

REFUGEES' AGENCY IN DEALING WITH A MENTAL HEALTHCARE SYSTEM

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In this paper, which is part of a PhD study on victimhood and refugees, we ask which kinds of agency refugee parents perform when navigating the Dutch mental healthcare system.

Background: Refugee families are underrepresented in mental care while they are likely to have more mental health problems. An explanation for this underrepresentation are challenges they experience in mental healthcare like different perceptions on problem-behaviour and on what constitutes support. Rather than following preconceived notions of refugees as helpless victims, we will study their own perceptions on their lived experiences in dealing with these challenges and analyse which kinds of agency they use.

Issues of focus: We define agency as 'the capacity for purposive action, the ability to pursue goals, express voice and influence and make decisions.' (Van Eerdewijk et al, 2017). This agency is, however, bounded by structures and norms (Sniekers, 2020), including institutional (mental healthcare) structures and norms on how parents of children with (psychosocial) problems, in particular refugees, are expected to behave. We will study refugees' performance of agency, in how they disrupt existing balances of power and claim what they require (Butler 2009) by showing e.g. their resistance, bargaining, negotiation, reflection, or even 'waiting for better times' (Sniekers, 2020) in dealing with the Dutch mental healthcare.

Methods: Discourse analysis, using the lens of agency, of 31 in-depth interviews with refugee parents in the Netherlands conducted by refugee-researchers (Afghanistan and Syria).

Potential outcomes:

Insight in the kinds of agency refugees use in dealing with their children's (mental health) problems.

Discussion: We will discuss ways care professionals can match their care-practices to the lived experiences and various kinds of agency refugees perform to empower refugees in their navigation of the healthcare system and norms.

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Learning Objectives

At the conclusion of this presentation, participants will be able to:

1. Participants will be able to recognize and describe at least 2 types of agency refugees may use to deal with mental health care, with concrete examples
2. Participants will be able to explain at least one way health care professionals can empower refugees by strengthening their specific kind of agency.

References

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