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A Critical Review of Experiences of Mentally Ill African Immigrants Living in the U.s

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CRITICAL REVIEW OF THE LITERATURE ON

EXPERIENCES OF MENTALLY ILL AFRICAN IMMIGRANTS LIVING IN THE

UNITED STATES OF AMERICA.

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Critical Review of the Literature on

Experiences of Mentally Ill African Immigrants Living in the United States of America

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Abstract

Background: Historically, the U.S. has been known to lead the world in refugee resettlement. To date, the U.S. remains the top refugee resettlement country. Refugees are mostly people who have been forced to flee their home countries due to war, persecution, and violence. Because of their immigration status, unique backgrounds, religion, culture, values, perceptions, language barrier, perceived discrimination and stigmatizations, mentally ill immigrants especially those from African countries have posed a challenge to healthcare providers in the U.S.

Purpose: The purpose of this research is to review and discuss experiences of mentally ill African immigrants living in the United States. This literature review will look into the factors that affect mentally ill African immigrants living in the U.S. The literature review will prove that the issues immigrants face as they settle in the U.S, include; culture shock, refugee status, stigma, culture, religion, beliefs, language barrier, literacy, lack of access to care, underutilization of mental health services, mental illness perceptions, and socio-economic status. The literature review findings will show that regardless of the state into which the immigrants settle, mentally ill African immigrants tend to share the same experiences. The articles and studies reviewed will seek to answer the following questions; why do the immigrants move into the U. S., what is their understanding of mental illness, how do they feel about the way they are treated by the general public, by the healthcare professionals, and by the healthcare system, how do these immigrants find their way into mental health treatment facilities, what are the implications for health care professionals, how does their culture, religion, stigma and perceived discrimination influence seeking mental illness treatment, are there mental health services available to them and are they able to access these services, and what is the demographic profile

of these immigrants (sex, age, marital status, income, level, citizen status, criminal records and

education level)?

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Chapter I

Introduction

The purpose of this research is to review and discuss experiences of mentally ill African immigrants living in the United States. According to the Surgeon General (1999), mental health is a state of well-being or the absence of mental disease. Mentally healthy people are able to perform their day to day activities, maintain fulfilling relationships with other people, and live stable lives. Mentally ill people do not have the ability to live meaningful and fulfilling lives because they do not have the ability to enjoy life because their lives are consumed by their mental illness. The term mental illness refers to all diagnosable mental disorders – health conditions characterized by alterations in thinking, mood, or behavior associated with distress or impaired functioning (U.S. Surgeon General, 1999).

The National Alliance on Mental Illness (NAMI) defines mental illness as condition that impacts a person's thinking, feelings, or mood and may affect his or her ability to relate to others and function on a daily basis (NAMI, 2016). A large number of Americans suffer from mental illness each year and about one in five adults and one in five children aged 13-18 will experience mental illness every year (NAMI, 2016).

Because of their experiences, some immigrants who are refugees suffer from mental illness at rates higher than those for the general American population. For example, Moran (2013) found that 84% of refugees suffer from Post-Traumatic Stress Disorder (PTSD), 61% from depression, and 9% from cognitive limitation. The experience of these refugees in their homelands and during the relocation process puts them at greater risk for mental illness. Furthermore, because of cultural differences, they present challenges for practitioners that are

trained in Western biomedical treatments. NAMI (2016) goes further to note that mental illness symptoms can be managed by a combination of medications and talk therapy also known as psychotherapy.

Just like other American born citizens, immigrants suffer from serious mental illnesses which include major depression, bipolar disorder, obsessive compulsive disorder, panic attack/disorder, post- traumatic stress disorder, attention deficit hypersensitivity disorder, anxiety disorder, schizophrenia, and borderline personality disorder. Mental illnesses can affect persons of any age, race, religion, and/or income. Mental illnesses are not a result of personal weakness, lack of character, or poor upbringing. It is important to note that mental illnesses are treatable. Most people diagnosed with a serious mental illness can experience relief from their symptoms by actively participating in an individualized treatment plan. Medication treatment, psychosocial treatment such as cognitive behavioral therapy, interpersonal therapy, peer support groups, and community services can also be components of a treatment plan that assist recovery. Other aspects such as availability of transportation, diet, exercise, sleep, friends, and meaningful paid or volunteer activities contribute to overall health and wellness, including mental health recovery (NAMI, 2016).

Need for the Critical Review

Increasing Immigrant Population

Historically, the U.S. has been known to lead the world in refugee resettlement. And today remains the top refugee resettlement country. Refugees are mostly people who have been forced to flee their home countries due to war, persecution, and violence. Since the year 2001, more than 895,000 refugees have been settled in the U.S. Most of these refugees move the

Middle East, Asia and Africa. During the year 2016, the U.S, settled 84,994 refugees and since 2015, 26,124 individuals were granted asylum status (Zong & Batalova, 2017).

The growing number of immigrants and refugees in the United States present unique challenges to western practitioners. Most mentally ill patients face some challenges, but patients born in foreign countries encounter barriers such as: cross-cultural communication, health practice beliefs, and limited cultural awareness on the part of the provider. Although efforts are made to address linguistic and cultural barriers by use of interpreters, home visits by public health nurses, practitioners and case managers, absence of linguistically and culturally sensitive care continues to plague refugees and immigrants because they have difficulties developing trust in, and respect for, physicians and western medicine (Burgess (2004).

With an increase in the number of immigrants into the United States, there has been a continual increase in diversity, both racially and ethnically (U.S. Department of Health & Human Services, 2001). According to U.S. Census Bureau (2001), 30% of the population was composed of ethnic minorities. The increase in the number of immigrants from diverse backgrounds, cultures, languages, religions, customs, and traditions has lead to challenges in providing adequate care. The immigrants present issues that are different and unique. Consequently, it is imperative that healthcare providers be well-equipped to be able to meet the needs of this unique and diverse population. Healthcare providers need to be multi-culturally competent in order to effectively serve these diverse groups of immigrants. Leong, Chang, & Lee (2006) suggested that the process of cross-cultural competence development is complex and multidimensional. The question they raise is, do immigrant clients need different psychological interventions, assessments, and treatments or whether similar approaches to the mainstream society can be effectively used to meet the immigrants' healthcare needs?

Due to the peculiar needs of mentally ill African immigrants, there is urgent need for conversation around mental illness in these communities. The African immigrant population in the U.S. has increased over forty-fold since 1960, growing from 35,000 to 1.4 million (Starecheski, 2009). This population rarely receives media coverage commensurate with its size, on any topic. This project will sought to shed some light on the unique barriers that African immigrants face in terms of seeking out mental health care, and to offer one way to open up a conversation within African communities on an issue that is controversial and rarely acknowledged (Starecheski, 2009).

Cost of treating Mentally Ill Individuals

The cost of healthcare is considered to be one of the greatest challenges in U.S. public policy. According to Insel (2008), in 2006, healthcare costs reached 16% of the nation's gross domestic product. While mental disorders contribute to these costs at an estimated 6.2% of the nation's spending on healthcare, it is not possible to determine the full cost of treating mental disorders because of the uniqueness of the disorders and the unique needs of the mentally ill people. Some of the costs are indirect than direct. The costs of care such as medication, clinic visits, and hospitalization are direct costs. Indirect costs are incurred through unemployment, public income support payments, school dropouts, and other costs such as incarceration and homelessness associated with mental disorders. Many mentally ill people resort to smoking and other unhealthy lifestyles. These leads to costs incurred on medical complications, leading to high rates of emergency room care, pulmonary diseases and other medical conditions (Insel, 2008).

Significance to Nursing

Regardless of demographics, research has shown that people who carry the diagnosis of mental illness such as schizophrenia, depression, and other debilitating mental illnesses, and who do not adhere to treatment modalities are often readmitted into hospitals. Noncompliance to medications and other prescribed treatment modalities may lead to poor patient outcomes, violence, substance abuse, incarceration, homelessness, increased emergency room visits and or inpatient hospital admissions (Swartz et al, 1998). Research has also found that violent behavior among individuals with severe mental illness has become an important focus in community-based care. Studies have examined and concluded that mentally ill people who are noncompliant to medications are at a higher risk to abuse substances. The combination of medication noncompliance and alcohol or substance abuse problems is associated with serious violent acts in their communities. Alcohol or other drug abuse problems combined with poor adherence to medication may also lead to a higher risk of violent behavior among people with severe mental illness. A reduction of such risks may require carefully targeted community interventions which may include integrated mental health and substance abuse treatment (Swartz et al, 1998).

A study by Dickey & Azeni (2011) examined the costs of psychiatric treatment for seriously mentally ill people with co-morbid substance abuse as compared with mentally ill people not abusing substances. The study concluded that psychiatrically disabled substance abusers had psychiatric treatment costs that were almost 60% higher than those of non-abusers. Most of the cost difference was the result of more acute psychiatric inpatient treatment and increased frequency in emergency room visits.

Conceptual Framework

Madeleine Leininger's Cultural Care Theory.

The conceptual theory that resonates well with this issue is Madeleine Leininger's cultural care diversity theory. This theory demonstrates the importance of considering the impact of culture on health and healing. The purpose of this theory is to generate knowledge related to the nursing care of people who value their cultural heritage and lifestyles. The major concepts of the model are culture, culture care, and culture care differences and similarities pertaining to trans-cultural human care. Other major concepts are: care and caring, language, expressions, perceptions, beliefs, and practice of individuals or groups of a particular culture in regard to certain phenomena, lay system of health, professional system of health care, and culturally congruent nursing care" (Leininger, 2007; McFarland, 2010).

Chapter II

Search Strategies

The key search words used for the literature the search were; mental illness, mental health, stigma, attitude, culture, perception, immigrant, Africa. Engines to gather information for this research included; Google which was one of the main search Engines that I used for this research. I keyed into Google words or phrases that I needed to research, Google provided ideas and choices, and in the end, I found information such as government agency data on costs of treating mentally ill people, demographics and disease preference and comparative research information that enabled the completion of this project. I used the African Journals Online to search scholarly journals that are published in Africa. This gave me some insight into some African cultural aspects as pertains to mental illness, culture and African beliefs. I also used CINAHL Complete to search and build a cumulative index with information about nursing and allied sciences articles. The Psych INFO database provided many articles and peer reviewed literature in behavioral sciences and mental health. This resource contains millions of records, references and has information dating back many centuries. CINAHL ACADEMIC SEARCH DATABASE – CINAHL Complete, PYSCH articles and PSYCHINFO was used to gather information for this research. The research articles on mental health problems among immigrants other than Africans and served as a comparison.

Key/Search words: Mental illness, Mental Health, Stigma, Attitude, Culture, Immigrant, Africa/ African.

Number and Types of Studies for the Review

Articles published from 1998 to 2017 were identified by searching electronic databases and selected through titles and abstracts. For this research, articles were included if they were deemed to be relevant to the study of experiences of mentally ill African immigrants. For this research project, 33 studies and reviews were used.

Criteria for Inclusion or Exclusion

My research (the experiences of mentally ill African immigrants living in the United States) limited me in the inclusion process. My research was limited to mentally ill immigrant Africans and their experiences in the United Stated. The articles and journals I used for this research pertains majorly to the experiences of this affected group of immigrants, a few articles were used to compare the experiences of other immigrants in the U.S. and in other counties.

Criteria for Evaluating Research Studies

I used The Johns Hopkins Research Evidence Appraisal Tool as well as the Johns Hopkins Non-Research Evidence Appraisal Tool was used to appraise the strength of the research evidence. These tools helped to rate research studies, evaluate and analyze consistence of research results, recommendations and to ascertain sample size (Dearholt & Dang, 2012).

Summary of Studies

Because of stigma, culture and all that surrounds how mental illness is viewed among African immigrants, qualitative articles were primarily used for this research. My research question "What are the experiences of mentally ill African immigrants living in the United states?"seeks to examine experiences chosen mentally ill African immigrants willing to participate in the research studies. The study by Nadeem E; Lange et al 2007, examined the extent to which stigma-related concerns about mental health care account for the underuse of mental health services among low-income immigrant and U.S - born black and Latina women. The study concluded that stigma played a big role when it came to seeking mental health treatment among low-income immigrant and U.S - born black and Latina women.

A study by Okafor, B. (2010) found that there was relationship between demographic factors and attitudes about seeking professional counseling among adult Nigerians living in the U. S. The study concluded that socio-economic status, sex and duration of Stay in the U.S. were significant in predicting attitudes toward seeking professional psychological help. The results showed that there was no predictor variables that significantly contributed to the regression model when other independent variables were controlled (Okafor, B. (2010).

A qualitative study by Patel, S, et al (2014) found that mentally ill people and their providers need to work together when it comes to making decisions about treatment. Improvement in mental health care communication between underserved immigrant minorities and their providers is an important strategy to be used to overcome barriers included understanding illness perceptions among the different immigrant communities. This study supported involving the community in the treatment process. The findings from this study can be

used for future practice and have implications for planning interventions to guide primary care

providers through treatment engagement for depression.

Chapter III

Literature Review and Analysis

Major Findings

The authors agree that immigrants who immigrate into the US from African countries and other areas of the world face a lot of challenges which include mental health issues. The authors also indicate a number of issues that are related to the experiences of immigrants living with mental illness in the US. These issues include: refugee experiences, stigma, culture, religion, culture shock, beliefs, language barrier, literacy and underutilization of mental health services. The literature review finding showed that regardless of the state into which the immigrants settle, mentally ill African immigrants tend to share similar experiences.

Stigma

According to an article by Franca & Kennedy (2013), West African immigrants underutilize mental health services because they fear being stigmatized in their communities. Many mentally ill people from these communities continue to traditional practices, herbal medicine, and spiritual beliefs as opposed to visiting clinics and western doctors to get healthcare needs met. Research by Hinshaw & Stier (2008) found that stigma existed against people with mental disorders. Perceptions were held that mentally ill people were dangerous, and that causes of mental illness were lack personal control versus biogenetic. The research concluded that efforts should be made to educate communities on ways to overcome mental illness stigma,

including policy and legislation, alterations in media depictions of mental illness, and changes in attitudes and practices among mental health professionals (Hinshaw & Stier, 2008).

A meeting of social workers serving African immigrants brought up the issue of mental illness. Some African community representatives maintained that there is no mental illness problem with in the African community. They cited extreme poverty, human rights abuses, and instability as the major problems among African immigrants. Further discussion about depression revealed that although they are depressed, immigrants don't use that word. Instead, they say they are worried or they think too much, it's almost impossible to get them into counseling. Participants revealed that in Africa, if you say you are sick, it means you are dying. If you ask for psychiatric help, it means you are crazy. Cultural barriers add to a fear of institutionalization that most immigrants believe will result in deportation, ending their chances of staying in America and supporting families back home (Starecheski L. 2009).

Culture

Understanding culture's impact on mental health and its treatment is extremely important, especially in light of recent reports highlighting the realities of health disparities and unequal treatment. Within some immigrant communities, cultural and religious teachings often influence beliefs about the origins and nature of mental illness; this shapes the attitudes towards the mentally ill persons. Niameh (2014) found that although the participants had a moderately positive experience of mental health services here in the U.S., they still expressed a belief that stigma and discrimination contributed to under-utilization of services by most West Africans**.** The immigrants continued to use traditional practices/medicine, and Christian spiritual resources, to cope with psychological issues. Immigrating into the U.S. and culture shock-related stressors

also contributed to psychological problems. The study also found that immigrants tried to cope with the stress by reinforcing their West African identity and distancing themselves from the American culture, they reported that they preferred to use informal systems of support to resolve their emotional concerns and use of medical doctors for physical concerns Niameh (2014).

Explanations for immigrant health outcomes often invoke culture through the use of the concept of acculturation. The over reliance on cultural explanations for immigrant health outcomes has been the topic of growing debate, with the critics' main concern being that such explanations obscure the impact of structural factors on immigrant health disparities. In this paper, we highlight the shortcomings of cultural explanations as currently employed in the health literature, and argue for a shift from individual culture-based frameworks, to perspectives that address how multiple dimensions of inequality intersect to impact health outcomes. Based on our review of the literature, we suggest specific lines of inquiry regarding immigrants' experiences with day-to-day discrimination, as well as on the roles that place and immigration policies play in shaping immigrant health outcomes. The paper concludes with suggestions for integrating intersectionality theory in future research on immigrant health. This research highlighted the following; cultural explanations for immigrant health outcomes obscure the impact of structural factors on immigrant health. a stronger emphasis on how place, racialization processes, and immigration policies impact immigrant health is necessary. The research recommended an intersectional approach to the study of immigrant health; suggested specific lines of inquiry regarding immigrants' experiences with racism and anti-immigrant policies, and their health impact; and that interpreting available immigration-related measures requires fuller theorizing as to their context-specific meaning (Viruell et al 2011).

Literacy

Low literacy was found to be a determinant of health-seeking behaviors. "The level of education and proficiency in the English language led to a predicable increase in the help-seeking behavior, hence better utilization of health services available to Africa immigrants" (Orjiako & So, 2013). Reportedly, many West African immigrants are willing to use medical doctors for physical concerns and prefer informal systems of support to solve their mental health problems (Keita, 2008).

Language Barrier

A review carried in the Somali community in Minnesota explored community perceptions of medical/psychiatric needs, cultural characteristics, barrier to care, and potential solutions. Barriers mentioned were problems working with interpreters from `warring clan factions,' patients' fears of being labeled `crazy,' difficulties viewing illness within an emotional framework, and the need to address mental health from a physical framework through a focus on somatic symptoms (Scuglik et al, 2007).

Healthcare Disparities

Healthcare disparities refer to differences in access to available facilities and services. A study by Derose et al 2007, found that, immigrants have lower rates of health insurance, use less health care, and receive lower quality of care as compared to the U.S.-born populations, however, there are differences among sub groups of immigrants. The study concluded that there needs to be policy options for addressing immigrants' vulnerabilities. Cooper et al, 1999 found that there are a number of factors including access to care contribute to healthcare disparities. This research borrowed from the Institute of Medicine's (IOM) model of access to health services. The study concluded that to improve the quality of care for these populations,

interventions need to be in place to promote equity and eliminate health disparities, culturally and linguistically approaches need to be utilized, stakeholders and immigrant communities need to be involved, and interventions could be improved if high risk populations were identified and targeted (Cooper et al, 1999).

Religion

Mental illnesses have been associated with religion for the longest time. Studies have attempted to link religion and mental health to prove that religious practices influence mental health outcomes. The civil war in Somalia resulted in massive resettlement of Somali refugees in the U.S. The largest population of Somali refugees in the U.S. currently resides in Minnesota. Knowledge of Somali immigrants' mental health care beliefs and religious practices is needed in order to promote culturally congruent care. According to Wolf et al, (2014), practitioners need to discover, and understand mental health meanings, beliefs, and practices from the perspective of immigrant Somalis. Two main themes emerged from interviews conducted; religion significantly influences the Somali perspective of mental health, and the community's connectedness history, are significant in understanding mental health. The study concluded that Somali cultural and religious beliefs and practices influence their health care choices (Wolf et al, 2014).

Strengths and Weaknesses of the Research Studies

The studies and articles reviewed had both strengths and weaknesses. One of the identified strengths was that random selection of participants was utilized in some studies. This provided some research control, but researchers were unable to come to conclusions owing to the

fact that immigrants come from various communities in Africa. Some African immigrants had no chance to be represented in the research studies reviewed for this research.

Whereas authors of some studies found stigma, beliefs, values, norms and culture contributed to underutilization of mental health services by African immigrants, there is however less conclusive findings to support this for all other African immigrant groups (Abdullah & Brown, 2011). Some of the weaknesses of the articles and studies reviewed included the fact that; they had poor description of representative populations. Most of the articles reviewed did not meet the exclusion/inclusive criteria characteristics that disqualify prospective information/subjects from being included in a study. The articles were not specific as to the age, age, sex, race, ethnicity, type and stage of disease, the subject's previous treatment history, and the presence or absence of a medical/disease. In most of the research studies reviewed for this research, eligibility for participation in study was not clearly outlined. The characteristics and circumstances of the participants were not clearly described. This made it is impossible to validate if the accuracy of the results of the studies can be confidently applied, or whether the results from two different studies are truly comparable. For example the study by, Orjiako & Dominicus, 2013 drew generalized data from a nationally representative study, the New Immigrant Survey - to examine how acculturation stress factors can predict depressive symptoms in a sub-Saharan immigrants.

Some of the literature review had inadequate representative sample. It was not clear what criteria was used to select study participants enrolled in some of the studies. The study by Niameh, (2013), used 8 participants, first generation West African immigrants in the Bay area of Northern California who participated in semi-structured interviews. The sample was skewed

because participants may or may not have been capable of participating in the studies owing to their recent immigration and all that comes with immigration into a new country, culture and their personal circumstances such as immigration status.

None of the studies and articles reviewed for this research used a control group. In most research designs, a scientific control group is an essential part in generating reliable data and results. This allows researchers to eliminate ambiguities and isolate variables. Without a control group, research variations, researcher bias, and environmental factors can skew data and hence lead to inaccurate results. A control group should be used as it provides baseline data and helps generate alternative results, which can be compared with the main research data. Use of a control group therefore helps to eliminate bias and provides statistical validity in a research design Control Failure to use a control group, or use of an inappropriate control group, can make it impossible to draw meaningful conclusions from a study (Shuttleworth, 2010).

Matrix Synthesis

The Experiences of Mentally Ill African Immigrants

Citation	Purpose	Sample	Design	Measurement	Results/Conclusions	Recommendations	Level/Quality
Niameh, F. V. (2013). *First generation west African Americans' experience of mental health service seeking and utilization in the United States*. John F. Kennedy University, ProQuest Dissertations Publishing. 3598435	This is a qualitative study on first-generation West African Immigrants experience of mental health service seeking and utilization in the United States.	Eight participants, first generation West African immigrants in the Bay Area of Northern California, participated in semi-structured interviews.	Qualitative study	No Measurement	Although the participants had a moderately positive experience of mental health services, they still expressed a belief that stigma contributes to underutilization of services by most West Africans**.** The use of traditional practices/medicine and Christian spiritual resources, seen as characteristically African**,** to cope with psychological issues; immigration- and culture shock-related stressors, which contribute to psychological need; coping with stress by reinforcing West Africa identity and distancing self from American culture**;** and moderately positive personal experience with mental health services, contrasted with West African cultural attitudes that stigmatize mental health service utilization.	The relationship of the findings to utilization, clinical implications, and directions for future research are discussed.	Level 111: Low quality with insufficient conclusive information, lacks recommendations for future practice.

Citation	Purpose	Sample	Design	Measurement	Results/Conclusions	Recommendations	Level/Quality
Orjiako, O,. Y & So, D. (2013). *The role of acculturative stress factors on mental health and help-seeking behavior of sub-Saharan African immigrants*. Pages 315-325.	To examine how acculturation stress factors can predict depressive symptoms in a sub-Saharan Africa	A sub-Saharan African sample of 669 adults	Survey	No available measurement	The collectivistic nature of African culture suggests that family support is a critical element in the acculturation process, but family support was not found to be a predictor of help-seeking behavior. Results indicated that when birth country was controlled for, proficient English language skills and higher education level were predictive of increased help-seeking behavior. Findings suggest that proficiency in host country's language serves as a protective factor against depressive symptoms, and English proficiency and higher educational attainment predict greater use of support systems in African immigrants**.**	Survey did not have any recommendations for future practice.	Level 1V –Low quality with insufficient conclusive information, lacks recommendations for future practice.

Citation	Purpose	Sample	Design	Measurement	Result/Conclusions	Recommendations	Level/Quality
Gashaw-Gant, Gebaynesh Gelila (2005) *Culture and mental illness: A review of a model for providing mental health services to East African refugees/immigrants*. Dissertation Abstracts International: Section B: The Sciences and Engineering, Vol 65(8-B), Alliant International U, San Diego, U.S.	In this study, existing research is reviewed and incorporated into a foundation for understanding East African perceptions of mental health and treatment.	Project ESSEA (Ethiopia, Sudan, Somalia, and Eritrea in Africa), a behavioral health project incorporating services based on an East African worldview, is offered as a model for providing mental health services for East Africans.	Literature Review	The project has successfully educated East African community members on key behavioral issues. As a result of the community education forums, the project has successfully increased awareness regarding behavioral health issues.	Evaluations of this project indicate that the ESSEA project paradigm is effective for providing mental health services to this group. Project ESSEA successfully provides mental health services by using holistic and culture specific techniques and strategies to supplement existing mental health services.	In order to address an individual's behavioral healthcare needs, professionals must address the wide range of factors that can impact-positively or negatively-mental health and behavior. The program evaluation provides evidence for the development of a mental health and treatment paradigm, which is culturally based, rather than grounded only in biology or psychology.	Level 11 – Low quality, lacks data to support the reviews

Citation	Purpose	Sample	Design	Measurement	Results/Conclusions	Recommendations	Level/Quality
Dickey B, & Azeni, H. (2011). *Persons with dual diagnoses of substance abuse and major mental illness: their excess costs of psychiatric care.* https://doi.org/10.2105/AJPH.86.7.973. Published Online: October 07, 2011.	To examine the costs of psychiatric treatment for seriously mentally ill people with co-morbid substance abuse as compared with mentally ill people not abusing substances.	Three different sources of data were used to construct client-level files to compare the patterns of care and expenditures of 16,395 psychiatrically disabled Medicaid beneficiaries with and without substance abuse:	Randomized Study	Massachusetts Medicaid paid claims; Department of Mental Health state hospital inpatient record files; and community support service client tracking files.	Psychiatrically disabled substance abusers had psychiatric treatment costs that were almost 60% higher than those of non-abusers. Most of the cost difference was the result of more acute psychiatric inpatient treatment. Although the public health and financial costs of high rates of co-morbidity are obvious, the solutions to these problems are not.	Numerous bureaucratic and social obstacles must be overcome before programs for those with dual diagnoses can be tested for clinical effectiveness.	Level 11 – Low quality, lacks data to support the study

Citation	Purpose	Sample	Design	Measurement	Results/Conclusions	Recommendations	Level/Quality
Schweitzer, R., Melville, F., Steel, Z., & Lacherez, P. (2005).*Trauma, post-Migration living difficulties, and social support as predictors of psychological adjustment in resettled Sudanese refugees*. Pages 179-187 | Received 30 Jul 2004, Accepted 14 Mar 2005, Published online: 17 Aug 2009.	This paper explores the impact of pre-migration trauma, post-migration living difficulties and social support on the current mental health of 63 resettled Sudanese refugees.	63 resettled Sudanese refugees with mental illness	Structured interview	A semi-structured interview including questionnaires assessing socio-demographic information, pre-migration trauma, anxiety, depression and posttraumatic stress, post-migration living difficulties and perceived social support were administered assisted by a bilingual community worker.	Less than 5% met criteria for posttraumatic stress but 25% reported clinically high levels of psychological distress. The results indicate that social support social support from the migrant's ethnic community play a significant role in predicting mental health outcomes. Refugees in Australia may constitute a particularly vulnerable group in terms of mental health outcomes. Culturally specific sequelae in terms of social isolation and acculturation may be particularly problematic for these migrants.	Low quality interview, no with insufficient conclusive information, lacks recommendations for future practice recommendations	Level 11 – Low quality, lacks data to support the study

Citation	Purpose	Sample	Design	Measurement	Results/Conclusions	Recommendations	Level/Quality
Abdullah T, & Brown T,. L. (2011) *Mental illness stigma and ethnocultural beliefs, values, and norms: an integrative review.* (6):934-48. doi: 10.1016/j.cpr.2011 .05.003.	This article examines the relationship between mental illness stigma and culture for Americans of American Indian, Asian, African, Latino, Middle Eastern, and European descent.	No definite sample (Americans of American Indian, Asian, African, Latino, Middle Eastern, and European descent)	Literature Review	No measurement	Less is known about the interaction between cultural values and mental illness stigma for other cultural groups.	Continued research in the area requires better organization and more exploration of the role of cultural history and values as they relate to mental illness stigma. To that end, a detailed, systematic approach to future research in the area is proposed	Level 11 – Low quality, lacks data to support the reviews

Citation	Purpose	Sample	Design	Measurement	Results/Conclusions	Recommendations	Level/Quality
Pavlish, C,. L, Noor, S. & Brandt, J. (2010). *Somali immigrant women and the American health care system: Discordant beliefs, divergent expectations, and silent worries* http://dx.doi.org/10.1016/j.socscimed.2010.04.010	To examine factors that influenced Somali women's health experiences.	Six community-based focus groups with 57 Somali women and interviewed 11 key informants including Somali healthcare professionals.	Social ecological research	coding, sorting and reducing data into categories,	Research found that Somali women's health beliefs related closely to situational factors and contrasted sharply with the biological model that drives Western medicine. . Experiencing unmet expectations, Somali women and their healthcare providers reported multiple frustrations which often diminished perceived quality of health care. Moreover, silent worries about mental health and reproductive decision making surfaced.	To provide high quality, trans-cultural health care, providers must encourage patients to voice their own health explanations, expectations, and worries	Level 111: Low quality

Citation	Purpose	Sample	Design	Measurement	Results/Conclusions	Recommendations	Level/Quality
Sellers, S., L, F., C, & Pate, D. (2006). *Dimensions of depression: A qualitative study of well-being among black African immigrant women.* First Published March 1, 2006	To examine depression among Black African immigrant women.	Five self-identified African women participated in a focus group that addressed their health and wellbeing.	Study	No definitive measurement provided in this study	Analyses indicated that depression was a major health concern for participants. Dimensional analysis revealed four dimensions: perceptions, contextual factors, symptom manifestation, and cultural coping. These dimensions influenced the women's perceptions of culturally sensitive care.	Insufficient conclusive information, lacks recommendations for future practice.	Level 11 – Low quality, lacks data to support the study

Citation	Purpose	Sample	Design	Measurement	Results/Conclusions	Recommendations	Level/Quality
Bhugra, D. (2004). *Migration and mental health*. Published: 3 March 2004. DOI: 10.1046/j.000190X.2003.00246.	The aim of this review is to distil existing information on how migration influences individuals' mental state and how it determines help seeking as well as pathways to care	Review relied on published studies in both MEDLINE and non-MEDLINE journals as well as relevant monographs.	Study Review	No measurements used in review	Review provides a background on the typology of migration, its impact on communities as well as individuals. It explores the relationship of mental illness and migration. Migration is and can be a very stress-inducing phenomenon. Yet not all migrants go through the same process. The clinician needs to be aware of coping strategies as well as resilience among migrants.	Future research plans are advocated in relationship with these findings. .	Level 11 – Low quality, lacks data to support the study

Citation	Purpose	Sample	Design	Measurement	Results/Conclusions	Recommendations	Level/Quality
Scuglik, D., L, Alarcón, R., D.& Lapeyre, A., C. (2007). *When the Poetry No Longer Rhymes: Mental Health Issues Among Somali Immigrants in the USA*. First Published December 1, 2007	To identify and explore cultural dynamics influencing the psychiatric care of immigrant Somalis in the USA,	An informal survey of 37 members of the Mayo Clinic Department of Psychiatry and Psychology, to determine caregiver perceptions of care of Somali patients, cited language barriers (74%), and cultural misperceptions (68%) as the most frequent obstacles.	Study Review	Difficulties working within the patriarchal family structure, limited community resources, poor compliance, and financial issues ranged between 18 and 8%.	The review explored community perceptions of medical/psychiatric needs, cultural characteristics, barriers to care, and potential solutions. Barriers mentioned were problems working with interpreters from `warring clan factions,' patients' fears of being labeled `crazy,' difficulties viewing illness within an emotional framework, and the need to address mental health from a physical framework through a focus on somatic symptoms.	Somalis rarely acknowledge psychiatric problems and common traditional treatments have become ineffective in the new context. Recommendations include alternative health care approaches utilizing family values, `bargaining,' and educational approaches to acculturation. .	Level 111: Low quality with insufficient conclusive information, lacks recommendations for future practice.

Citation	Purpose	Sample	Design	Measurement	Results/Conclusions	Recommendations	Level/Quality
Viruell, E., A,. Fuentes P, & Miranda, Y. (2011). *More than culture: structural racism, intersectionality theory, and immigrant health.* https://doi.org/10.1016/j.socscimed.2011.12.037	Research on over reliance on cultural explanations for immigrant health outcomes has been the topic of growing debate, with the critics' main concern being that such explanations obscure the impact of structural factors on immigrant health disparities.	No sample in the literature review.	Literature Review	No measurements used in review	Research suggests specific lines of inquiry regarding immigrants' experiences with day-to-day discrimination, as well as on the roles that place and immigration policies play in shaping immigrant health outcomes. The paper concludes with suggestions for integrating intersectionality theory in future research on immigrant health	Research recommends intersectional approach to the study of immigrant health. Research suggests specific lines of inquiry regarding immigrants' experiences with racism and anti-immigrant policies, and their health impact. Interpreting available immigration-related measures requires fuller theorizing as to their context-specific meaning.	Level 111 – Low quality, lacks data to support the review

Citation	Purpose	Sample	Design	Measurement	Results/Conclusions	Recommendations	Level/Quality
Van Der, B., F, & Ven, M., E, (2011). *A meta analysis of the risk for psychotic disorders among first and second generation immigrants.* Psychological Medicine, 2011, Vol.41(5), pp.897-910.	This meta-analysis aimed at determining the risk of psychotic disorders among second generation immigrants (SGIs) in comparison with non-migrants and first-generation immigrants (FGIs).	EMBASE and PsycINFO databases were searched systematically for population-based studies on migration and psychotic disorders published between 1977 and 2008.	Systematic Review	Twenty-one studies met all inclusion criteria. A meta-analysis of 61 effect sizes for FGIs and 28 for SGIs yielded mean-weighted incidence rate ratios (IRRs) of 2.3 [95% confidence interval (CI) 2.0–2.7] for FGIs and 2.1 (95% CI 1.8–2.5) for SGIs. Researchers contacted experts, tracked citations and screened bibliographies.	No significant risk difference between generations, but there were significant differences according to ethno-racial status and host country. The increased risk of schizophrenia and related disorders among immigrants clearly persists into the second generation, suggesting that post-migration factors play a more important role than pre-migration factors or migration per se.	Lacks recommendations for future research and practice.	Level 1: research is consistent, and has sufficient data to support research.

Citation	Purpose	Sample	Design	Measurement	Results/Conclusions	Recommendations	Level/Quality
Derose, K. P., Escarce, J. J., & Lurie, N. (2007). *Immigrants and health care: Sources of Vulnerability. Health Affairs, 26*(5), 1258-1268. doi:10.1377/hlthaff	To examine the factors that affect immigrants' vulnerability including; socioeconomic background; immigration status.	No sample	Random Study	No measurement used	The study found that, overall, immigrants have lower rates of health insurance, use less health care, and receive lower quality of care than U.S.-born populations; however, there are differences among subgroups. The study concluded that there needed to be policy options for addressing immigrant vulnerabilities.	Lacks recommendations for future research and practice	Level 111: research has little evidence lacks sample and conclusions

Citation	Purpose	Sample	Design	Measurement	Results/Conclusions	Recommendations	Level/Quality
Wolf, K., M. & McFarland, M., R, Z. (2014). Somali Immigrant Perceptions of Mental Healthand Illness. *An ethnonursing study*.	To explore, discover, and understand mental health meanings, beliefs, and practices from the perspective of immigrant Somalis.	Thirty informants (9 key and 21 general) were interviewed in community settings. Leininger's ethnonursing enablers and four phases of analysis for qualitative data were used.	Qualitative Study	Leininger's qualitative ethnonursing research method was used.	Study revealed 21 categories and nine patterns from which two main themes emerged. The themes are the following: (a) Our religion significantly influences our mental health and (b) Our tribe connectedness, cultural history, and khat usage are significant in mental health. Conclusions: Somali cultural and religious beliefs and practices influence their health care choices.	The findings will improve care by promoting culturally congruent care for the Somali immigrant population.	Level 11 – Low quality, lacks data to support the study

Citation	Purpose	Sample	Design	Measurement	Results/Conclusions	Recommendations	Level/Quality
Jaeger, K., S. (2004). *Addressing mental health with the Somali population in the Twin Cities area.* St. Catherine University. 5-2014.Clinical Research Paper. Master of Social Work (M.S.W.).	to see how health providers can better identify and discuss mental illness with the Somali community to improve utilization rates of mental health clinics in the Twin Cities are	Six qualitative interviews were conducted with participants who at the time were currently working with Somalis, in a hospital, clinic, or health care agency setting.	Study	Content Analysis was used as a method of analysis to identify and interpret themes found from the recorded interviews. The main themes that emerged were: 1) prevalence and recognizing mental illness; 2) the stigma of mental illness; 3) impact of interpreters; and, 4) dialoging about mental health.	Findings confirm previous research studies in that there is little uniformity between health professionals on what treatments to recommend to improve utilization. However, findings showed that being culturally aware, building rapport, and discussing mental illness in terms of physical symptoms, all improve utilization rates of Mental Health Services.	Somali Americans access medical health through hospitals, clinics, and health care agencies. Because of this, it is important for health care professionals to be culturally aware of Somalis and how to mutuali discuss mental illness due to their access to this population.	Level 111 – Low quality, lacks data to support the study

Citation	Purpose	Sample	Design	Measurement	Results/Conclusions	Recommendations	Level/Quality
Fatuma, H. (2016). "Barriers to Accessing Mental health services by Somali people" *Master of Social Work Clinical Research.*, St. Catherine University.	To break barriers of accessing mental health service by the Somali community in Minnesota.	Data was collected from research articles on mental illness in Somali communities in the North America.	Systemic Review	No measurements in this systemic review.	The study found Somalis suffering from mental illness face several barriers including language and stigma. Findings of this study supports the need for mental illness awareness and educating Somalis about mental health treatments that are available in the North America. The results of this research assists mental health professionals to better understand the impact of cultural views on the Somali population. The study found Somalis suffering from mental illness face several barriers including language and stigma.	It's critical that professional mental health service providers become culturally aware of mental health perceptions of their Somali patients.	Level 111 – Low quality, lacks data to support the study

Citation	Purpose	Sample	Design	Measurement	Results/Conclusions	Recommendations	Level/Quality
Bhugra, D. (2005). *Cultural identities and cultural congruency:* A new model for evaluating mental distress in immigrants. *Acta Psychiatrica Scandinavica, 111*(2), 84-93. doi:10.1111/j.1600-0447.2004.00454.x	To distil existing information on how migration influences individuals' mental state and how it determines help seeking as well as pathways to care.	No sample utilized	Review	The review relies on published studies in both MEDLINE and non-MEDLINE journals as well as relevant monographs. The search was employed using migration, ethnic communities, stress and other relevant words for purposes of the review	The review provides a background on the typology of migration, its impact on communities as well as individuals. Furthermore, the relationship of mental illness to migration is explored and described. Migration is and can be a very stress-inducing phenomenon. Yet not all migrants go through the same process. The clinician needs to be aware of coping strategies as well as resilience among migrants.	Future research plans are advocated in relationship with these findings.	Level 111 – Low quality, lacks data to support the study

Citation	Purpose	Sample	Design	Measurement	Results/Conclusions	Recommendations	Level/ Quality
Cantor-Graae, E., &, J,.-P. (2005). *Schizophrenia and Migration: A Meta-Analysis and Review.* M.D. Published online: January 01, 2005 https://doi.org/10.1 176/appi.ajp.162.1. 12	Synthesize findings of previous studies implicating migration as a risk factor for the development of schizophrenia and provide a quantitative index of the associated effect size.	MEDLINE was searched for population-based incidence studies concerning migrants in English-language publications appearing between the years 1977 and 2003.	Meta - Analysis Review	Article Bibliographies and an Australian database were cross-referenced. Studies were included if incidence reports provided numerators and denominators and if age correction was performed or could be performed by the authors. Relative risks for migrant groups were extracted or calculated for each study.	An analysis performed for studies concerning both first- and second-generation migrants and studies that did not distinguish between generations (50 effect sizes) yielded a relative risk of 2.9 (95% CI=2.5–3.4). Subgroup comparisons yielded significantly greater effect sizes for migrants from developing versus developed countries (relative risk=3.3, 95% CI=2.8–3.9) and for migrants from areas where the majority of the population is black (relative risk=4.8, 95% CI=3.7–6.2) versus white and neither black nor white. personal or family history of migration is an important risk factor for schizophrenia. The differential risk pattern across subgroups suggests a role for psychosocial adversity in the etiology of schizophrenia.	Lacks recommendations for future research and practice	Level 111: Low quality research has little evidence lacks sample and conclusions

Citation	Purpose	Sample	Design	Measurement	Results/Conclusions	Recommendations	Level/Quality
Kirmayer, L., J., Narasiah, L., Munoz, M., Rashid, M., Ryder, A. G., Guzder, J., Pottie, K. (2010). *Common mental health problems in immigrants and refugees: general approach in primary care.* Canadian Medical Association Journal, 183(12). doi:10.1503/cmaj.090292	To provide a perspective on the literature regarding interventions to reduce ethnic and social class health care disparities and to discuss factors that are potentially important when designing, implementing, and evaluating such interventions.	No sample	Review	No measurement	The review suggested that interventions to eliminate disparities and achieve equity in health care services be considered within the broader context of improving quality of care. Some health service intervention studies have shown improvements in the health of disadvantaged groups. If properly designed and implemented, these interventions could be used to reduce health disparities. Successful features of interventions include the use of multifaceted, intense approaches, culturally and linguistically appropriate methods, improved access to care, tailoring, the establishment of partnerships with stakeholders, and community involvement.	Health care professionals, researchers, and policymakers in the United States have believed for some time that access to care is the centerpiece in the elimination of disparities in health for racial, ethnic, and social class groups. Elimination of existing of fundamental inequalities including social, economic, and environmental factor which contribute to disparities in health status is of paramount importance.	Level 11 – Low quality, lacks data to support review.

Chapter IV

Discussion, Implications, and Conclusions

Implications for Nursing Practice

After reviewing several studies and articles, it is imperative that health disparities need to

be addressed in order for immigrants to have equitable access to care. States need to find ways to

address the issue of uninsured immigrants. Some immigrants are not aware of healthcare services

available to them. Nursing should find ways to create awareness about the services by use of

public health nurses and reaching out to community leaders and representatives. Efforts need to

be made to address perceived stigma and discrimination among immigrants. To promote trust

and improve patient outcomes, nursing should encourage the use culturally sensitive practices

and practitioners as much as possible.

Application of Leininger's Cultural Care Theory

The goal of the application of Madeleine Leininger's theory supports understanding,

acknowledging and understanding that people's culture has an impact in their view of health and

healing and caring practices. The central theme of the theory is that it is important for the nurse

to understand the individual's view of their illness to effectively meet their medical needs The

theory supports provision of congruent nursing care to persons of diverse cultures. To provide

meaningful nursing care services to a people, nursing needs to respect their culture and belief

system. The focus is on recognizing and understanding cultural similarities and differences and

using this information to positively influence nursing care and health (Leininger & McFarland,

2006). The theory has been widely used for research, and findings are appropriate for nurses in

any setting who work with individuals, families, and groups from a cultural background different from the nurse's. Leininger's theory sheds a lot of light in approaching immigrant patients with mental illness. The nurse needs to understand that cultural beliefs play an important role in the patient's perception of their illness. Due to their altered mental status, at times the mentally ill persons are not able to understand their illness. They tend to be in denial or they blame others for their mental illness. Mentally ill people may get very anxious, irritable, angry and even aggressive.   Many articles have been written about metal illness stigma among Africans and other foreigners. In 2002, the World Health Organization (WHO) identified stigma and discrimination towards mentally ill individuals as "the single most important barrier to overcome in the community" Mental illness stigma is defined as devaluing, disgracing and disfavoring by the general public of individuals with mental illness. Stigma and discriminative attitudes towards mentally ill people vary among individuals, families, ethnicities, cultures and countries. Stigma can prevent mentally ill individuals from seeking treatment, seeking employment and adhering to treatment regimen. These may affect how people live in their communities.

Recommendations for Future Nursing Research

Generally, mental illness affects male, female, and children. Little research is available pertaining to demographic profile of the extent of the prevalence in terms of sex, age, marital status, income level, citizen status, criminal records, and education level among immigrants of African descent. To effectively address mental illness among the immigrant communities, there is a huge need for more thorough research in order to effectively apply nursing interventions. This is a major gap in research for these communities.

Many of the articles and studies reviewed did not have a follow-up component or recommendations for future nursing practice. Good observational studies should point into adapting the study results, implementing suggestions from the research and or recommendation for further research on the subject. It would have been good if the researchers made follow-up on the participating immigrants for a few years to compare research data. Loss of participant follow-up becomes a threat to the internal validity of a study when it occurs in a substantial proportion of patients and at differential rates in the various arms of a study. Failure to account for all patients who were initially enrolled in a study is particularly problematic.

Conclusion

After reviewing the research literature, the authors agree that immigrants who immigrate into the U.S. from African countries and other areas of the world face a lot of challenges which include mental health issues. Authors of the literature reviewed found a number of issues that are related to the experiences of immigrants living with mental illness in the US. The issues which include culture shock, refugee status, stigma, culture, religion, beliefs, language barrier, literacy, lack of access to care, underutilization of mental health services, mental illness perceptions, and socio-economic status. The literature review findings showed that regardless of the state into which the immigrants settle, mentally ill African immigrants tend to share the same experiences. Family structure may also have an impact on an individual's ability to seek mental health services. The patient's prevalence and healthcare expectations of mental health compared to other health conditions was found to differ by race and this impacted use of mental health services. Beliefs about health and disease and the benefits of herbal and folk medicine are

different across racial and ethnic groups. This has a huge impact on utilization of modern western healthcare services.

Culture shock is an experience a person may have when one moves to a cultural environment which is different from one's own was found to be related to the stress of resettlement was found to contribute to psychological problems. Another study found that the collectivistic nature of the African culture influences the acculturation and adaptation process of African immigrants in the US. This process shapes mental health help-seeking behaviors.

According to the literature reviewed, many factors contribute to racial and ethnic healthcare disparities. It is believed that healthcare professionals, researchers and policymakers have to work together to recognize that access to healthcare is the centerpiece in the elimination of health disparities.

Noncompliance to medications and other prescribed treatment modalities may lead to poor patient outcomes, violence, substance abuse, incarceration, homelessness, increased emergency room visits and an increase in inpatient hospital admissions. Research has found that violent behavior among individuals with severe mental illness has become an important focus in community-based care. The combination of medication noncompliance and alcohol or substance abuse problems is associated with serious violent acts in their communities. Alcohol or other drug abuse problems combined with poor adherence to medication may also lead to a higher risk of violent behavior among people with severe mental illness. A reduction of such risks may require carefully targeted community interventions which may include integrated mental health and substance abuse treatment.

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