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Exploring the perceptions of refugees and asylum seekers regarding access to mental health services in Zimbabwe: a case study of Tongogara refugee camp

Govere, Edward

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Abstract

In Zimbabwe, the past two decades have been characterized by a growing flow of refugees into the country from other parts of the continent such as Burundi, Sudan, the Democratic Republic of Congo (DRC), Rwanda, and Somalia. Drawing from the biomedical model, prevailing discourses about mental health posit that after going through traumatic experiences in the war-torn regions of the world, refugees and asylum seekers are particularly vulnerable to developing mental health problems and are, therefore, in need of counselling and psychosocial services. This assumption has guided, and has subsequently been supported by, several studies conducted in the Global North, and there is generally a lack of local literature and research that either confirm or challenge the assumption in Southern Africa. This research was prompted by such a substantial research gap and therefore seeks to examine the perceptions of refugees regarding mental health and access to care. The study identified Tongogara Refugee Camp as the study site and targeted adult individuals aged 18 and above, residing in the camp, as well as officials from the Zimbabwean Ministry of Public Service, Labor and Social Welfare, United Nations High Commissioner for Refugees (UNHCR), Christian Care, Jesuit Refugee Services (JRS), International Committee of the Red Cross (ICRC), clinic officials as well as faith-based leaders.

The access to health care framework (McIntyre, Thiede, & Birch, 2009), was used as the basis and theoretical framework for this research to explore the various factors determining availability, affordability and acceptability. The overall methodology employed was the qualitative approach and the case study research design. Respondents were recruited through the purposive sampling method and semi-structured interviews were used for data gathering.

Thematic content analysis yielded participants' perceptions of mental health and access to care through their descriptions of pre-migration trauma and post-migration stress as the major causes of mental illness, and expressions of mental illness such as sadness, worrying, wandering aimlessly through the camp, talking too much and violence. The study sheds light on the problems of medicalizing distress and human suffering, particularly the limitations of the biomedical model of mental health treatment. Camp residents mainly rely on spirituality and social support for coping with mental health. Several issues, relating to all the dimensions of the concept of access were identified, including language barriers, temporary solution to a permanent problem, lengthy waiting times, as well as ill-treatment at the camp clinic.

Recommendations include the key need to be cautious about the importation of Western biomedical approaches, the need to pay more attention to the prevention of mental health problems and the promotion of mental health through action on the social determinants of health, the need for language interpreter services at the camp clinic, the need for improved engagement with refugee families, and the need for resettlement. Such information may help add to the body of available literature on refugee and asylum seekers' access to health services and to literature that is exploring the development of appropriate responses to mental well-being in the Southern African context.