Medicating Oppression: 

South Asian Women's Experience of Medication for Mental Health Problems.
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BACKGROUND
According to the Mental Health Foundation (2016), black and minority ethnic groups in the UK are generally more likely to:

- Be diagnosed with mental health problems
- To be admitted to hospital
- To experience poor outcome from treatment
- To disengage from mainstream mental health services
Amongst 1,979 women of all ages who committed suicide between 1988 to 1992, in England and Wales. Eighty five were Asian women, nearly double their proportion in the population (Soni- Raleigh, 1996).

The risks of self-harm, suicide attempts, as well as completed suicide are high in British-born Asian women (Merrill & Owens 1986, Patel & Gaw 1996).

Several large-scale community studies in the UK found higher rates of depression and anxiety in Pakistani/Muslim women in comparison to Indian/Hindu and their white counterparts (Anand & Cochrane, 2005). It is important to distinguish between South Asian subgroups.
“Am I fasting for Allah or am I fasting for my eating disorder?”
There is increasing evidence suggesting South Asians tend to under-utilise services and report negative service experiences. We need to identify the barriers and implement necessary changes (Farooq, 2012).

Trusts providing mental health services in England, conducted surveys between 2004 and 2005. They found relative to the White British group, the black group did not report negative experiences whereas the Asian group responded most negatively (Raleigh et al., 2007).

Issues include (but are not limited to):
• Language barriers
• Cultural barriers
• Racism
• Referrals

Intervention and South Asian Women
Medication

- Medication is widely used for mental health problems, however it has been found although quick and easy to administer and reduce symptoms and relapse (Mental health Foundation, 2016).

- Meta-analyses of antidepressant medication found modest benefits over placebo treatment though this may vary depending on severity of initial depression scores (Kirsch et al (2008).

- Medication comes with side effects (NHS 2015) and problems can occur when medication is no longer taken (Royal College of Psychiatrists 2015).
Research Aims
Research Aims

• To explore the following:
• Explore the use of medication for mental health problems within the South Asian female community.
• To explore the benefits and costs of using medication for a mental health problem.
• The longevity of medication use in mental health and if this has had a further impact.
• Social and societal impact of medication use for South Asian women within and beyond their community.
Methodology
Methodology

Stages

- Ethical Approval
- Bracketing Interview
- Interview Questions and advertising
- Interview participants
- To be continued

Interview
Questions
and
advertising

To be continued
To what extent do you think that medication has helped you in managing your problem?

Could you tell me about any difficulties or challenges you have faced with other people because of being on medication?

To what extent have you talked about your problem with other members of your community?

Do you feel there are differences in your experience as someone who has a mental health problem and is a member of the south Asian community, than there would be for someone from a majority group?
Bracketing interviews are a reflexive strategy to support researchers and increase their understanding of the phenomena they are studying (Rolls and Relf, 2006).

What I wanted from my bracketing interview:

- To explore my own assumptions and biases
- To become more aware of my subjectivity and ideas
- To facilitate my reflective practice
What did I discover?

The impact of racism and Islamophobia on me

Understanding feelings of isolation

Understanding my identity as a British Asian Muslim
Diaspora blues

So,
here you are
too foreign for home
too foreign for here.
never enough for both.
Participants

- Four South Asian female participants:
  - Muslim
  - British-born
  - Three participants were ethnically Pakistani, and one was Indian and Mauritian
  - University students/Graduates

Diagnosis and presenting problems:
- Participant 1: Anxiety and ???
- Participant 2: Depression, panic attacks and Bipolar
- Participant 3: Anxiety (and Borderline Personality Disorder??)
- Participant 4: Depression, suicidal ideation, panic attacks and anxiety
Thematic Analysis

Stages

1. Familiarise
2. Code
3. Search for themes
4. Review themes
5. Define and name themes
6. Write up

(Braun and Clarke, 2006).
Partial Findings
Medication

“It’s not a permanent solution… The permanent solution for me is to unlearn my thought patterns”

“I’ve stopped thinking myself weak for it… It’s about looking after yourself really”

“I don’t think I’d have bipolar, I think it was induced or at least triggered severally by the medication”

“You don’t feel human (whilst on medication)”

“I was heavily bullied for being mentally ill and being on medication… No one would talk to me… People would say you shouldn’t be here, you’re dangerous, you should be locked up”
“I know I’m not alone. I know there’s many people in my community who would be experiencing what I’m experiencing but because there's no communication it makes you feel like there isn’t anybody.”

“The older generation make comments like ‘oh she’s got an illness, she’s on medication. How will she get married?’.”

“My GP was a member of my community and it was the worst. It felt really awkward cause even though their medical professionals you still think they hold the same stigma and sometimes they do.”
Family

“My parents don’t want me to be on medication at all, they’re really against it”

“Even within extended family, they take it as a joke, and lighted hearted, it makes you uncomfortable… It’s not something to laugh about, I was hospitalised every 2 weeks because of it…”

“I’m in a family that doesn’t understand mental health issues”
Religion

“There is a misconception in the Muslim community that if you’re truly a good Muslim. If you’re truly devoted to God, you can’t get depressed, because you love God and that makes you happy…”

“With my father it was like no one can help you except your faith”

“I was already bullied for being Muslim and the teachers as well were slightly – they weren’t too fond of Muslims. So in RS we did Christianity, Judaism, we got to Islam. The first lesson was on terrorism and it was that kind of environment and we got news articles and that was the introduction to Islam. And the next lesson was on erm like the face covering, the niqaab. Which isn’t even an essential part of Islam. So I was already isolated, teased and bullied for being in a minority and then when I got my mental illness it became worse”
Outside the Community

“I saw a white Psychiatrist... To get a diagnosis and she pretty much laughed me out the office as well.”

“I opened up to her because she was white... I would never have opened up to her if she was Pakistani and that’s sad.”

“I was very very against counselling and medical help because they just didn’t take it seriously...”

“Whilst there’s a lot of stigma in the south Asian community, there is still stigma in the white-English community, its just slight less... It’s not ok to be mentally ill but its acknowledged whereas in the south Asian community its not even talked about.”
Implications
Implications

Counselling/therapy is not always the solution

Awareness of our own privileges

Awareness of social issues

Awareness of cultural differences

Avoiding stereotypes and assumptions

More mental health awareness

More diverse mental health professionals
References


Questions