African Immigrant Women and Mental Health

Deborah O. Abimbola[1]

Abstract:

A Pew Research Center 2015 report stated that 2.1 million African immigrants live in the US (Anderson, 2020). Among these immigrants, Nigerians have the largest population: 348,000 people (Gramlich, 2020). Prior research on African immigrants diagnosed with mental health disorders states that their women were the highest subset of this population who do not seek mental health treatment (Richards, n.d). Also, Nigerian immigrant women who experience severe mental illnesses such as schizophrenia, bipolar mood disorder, and depression do not typically seek professional help (Ezeobele & Malecha, 2010). Their reluctance may be due to their beliefs, stigma, discrimination, poor access to treatment, lack of resources, and lack of awareness about mental illness and treatment. They find their coping strategies through religious leaders and traditional self-care rather than seeking professional care (Ezeobele & Malecha, 2010; Ngui et al., 2011; Gberie, 2016). This paper examines why Nigerian immigrant women do not seek mental health care and suggests strategies and recommendations by which healthcare professionals could promote and increase awareness and education to improve the seeking of mental health treatment. These include improving access to mental health care, promoting social support and group therapy, and improving cultural competence to reduce healthcare disparities and distrust of treatment by African immigrant women.

1. Introduction

The migration of Nigerian immigrants from their countries to a new environment where they experience different values, morals, a new language, culture, stress, and anxiety of living contributes to their mental health problems (Ezeobele & Malecha, 2010). Nigerian immigrant women who experience severe mental illnesses are typically diagnosed with disorders such as schizophrenia, bipolar mood disorder, and depression (Ezeobele & Malecha, 2010). Nigerian immigrants share and support American values, assimilate into the culture, and still face discrimination and racial prejudice that contributes to these health problems (Ezeobele & Malecha, 2010). The present paper examines the hesitation to seek professional mental health treatment that Nigerian immigrant women experience in the

[1] Department of Social Work. dabimbola@twu.edu

United States, while also proposing recommendations to promote awareness and education for healthcare access and help-seeking.

Due to the rapid increase of Nigerian immigrants in the United States, this paper recommends creating avenues of awareness for Nigerian immigrants to seek mental health services; these might include engaging them in group therapy, teaching them how to overcome barriers surrounding mental health crises, and generally improving their wellbeing and health conditions. Sub-Saharan African immigrants, including Nigerian immigrants, face disparity and inequality in access to mental health services and treatment due to stigma, discrimination, and prejudice (Ngui et al., 2011). Lund (2018) gave three factors to explain African neglect of mental health treatment: "ignorance about the extent of mental health problems, stigma against those living with mental illness, and mistaken beliefs that mental illness cannot be treated." Based on these factors, health practitioners need to take necessary measures. These include creating or increasing the awareness of mental disorders, reducing the fear of the stigma associated with treatment, eradicating mental health disparities, and offering culturally competent approaches to meet mental health services in group therapy (Williams, 2011).

2. Lack of Mental Health Services in Nigeria

Nigerian neglect of mental health services in their home country affects their understanding of how to seek mental health services in the US. World Bank Nigeria Overview of 2019 mentioned that Nigeria has approximately 202 million people, and from this population, Thelwell (2019) stated that 30% suffered mental illness and less than 10% received access to mental health care. The first mental health policy to address mental health issues regarding advocacy, promotion, prevention, treatment, and rehabilitation, was formulated in 1991 and is yet to be updated (Nwokolo, 2019). Mentally Aware Nigeria Initiative (MANI) is the major non-government organization fighting mental illness to end stigma; it enables people to seek mental health services without fear of discrimination and provides education on mental health care (Thelwell, 2019).

"Community-Based Mental Health Care in Africa: Mental Workers' Views" mentioned that African countries have fewer mental health professionals, less or no community-based care, and no social services; they depend on families, traditional healers, and religious leaders to deal with mental illness (Alem et al., 2008). For example, in 2017, when the Nigerian population was approximately 174 million, there were only 130 psychiatrists to provide services to the over 40 million people with a mental illness (Nwokolo, 2019). There should be a greater emphasis on finding and keeping more psychiatrists and mental health therapists in Nigeria.

Nigerians in Africa and abroad sometimes lack a clear understanding of mental health issues. They have a misconception that an evil spirit is the cause of mental illness and equate it with a spiritual attack, and that those with psychosis seizures are demonic or possessed by evil and can only be cured through traditional or spiritual intervention (Human Rights Watch,

2020; Lund, 2018; Gberie, 2017). Family members of the mentally ill rely on religious places or traditional healers where the mentally ill are detained, chained, emotionally and physically abused, and receive violent treatment (Human Rights Watch, 2020). Traditional healers use herbs and roots or perform rituals to treat and heal people affected with various diseases based on their beliefs; however, this intervention approach requires further research (Ezekwesili-Ofili & Okaka, 2019).

Barriers to Mental Health Services faced by Nigerian Immigrant Women in the U.S.
Nigerian immigrants in the U.S. with mental illnesses are not seeking professional health services because they believe in spiritual/faith healing or have cultural barriers like stigma and labeling. Those who are interested in seeking professional mental health services also experience structural barriers such as lack of resources and insurance, lack of documentation, lack of knowledge of available resources, distrust of medical professionals, lack of cultural sensitivity, and discrimination (Derr, 2015).

Beliefs
Spiritual, religious, and cultural beliefs of African immigrant women hinder them from seeking mental health treatment (Omenka et al., 2020). Many Nigerian women have a high rate of spirituality and religiosity, believing in hope, faith, prayer, and that God has the power to heal them from any illness. Findings in research work on Mental Health Service among Immigrants in the United States confirmed that 23% of Nigerian immigrants establish that spiritual healing is their treatment strategy for mental illness (Derr, 2015). Prior research also states that 81% of African immigrant women acknowledge that faith helps them to cope with mental health problems (Derr, 2015). They find their strength and support in spirituality, which is why it is hard to convince them to seek mental health therapy. According to Branford, "It's the idea that if you pray about it, you'll feel better" (Allen, 2018). Allen (2018) reported, in an interview with Branford, a licensed psychologist and founder of Therapy for Black Girls, that culturally African immigrant women believe that they are strong and cannot reveal their struggles. They view depression as a sign of weakness (Allen, 2018), and only those who are weak or believed to be 'crazy' seek professional help (Ezeobele & Malecha, 2010). According to Branford, "the idea of being a 'strong black woman' keeps a lot of women from actually reaching out for help" (Allen, 2018).

Stigma
Nigerian immigrant women do not discuss or seek mental health treatment because of the stigma associated with mental illness. It is addressed, labeled, or considered mad or crazy in their social circle (Derr, 2015). Nigerian immigrants distrust the healthcare system, lack providers from diverse racial/ethnic backgrounds, and lack culturally competent providers (Omenka et al., 2020). The stigma of depression in the Nigerian culture does not affect only the person concerned, but also the entire family. They are isolated and rejected as other community members do not want to associate with 'madness'; therefore, they deny being diagnosed, and keep the secret within themselves (Ezeobele & Malecha, 2010). Delara (2016) observed that immigrant women prefer to share and discuss physical symptoms such as headaches and fatigue rather than expressing depression and anxiety disorders because

they see physical problems as more socially acceptable. Africans (Nigerians) generally would not share much about negative aspects of their lives with another party to avoid shame, disgrace, and humiliation (Said, 2018).

Bradford observed that therapists of the same ethnic background as the Black immigrant, particularly Nigerian immigrant women, are few, and these immigrants are not comfortable seeking help from white male therapists (Allen, 2018). American Psychology Association (2013) reported that 83% of active psychologists are white while only 5 % were African American (Willhoughby, 2018). Africans, especially Nigerians, prefer to discuss their problems with someone who looks like them, so the lack of representation becomes another barrier (Willhoughby, 2018). Additionally, African immigrants distrust health practitioners and believe that sharing their immigration status can lead to their deportation because they may lack proper paperwork (Olukotun et al., 2019).

Racism is another deterrent when seeking professional mental health services (Williams, 2011). It prevents African immigrant women from receiving adequate health care. Nigerian immigrant women have experienced racism and discrimination because they are black, women, and immigrants, and this may be undocumented by therapists. According to Williams (2020), when discussing how therapists drive away minority clients, she said, "insensitive remarks can be particularly harmful to vulnerable clients, who may already feel stigmatized and exposed by even attempting therapy." Therapists and other health practitioners must be sensitive to the stigmatization faced by the Nigerian communities. They must be self-aware, knowledgeable, and have the skills that make them function effectively with the Nigerian population to reduce their fear about therapy, stigma, and distrust against them.

Lack of Resources

The barriers to lack of resources include financial difficulties, documentation, and knowledge. The cost of care for mental health services is expensive, and the uninsured, underinsured, or those receiving a lower income, might be at a disadvantage in seeking medical services (Delara, 2016). African immigrant women underutilized low-income mental health services because they are unaware that the services exist; or think that they need documentation of their immigration status to receive care (Derr, 2015). Black women including Nigerian immigrant women experience disparities in resources. Ungar (2020) stated that 21.5% of white women received mental health services compared to 10.3% of black women. The author mentioned that the racial disparities is devastating and believes that black women also need and deserve access to quality mental health services. Bauldry & Szaflarski (2017) stated in a study of immigrant-based disparities in mental health care that "approximately 17 percent of white adults use mental health services in a given year, compared with 9 percent of blacks."

3. Statistics of Mental Illness for Nigerian American Women

Face to Face
A mental health community-based organization serving African immigrants in New York, an area of the country in which Nigerian populations are growing rapidly, conducted a health screening program in 2008. Within 18 months and 296 visits, 87 African immigrants attended the health screening, of which 52 were women. Among three medical problems (hypertension, mental health, and diabetes), mental health was at the top of the screening, with 87% of women being affected and only 5% of those with mental health problems adhering to taking prescribed medication (Venters et al., 2010). According to the National Institute of Mental Health, depression is one of the most common mental illnesses in the United States, affecting more than 12 million African women and more than 6 million men per year (Ward et al., 2013).

Nigerian women migrating to the U.S. need mental health care because of the stress they have gone through during migration. They face the challenges of post-immigration; basic needs like employment, housing, food, adjusting to the social system, and a new environment, which could harm their health. Also, they face the obstacle that they are getting mental health services less than other immigrant and non-immigrant groups (Adewunmi, 2015).

Effective Mental Health Strategies for Nigerian Immigrant Women
The Collaborative Care Model (1995), founded by Sharon Katz, was developed by the University of Washington. It was to treat common mental health conditions like depression and anxiety, identify the needs of mental health patients, bridge communication gaps among the health professionals and patients, and give them quality of care (Kaltman et al., 2011). Patients received evidence-based medication, clinical case consultation, social service intervention, and supporting interventions (Kaltman et al., 2011). Based on the population served from 2009 to 2010, 1,090 patients received treatment, and 78% were female (Kaltman et al., 2011). The Collaborative Care Model is well supported and effective in treating mental health cases in the community. Therefore, this study recommends its implementation to address the mental health needs of Nigerian immigrant women.

Suggested Approaches to Mental Health Treatment
Based on the rapid growth of the Nigerian immigrant women population in the United States, the current research suggests the need for group therapy among these populations to help them cope with mental health challenges. While spiritual and traditional methods can be helpful, professional help through group therapy would empower them and increase their sense of wellbeing to overcome barriers and fight the feelings of fear and misconception of mental illness. A social group would help these populations to connect and interact with other women experiencing similar situations and to feel a sense of belonging, empowering them to manage their negative feelings about seeking treatment.

Msengi et al. (2015) conducted a study of the Women of Care Project. It was an open social group for African immigrant women. Women who participated in this support group

program enjoyed the benefits of overcoming the barriers they face in discrimination and issues they have experienced that made it difficult for them to seek healthcare. African immigrant women were empowered through sharing and contributing to other women in the group. Those facing stressful life issues received coping skills and resources that improve their well-being (Msengi et al., 2015).

Miller (2021) defined cognitive-behavioral therapy (CBT) as the "intentional combination of demonstrated readiness and methodological rigor of behavioral procedures with the cognitive-behavioral processes that influence adjustment." In other words, CBT, which helps people understand their thoughts to change their reactions and behaviors, would be an appropriate therapeutic intervention to correct the misinterpretation of the Nigerian immigrant women's thoughts that create disruption in their lives and to also treat those with mental health issues.

Wafula & Snipes (2013) suggested that designing educational programs would reduce the stigma immigrant women experience when seeking mental health treatment services and health professionals to guarantee their privacy, create rapport, and build trust together with them. The educational programs are appropriate for Nigerian immigrant women. It will enable them access to treatment, improve the professional attitudes and allow them to trust, be open, and satisfied with treatment. Wafula & Snipes (2013) mentioned that healthcare professionals should collaborate with religious and traditional leaders who are the Nigerian immigrants' sources of help to develop mental health interventions.

When these measures are met, seeking professional help would be more effective with Nigerian immigrants than traditional and spiritual methods. Health practitioners could reach out to these populations through medical doctors and informal support systems by offering free seminars that will target issues like stress management. They might also train more psychologists and other mental health professionals familiar with African values, norms, and customs, and change the perceptions of mental health agencies from being only American-oriented. This might change Nigerian immigrant attitudes and behaviors towards seeking professional help (Thomas, 2008).

Ponte (2019) discussed challenges she faced as an immigrant woman and a mental health patient. She suggested that doctors and therapists be culturally competent to treat immigrants' mental health problems. She encouraged developing more informational campaigns and partnering with local community foreign language media to give mental health information at the places immigrants visit frequently. Ponte (2019) stated that immigrants in the United States made tremendous contributions to this country, and their mental health "should be acknowledged, respected, and valued." The immigrants in this content include Nigerian immigrant women.

African immigrants experience a higher rate of schizophrenia, a mental illness, and receive poorer treatment than Whites. Blacks identifying as African immigrants, including Nigerians,

have a higher rate of mental disorders like schizophrenia, and are more often diagnosed than Whites (McGuire & Miranda, 2008; Mental Health Disparities: African Americans, 2017).

However, "Mental Health Disparities: Diverse Populations" (2017) stated that 16.8% of Black Americans reported having a mental illness, compared to 19% of White Americans, but the consequences last longer on the blacks (Nigerian immigrants) as they receive a lower rate of treatment. 11% of Black Americans, including Nigerians, were not covered by health insurance compared to 7% of non-Hispanic White (Mental Health Disparities: African Americans, 2017). The minorities classified as Nigerian immigrants experience disparities in receiving quality mental health care access and use based on the provider's discrimination, stereotype, and bias (McGuire & Miranda, 2008). Evidence by McGuire & Miranda (2008, Mental Health, Culture, Race and Ethnicity), states that "racial and ethnic minorities have less access to mental health services than do Whites, are less likely to receive needed care and are more likely to receive poor quality care when treated." Conroy et al. (2021) reported that from 2008 through 2019, Whites have seen a significant increase in receiving mental health services (up from 16.1% to 19.8% compared with a move of 8.7% to 9.8% for Black or African Americans). Practitioners should remove disparities and implicit bias during treatment and treat Nigerian immigrants with dignity and respect, which could help to boost the number of immigrants seeking professional help.

Haynes et al. (2017) suggested that the strategies that can remove some of the barriers for these populations living in rural areas include "Conceptualizing mental illness as a normal reaction to stressful living environments. The use of community-based mental health services and providing mental health education to the public would improve the use of services in this population." These ideas will give access to those in the rural areas who are more likely to be vulnerable to mental illness than those in the urban areas.

Culturally Competent Practice in Group Practice
To serve Nigerian immigrants efficiently and improve mental health care services and access, health care professionals should be culturally competent and aware of bias in assessing Nigerian immigrants with other racial groups. According to the National Alliance on Mental Illness (NAMI), a lack of cultural competence "results in misdiagnosis and inadequate treatment. Africans and other multicultural communities tend to receive poorer quality of care" (Said, 2018). Cultural knowledge and clinical skills are necessary for professionals to serve different races and ethnic groups based on their beliefs, identity, perception, and treatment intervention. Healthcare providers who are culturally competent help prevent discrimination against these immigrants. This leads to increasing diagnoses so that immigrants may receive proper treatment and care, which will improve their help-seeking (Said, 2018). Clinicians need to understand the Nigerian immigrant experiences brought into the States from their countries: the beliefs, attitudes, perceptions, and cultural values that may be clashing with those in the United States. Focusing on their perspectives and the environment is essential because it facilitates open communication, empathy, and identification (Said, 2018). According to Said (2018), "when the community can identify with the presenters and learn that they are familiar with their environment and culture, the

comfort level with discussing mental illness is increased, which leads to more information sharing and hopefully treatment and recovery."

3. **Conclusion**

Seeking professional mental health care is a challenge among Nigerian immigrant women based on the barriers they face. However, there are strategies to promote and improve this population's ability to seek professional mental health care and receive access to treatment. These are: creating and increasing awareness; improving education; creating inspiring programs; breaking stigmas, labels, and isolation; giving proper care and support to patients; creating policies that improve access to care; making the cost of treatment affordable; and improving the cultural competence of mental health professionals. These strategies would reduce misdiagnosis, reduce inadequate treatment, reduce poor and unequitable quality of care, remove public fear about group therapy, mitigate bias and discrimination, and help to eliminate distrust of mental health professionals. Lastly, creating community health centers to give mental health education to Nigerian immigrant women would change their beliefs, attitude, and perceptions about mental health illness.

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