari and Wang 2008). If, as the earlier discussion on conceptual understanding of access highlights, challenges to access arise from cultural discordance as much as factors associated with the migration experience (e.g. language fluency, knowledge of health system), different strategies will have to be implemented to counter the challenges. For instance, while language barriers are regarded as deterrents to using mental health services, having primary care doctors who speak one's native language has been shown to decrease the use of mental health services, likely as a result of the doctors' cultural orientation and practice (Chen and Kazanjian 2009). Such paradoxical findings illustrate the need to take apart the many influences on access to care.

Conversely, challenges to access are not unique to the immigrant population. Other than the overall high level of unmet mental health needs in the general population, there is evidence that underuse of existing mental health services persists in the second generation of Chinese immigrants (Chen, Kazanjian and Wong 2009). Cultural orientation, which is transmitted to the next generation, may be the major barrier not only in the first generation of immigrants, but also in the Canadian-born ethnic minority population. By focussing only on immigrants, the mental health needs of the next generation of Canadians may be overlooked, and the effort to improve access to mental health care for all Canadians is unnecessarily hampered. Currently, the cultural aspect of mental health service provision is discussed only in relation to aboriginal Canadians and immigrants. As Canada becomes increasingly diverse, culture will have to be on the agenda for access to mental health service for all. Research on immigrant mental health has much to contribute to this agenda and the potential to lead the effort to improve the mental health system.

RESEARCH ON MENTAL HEALTH OUTCOMES

Another area where research is needed is in evaluating the outcomes of the mental health system. As mentioned before, the ultimate test for access is in improved mental health outcomes. This outcome evaluation refers not only to assessing the effectiveness of specific programs and interventions. While such evaluations are important to ensure that the health system invests in services supported by strong evidence in the immigrant population, the mental health outcome of the immigrant population must also be tracked to ascertain the overall level of access, both to clinical services and to promotion and prevention policies and strategies. Findings on the use of specific services and programs will have to be interpreted in a larger body of research examining the mental health outcome of patterns of such service use. Underrepresentation in formal mental health care does not necessarily indicate lack of access if the immigrant population demonstrates improvement in mental health outcomes overall. In fact, decreased use of professional mental health care is expected if strategies to promote mental health and prevent disorders are successful.

To achieve the purpose of identifying the factors that contribute to use of mental health services and monitoring the mental health outcome of the immigrant population, there must be relevant data. The challenges of acquiring data on minority populations have hindered many research endeavours. This effort can be much more efficient if stakeholders in multiple sectors can collaborate to collect relevant data at a population level. For instance, many national immigrant and health surveys by Statistics Canada already collect detailed information on ethnic background and immigration status. More emphasis can be given to mental health in these surveys to help reveal the mental health outcomes of current health policies and system.

Conversely, reliable measures of immigrant status and ethnic identity can be introduced to administrative databases on healthcare to facilitate understanding of the patterns of healthcare use. While there must be safeguards against the misinterpretation and misuse of such information, the lack of such information can be more detrimental to the wellbeing of the minority populations.

CONCLUSION

This article has outlined a broader concept of access to mental health services to be applied to the discussion regarding the immigrant population and access to mental health care. Improving immigrant access to mental health services should not be confined to increasing the number of immigrants who contact existing mental health services. It must also assess the responsiveness of services and the effectiveness in improving the mental health outcomes of the immigrants. Similarly, current emphasis on promoting mental wellbeing in the population should also dovetail with immigration settlement, in order to address many of the determinants of mental health that uniquely affect the immigrant population.

Research will have to support health service providers and policy-makers by elucidating the relative contribution of different influences on access to mental health services. The research agenda on barriers to mental health services should include not only immigrants but eventually the culturally diverse Canadian population. Research must also focus on the mental health outcomes of the immigrant population, in addition to the barriers to existing mental health services and the effectiveness of specific interventions. Policy-makers in turn can assist research efforts by facilitating the collection of relevant data.

The framework for a mental health strategy in Canada recently released by the Mental Health Commission of Canada endorses this broad view of access and the scope of the population (Mental Health Commission 2009). Individuals and groups experience mental health in different ways. Migration-related stresses pose particular risks to immigrants and refugees. Mental health systems, therefore, must be responsive to the diverse needs of all Canadians, including immigrants, the second and third generations, aboriginals and other individuals whose needs differ from the mainstream. Under this framework, it is hoped that innovative strategies to improve access will be found and the mental health outcomes of all Canadians will be improved.

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