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Challenges of Cameroonian Immigrants When Accessing Mental Health Services in Los Angeles

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Abstract

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MA, Walden University, 2020

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Abstract

The California Pan- Ethnic Health Network has been undertaking community-driven research projects aimed at evaluating the immigrant communities' barriers to accessing mental health care. The Department of Healthcare Services Los Angeles County provides healthcare services to anyone and everyone in Los Angeles irrespective of their immigration status. My Health LA provides free healthcare services to immigrants 26 years and older who do not qualify for public health insurance like medical. The purpose of this generic qualitative study was to explore the challenges of Cameroonian immigrants when accessing mental health services in Los Angeles. This study was guided by three main concepts and theories: immigrant resilience, social-ecological framework, and multicultural framework. Data were collected through face-to-face interviews and a few over the phone interviews. The participants had to be Cameroonian male and female adults between the ages of 30 and 45 who reside in Los Angeles County. The data obtained in this study were analyzed using Braun and Clarke's six steps to thematic analysis. The results showed that the factors that contribute to the challenges of Cameroonian immigrants when accessing mental health services in Los Angeles are mostly cultural beliefs (shame and guilt) to not expose past abuse and traumas, language barrier, lack of awareness of public services made available to them, the fear of being deported, discrimination, financial hardship, and isolation. The findings from my study may contribute to future researchers towards developing, informing, and creating awareness on mental health issues about this group of immigrants.

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Dedication

This dissertation is dedicated to my parents Mr. Elad Denis Efon (of blessed memory) and Mrs. Mboke Pauline Elad. Secondly, I dedicate this work to all my beloved family members who inspired my growth and are no longer here especially my uncle Ewongo Elias Mukete, My aunty Ida Mende Mukete, My sister Annet Elad.

To my Son Milan, this is mommy saying you can do anything to set your mind on doing. I would also love to dedicate this work to all future researchers who will use this study to improve the system and to implement social change.

Finally, I dedicate this work to myself for holding the fourth till the end. During this study, I battled with being diagnosed with breast cancer, going through treatments and finally going through a breast surgery to eliminate the possibility of the tumor in my breast not growing again. It was a period of confusion, pain and overwhelming thoughts. I took off from school 3 times throughout my program because of this reason and also organizing various community events while in school was not an easy thing to do. Being able to come back and finish is giving glory to God.

Uncle Teddy Ndiyob, you will be remembered for ever. Thank you for always believing in me.

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Chapter 1: Introduction to the Study

Introduction

According to the United States Census Bureau, more than 1 million immigrants enter the United States each year. Currently, more than 40 million U.S. residents (~13% of the total population) are foreigners (Djamba, 2009). The children of immigrants are the fastest growing population in the United States (Warner, 2012). They are about 30% of the total number of young adults between the ages of 18 and 34 years. By end of 2020, one out of three children under the age of 18 years old is estimated to be a child of a foreigner (Nfi, 2014). Los Angeles has the largest number of immigrants in California (Djamba, 2009). The goal of this study was to explore the challenges that Cameroonian immigrants face while they access mental health services in Los Angeles.

Background

Wohler and Dantas (2017) examined barriers to accessing mental health services among culturally and linguistically diverse immigrant women in Australia. They found that immigrants and refugees, especially women from different backgrounds, face barriers in accessing mental health services. These barriers include communication and logistical challenges. These findings are important because the immigrants and the immigration situations are similar to my research study.

Similarly, Iyer et al. (2015) examined issues faced by residents in Los Angeles when accessing healthcare services and found that the uninsured are highly affected. Most immigrants in Los Angeles are not insured under the Affordable Care Act, and it becomes difficult to implement the health policy to cover uninsured immigrants (Joseph

& Marrow, 2017). Lack of knowledge and misinformation are challenges immigrants encounter when it comes to the successful enrollment in mental health services of eligible uninsured people in Los Angeles, and this impacts the engagement and trust of mental healthcare providers.

Derr (2016) systematically examined mental health service use among immigrants in the United States and found that it is far below the rates of the general population. Similarly, Villatoro et al. (2014) and Alcala et al. (2016) suggested that low rates of mental health services used by immigrants in the United States are exacerbated by lack of insurance and documentation. These structural barriers inform the current research of my study.

Problem Statement

Social factors impede the ability of immigrants in California to access mental health services (Renner, 2018). Like many other migrants, Cameroonian immigrants in Los Angeles face barriers and challenges in the same light. These challenges and barriers entail language, confidentiality, different beliefs, and ways of approaching mental illnesses, among others (Renner, 2018). These aspects may be influenced by families, social services, voluntary organizations, and healthcare providers. However, every immigrant group experiences different challenges and barriers.

Therefore, it is important to examine the particular barriers and challenges faced by each immigrant group. For most Cameroonian immigrants, besides the communication issues, traditional beliefs regarding mental health illnesses are other factors hindering them from getting formal mental healthcare (Amelia, 2016). These beliefs alongside

other issues underlying the challenges of accessing health care, such as language barriers, significantly impact their ability to access mental health services. Therefore, it is necessary to investigate the topic of barriers and challenges faced by this particular immigrant group in their attempt to access mental health services in Los Angeles.

Although several researchers have examined barriers and challenges faced by other immigrant groups in their attempt to access mental health services in the United States, minimal research has been conducted on Cameroonian immigrants in Los Angeles. Giacco et al. (2014) investigated the availability of mental healthcare to immigrants, and they found that access to mental healthcare for immigrants in the United States is influenced by language barriers, stigma, different beliefs, and social deprivation of immigrants (Giacco et al., 2014).

Based on these previous studies that have primarily focused on presenting a general overview of all the immigrants in the Unites States, I could not deduce the information regarding the specific factors affecting the Cameroonian immigrants. Giacco et al. (2014) noted that the U.S. immigrants are usually hampered by language barriers, differing beliefs, stigma, and social deprivation as they seek mental health care. However, a closer look at the preliminary evidence regarding the Cameroonian immigrants would indicate that there exists a gap in understanding the specific barriers and challenges facing the Cameroonian immigrants in their attempt to access mental health services in Los Angeles.

Bailey's (2016) study that covers Los Angeles also reveals the findings for all immigrants. However, there is minimal research on Cameroonian immigrants. Therefore,

the current research focused on investigating the topic on the barriers and challenges encountered by Cameroonian immigrants in their attempt to access mental health services in Los Angeles.

Purpose of the Study

The purpose of this generic qualitative study was to explore the barriers and challenges of Cameroonian immigrants who attempt to access mental health services in Los Angeles. The research established how Cameroonian immigrants feel they are treated or served when they attempt to find mental health services in Los Angeles. This will inform the recommended measures and efforts in addressing the problem in the future. Therefore, the goal of the study is to provide balanced, structured, and evidence-based answers to the research question and apply it to the Cameroonian immigrants in Los Angeles.

Research Question

This study was guided by the following research question:

RQ1: What are the barriers and challenges of Cameroonian immigrants when attempting to access mental health services in Los Angeles?

Conceptual Framework

To explore the barriers and challenges faced by Cameroonian immigrants who attempt to access mental healthcare services in Los Angeles, I used a conceptual framework that consisted of theories and concepts that will help explain the data and answer the research question. This study is guided by three main concepts and theories: immigrant resilience, social-ecological framework, and multicultural framework (see

Villatoro et al., 2014). The study of these theories will determine whether the mental health system in Los Angeles is considered a barrier to the access of mental health services to Cameroonian immigrants or an element to help structure those challenges and turn them into resources. Immigrant resilience can be attributed to the resettlement process, which is often a traumatic experience throughout the journey to the receiving country (Racheal et al., 2017).

In looking into some of the barriers faced by Cameroonian immigrants in Los Angeles County, I considered the social ecological framework and the perspective that society needs to understand the psychology of immigrants looking into the social aspects of their immediate environment (Harvey, 2008). Some of the barriers of the theory indicate that access to mental health services is associated with the characteristics of the mental health system (Bailey, 2016). Should this last idea be explained?

Multiculturalism is used to integrate intergroup relationship among different immigrant groups (Collen, 2018). Faucreault et al. (2016) suggested that this theory also portrays an individual's choice to culturally integrate within an organization or system can influence their ability to act on their personal preferences (in this case, the ability to obtain mental health). Multiculturalism embodies components of different policies, different ideologies, and diversity to influence the impact of dynamism and social justice to integrate immigrants from different backgrounds (Colleen, 2018).

According to the California Pan-Ethnic Health Network (2016), Los Angeles and other cities operate on a carve out system of mental health service. Medi-Cal beneficiaries are eligible to access mental health services from the county-operated

Mental Health Plans (Californian Pan-Ethnic Health Network [CPEHN], 2016). Cameroonian immigrants are not eligible to access the mental health services based on this care plan due to affordability and discriminatory practices within the system (Harvey, 2008). As explained earlier, Cameroonian immigrants face several challenges: language barriers, lack of insurance, lack of documentation, immigrant status, and inadequate economic resources (Derr, 2016).

To combat the barriers, multiculturalism involves the values associated with one's capacity to make choices related to perceived adaptations and one's ability to manage the realities on the ground (Harvey, 2008). To be able to make use of the resources available, multiculturalism construct indicates that social organizations affect the interest of immigrants in seeking mental health services (Villatoro et al., 2014). Resources in this case indicates that social networks are considered to be sources that provides the social capital which most immigrants need considering the difficulties that immigrants face in the receiving countries. To provide a social balance needed for immigrant's mental well-being, diverse social networks should be made available to help them adapt (Ryan, 2011).

Given the injustices that may be involved in the status quo, Cameroonians seeking mental help in Los Angeles County might have to look into every other medical possibility and alternative available (which includes psychotherapeutic) so that they may have the choice to collaborate with other ways to take care of root causes of the mental health issues they face (Alexander et al., 2020). At the behavioral symposium organized by California hospital association, Ryan (2019) indicated that the medical program needs

a significant change to implement a policy coverage structured to deal with what California needs in the future to cater for mental health help seekers.

The family is a major alternative resource for Cameroonian immigrants in Los Angeles when attempting to access mental health services. The family's ability to support the immigrant in coping with emotional distress and provide guidance for seeking mental health help is an important aspect that explains the cultural and religious beliefs impacting on Cameroonian immigrants when accessing mental health services in Los Angeles. Stigmatization is a barrier that will hinder immigrant interest in accessing mental health care. Therefore, it becomes a challenge and not a resource in supporting access to mental health services. The inability of mental health providers to assist immigrants in coping with emotional distress is a lack of resource needed by Cameroonian immigrants when seeking mental health services in Los Angeles, CA (CMHD, 2009).

Nature of the Study

The nature of this study was a generic qualitative study. Qualitative research was suitable for this study, as it aims at systematic inquiry into the research problem in natural settings, as well as a focus on participant experiences and perceptions (Teherani et al., 2015). The rationale for this study is to acquire a systematic knowledge to further inform the research and scholarship on immigration and healthcare, as well as potentially help the Cameroonian immigrants in Los Angeles County to navigate the mental health system in the right way to be able to get the mental healthcare they seek (Borg & Gall, 1989).

Quantitative research would not have been appropriate for this research question. Quantitative research involves theoretical testing of variables, statistical procedures with number variations, in other to determine results which most times is based on empirical assumption (Tuner, 2010). However, I used a qualitative approach in this study to because it is a holistic approach, which allows me to investigate the experiences from the point of view of the participants without assuming the phenomenon that is being investigated (Creswell, 2003). Data were collected through semistructured interviews conducted over the phone or other virtual means because of COVID-19 social distancing restrictions.

According to a survey carried out by migration policy institute in 2017 on diversity, age, education, and employment for African immigrants, the working ages of African immigrants ranged between 18 and 64, and 82% of them migrated to the United Stated as adults between the ages of 30 and 45 (U.S Census Bureau, 2017). Fifteen male and 15 married Cameroonian immigrants between the ages of 30 and 45 were the original sampling target for the study because this age group is considered the age bracket within which most independent African immigrants migrate to the United States, according to the report from the center for immigration studies (U.S. Census Bureau, 2017).

The study involved the use of interviews as the primary sources of data; hence, the best way of conducting the research would be to involve participants to the extent that I could ensure data saturation. I intended to focus my selection process by targeting various Cameroonians (physical and virtually) across Los Angeles, like churches, African markets, and by word of mouth, where I posted flyers and solicited participants.

According to Fusch and Ness (2015), failure to reach saturation will impact the quality of a research and its content validity, so when there is enough information to replicate the study, that means saturation is reached. Essentially, data saturation occurs when no new information is gleaned from data collection. According to Fusch and Ness, 15 represents as a sample size within which to expect saturation. I planned to interview 15 participants but discontinue interviews once I reached data saturation. My final sample size was be determined by saturation; see Chapter 3 for more details.

Definitions

Cameroonian immigrants: Cameroonian immigrants in this study represent people of Cameroonian born who migrated to the United States of America and settled in Los Angeles County (Villatoro et al., 2014).

Challenges: Challenges refer to the difficulties faced by individuals in relation to seeking mental healthcare.

Migrants: These are people who seek residence in countries other than their countries of birth (DHS, 2017).

Percieved barriers: Percieved barriers are the obstacles and challenges individuals encounter in relations to health behavior (Bailey, 2016).

Assumptions

While conducting this study, I made several assumptions. First, I assumed that many participants will be willing to take part in the study. I assumed that, because I am of a Cameroonian background and may have a connection there, participants would be comfortable and truthful in their interviews. I also assumed that the results obtained from

this phenomenon under study will be relevant to the mental health and the healthcare sector.

In addition, I assumed that poverty and lack adequate mastery of English language could be considered one of the reasons why Cameroonian immigrants in Los Angeles County do not seek mental healthcare. The California immigration policy center documented in 2016 that fear, stress, frustration, and anxiety were the main reasons why most immigrants do not seek mental healthcare (CIPC, 2018). Because the data collection would be done through interviews, I assumed that respondents would be honest with the response to every question. Other assumptions are that there are different realities in any given situation. This study will be limited to context bound, and I assumed the responsibility of assuring that information is correct and accurate given the research study in question. I also assumed that the purpose of the study is to uncover theories that may help explain the topic under study.

Scope and Delimitations

This study was focused on finding the barriers and challenges that Cameroonian immigrants face when seeking mental healthcare in Los Angeles County. There have been many studies about healthcare disparities among minority groups in the United States; however, there have been no study done about Cameroonian immigrants in Los Angeles County.

The scope of my research was limited to 15 male and female Cameroonian immigrants between the ages of 30 and 45. These were interviewed for the study because this age group is considered the age bracket within which most independent Cameroonian

immigrants. These participants were gained from the Cameroonian Group USA (CAMGUSA), Los Angeles Chapter email group. I only interviewed people who fulfilled the characteristics for participation, and they were interviewed in public places like the church, parks, and cultural meeting spaces.

Limitations

A major limitation of the study is that the result is restricted to Cameroonian immigrants in Los Angeles County. This shows that the study findings have no transferability for other immigrant groups in the United States and other nations of the world. Ubri and Artiga (2016) indicated that the results of each study should characterize the population under study, and in this case, the characteristics and conclusions made for this study will specifically apply to Cameroonian immigrants in Los Angeles County. The external validity of the results will help to understand the phenomenon with regards to other communities but will be applicable to other situations and contexts not necessarily the population other than Cameroonians in Los Angeles County.

Significance

Studies like mine bring a wealth of knowledge that the academic community uses to communicate with the outside world. The research and the creativity involve scholarly procedures and performances that develops our ability to make informed decisions to solve social problems with newly discovered information.

The study's result will be beneficial to Los Angeles, CA government, healthcare institutions, and providers. The government can use the given information in this research to devise new and better policies as a direct intervention to address the barriers and

challenges faced by Cameroonian immigrants who attempt to access mental health services in Los Angeles. Previously, U.S. immigrants have been secluded from the national health-care system, thus affecting their ability to access quality mental health-care services (Arturo & Philip, 2012). The government should now seek to incorporate the mental health care systems targeting these immigrants into primary healthcare (WHO, 2008).

The healthcare sector can use the information discussed in this study to realize the challenges and barriers faced by Cameroonian immigrants who attempt to access mental health services in the region. It is a good step to establishing new policies and rules for those in the mental health profession to consider changing their attitude and way of treating Cameroonian immigrants who seek their services. Health care institutions and professionals will benefit from this research, as it will provide recommendations on how they can improve mental health service provision to Cameroonian immigrants in the future. They can use the information to make better decisions and design improved initiatives to address the challenges and barriers faced by Cameroonian immigrants who attempt to access mental health services in Los Angeles.

Summary

African immigrants in Los Angeles County, like most minority immigrant groups, are disproportionately affected by the disparities in the healthcare system in the United States of America. Mental healthcare can be very financially challenging to immigrants who might be struggling to make ends meet. Because of the cultural background of Cameroonian immigrants, the healthcare professionals should be more culturally

sensitive and educated when dealing with such class of people considering their emotional and educational background.

In this study, the participants had the opportunity to express themselves and give their opinions pertaining to the various experiences encountered as a result of seeking mental healthcare in the county of Los Angeles. This chapter provided a discussion of the originally proposed study focused on experiences of the Cameroonian immigrants, an overview of the background of study, the scope of study, the limitations, the significance, the assumptions, the delimitations, and the key terms used in the study.

Chapter 2: Literature Review

Introduction

The purpose of this generic qualitative research study was to gain insight into the social challenges and barriers Cameroonian immigrants encounter while seeking mental health services in Los Angeles County. By exploring the unmet mental health care needs, the findings of this study will inform policy on how to effectively address mental health issues among this group. In this study, the social background such as the beliefs, behaviors, cultural, other social characteristics, lifestyle, and access to affordable mental health care of Cameroonian immigrants living in Los Angeles County were explored.

Although there are many studies about immigrants' mental health care and the accessibility thereof, no specific research has been done on Cameroonian immigrants and the difficulty faced in accessing mental health in Los Angeles County. Bailey (2016) did extensive research on all immigrants; however, I could only find very minimal study concerning Cameroonians. The lack of information about this immigrant group creates a gap in the knowledge about the challenges that Cameroonians face in accessing mental health care.

From reviewing previous studies, a researcher can more easily identify areas where the research will be further beneficial. In view of the research question, I conducted a thorough review of the literature to identify the need for this study and how the findings will promote social change by developing an evidence-based study that will demonstrate the need for accessible and affordable mental healthcare to immigrant minorities, especially Cameroonians in Los Angeles County.

Conceptual Framework

This study is guided by three main concepts and theories: immigrant resilience, social-ecological framework, and multicultural framework. Immigrants migrating in search of asylum are resilient and resourceful. As it is human nature, immigrants are influenced by their social context; as a result, this literature review takes a social-ecological perspective in framing the immigrant's experiences.

Immigrant Resilience

Resilience is the ability of an individual to bounce back from a difficult situation. Immigrant resilience involves how best an individual can assimilate into a new environment while maintaining their values, culture, and customs. More importantly, an immigrant's culture, language, and religion are important assets in understanding the best approaches to optimize mental health services. Resilience could be defined as a set of personal attributes and qualities to face traumatic and challenging experiences in a given society. However, in the media and political context, immigration is considered a social problem that still needs a solution.

Researchers have suggested that immigrants exhibit remarkable patterns of strengths. Case studies examining the well-being of immigrants across a diversified culture and generation have demonstrated counterintuitive patterns that contradict conventional expectations (Andrew et al., 2020). In a study on ecological understanding in trauma survivors, Harvey (2008) elaborated the perspectives that a community-based psychologist should be considered as a wellness procedure for guiding victims of immigration trauma recovery. For instance, first generation immigrants perform better on

a variety of behavioral health metrics, score higher in various physical health categories, and place well academically (Hong et al. 2016).

Despite the fact that first-generation immigrants encounter a wide range of risks (e.g., social isolation, low quality education, taxing occupations, discrimination, and poverty), they perform better in comparison to their counterparts who reside in the homeland country in terms of economic stability and emotional stability, especially those who succeeded in escaping from the wars and tortures (Tuner, 2010). However, first-generation immigrants also encounter new challenges in the country of refuge (Hong et al., 2016). Furthermore, this review not only recognizes immigrant resilience, but also considers the challenges faced by first-generation immigrants and their subsequent generations focusing on economical, clinical, social and education contexts.

Social-Ecological Framework

The social background and resources of immigrants vary widely in different environments, some of which are welcoming, while others are not. The social-ecological framework suggests that human experiences result from mutual interactions between human beings and their surrounding environment (Kim, 2018). Often, human experience is influenced by the function of the individual and the social environment. Based on the ecological understanding of immigrants, intervention resources and programs should be trauma focused to put these immigrants back on the route to recovery (Harvey, 2008). Therefore, this research aims to describe the immigrant's experiences focusing on the social-ecological factors using diversity approaches and resources that enhance or detract from attaining healthy adaptation.

Multicultural Framework

Using a multicultural perspective to understand the concept of resilience and trauma involves the study of diversity amongst various minority groups. The use of a multiculturalism lens indices of positivity on immigrants to explore adverse or traumatic situation informs the individual's live experiences and personality traits (Pratyusha, 2008). Cultural contexts may influence the immigrant's emotions, cognition, and identities (Kim, 2018). Currently, immigrants who have taken residence in the United States, particularly in Los Angeles, represent a wide range of races, ethnicities, and cultures, while mental health practitioners bear their own set of cultural attitudes that influence their own perceptions. Therefore, in order to ethically and effectively carry out mental health research and deliver beneficial mental health services to immigrants' adults, children, and families, it is essential to use the lens of each specific culture. In the case of Cameroonians living in Los Angeles County, the immigration experiences vary by cultural integrity previously exposed before migration into the United States (Pratyusha, 2008). In addition, Cameroon is a multilingual and multicultural country with many different cultural practices that may not be represented in the clinical settings within the mental health best practices (Pratyusha, 2008). In 2004, the historic effort in California to reduce the stigma of mental health illness, the Mental Health Act, was voted into law. This law, according to the American Journal of Public Health (AJPH), funds a preventive initiative statewide to reduce discrimination, especially amongst immigrants, emphasized the training and participation of mental health service providers in social change and cultural competency programs (Randy, 2012).

Literature Search Strategies

My literature review included scholarly research articles from Walden University Library, Google Scholar, and other scholarly websites such as the Educational Resources Information Center, Microsoft Academic, as well as articles, journals, books, and databases of online peer-reviewed publications such as ProQuest, Medline, and PubMed. I searched medical journals such as AJPH, California Health Report, Journal of Healthcare Quality, Journal of Mental Health, Psychological Medicine, Journal of Psychology and Mental Healthcare, and CPEHN. I also searched websites of government agencies and policy institutions, including the World Health Organization (WHO), United States Department of Health and Human Services, California Public Health Department, and Los Angeles Public Health Department. Other credible sources used for literature search were American Journal of Orthopsychiatry, Public Policy Institute of California, Psychiatric Research, and Ethnic and Migration Studies.

Most of the literature sources used for the review are not older than 5 years. Very few older articles were included in the literature review, mainly because there are not many studies conducted on immigrants for certain topic areas. The gap in the literature focuses on Cameroonian immigrants and their barriers and challenges for access to mental health care and services.

With the intention to increase access to relevant resources related to my study, the keywords in the search term and combination of terms used were *Cameroonian immigrants and mental healthcare, immigrants and healthcare, minority access to healthcare, disparities amongst immigrants access to mental healthcare, immigrant's*

barriers to healthcare, availability of healthcare to immigrants in Los Angeles, mental healthcare inequalities, African immigrants and affordable healthcare, immigration status and access to mental healthcare, cameroonian immigrants cultural belief and mental health barriers, United States and the health of immigrants, and mental healthcare affordability disparity between immigrants and non immigrants.

History of Cameroonian Immigrants in Los Angeles

The first Cameroonians were brought to the United States from Africa by the British in the middle of the 17th century as slaves. These slaves included individuals from different ethnicities in Cameroon:-Kotoko, Masa, Udemes, Mafa, Bamum, Bamileke, Babugo, Ewondo, Tikar, Hausa, and Fulani (Trovão, 2017). The first Cameroonian immigrants who settled in the United States by choice came much later, starting in the 1960s. Most came with the interest to pursue educational and professional opportunities, which were limited in their home country. It was not until 1990 that an abundance of Cameroonian immigrants took up residence in Los Angeles, prompted by increased political instability in Cameroon that forced them to seek asylum. They arrived in Los Angeles as political refugees to avoid political repression, torture, and imprisonment (Tata, 2018).

By the end of 2016, the number of Cameroonian immigrants entering Los Angeles through Mexico showed a rapid increase in response to the need for asylum mainly for Africans and other people from other parts of the world. Immigration statistics by the Mexican authorities show that more than 5,000 African immigrants went across their border into the United States, almost double the number from the preceding year

(Trovão, 2017). Most of these African immigrants came from Cameroon, Sierra Leone, and Congo as a result of displacement caused by armed conflicts, especially in Cameroon. For instance, the United Nations (2019) reported that the rise of the Anglophone Crisis and the involvement of the state military has displaced more than 500,000 Cameroonian citizens and resulted in the death of 3,000 people.

One in five persons in the United States are either first- or second-generation immigrants, making them a crucial part of the national tapestry (Amin, 2018). As a result, because mental health practitioners and psychologists are looking to increase services offered to the immigrant children as well as adults, they need consider these complex demographics as well as observe the possible implications on the well-being of the immigrants, especially their mental health. Immigrants who have become casualties in the armed conflicts that take place in their home country are forced to endure separation of family members, forced migration from the homeland country, and separation from their own culture, as well as encountering a new and unfamiliar cultural and physical environment. Implications arising from this immigration experience negatively impact their mental health and may lead to mental health issues such as anxiety, PTSD, depression, substance abuse, and many more (Nfi, 2014).

Immigration Factors

Three major factors are known to be the driving force to migration: the need for humanitarian refuge and protection, the search for jobs or investments opportunities, and reunion with separated family members. The increased instability in some African and European countries prompted the increase in migrant movement towards the United

States. Many international conflicts, war, economic instability, and other sociopolitical problems increased the need for crown migration to the United States and other part of the world deemed stable (Linda, 2018).

Humanitarian Protection

Searching for asylum for the purpose of protection has been the major factor for Cameroonians immigrants-in Los Angeles (Amin, 2018). This is supported by the U.S. Immigration policy, which aimed to offer shelter and protection. As a result of this policy, the number of refugees in the United States was approximated to be half a million by the first decade of the 21st century.

Jobs Opportunities

Refugees seek asylum for many reasons, including environmental disasters, violence, or economic difficulties encountered in their native countries (Kim, 2018). Most importantly, many people migrate to seek a better life and opportunities (Kim, 2018).

Reuniting Separated Families

Separated families often have the desire to reunite (Harvey, 2007). In some cases, the process may take years due to financial constraints and immigration regulation policies (Harvey, 2007). The longer the period of family separations, the more complicated it becomes to reunify family members, thereby increasing the risk of mental health issues in both adults and young children (Kim, 2018). Migrants' separation from families is an indicator and a stressor influencing mental health status of many immigrants (Harvey, 2007). In CATO Institute, researchers identified the need for

immigrants to be reunited with their families after traumatic experiences of separation (Laurence et al., 2011). Reunification of family members is one processes to help remedy mental health disorders associated with family separation (Laurence et al., 2011). Acculturation issues and other factors involved in adapting and responding to mental health treatment could be easily resolved through family assessments, rehabilitation, family cohesiveness, social support, and provision of community resources (Laurence et al., 2011).

Stress and Immigrants' Mental Health

Epidemiologists, through a series of studies, have demonstrated a lower risk of mental health for first generation immigrants in the United States (Harvey, 2007). Immigrants cover a wide range of people with distinct cultures and nationalities (Tata, 2018). Similarly, immigrants may differ in social determinants such as socioeconomic status, religion, culture, occupation, social resilience, and other social constructs (Harvey, 2007). Specifically, many of the first-generation immigrants from Cameroon (foreign born and immigrated to Los Angeles) exhibit mental health disorder compared to the second-generation immigrants (Cameroonian American born in the United States). The migrant-induced mental health disorder gradually declines among the subsequent generation the longer they live in the country (Burnam et al., 2008).

These mental health disorders are largely due to the assimilation or acculturation phenomenon (Takeuchi, 2007). It was concluded that the immigrant assimilation process into the cultural and social norms in the United States is positively correlated with mental health status (Liu et al., 2009). It was demonstrated that the longer immigrants accept and

integrate the values and cultures of their new home, the longer their mental issues persist (Tata, 2018). Overall, there are two categories of migration stressors: pre-migration and post-migration stressors (Burnam et al., 2008).

The assimilation and acculturation process varies substantially by socioeconomic status, gender, national originality, ethnicity, and race (Takeuchi, 2007). Other contextual factors that influence the correlation between immigration and mental health state include family relations, immigrants' social positions, social inclusion, social support, language and acculturative stress, and exposure to discriminatory practice (Tata, 2008). Among Cameroonian immigrants, additional factors such as traumatic experiences in Cameroon, associated stressors, and other social-driven risks negatively affect migrants as they recondition their experience to settle in California (Amin, 2018).

Pre-Migration and Migration Stressors

The process of immigration present stressors that constantly increases the risk of mental health instability as well as emotional disturbances (Burnam et al., 2008). Experienced stressors such as famine, natural disasters, terrorism, political unrest and torture, and war exposes immigrants to high risk of mental health disorder (Nadeem et al., 2007). The specified stressors are major contributors for immigration (Tata, 2018). In addition, the effects of these stressors are compounded by the losses and forceful or unwanted separations of members of families from their nuclear and immediate families and relatives (children, parents, uncles, etc), loss of kinship networks and other extended family (Burnam et al., 2008).

Cameroonian immigrants experienced a wide range of pre-migration stressors. One of the issue that prompted migration of Cameroonian is the political unrest and armed conflicts resulting in unwanted displacement of families (Nadeem et al., 2007). As a result, some Cameroonian immigrants may be illegally in the United States (Kamya, 2007). In a political unrest situation, many families and children are vulnerable and helpless due to the social and emotional trauma associated with civil unrest (Tata, 2018). In addition, traumatic memories and emotions associated with adverse events may be re-activated later in life or at the adolescent and younger age psychologically (Takeuchi, 2007).

Post-Migration Stressors

Many of the immigrants residing in the southern part of California come were escapee of armed violence, poverty, and for humanitarian protection (Nadeem et al., 2007). Other immigrants were motivated by other factors such as seek for quality education or professional development (Nadeem et al., 2007). In many instances, migrants often inhabit in poor neighborhoods and inner cities where the living standards are low and are highly infested by criminal activities, and thus, further exposing them to high rates of adverse social experiences (Tata, 2018). Furthermore, many migrants residing in unsafe and impoverished communities also live in an overpopulated environment (Nadeem et al., 2007).

Lower income poses life threatening risks to youth and expose them to violence and crime which undermines social and cultural cohesion (Nwokocha, 2010). Moreover, the educational system in low-income communities adversely affected as well (Kim et al.,

2011). The school systems in low-income communities are overcrowded and often lack appropriate infrastructure to promote quality education in comparison to suburban schools (Nadeem et al., 2007). These limitations are challenges that reduce fair and equitable opportunities towards financial growth of the members of low-income communities (Kim et al., 2011). Furthermore, many of the adverse events mentioned are the precursors of the emotional instability and poor mental health state observed among African Black immigrants in Los Angeles (Orjiako, 2014).

Racial and Ethical Discrimination Among Immigrants

The practice racism and social normalization of racism in the United States is a public health crisis (Saechao et al., 2019). In many studies, racial discrimination race-driven discriminatory practices have been overwhelmingly explored (National Center for Health Statistics 1998; Bunker, Frasier and Mosteller 1995; Blendon et al., 1998; Treveno et al; 1991). Racism in the United States is a historical and exclusively towards African Americans and black or people of color (National Center for Health Statistics 1998; Bunker, Frasier and Mosteller 1995; Blendon et al., 1998; Treveno et al; 1991). The health impacts associated with race discriminatory practices disproportionately affect African Americans and black or people of color health status, adversely (Saechao et al., 2019). The black population that are victims of racial discrimination includes Cameroonian migrants living in the Los Angeles metropolitan areas.

Racial discrimination is part of the United State structural and social construct in most public services, in particular mental health care which requires intensive and interracial care (Pitkin et al., 2009). In the United States the social and pollical systems

operates in an inherently prejudiced system against blacks (Kim et al., 2011). Additionally, subconscious prejudice or implicit bias, adversely affect how health care professionals, particularly mental health care practitioners deliver services or treatments to blacks or people of color (Kim et al., 2011). Some Cameroonians feel they are likely not provided necessary and quality services due to their accent or national origin (Meyer, 2003).

Racial discrimination has been identified as a consistent pattern of disparities in Los Angeles, California (Pitkin et al., 2009). In addition, Cameroonians who are Francophone experienced notable racial diversity due to their inability to speak English compared to other African or black immigrants. As a result, Cameroonian immigrants are highly affected by racial discrimination because they are not fluent in English as other African or black immigrants. Although there have been improvements in the healthcare delivery systems and practices, minority groups still experience adverse social maltreatment than any other racial groups in the United States (Meyer, 2003).

According to many researchers, discriminations and disparities in healthcare delivery are disproportionately observed among blacks and African Americans (Mays et al., 2017; Eisenberger et al., 2003; Chapman et al., 2013; Karlsen & Nazroo, 2002). Overall, perception of unequitable settings is due to lack of administration and provision of comprehensive education to promote fair healthcare delivery in a non-discriminatory ways among all people and racial groups (Karlsen & Nazroo, 2002). According to the agency for healthcare research and quality, discrimination in health care systems promotes adverse health outcomes and negative perception of health care systems

(AHRQ, 2020). Researchers found that adverse health outcomes and negative perceptions influence health care seeking behavior, active engagement in health promotion practices, follow up and medication/prescription adherence, and increased awareness on mental health state, psychological distress, and self-esteem (Alcala et al., 2017). Therefore, increased perception of discriminatory practices leads to lack of interest to seek mental health care services (Meyer, 2003).

Racial discrimination in health care diminishes access and utilization of mental health services and other health care provisions (Kim et al., 2011). The overall impact of racial discriminatory practices in the provision of health care services is a sub-optimal use or access of health care by immigrants and subsequently may induce preventable mental stress or emotional instability (Kim et al., 2011). Racial discrimination or practices in health care system erode patients trust specifically in mental health care services (Karlsen & Nazroo, 2002). In an environment where racial discrimination persists, minorities especially African immigrants, show distrust in the health care systems (Karlsen & Nazroo, 2002). In many cases, individuals do not report racial discrimination for fear of stigma and harsh social inequalities retaliation (AHRQ, 2020).

Language Barriers

Communication is an inherent part of human development and advancement (Saechao et al., 2019). Lack of transparent and open communication or poor communication promotes misconception and mistrust (Pitkin et al., 2009). Overall, developing effective linguistic skill is an important factor that promotes efficiency in the access to public health services (Pitkin et al., 2009). Ineffective communication processes

reduce the quality of health care services, clinical diagnosis, medical accuracy, hospitalization care, treatments, and medication compliance (Saechao et al., 2019). For instance, Cameroonian immigrants who are Francophone (French speakers), face communication barriers as many of them are not proficient in English language. Therefore, language is a major barrier for access to mental health care for non-English speaking Cameroonian immigrants.

Poor communication is a major barrier for effective communication between mental health practitioners and patients. Poor communication between the health practitioners and patients is associated with worst health outcomes, high medical cost, decreased adherence to treatment regimes, low patient satisfaction, high rate of misdiagnosis, and low health literacy and medication adherence (Pitkin et al., 2009). Language barrier is a major challenge for immigrants who seek mental health services (Alcala et al., 2017). Overall, effective communication is a key factor for advancing psychological therapies to properly treat mental health problems among French speaking Cameroonian immigrants residing in Los Angeles, California.

Researchers had suggested that decreased awareness and limited English proficiency are common factors observed in underserved populations with unmet medical and health care needs (Alcala et al., 2017). In the United States, patients with limited English proficiency and lack of access to interpreters were likely to receive inadequate healthcare service, poor control of non-pain symptoms, fewer tests, low medication adherence, and receive inadequate care in the emergency room than those with high English proficiency or those accompanied by an interpreter, after controlling for socio-

economic and demographic factors (Pitkin et al., 2009). In addition, there is lack of initiatives/programs and policies tailored to provide access to language interpreters to Cameroonian immigrants, thus discouraging incentives to seek and use mental health care services (Alcala et al., 2017).

Lack of Knowledge of Available Mental Health Care Services

The abilities of the new immigrants to navigate unfamiliar and new systems is mostly dominated by the lack of awareness of the available treatment and preventative options in Los Angeles or how to navigate the health care systems and access care (Salami et al., 2019). According to the AJPH, non-English speaking immigrants including those with origins from Cameroon reported less physician attendance than other immigrants with English proficiency (2013). Moreover, most of the immigrants in Cameroon are not well versed in mental health services, thus, making it extremely hard to acquire basic information on the activities of agencies or organizations such as Refugee International that provides resources and services to address variety health issues (RI, 2019). One of the effective ways to deal with language barriers and lack of adequate knowledge on mental health is through provision of educational and supportive materials in different languages including French (Alcala et al., 2017). Therefore, brochures and other informative materials should be translated and shared in other languages.

Insurance and Ability to Pay for Services

Access to quality of health care services is largely associated with the ability to pay for services. Financial constraints to mental health care services are prevalent in the United States than other developed nations (Iyer et al., 2015). For instance, minorities

without health insurance coverage have poorer access to mental health care services than those who are insured (Iyer et al. 2015). In addition, about 25% of uninsured individuals were discharged without receiving needed treatment because of the inability to pay for health care services (Iyer et al. 2015). Overall, lack of health insurance coverage is a major contributor to lack of provision of adequate mental health care services in the United States (Salami et al., 2019).

Unfortunately, acquiring insurance does not necessarily guarantee adequate coverage (Orjiako, 2014). Underinsured individuals are those who have health insurance but still remain strained by health bills or fail to obtain certain types health care services because their insurance status does not cover all health services (Saechao et al., 2019). More than 25% of the low-income earning adults are underinsured. Of these underinsured patients, more than 5% of their income are spent on health care services and about 8% delay or defer treatment and/or prescription due to inability to pay the copay and other associated costs (Orjiako, 2014). Mental illnesses are often highly expensive to treat as it requires a lot of therapies and follow-ups for a long period of time, as well as close supervision of the patients (Iyer et al., 2015). The financial constraints of insurance policies adversely affect Cameroonians who seek mental health care services in Los Angeles, California.

Cultural Prohibition Influence

Cultural prohibition can influence many Africans not to seek mental health care. Cameroon like many other African countries have a culture of mistrust indoctrinated by churches, the culture of denominational worship and spiritual upbringing (Vaughn &

Holloway, 2010). Stigma and conflict of behavior on whether to seek mental health are induced by shame, guilt, and fear of being judged (Holden & Xanthos, 2009). Traditions and customs also hinder the inclination of Africans and Cameroonians from seeking mental health services (Vaughn & Holloway, 2010). The stigma associated with cultural identity and belief systems about mental health treatment falsely suggest that an individual seeking mental health services or treatment is crazy and has gained traction in most African immigrant belief systems and values (Holden & Xanthos, 2009). Such fallacious and mischaracterization of mental health perception pose substantial barrier with the efforts to engage and promote mental health awareness and transparency (Vaughn & Holloway, 2010).

Due to the impact of damaging stigma associated with seek of mental health services, in some cases, family members of the victim do not encourage mental health care or services because it suggests that the victim seeking mental health care is categorically crazy (Kressin et al., 2008). As a result, the thought of a stigma and name calling from family members and friends deprive most African families from seeking mental health services. Sometimes, immigrants from Africa feels disrespected and disconnected from the healthcare providers if they perceive any sense of poor quality of care (Vaughn & Holloway, 2010). Some of the limitations to access to mental health among immigrants from Africa include inaccessibility of health care, difficulty obtaining health insurance, and underinsured healthcare coverages (Kressin et al., 2008).

Areas for Interventions

This part of the literature review focuses on the areas of interventions in migrants described above and supported by evidence. The interventions described in this area need to be conducted in a different setting and should include different actors (mental health practitioners and services, or a collaboration of physical health care with mental health care and community programs or social services (Trovão, 2017). These recommendations are backed up with case studies to provide efficient interventions that might be used for future research and practice development and they are racial and ethical discrimination, language barrier, lack of knowledge of available mental health care services, and inability to pay for insurance.

Promoting Social Integration

Lack of social integration, particularly social unemployment and social isolation are associated with high prevalence of mental instability among immigrants and refugees (Gee et al., 2006). With the social integration process, immigrants encounter discrimination, prejudices, and adverse attitude that suppress the inclination towards social integration (Gee et al., 2006). However, through appropriate intervention measures, social isolation can be avoided (Kressin et al., 2008). One of the ways to promote positive social integration is through the provision of basic needs to immigrants to establish social balance within the community (Trovão, 2017).

Social isolation can further be prevented by promoting social integration through community events such as peer mentorship from other established community members (Gee et al., 2006). Such programs should be tailored to adopt social norms such as

recreational activities, cultural exchanges, and organized sporting activities (Gee et al., 2006). Therefore, social integration initiatives should also incorporate and integrate person-centered need assessment to promote development of beneficial skills (Trovão, 2017). For example, immigrants should be provided resources and training on language competency to understand processes within their new environment (Fofuleng, 2015). Such mediation has been shown to be effective, for example, the Anglophones from southern Cameroon who are fluent in English require less efforts in the acculturation processes to be assimilated in Los Angeles (Gee et al., 2006).

Overcoming Barriers to Access Mental Health Care

Lack of access to mental health services or delayed treatment can potentially lead to severe implications of mental illnesses. Some of these barriers are common to the general health care services (Nadeem et al., 2007). It is possible to reduce or eradicate come of mental health barriers through provision of formal education, health literacy, and mental health care awareness campaigns to engage and educate immigrants about mental health resources. Such health promotion efforts will help immigrants and those seeking asylum on a variety of metal health services such as medical treatments (Nadeem et al., 2007).

Another way to ensure access of mental health facilities is promote access to appropriate outreach efforts. Outreach efforts require direct contact with immigrants to mediate appropriate public services to address their unmet needs. Also, provision of temporary services and treatments to immigrants to establish trust with mental health care service providers is warranted (Nwokocha, 2010). In addition, outreach efforts can

support organizational partnership and collaboration by facilitating bi-directional referrals between patients, providers and available mental care resources (Nwokocha, 2010). Finally, another effective way to facilitate access to mental health care services is through the integration of both the physical and mental care with social services (Nadeem et al., 2007).

Facilitating Engagement with Services

Mental health care services encounter a variety of challenges with engagement efforts. Such challenges may influence the effectiveness and uptake of treatment designed for mental health patients (Kamya, 2007). Additional barriers include engagement of cultural expectations, cultural beliefs, and language barriers (Nadeem et al., 2007). . often the clinical diagnosis of mental health issues is usually via oral communication or subjective questionnaire approaches (Nwokocha, 2010). Thus, the diagnostic process may seem to be challenging especially when treatment is delayed and may furthermore lead to severe mental health disorder (Takeuchi, 2007).

Thus, incorporation of efficient diagnostic process will increase physician-patient interaction. Incorporating qualified interpreters enhance physician-patient experiences and can lead to improved psychological treatment outcomes (Trovão, 2017). In addition, diversification of knowledge about culture is important in tailoring mental health care (Nwokocha, 2010). Therefore, incorporating cultural and social mediators in the mental facilities is of crucial importance to avoid conflicts that may arise between immigrant patients and mental health care practitioners (Trovão, 2017). Moreover, with the recent

advancement in technology, integration of efficient and reliable artificial translators is critical piece in delivering mental health care effectively (Takeuchi, 2007).

Mental Health Promotion

Promotion of mental health approach can be an effective method for addressing mental health issues for immigrants in the United States. Such approach can improve social factors affecting mental health as well as eradicate mental health issues for diversified immigrants (Rombo & Lutomia, 2016). To effectively engage in such approach, the social impacts of mental health and incorporation of concepts of social inclusion and social exclusion, accessibility, and equality into mental health best practices must be considered (Nwokocha, 2010). Most importantly, one of the best ways to integrate mental health promotion efforts is through promotion of mental health education and health literacy to support the needs of immigrant victims and their relatives (Rombo & Lutomia, 2016).

Furthermore, culturally relevant and socially oriented media campaigns and public education should be considered and introduced to specific cultural groups via culturally sensitive media messages and imagery (Ngoubene-Atioky et al., 2019). To promote improvement of mental health services, service delivery and accessibility should address community weaknesses, strengths, values, and inequality that hinders promotion of mental health and accessibility to quality mental health services (Rombo & Lutomia, 2016).

Culturally/Ethically Competent Treatments

Culturally and Ethical competency are essential in promoting and delivering mental health care services (Rombo & Lutomia, 2016). Ethical and competent health care services should be delivered in ways that are ethically acceptable, culturally engaging, and effective within multicultural immigrants (Ngoubene-Atioky et al., 2019). Ethical competency involves the following areas of interest; clinician's ethical knowledge, clinicians' beliefs, and attitudes towards culturally and ethically different populations, and clinicians' abilities and use of ethically appropriate interventions (Rombo & Lutomia, 2016). Additionally, academic scholars from different theoretical frameworks such as humanistic, integrative, psychodynamic, and cognitive behavior have addressed issues of cultural diversity and ethical competency to promote access to mental health care services (Ngoubene-Atioky et al., 2019). Overall, to further promote high quality transcultural mental healthcare services, healthcare providers should encourage patients to share their experience and communicate their fears and cultural beliefs with their providers (Rombo & Lutomia, 2016).

Summary

Kim (2018) indicated that psychologists or therapists should continue to provide services to immigrants' children, adults, and families in various settings including hospitals, community centers, as well as in schools. Similarly, mental health practitioners should continue to recognize the complex demographic profiles encountered by migrants to understand the complications and complexity of the challenges and concerns identified (Kim, 2018). Clinicians have an important and a unique role in the discussions

concerning immigrants' mental health status. Specifically, scientific research must advance to understand, maintain, and ensure positive results to support mental health care services among immigrant adolescents, children, and adults (Rombo & Lutomia, 2016). Evidence-based research must include proven information to facilitate the delivery of ethically accepted, and culturally appropriate services among community service providers, educators, and psychologists in order to promote beneficial access to mental health care and other health care services (Kim, 2018). In addition, service providers should be trained and educated to understand the wide range of structural factors, language barriers, financial challenges, prejudice, and racial discrimination that creates impediments for optimal access to mental health care services among Cameroonian immigrants in Los Angeles, California.

The first step to establish awareness and educational initiatives on mental health is to advocate for better treatment and change the negative attitudes of immigrant populations especially African Americans regarding mental health stigma. It is also crucial to observe and adjust the expectations of immigrant populations and accept and incorporate meaningful public health efforts to facilitate health promotion measures on mental health intervention. In Chapter 2, several researchers provided insight on mental health intervention and efforts. However, fewer research was conducted on the beliefs, culture or difficulties and barriers encountered by Cameroonian immigrants when accessing mental health care services. The in-depth review provided distinct gap in the literature about the need to explore utilization of mental health care services among

Cameroonian in Los Angeles California. The method and design that was used in this dissertation will be discussed in detail in Chapter 3.

Chapter 3: Research Method

Introduction

This chapter focuses on the research design and methodology that were used to address the research question in this study. The methods of data collection and target population will be discussed. In addition, information about the data analysis techniques will be discussed. In this Chapter, the process of selection of participants, data collection, and data analysis procedures will be discussed in detail. In this Chapter, reliability and validity of the study data will be discussed. The interaction between respondents and researcher via an open and closed-ended interview process will be further explored.

Research Design and Rationale

According to Sileyew (2019), research methods inform the nature of the research question(s) and phenomenon investigated. For this reason, a research method is a tool used to guide the direction of the research. The problem statement and the study objectives are the basis intended to create an understanding of the issues under investigation. A qualitative research method provides subjective and interpretive information on the topic under investigation. Most importantly, this current study was guided by the following overarching research question:

RQ1. What are the barriers and challenges of Cameroonian immigrants when accessing mental health in Los Angeles?

Due to the COVID-19 pandemic, a phone or virtual interview method was used for the open-ended questions. The virtual or phone interview approach was the most suitable approach. Generally, Cameroonians with a strong communication skills

effectively address their health issues better than those who cannot express themselves very well through language (Latif et al., 2013)

Language expression can directly affect the access to quality healthcare, including confidentiality, different beliefs, and ways of approaching mental illnesses (Kumar, 2019). At the Center for Health Policy Research (CHPR) in the UC Irvine School of medicine, researchers found that barriers in languages between patients and healthcare professionals lead to many errors in prescriptions, admissions, diagnosis, prognosis, and lengthened hospital stays (CHPR, 2007).

Role of the Researcher

My role as the researcher was to identify and interview the participants for my study. I collected data from the interviews, analyzed the data, and collected and interpreted the results. I intended to have no influence whatsoever on the participants. With the objective of an open mind, I did my best to not have any preconceived notions about this community and or their activities and beliefs. Although I am also aware that my responses to the participants may influence their responses, I was mindful of my approach and strategies to avoid any misinterpretation of my verbal and nonverbal utterances during the interview. I do not have any affiliation with any of the participants that were interviewed and therefore have no power over the participants. Even though I live in Los Angeles County, I did not intend to interview anyone with whom I had a professional or personal relationship. For these reasons, there was no conflict of interest between the researcher and the research participants.

Justification for Qualitative Research

Easterby-Smith (2015) defined qualitative research as a type of study method that involves naturalistic, subjective, and interpretive approaches to understand and explain observed phenomenon. In many cases, a holistic approach can be applied in qualitative research to fully understand the observed phenomenon. In this study, to assess and understand social factors affecting immigrant Cameroonians in Los Angeles, the use of a qualitative research method was deemed most suitable because the main focus of this research is exploring perceived and subjective experiences encountered by migrant Cameroonians when seeking health care services for mental health issues. More importantly, a qualitative observation involves a subjective assessment and does not account for objective measurements (Latif et al., 2013)

Target Population

The target population is a set of individuals considered the unit of analysis in a study setting. The target population is the observable unit of analysis most suitable to address the posed research question or inquiry (Thurston et al., 2013). Appropriate sampling selection requires a set of inclusion and exclusion criteria in any study setting. For example, Cameroonians residing in Los Angeles would qualify to participate in this current study. Both men and women respondents between the ages of 30 and 40 years old were included in the study. A total of 15 men and women participants were interviewed in the study. Fifteen participants are sufficient to achieve saturation towards identification of common themes that addresses the research inquiry.

Sampling Design

Sampling design is a method used to collect data or information from the selected participants. The study data were collected from selected individuals through partnership with the CAMGUSA email group. The study inquiry flyer was distributed among these cohort group to solicit willingly participation or those interested in the study topic. The target of the sample selection for those that meet the inclusion criteria is a total of 15 men and women. The data collected from 15 Cameroonian immigrants were then analyzed for emergent themes. It is possible that not all information provided might yield a common theme, but all information was analyzed and thematized to understand the subjective matter of each individual experiences. In this study, a pilot study was conducted with three participants to evaluate the integrity and clarity of the interview questions, study processes, recruitment procedure, data collection approaches, and data analysis. For instance, it will help in identifying problems with logistics, assessing applied techniques, and approaches of recruitment, and explore ethical problems and how best to minimize and reduce such issues (Gear et al., 2018).

Data Collection Procedures

Standardized data collection procedures were used in collecting data from qualified participants. Particularly in this study, a virtual face-to-face or phone-based interview, use of questionnaires, and body language or speech patten analysis were used to understand the information provided by the participants. The virtual face-to-face or phone interview method is the most suitable, as we are in COVID-19 crisis. A virtual

face-to-face or phone interview approach often produce a high response and compliance rate (Cuervo-Cazurra et al., 2017).

The interview questionnaires were open-ended question. The same questions were posed to all the 15 participants selected in the study. The questions were distributed and shared with participants before the interview sitting to allow the participant the opportunity to examine the questions and prepare their responses; however, the questions were completed by the respondents during a virtual face-to-face or phone interview with myself as the researcher. The pre-interview exposure to the questions for selection criteria helped orient selected participants and prepare them mentally for the upcoming interview sessions (see Moser & Korstjens, 2018). The entire interview process was expected to last for a few weeks. The respondents were interviewed between Monday and Friday every week until all 15 participants were interviewed. After the completion of the data collection, data analysis was conducted to identify emerged themes to address the research question.

The interview questions included information that explores participants' experiences with seeking mental health care and services. It also included questions on challenges experienced, such as language barriers, confidentiality, different beliefs, and the ways of approaching mental illnesses, especially in health facilities. To assess the validity and integrity of the study, coding software such as NVivo was used for the data analysis (see Kruger, 2015). Most importantly, the privacy and rights of the participants were protected and deidentified throughout the process of the study.

Data Analysis and Presentation

After the virtual in-person or phone interviews, all the data collected were analyzed. A qualitative analysis primarily focuses on identifying common themes from each respondents' responses (Graue, 2015). Overall, the findings from this study will provide a transformative and informative understanding on mental healthcare system in Los Angeles County to improve mental health conditions among Cameroonian immigrants.

In addition to use of the NVivo coding software, a manual coding approach was used to verify the integrity of the coded transcript. After verification of the coded themes via manual approach, the experiences of respondents specifically on mental health care services was understood from the perspective on the individuals selected for this study. Furthermore, assessment of the study trustworthiness explored the integrity of the study setting environment and associated biases. Prior to the interview administration, the study process consistency was verified and examined through the pilot study. Furthermore, through the process of consistency, the study context should maintain some level of transferability (Trochim, 2006). In other words, the findings from this study should be able to be used in other contexts and population. The six steps of Braun and Clarke's (2013) data analysis process were used to analyze these data.

1. Familiarization of data
    i. The first thing to do as a researcher is to familiarize yourself with the body of the data involved in the study and make notes about any useful impressions during the process.

2. Generation of codes
    i. Organizing data in a systematic manner is where researchers reduce every data collected into small groups of meaningful codes. With the question of the research question in mind, the researcher should modify the codes as they go.
3. Combining codes into themes
    i. As explained by Braun and Clarke (2006), there cannot be any hard rules about what makes the selection of themes. A theme is characterized by its significance. Themes could be descriptive and organized in ways that relates to the research question.
4. Reviewing themes
    i. In this phase, the preliminary themes are reviewed, modified, and classified into data relevant to each team. Here, researchers learn if the theme makes sense, if it is relevant to the research question, if they fit, and if they could be separated into subthemes etc.
5. Determine significance of themes
    i. At this stage, the selected themes are defined to elaborate the essence of each theme and find out what they are saying. The researcher identifies subthemes, determines how they relate to each other, and so forth.
6. Reporting of findings
    i. Every study begins with collection of data and ends with writing of the report of the findings.

The setting

In other to select potential participants, I sent out emails to different community and cultural groups in the Cameroonian community in Los Angeles County to solicit participation in this study. An email, flyer distribution, and a phone call were used to seek solicitation for the study participation. The flyers were distributed in churches and common areas where Cameroonians gather. After a preliminary screening of all qualified participants (which was through emails and phone calls due to COVID-19), participants were educated on the processes intended to maintain and safeguard their confidentiality. Also, participation in the study did not expose them to harm, as their names and identity were excluded from the analysis.

All the virtual in-person or phone interviews were set at the convenient of the participants schedule while protecting their privacy and limiting their exposure to the COVID-19 infection with the effort to maintain social distance restrictions. The study interviews were conducted virtually or over the phone. Participants were entitled to withdraw from the study at any point in the study process without retribution. The findings of the study will be shared with the participants.

Before each of the interview sessions, the description and summary of the background of the study was verbally presented to the participants. After a brief presentation of the study the background, the participants were presented with the informed consent form to sign. The inform consent form was emailed to the participants. All the interview sessions were recorded. Similarly, I took handwritten notes during the

interviews. The interview questions were open ended, following a semistructured format to allow for a follow up question.

Techniques

The data collection involved various techniques to compare and ease data transcription, voice recordings (through a phone voice recording app), and note taking memos to validate the interview processes and generated information. With permission and consent from the participant, the interviews were recorded for the purpose of validation and verification of information should I miss out on any important information presented by the participants. The note memos represented the descriptive codes developed throughout the interview sessions during the data collection processes.

Trustworthiness

Trustworthiness in qualitative research is a reflective instrument to examine the credibility and quality of the study being conducted. Different paradigms are explored to determine the accuracy of the data collected, validity of the study, results, and study recommendations. Overall, trustworthiness of a qualitative study is an approach that depict the true picture of the phenomenon under scrutiny (Shenton, 2004). In addition, constructs of credibility, transferability, dependability, and confirmability are key elements of qualitative study (Guba, 2005).

Credibility

Credibility includes the depth and relevance of the data collection approaches and procedures followed by the researcher. It involves operational measures to maintain confidence and accuracy. Validity is not a universal concept but a contingent construct

that has been grounded in research, though some researchers may argue that validity is not applicable to qualitative research (Winter, 2000). However, there is a quest for checking the quality of qualitative studies (Creswell & Miller, 2000).

Transferability

Transferability implies that the results of the study can be applied or applicable to similar situations/environment. When identifying research patterns that are applicable to other situations or groups, the use of transferability could be subjected to investigating whether phenomena developed in one region could be applied to another region (Randin et al. 2006). However, the feasibility of transferability, using a conventional approach does not always converge to transferability, practically (Olden & Jackson 2000; Randin et al., 2006). Overall, the decision for the application of transferability is up to researchers as it must align to their specific inquiry under investigation.

Dependability

Dependability in a research suggest the level of reliability of the study. In other words, it assesses the accuracy of the instruments used in the study over time. Reliability embodies the understanding that the concept of relevance and accuracy of a study instrument. According to Paton (2001), reliability and validity are both constructs of judging a good research study, reliability examines trustworthiness of the study. on the other hand. Validity is sufficient to establish trustworthiness because without reliability the study will not be valid (Patton, 2001)

Confirmability

Confirmability examines the degree to which other researchers could confirm study findings. It confirms the researcher's genuine capabilities to interpret the findings of the study while accounting and addressing the possible barriers associated with the study, difficulties, and study biases. Also, confirmability informs predisposition of the researcher making appropriate choices on the methodology alignment. The scientific claim of truth in a study is assessed to demonstrate rigor through indicators shown to be useful to the research (Olden et al; 2002).

Summary

The goal of Chapter 3 was to answer the research question of this study and to outline the various methods of research used in data collection, the study participants, the research procedure, and other specifications on how the study will be conducted. This chapter also describes the data analysis, the design of the study, the number of participants involved in the study, the justification of the use of qualitative research and the rationale used in developing interview questions to explain the challenges and barriers faced by the Cameroonian immigrants in Los Angeles County.

Summary

This chapter embodies various discussions on the research questions, the research design method of the generic qualitative study, the data analysis tools to be used in the study, the use of a pilot and open-ended guided questions to answer the research questions of the study, procedure for recruitments, the rationale and also the role of the researcher. In this chapter I discussed the procedure to follow to ensure safety of

participants and how participants will sign a consent form. I also addressed trustworthiness that will enhance and promote validity and credibility of the study.

Chapter 4: Results

Introduction

Chapter 4 provides a summary of the result of the data collection and analysis. The research in question was aimed at looking into the difficulties that Cameroonian immigrants go through while seeking mental healthcare services in Los Angeles, California. Walden University IRB granted me an approval to conduct a qualitative study on the Challenges of Cameroonian Immigrants When Accessing Mental Health Services in Los Angeles. The approval number 02-31-22-0293031 was issued on the 31st of January 2022. In this qualitative study, I was looking into the various challenges that these individuals mentioned in the study might be facing while seeking mental health services in Los Angeles County. This research outlines the responses of nine participants. All interviews were conducted both in person and over the phone. The interviews were also recorded, and my field notes were taken during interviews.

The research question for this study was: What are the barriers and challenges of Cameroonian immigrants when accessing mental health in Los Angeles? The aim of this chapter is to provide a thorough review of the data collected, analyze the results, document all findings, and examine the trustworthiness of every data collected to make sure the research model aligns with the research question. Transcripts from the interviews conducted among the nine participants were analyzed to uncover the themes and codes that are described in the chapter.

Setting

This study took place in Los Angeles, California, which currently has a total metropolitan population of 12,488,000 with a 0.23% increase from 2021, according to the United Nations 2022 revision of World population prospects carried out by United Nations Development Group and Sustainable Development Group (SDGs, 2022). After receiving replies to the email sent out by the researcher from interested participants, I went further to set up interview dates for those who meet the participation criteria.

Due to the COVID-19 pandemic, some participants decided not to adhere to an initial face to face interview and preferred that an email be sent to them with interview questions to respond to and send back before the due date, which was July 31st, 2022. Since that would not give me a conclusive insight of the responses from respondents, I proposed a Zoom interview, which would have given me a more understanding to their reactions to the questions, but these ones turned it down and accepted a phone interview. Out of the 11 participants who were interviewed, two were conducted over the phone, and nine face to face interviews were conducted. A consent form was sent out to those participants who declined a face-to-face interview to sign, and those signed consent forms were returned to me.

Participant Demographics

Sample

Fifteen participants were originally scheduled to be interviewed for this study, 14 answered present, but at the end, only 11 participants were interviewed. I reached saturation with these 11 interviews. All participants resided presently in the Los Angeles

County area and are Cameroonian immigrant men and women. The number of years as residents in Los Angeles County varied among the participants. Three participants had lived in Los Angeles County for less than 5 years, three participants had been living in the County for more than 5 years, and three participants had lived in the county for more than 10 years. Among the 11 participants, six were male and five were female.

Table 1 shows the total number of participants, their age, sex, profession, and number of years they have lived as residents of Los Angeles. To protect the identity of the study's participants, I will identify them through numbers instead of their names.

Table 1

Participant Demographics

Participant number	Gender	Profession	Challenges	No of years as LA resident
PP0011	M	Nurse	Fear, accent, no medical	17
PP0022	F	Nurse	Medical, language, lack of information	4
PP0033	F	Teacher	Tradition, financial, no information	7
PP0044	F	Hairdresser	lack of motivation, cultural difference	12
PP0055	M	Nurse	Financial, language, culture	3
PP0066	M	Engineer	lack of information, language	14
PP0077	F	Business owner	Financial, Language, no insurance	9
PP0088	F	Fulltime student	Cultural difference, accent	4
PP0099	M	Accountant	Culture and accent, no medical	6
PP0010	M	Youth advocate	Family, cultural believe, fear	8
PP0011	F	Childcare	Violence, fear, and no Insurance	15

Recruitment

The recruitment process used for the study was invitation flyers sent out for prospective qualified participants to take part in the research. After being considered as qualified research participants, an interview appointment was done, with place and time chosen by the participants according to the research participant's availability.

I sent out a flyer for recruitment to Cameroonian social group in Los Angeles, which is more of a community group where many announcements about activities going in the community are made known to the public via email. On this occasion, I sent out an email with the invitation attached and within the first few hours, many people responded to the email expressing interest to be part of the study. After a thorough scrutiny, 15 participants were selected, and interviews were scheduled based on the availability of participants. These interview questions were designed based on the research question of the study. In the end, I was able to schedule and complete 11 interviews total.

Data Collection

Eleven participants were interviewed. After every three interviews, the interview questions were used as guide to investigate the responses to carefully sort out codes manually to eventually bring out the various themes imbedded in the various responses. I reminded the participants that they were free to stop the interview at any point if they felt uncomfortable. They were also advised on approximately how much time the interview will last. Those who could not respond to my phone calls to set up a face-to-face meeting were sent an email to accept a phone interview if that was convenient for them. Those with whom a phone interview was conducted received a $10 Amazon gift card mailed to

their homes, while those who participated in a face-to-face interview received theirs immediately after the interview, which lasted 30 to 45 minutes each. None of the research participants withdrew from the research, and none had any emotional nor mental distress during the interview. In Table 1, there is list of all those who participated in the study with numbers ascribed to them. The data collection procedure in this study followed exactly what has been described in Chapter 3, which described open-ended interview questions with responses from the standpoint of the participants themselves.

Data Analysis

The data obtained in this study were analyzed using Braun and Clarke's (2006) six steps to thematic analysis:

The six steps of Braun and Clarke’s (2013) data analysis process.

1. Familiarization of data
    a. The first thing to do as a researcher is to familiarize yourself with the body of the date involved in the study and make notes about any useful impressions during the process.
2. Generation of codes
    a. Organizing data in a systematic manner is where we reduce every data collected into small groups of meaningful codes. With the question of the research question in mind, the researcher should modify the codes as they go.
3. Combining codes into theme

   a. As explained by Braun and Clarke (2006), there cannot be any hard rules about what makes the selection of themes. A theme is characterized by its significance. Themes could be descriptive and organized in ways that relates to the research question.

4. Reviewing themes
   a. In this phase, the preliminary themes are reviewed, modified, and classified into data relevant to each team. Here we know if the theme makes sense, if it is relevant to the research question, if they fit and if they could be separated into subthemes etc.
5. Determine significance of themes
   a. At this stage, the selected themes are defined to elaborate the essence of each theme and find out what they are saying.
6. Reporting of findings
   a. After a thorough examination of the participant's responses, I developed a list of reactions and active codes from the responses and grouped them into different categories and themes.

Themes are perceptions, emotions, values, feelings, and experiences in the response of the respondents while categories are a systematical arrangement of the data collected in excerpts. Using the open coding through tables and discussion helps me to understand and classify all key words and induce them as codes. Codes were then grouped into categories, then themes were developed. My interview questions were:

1. Can you tell me which country in Africa you came from?

2. How long have you been here?
3. Do you have health insurance?
4. Do you go to the hospital often?
5. Can you share your honest experience migrating into the United States of America as an African immigrant?
6. In your efforts to make Los Angeles as your second home, were there any challenges?
7. What would you say has been your most difficult challenge?
8. Can you describe your mental state during your process of adapting as an immigrant?
9. Were you able to access any mental health help?
10. Is there anything about your integration process that you would love to share that you consider important to this research?
11. As an immigrant trying to make life in Los Angeles, who/what was most supportive?

12 What would you change about your experience if you had to?

The Emerging Themes and Codes are discussed with familiarization, according to Braun and Clarke (2006), is first about reading and organizing the data. I did that first. For open coding (the second step), each transcribed interview text was manually coded, line by line. I coded each document manually. I used MS Word and the highlighting tool to code interview transcripts. I used the search function to help identify keywords and codes to be coded. Code counts, or frequencies, were used to check for the most reoccurring codes and I put them into categories. Initially, I had 18 codes. Some example codes are trauma, anxiety, abandonment, grief, etc. Next, I grouped the codes into categories. In total, I had four categories (groups of codes):

- migration experience,
- Integration challenges (language, cultural beliefs)
- Access to mental health (finances, family, lack information, violence)
- Mental health state after migrating to the United States.

The third step is theme generation. Themes were created based on the four categories developed from the original codes. The analysis of interview transcripts was intended to examine the challenges Cameroonian immigrants face while accessing mental health care in Los Angeles. The findings of the study emerged in the form of the following main themes:

1. Theme 1: Migrants often need to see mental health support after the migration process due to the stress of the process and previous trauma.
2. Theme 2: Migrants often experience integration challenges related to language berries and cultural beliefs that may hinder them.

3. Theme 3: Access to mental health services is often impeded by finances, family, lack of information, and/or violence for migrants.
4. Theme 4: Migrants have already gone through a lot of traumas before and during the migration process, so their mental health state is often not stable upon entry into the United States.

Results

Theme 1: Migrants Often Need to See Mental Health Support After the Migration Process Due to the Stress of the Process and Previous Trauma

Theme 1 was drawn from the category focused on the migration experience. A few codes in this theme are migration process, mental health, and trauma. The experience of migration from home to the United States is stressful, as well as considering previous trauma often leads to a need to seek mental health support once migration is complete to help them overcome what they went though. Another participant explained that migration was not an easy process because theirs involved court proceedings. But one participant commented the other way around and mentioned that their process was relatively smooth.

Regarding language, in Cameroon, about 80% of the citizens speak French, and the other 20% speak English. That 20% do not consider English a first or typical language spoken by immigrants from Cameroon. Most immigrants need to take English courses once they arrive in the United States. The lack of knowledge of the English language for many Cameroonian migrants means that there are challenges in the migration process. Most of the Cameroonians with an English language barrier do not know how to seek mental health support. Participants expressed that often they were not

able to communicate their needs effectively when they did attempt to communicate with health care professionals or seek out support.

Cultural beliefs also hinder Cameroonians from accessing mental health services. In Cameroon, a mental health issue is often seen as something that is not real or someone being crazy. Individuals are not culturally allowed to speak about their emotions or emotional challenges. Individuals are not supposed to discuss any challenges or issues, regardless of the topic, but certainly when it comes to mental health. Many Cameroonian migrants do not seek out mental health care for this reason.

For those who do seek care, stress can compound this as well. A couple of participants described stress and nightmares. For those who seemed able to access and use mental health services, many participants were reluctant to take any medication prescribed.

Theme 2: Migrants Often Experience Integration Challenges Related to Language Barriers and Cultural Beliefs That May Hinder Them

Theme 2 was developed from the category focused on integration challenges, specifically regarding language and cultural beliefs. This theme covers the fifth interview question where participants were asked about their honest experience into the United States of America as African immigrants. A participant explained that coming to the United States as a graduate and starting education was a tedious process because everything was on hold, and nothing was clear.

In the same way, another participant confessed the process was a tricky process, and they learned the system through friends and colleagues. One of the participants mentioned that they learned a lot about the American system and way of life from their

colleagues and friends and according to the participant, they have fully versed into the system. As PP0044 stated, “I came with the hopes to become an award-winning make-up artist, but reality hit me, I was alone in a city with no family nor friends, but I learned to survive.”

In Cameroon, traditional cultural remedies are preferred. Treatments often come in the form of Food. Medications that come in the form of a pill or a capsule are seen as poison.

In addition, other aspects of diversity may hinder Cameroonian migrants from seeking or using mental health treatment. People who live in America have a diverse culture with many beliefs, backgrounds, accents. Many Cameroonian migrants have not been exposed culturally to diversity. One participant explained that it was difficult to leave the place where she was staying because she could not read signage or understand the cultural practices around her. She accidentally entered an Asian pharmacy when trying to seek out groceries. The cultural impact was great, and the participant expressed not being able to determine what to do or understand how to ask for help.

When participants were asked about the challenges, they provided mixed views and explained that they faced challenges due to diverse and different races. For example, Los Angeles was so diverse with many different races and people from different backgrounds. One participant mentioned that they faced challenges because Los Angeles was a big city, along with the English language spoken in different accent was also a challenge to fit in the community of different people from different backgrounds having different expectations. As one participant stated “Yes, there were challenges like trying to

fit in a community of people from different background and expectations. English was already my first language since I hail from English speaking Cameroon, but I had a different accent'. Another challenge they faced was the financial challenge." A unique and different challenge the participant faced was isolation because no one was there for them to talk to. Further, the participant explained that "My challenges were not having many people to talk to, I was kicked out of the house where I was renting a room because the lady did not like me, and I ended up on the streets of Los Angeles".

The challenge faced by one of the participants was the acceptance of the LGBT community since this was banned in Cameroon, the participant learned to accept and live with the community in question. One may be surprised to hear that being a homosexual is considered a taboo in some countries in Africa particularly Cameroon where freedom of speech is still considered a rare commodity. Most people who are attracted to same sex individuals have had to stay in hiding and continue to be in hiding for fear of being beating or even killed or thrown in jail. Most people with same sex partners often seek for means to flee the country to other countries like the United States where they are free to love and live as they wish. Two things are responsible for such a hostile culture towards the LGBT community in Cameroon. Religion and cultural beliefs. The Christians believe that being Gay is a sin punishable by God while the traditionalists belief that is an abomination for one to love in a same sex direction. For such reasons, the government has established strict punishable laws that will scare anyone who dares them. It was very disturbing to listen to some of the participants recount their stories.

Theme 3: Access To Mental Health Services is Often Impeded by Finances, Family, Lack of Information, and/or Violence for Migrants

Theme 3 came out of the category about access to mental health, primarily focused on finances, family, lack information, and/or violence. It is very clear that violence and financial difficulties are some of the stressors of mental health distress associated to immigrants. Most of the traumatic exposures brought about by lack of finances, violence, and depression only adds to the list of an immigrant's experience in accessing mental health. When immigrants find themselves in different countries without the support and warmth from direct family members, it becomes difficult for them to express their emotions. Most of the participants expressed support from their families in some way while others had no love nor support from theirs. Quite often, the lack of emotional support could be a cause of mental health problems.

Even though one participant explained that he experienced sweating at night, sleepless nights, less concentration and at limes loss of appetite, he did not think his situation warrant him to see a mental health care specialist. Participant PP0077 explained "I strongly believe that mental health is in our heads. If we can manage our personal pain and distress, we would not need to be talking to anyone else. But as life could make it, I realized I needed help because I could no longer concentrate in class because of insomnia and nightmares. I realized that my problems were even bigger than my beliefs so I decided to try to get help which was not as easy as one may think because I was here on a student visa with no legal papers to work."

Participants were asked about the most difficult challenge in the integration process; they provided mixed views as per their experience. The first challenge they mentioned was getting around the immigration system to get legalized in Los Angeles. Then they highlighted the immigration process, financial challenges, and getting secured housing for them. The data analysis of the study also revealed the information that growing back home was a difficult challenge for the participants to overcome what they went through back at home as a teenager. The interesting difficult challenge the participants mentioned was living with gays because according to the participant he has never been so close to a gay community before coming to the United States of America. It was also a difficult challenge for the participant to understand how people are attracted to same sex.

Under this same question, another participant who an LGBTQ member is who has been living in hiding for years. He shared his experience with me, and I will say here that, I shed a tear. This participant says he was born Gay and at a tender age, he knew that but the culture and believe of his family would not allow him to come out of the closet and he was raped too. When he had an opportunity to travel to the United States for a study program, he was very happy because could now live freely and openly. When he got to the United States, he thought he could now go ahead and reveal his sexuality to his family whose reaction was to cut him off completely. They called him a disgrace and told him that he was cursed. Hearing those words from his beloved family members, he became sad and the lack of love and support from his family made him sick. This said participant was sick for years and he said he knew he needed medical care but thought if

he sees a therapist, he will be forced to tell the truth which is the abandonment of his family. Seeing how his family decision to cut him off could still affect him this much in the United States was so emotional draining to the participant.

Another participant expressed her most difficult challenge as gathering courage to finally seek mental health help when she was referred to a therapist who was able to make her open-up and share some terrible secrets that she has been keeping over the years. She went further to tell me that she was raped by someone in her family which she knew very well, and that sole act had destroyed her life in such a way that she said she was going through a divorce at the time of this interview because of that. When I asked her to further explain, she said "I am a mother of two beautiful children, a wife and a community child advocate whose life is about to go down the drain because I do not enjoy sex, I never allow my husband to make love to me without a struggle, I tell my husband how much I hate sex and that gets him furious. My reason for saying this is because I have not been able to overcome the rape incident and each time my husband touches me, all I see is the man who raped me trying to do it again". She says she knows it is wrong and she is trying to get help, but it has not been easy.

Theme 4: Migrants Have Already Gone Through a Lot of Traumas Before and During the Migration Process, So Their Mental Health State is Often Not Stable Upon Entry

Theme 4 was based on the category called mental health state during the migration process and is focused on ideas of denial and how mental health support is not necessary. Participants were asked by about their mental state during the challenges faced

while trying to access healthcare and other services and participants explained their mental states in their own ways.

Participants generally indicated that how difficult it was to make the decision to come to the United States. Leaving their families was difficult to accept. This created stress for many. It affected them in different ways. For example, one woman participant indicated that her husband, culturally, could take a second wife. She did not want this and was beaten. This touches back on Theme 2 about the impact of cultural beliefs, not in terms of beliefs about accessing healthcare, but about the cultural ideals that may have added or compounded mental health issues even before coming to America. Since participant expressed the need for mental help, I gave her the contact number of the African coalition organization los Angeles which helps African immigrants with mental health issues.

Adding to this discussion of the cultural beliefs that may impact mental health, many participants elaborated on how their home culture may have contributed to mental health issues. One participant explained that she was raped as a young woman, and she had been through so many mental challenges before now and she was also struggling with that even as a mother now. Another participant mentioned that he was an illegal immigrant but worked hard to get legal status but mentally and emotionally he was disturbed and never saw a therapist. This said participant, further explained that:

> "My mental state was not good at all. I came here as an illegal immigrant, worked hard to get a legal status, went back to school but I never had a therapist with

whom I could not discuss my emotional problems at that time since I had no insurance, and I didn't know where to go".

The analysis of the study revealed the information that one participant faced mental health problems because he was an asylum seeker but still had not received a green card and that his mental state was bad because he never had access to mental health care. The mental state of another participant was not so different because of the anxiety and fear of deportation if not approved. In the same way, one more participant's mental state was disturbed and many times they thought of suicide.

Only one participant commented in a positive way that they never were challenged mentally. This last participant was young when they migrated to the United States, and they explained that leaving his parents was already a big challenge but seeing the number of police shootings when he got to Los Angeles made it worst. "I was very young and most times I wanted to go back home. I was in USCLA and sometimes I felt like we are not safe here because of police shootings and gangs and so on."

Again, mental health issues were possible rooted in previous home and cultural experiences before the migration process. This may mean that Cameroonian immigrants come into the United States already needing some mental health care. As mentioned in previous themes, the migration process itself may compound this. It is increasingly important that mental heal care is made available and accessible to migrants, especially from Cameroon.

Other Important Information About the Challenges Faced by Cameroonians Seeking Mental Help

The analysis of the study revealed other important information about the process from participants which shows that approval by an immigration officer is better than court proceedings for asylum seekers, as the participant PP0011stated "For an asylum seeker, if they are approved by the immigration officer, things are better than having to go through the court proceedings" which is a very long and overwhelming process where they can get to their last appointment and there is a change of judge or attorney leading to a repeat of the whole process of master calendar; learning of the language and to be able to use it efficiently at a job place is important to consider'. One of the participants mentioned that they got better opportunities for working together with Mexicans, as they have many different shops, clinics, and parties where only Spanish was spoken so it made the participant think of when Africans or Cameroonians can come together and corporate like Mexicans. According to one participant, the healthcare system in the city of Los Angeles should provide easy access to information about activities and provision of health coalition in every community to educate the immigrants. As the participant PP0077 mentioned that 'There should be mental health stops and health coalition in every community to help educate the immigrants about the different services which can help them recover from mental health traumas and challenges'

During the Process as an Immigrant, Who What Was Most Supportive

Participants were asked who was the most supportive during their process as an immigrant seeking legal status, they described that their family, close friends, and non-governmental organizations (NGOs) were most supportive during their integration process as an immigrant.

Suggestions About Change in The Process

Following are suggestions provided by the participants about the change in the process due to challenges they faced. As one participant suggested that there is a need to build a strong community to boost the immigrants as Cameroonians and Africans. One participant suggested that they should provide advanced studies or training for a future career that constitutes a committee of different cultural representations at the immigration offices to help asylum seekers identify help within their various communities *"*It would be great to create a committee of different cultural representation at the various immigration offices who can share information with immigrants as to where to seek help if they need it*"*. Participant PP0010 mentioned that There are not enough resources at the disposal of Cameroonian Immigrants. "I recommend that more of these be allocated to our communities."

Further, another participant suggested consulting school mental health counselors and finding ways to get the process better through the internet. They advised the immigrants to get the immigration consultants' advice and get help during the initial process of seeking mental health help and stop the mental health trauma of immigrants 'I believe we need this mental health stops in our community to help us overcome some of the migration traumas'.

Results Summary

I found many encouraging themes and codes from the analysis Even though NVivo software was used to understand the relationship across all the codes and themes involved, I coded all the interviews manually using Microsoft word. I read all the data from beginning to the end several times, I coded the text based on the relevance of what it is all about, I created new codes to encapsulate every potential theme, I later evaluated the themes for good fit. The interviews were analyzed in batches of 3 participants each time and allowing time to move to the next interview analyses. Each batch of questions were analyzed and coded for themes and different categories. Transcripts of all interviews were later uploaded onto the computer software Nvivo with results compared to that which has been manually initially done to compare results obtained. This process was used to help the researcher to be consistent in all key points during coding. The researcher searched for categories which emerge from similarities in all the open codes. The codes with the most relationship helped in forming the beginning of the theoretical coding. The main difference between the codes and the theme in the study is that the themes bring out the process during the individual's integration while the codes determine the results and outcome of the process which these individuals go through.

The concept of getting help and encouragement from friends and relatives turned out to be very important to almost all the participants in the study. In summarizing the relationships of the participants and their relatives and how it helped shaped their lives during the process of either integrating as immigrants or seeking ways to accept the new environment, could be seen under the theoretical coding captured as community boost.

All participants expressed inherent strength and self-confidence as immigrants; even though we can see that, many of them did not see reasons to seek mental health as a means of coping through the difficult journey of migrating from Cameroon to Los Angeles due to cultural believe and fear of being judged. In Cameroon, most tribes believe that whenever the word mental health is mentioned, it is in reference to someone who is crazy and so that applied to almost all of the participants who besides the fact that they did not have medical insurance, they did not know how to go about getting therapy, most of them did not just think it was okay to open up to anyone about the emotional traumas they had experienced in the past.

As earlier mentioned, one major priority to almost every migrant interviewed is identified as family, but it is also seen as self-efficacy as most of the individual's showed self-confidence and strength throughout the interview. For those who did not rely on family as key support, it was seen that they are considered not good to be in such families because of their sexual orientation like one of the participants who confessed of being raped and being gay.

Trustworthiness

This section describes credibility, dependability, and conformability of this study.

- **Credibility:** According to Korstjen and Moser(2018) credibility in a qualitative research describes a process which takes a look at the truth and value of the responses of participants. The researcher ensured that the data collected was raw, pure and rich in content and context. I was able to take myself out of context to avoid bias since I have experience with the research

population in question. My observational skills allowed me to identify important elements relevant to the study and this was done by checking most information many different times.

- **Dependability:** dependability describes the accuracy and transparency of the research study. Dependability also includes consistency and interpretation of the research study. Since I recorded the interview, after transcribing the data, I did an audit trail by reviewing the data multiple times and also highlighted the responses of the respondent.
- **Conformability:** Conformability represents the authenticity of each response of participants without the influence of the researcher (korstjens & Moser, 2018). Conformability was also confirmed by having every participant respond to the same questions. I also removed any type of personal bias to void data misinterpretation.

Conclusion

The interview questions were structured to understand the research question. The study was to involve 15 participants but at the end, only 11 people were interviewed. I considered that I have reached saturation because the 10th and eleventh participants were giving me the same themes as the 9th and most of it were repetitively present with these next interviews. With no new themes identified, I realized the study has reached saturation and I stopped interviewing more participants.

Within all the levels of analysis, different themes emerged from open codes, selective codes, and theoretical codes. The interview which is the data collection process

made me to realize that most of what could be seen as barriers for the individuals identified in the study goes the same to almost everyone that was interviewed. I could see similarities and familiarities in the content shared as participants had a common view and support in the same areas as per the questions asked.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

In Chapter 5, the results of the analysis of data collected during the study will be interpreted and discussed within the context of the broader body of work comprised of prior research. The present study was designed to determine the barriers and challenges the Cameroonian immigrants face while accessing mental health services in Los Angeles. This chapter will focus on interpreting the results of the study. Subsequently, the limitations of the study will be detailed to encourage the appropriate amount of caution when judging the validity, reliability, and generalizability of the study. The chapter will also provide potential directions for future research into the issue as well as the various ways the results will impact social change. The chapter will also detail the conclusions arrived at from the discussion and interpretation of findings and end with a summary of the chapter.

Interpretation of Findings

The data analysis stage of this study revealed four major themes,

1. Theme 1: Migrants often need to see mental health support after the migration process due to the stress of the process and previous trauma.
2. Theme 2: Migrants often experience integration challenges related to language berries and cultural beliefs that may hinder them.
3. Theme 3: Access to mental health services is often impeded by finances, family, lack of information, and/or violence for migrants.

4. Theme 4: Migrants have already gone through a lot of traumas before and during the migration process, so their mental health state is often not stable upon entry into the United States.

These four themes provided insight into factors that erected barriers that prevented Cameroonian immigrants from seeking mental health services in Los Angeles. The following subsections will discuss and interpret each theme and its sub-themes in detail.

Theme 1

Some of the participants stated that their migrating experience adversely impacted their mental health and, consequently, negatively impacted their motivation to seek mental health services. The participants stated that the migration process was "tricky" and "a tedious process." This characteristic of the bureaucratic process was stress inducing. As a result, the participants experienced significant post-migration stress. The participants stated that the migration experience appeared to be geared towards discriminatory practices, even though that was not its official intention. The overt scrutiny, evaluation, and judgment of every aspect of their lives during the migration process made them feel defensive, and without a desire to seek out general services, such as mental health help.

Stress induced by the migration process is well documented in literature. For instance, Fellmeth et al. (2016) found that immigration resulted in perinatal stress among women emigrating from low- and middle-income countries. The authors determined that for this population, the stress resulting from the migration process caused the

development of mental health disorders, exacerbated those disorders that already existed, and further, erected barriers that prevented the immigrants from seeking mental health services. These findings were explored earlier by Bhugra (2004), who, in their study, found that migration impacted mental health in a variety of ways. The author identified biological, physical, social, economic, cultural, and religious factors that influenced the help seeking behaviors of immigrants, all of which were directly influenced by the migration experience. Thus, as these studies show, the tedious immigration process is a barrier to seeking and accessing mental health services.

The migrating experience negatively influences access to mental health services in various ways. Firstly, for many immigrants, the migration process is the first time they truly interact with the systems and institutions of the country to which they are emigrating. This means that, aside from the knowledge and information they have gained via other outlets about the country, engaging in the migration process is the first time they interact with the country. With the process being so tedious, tricky, and bureaucratic, the perception that is created in the minds of immigrants is that all institutions, systems, and services in that country are similarly tiresome. As such, the immigrant population will be less likely to engage the services of these institutions. This creates a barrier to accessing mental health services.

Secondly, the overt scrutiny of the migrating process establishes a relationship dynamic that places the host country in a position of power over the migrant. This relationship dynamic, combined with the critical scrutiny of the migrant, can result in a lower likelihood of seeking services in general, and health services, as a kind of defense

mechanism. As an example, Bhugra (2004) cited a study that found that Asian immigrants were less likely to seek medical mental health services and would rather seek out religious leaders to help them cope with mental health stressors. This finding exemplifies the way in which the unequal relationship between the host country and the immigrant population creates challenges that prevent immigrants from seeking out mental health services.

Theme 2

Migrants experience difficulties when attempting to integrate into the society of the host country. These difficulties place barriers that prevent them from accessing mental health services. In the present study, under this theme, six different aspects of the same theme were identified. The participants stated that they faced integration challenges due to racial and ethnic diversity, trees and the environment, language barriers, limited finances, social isolation, and acceptance of the GLBT community. These sub-themes can be re-conceptualized as ethnic diversity factors, physical environment factors, language factors, economic factors, social factors, and cultural factors.

Racial and Ethnic Diversity

The issue of racial and ethnic diversity has been found in previous studies to be a stumbling block to integration of immigrants into the societies of their host countries. There is a dearth of research regarding this specific aspect of immigration. Nevertheless, one study, published in 2017, examined the 'culture shock' of transitioning from a monocultural society to a multicultural one (Arbabi et al., 2017). The study focused on understanding the perspectives of Iranian adolescent immigrants to Malaysia. Despite the

different countries, the findings of that study align with the experiences of participants in this study. The immigrants from Cameroon hail from what is largely a monocultural country. This is to say that they come from a country whose culture and people share the same historical, cultural, and, consequently, social roots. In contrast, the culture of Los Angeles is highly multicultural, meaning that the region is host to individuals from numerous different cultures. Arbabi et al. (2017) asserted that there is a difference between transitioning from one monoculture to another and transitioning from a monoculture to a multicultural society. Due to these differences, immigrants find it difficult to integrate successfully and fully into their new communities.

The Physical Environment

The physical environment also plays a role in integration of immigrants. In this study, some participants stated that they faced challenges in assimilating due to trees. In essence, their homes in Cameroon were primarily forested. Cameroon's geography is notably forested. Approximately 46% of the nation's land area is forest, which is a part of the Congo Basin Forest area (*Cameroon,* 2021). Indeed, Cameroon's forested areas account for over 10% of the Congo Basin Forest (*Cameroon,* 2021). In contrast, Los Angeles is not a forested area. Indeed, the general California climate can be classified as ranging from a steppe climate or subtropical semi-arid climate to a hot arid climate. The participants are therefore stating that the differences in physical environment erect barriers that challenge their ability to integrate successfully.

The role of the physical environment in immigrant integration has not been extensively studied. Instead, much of the focus in immigrant integration studies has been

directed towards historical, racial, ethnic, cultural, social, and economic factors. However, emergent research indicates that the physical environment does have a significant influence on the success of immigrant integration efforts. A study by García and Schmalzbauer (2017) found that geography played a key role, and that immigrants were more attracted towards familiar geographical regions. In their study, the researchers found that Mexican immigrants were able to assimilate in rural majority White areas through finding comfort and familiarity in their physical surroundings, even when immigrants from the same country in urban areas found familiarity and comfort from social connections. The findings of the present study align with those of García and Schmalzbauer. The authors in that research validate the findings here, that the lack of trees was a barrier to integration and assimilation.

Language Factors

The participants in the study stated that language was a significant barrier to their integration and assimilation. Even though Cameroon has English as one of two official languages, participants stated that their accents tended to mark them out as foreigners and immigrants. The finding here that accent presented a challenge to assimilation aligns with findings from prior studies. For instance, Munro (2003) asserted that accents acted as cultural markers for individual immigrants, effectively justifying stereotype assumptions held about immigrants. Kayaalp (2016) made similar findings, adding that cultural and linguistic differences such as accents influenced the extent to which one was included or excluded in a host country's society. De Souza et al. (2016) examined the issue further. In their study, they found that accents were more likely to be barriers to assimilation in

natives who were already prejudiced against foreigners since they viewed their own native accent as being qualitatively better than all others. These studies validate the finding here that Cameroonian immigrants in Los Angeles found that their accents were barriers to integration.

Economic Factors

In this study, the participants stated that a challenge they faced was that they had limited finances. This is a valid barrier since financial ability is closely linked to concepts such as social status and desirability. In addition, one's finances facilitate engagement in most social functions in their communities. Having money can be considered a social status, and an immigrant is assigned a social value based on their financial capability (Portes, 2007). For most immigrants moving to the United States, their financial ability is limited. As such, their social status is viewed as being lower, which limits their integration efforts. Besides this, the current sociopolitical narrative on immigrants in the United States focuses, in part, on immigrant use of welfare and other public assistance funds (Benson, 2013; Haw, 2022; Lauby, 2016). This is viewed negatively and as a burden to the country's economic success. Thus, immigrants with limited financial ability are more likely to be viewed as a burden, further limiting their ability to integrate and assimilate into their new communities.

Social Factors

The most significant social factor that was identified by participants was social isolation. Some of the participants stated that they did not have people to talk to or interact with in Los Angeles. One participant stated that their inability to form and

maintain social networks and relationships was an indirect contributor to their getting kicked out of their housing by their landlady. Social exclusion has been studied extensively by researchers. This finding aligns with prior research as well. For instance, Hurtado-de-Mendoza et al. (2014) found that Latina immigrant women experienced increased levels of social isolation due to socioeconomic, psychosocial, and environmental factors. Saasa (2019) identified social exclusion among African immigrants in the United States as comprising of four dimensions; material deprivation, limited access to social rights, limited social participation, and poor cultural integration. These factors were present in the answers given by participants in the present study.

Cultural Factors

The most prevalent cultural factor identified by individuals was the struggle to accept the concept of same-sex relationships and the GLBT community. This represents a significant difference in cultural perspectives that prevent assimilation. Los Angeles is one of the most progressive cities in the United States, and same-sex marriage has been legal since 2013. There is a very high level of acceptance and tolerance. In contrast, Cameroon outlaws same-sex relationships and discriminates heavily against members of the LGBT community. These are cultural differences that only serve to exacerbate the perception of unfamiliarity and otherness that immigrants have towards the United States. This level of difference prevents integration of immigrants into American society.

These six factors directly and adversely influence the ability of Cameroonian immigrants to integrate and assimilate into American society and their local communities. Beyond this, these factors also indirectly impact the likelihood and motivation of

immigrants to seek mental health services through an interaction effect. Encountering multicultural diversity, language barriers, and environmental, economic, social, and cultural factors emphasize the differences between immigrants and native communities, thereby increasing the gulf between the two. As a result, immigrants become wary and less likely to seek services in general and mental health services in particular.

Access to Mental Health Services

The factors outlined above interact at various levels to create barriers to immigrants seeking mental health services. In this study, none of the participants sought out mental health services during their stay in the United States, Moreover, only one participant stated that they did not experience any undue mental stress. Therefore, the indication is that most Cameroonian immigrants – whether documented or undocumented – experienced challenges in seeking and utilizing mental health services.

Theme 3

When asked about the challenges they found most difficult in their lives in Los Angeles, the participants mentioned accepting the concept of same-sex relationships and the GLBT community, the emigration process, financial challenges, accessing secure housing, and returning home. These challenges reflect three primary dimensions, including cultural adaptation and assimilation, socioeconomic challenges, and the emigration process. The emigration process has been discussed and interpreted in detail above. Cultural adaptation was presented in two ways. First, the participants found it difficult to understand or accept the concept of same-sex relationships. This challenge erected significant barriers to their ability to integrate with the culture of Los Angeles.

Second, one participant stated that they found it difficult to return home and essentially must adapt to their Cameroonian culture as a teenager after having lived in the United States for most of their life. This challenge is significant since it touches on concepts of cultural adaptation. The participants, having spent years in the United States, had adapted to a way of living that was vastly different to what they left back home. Subsequently, they encounter significant difficulties readjusting to life in Cameroon, including its cultural and social values.

Socioeconomic challenges faced by the participants were twofold. First, they stated that they had trouble in securing housing and second, that they faced a challenge in securing a source of income. Interestingly, while participants in this study stated that housing was one of their greatest challenges, prior studies do not show this trend. For instance, Tsai and Gu (2019) found that immigrants in the United States were not more likely than native-born Americans to be homeless. Indeed, the researchers found that the longer immigrants stayed in the United States, the more the likelihood of them becoming homeless increased. Another study by McConnell (2013) provided more insight. This study indicated that there were significant differences in homelessness status among low-income immigrants in the country. These differences emerged based on legal status emerged as the primary contributing factor to homelessness. Therefore, this study shows that there is a gap in the literature that should be explained. A possible explanation for these contrary findings could be that while this study focused on African – specifically, Cameroonian – immigrants, the studies by McConnell (2013) and Tsai and Gu (2019) were focused either on immigrants from Latin America exclusively or on a wide range of

immigrants, including but not specifically focusing on African immigrants. Therefore, it appears there may be a need for further research to reconcile these differences.

Income challenges are a central component of the immigrant experience in the United States. In this study, participants stated that financial difficulties were among the greatest challenges they faced. These challenges included problems with securing a source of income. These findings align with those of prior research. For instance, in a study by Akresh (2006) it was found that most immigrants to the United States experienced job downgrades and lower income. Many of the participants in that study stated that when they immigrated to the country, the jobs they could find were lower skilled and lower paying than what they held in their home countries. Such challenges are especially impactful on undocumented immigrants. According to Orrenius and Zavodny (2009), undocumented immigrants had significantly worse labor outcomes. This was partly due to more stringent laws on undocumented immigrants. Notably, Duncan and Trejo (2011) found that low-skilled immigrants had few problems finding work and compensation in line with their level of skill. Nevertheless, the bulk of the research appears to point to the fact that immigrants encounter significant challenges with finances.

Theme 4

The participants stated that their mental state was a contributing factor towards lack of access to mental health services. Most of the participants agreed that their mental state during their residence in the United States was not optimal. Due to various factors, the participants did not access mental health services. These factors included prior trauma

and undocumented status. Prior trauma in immigrants has been examined in the literature before. However, this has primarily been within the context of refugees and asylum seekers who typically tend to be escaping dire situations in their home countries, such war. Colucci et al. (2014) found that such refugees have an increased likelihood of mental disorders due to pre-migration experiences, but they do not seek services. Durbin et al. (2014) echo these findings, adding that immigrants of all classes were less likely to utilize psychiatric and mental health services. Salami et al. (2019) also found similar results. In their study, they found that immigrant barriers to accessing mental health services included "language barriers, cultural interpretations of mental health, stigma around mental illness, and fear of negative repercussions when living with a mental illness" (Salami et al., 2019, p. 152). Various other studies have also found similar results, that immigrants, regardless of their classification, were less likely to access and utilize mental health services (Straiton et al., 2014; Derr, 2016; Durbin et al., 2015; Sarría-Santamera et al., 2016). The main rationalization given for this trend is that prior trauma has left these individuals with a deep mistrust of authority figures, including mental health experts. As such, they are less likely to seek help even when suffering. These studies support the findings of the current research that participants' mental state was a barrier to care.

Undocumented status was another factor that impacted participants' mental state, and, consequently, their lack of utilization of mental health services. The participants explained that being undocumented, they feared being returned to Cameroon if they sought any kind of official help. Therefore, despite suffering from poor mental health,

they were more likely to opt to eschew mental health services to remain in the country. This finding aligns with the results of prior studies into the undocumented population. Aroian (1993) and Cha et al., (2019) found similar results, that undocumented immigrants were afraid of engaging official services. The latter added that part of this lack of help-seeking behavior was the result of normalization, whereby undocumented immigrants viewed the mental stress as a part of life as an undocumented resident. Martinez et al. (2015) agreed with the sentiment regarding fear, finding in their study that anti-immigration policies had a direct impact in preventing them from seeking mental health services. The study by Galvan et al. (2021) carried out within the context of the COVID-19 pandemic, found similar results, that even when exposed to the undue stress from the pandemic, undocumented immigrants were less likely to seek out mental health services. Thus, undocumented status contributed to participants' mental state, and consequently presented challenges to accessing mental health services.

Limitations of the Study

This study encountered significant limitations that impact the generalizability of the results. Most importantly, the study, being a qualitative study, suffers from challenges with transferability. The sample size was small, as is typical with qualitative studies. As a result, generalizing the findings to other populations would be ill-advised. Furthermore, while the scope of the study is limited to Cameroonian immigrants to Los Angeles, its findings should be applied with caution when considering Cameroonians in other American cities and states, or other immigrant populations. Another limitation of the study is that its scope does not allow going into detail regarding the perspectives of

different demographics. Prior research has shown that demographics are important in determining one's immigrant experience. For instance, women and men face different challenges as immigrants, as do younger people and older immigrants.

Moreover, one's legal and documentation status as an immigrant matters as well. For example, an immigrant who began their process as a legal immigrant would have a vastly different experience than an immigrant who was illegal and gained legal status. Within the context of access to mental health services, such a difference would be significant. The legal immigrant would have access to such services from the beginning while the undocumented immigrant would not. Therefore, the lack of consideration of the impact of demographics impacts the external validity of the study. Another limitation of the study is that its scope limits it from examining access to care for specific mental health disorders such as PTSD, depression, anxiety, and others. Previous studies have shown that immigrants typically experience different types of mental health challenges. For example, asylum seekers and refugees are more likely to experience and require help for PTSD or C-PTSD from factors such as war, discrimination, or persecution pre-immigration while other types of immigrants (such as economic immigrants) are more likely to experience anxiety or depression from factors such as social isolation.

Recommendations for Future Research

The limitations of the present study provide potential new research avenues that can be explored. The first recommendation would be that future studies examine the effect of demographic differences in access to mental health services. Prior research into mental health access and help seeking behavior shows significant differences in behavior

that are related to age, gender, sexual orientation, gender identity, and socioeconomic status. Thus, more research into how specific demographics of the immigrant population exhibit help seeking behavior is needed.

Another avenue of research would be to examine help-seeking behavior according to mental health disorder. Mental illnesses have vastly different presentations, including the likelihood of seeking help. Therefore, studying how immigrants with different disorders seek help may provide insight into how best to allocate resources.

A comparative analysis of immigrants from different cultures would also be a viable research gap in future studies. This study is limited in this way since its scope focuses only on Cameroonian immigrants. Most differences emerge from the fact that Cameroonian culture is significantly different from the culture of the United States in general and Los Angeles in particular. Immigrants from other cultures may well have different experiences and perspectives on mental health and accessing mental health services. Therefore, exploration of this area is needed.

Pursuant to the discussion of findings, an additional recommendation for future research would be an examination of homelessness among African immigrants in general and Cameroonian immigrants in particular. Research has shown that one's housing situation has direct and significant impacts on their socioeconomic development, social participation, long-term quality of life, and mental and physical health. This study's findings contradict those of prior research in this regard, noting that participants stated housing was a challenge. Future research could examine the issue of housing on African immigrants.

Implications for Social Change

The findings of this study present various implications for social change. First, this study highlights the inadvertent inadequacies of the immigration process and how they impact not only the mental health of immigrants but also their future likelihood of seeking and accessing mental health services. The findings of this study could be feasibly used by individuals, organizations, and government agencies that operate in the immigration process to help make the transition easier for immigrants. Mental health disorders can have significant physical, psychological, social, and economic effects on immigrants. Therefore, efforts to reduce immigration stress-induced mental disorders could be developed and implemented.

The findings of this study also hold implications for clinical practice. This research further contributes to the body of work regarding mental health disorders relating to immigration. Prior research has shown that immigrants are more likely to experience mental health challenges because of their immigrant status, and further, they are less likely to seek mental health services. From this perspective, clinical and public health practice focusing on the health of the immigrant population could benefit from the findings of this study, and this research could help establish treatment protocols to provide more bespoke care to this population of immigrants.

Conclusions

The results of this study shed light on the barriers facing Cameroonian immigrants in Los Angeles when it comes to seeking and accessing mental health services. These barriers were categorized into four dimensions or themes, including the migration

experience, integration challenges, emergent challenges, and mental health status of the participants. These factors impacted the participants at various levels and in various capacities. In essence, the participants faced social, cultural, economic, and psychosocial barriers that reduced their likelihood and motivation to seek mental health help. The migration experience set the stage by creating an unequal relationship between the immigrants and immigration services. Immigration stress negatively affected their mental status. Post-immigration, the participants experienced various challenges while integrating and assimilating into American culture. These challenges included multicultural diversity, the physical environment, language barriers, socioeconomic factors, and cultural factors. Various emergent challenges were mentioned to be especially problematic, including cultural differences and financial difficulties. These elements together with pre-migration trauma and undocumented status of the immigrants influenced their decisions to not seek mental health services.

Summary

The present study sought to answer the research question regarding the barriers that Cameroonian immigrants faced in accessing mental health services in Los Angeles. Interpreting the results through immigrant resilience, socio-ecological, and multicultural frameworks, the study identified various personal, social, economic, and cultural barriers. The research was limited by its qualitative nature. Even though it was satisfactory as an initial exploratory study, the low number of participants and limited scope impact the transferability and external validity of the study. Future studies could seek to explore deeper issues such as the impact of demographics, specific mental health disorder,

housing status, undocumented status, and culture on health seeking and utilizing behavior. This study has significant implications for social change. Its findings suggest that changes to the immigration process may result in fewer cases of mental health disorders and greater willingness for immigrants to seek such services. Clinical practice implications also exist since the insights of this study can be used to develop more bespoke treatment and intervention programs that focus exclusively on the challenges and barriers that immigrants face.

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