(MENTAL) HEALTH IN ALL POLICIES: LESSONS FROM A PARTICIPATORY RESEARCH PROJECT [I]

Summary:

In September 2014 we began the project "Participatory development of a health promotion intervention to improve healthy eating and physical activity practices in an underserved community" in the border city of Tijuana, Baja California, Mexico. The aim of the project was to use community-based participatory research (CBPR) to engage women in the design of an intervention that would improve their diet and physical activity practices. In this document, we describe the project's background, methods and results, and present recommendations for public health policies evolving from this experience. In brief, our three recommendations are: 1) participatory research should be a main strategy for the development and implementation of public health interventions; 2) mental health should be considered in all public health policies; and 3) to make better use of participatory research, researchers and policymakers should be prepared to modify their conceptions, methods and objectives.

1. Background

Physical inactivity and unhealthy diet are common risk factors that increase the prevalence of chronic diseases (1, 2). Several studies show that international migration from less developed to richer countries is associated with changes in eating patterns (3, 4). Also, migrants are less likely than native populations to engage in recreational or preventive physical activity, due to social, environmental, and cultural barriers (5).

While research on health-related practices is often conducted from a health behaviour perspective, focused on individual decision-making processes, understanding lifestyle practices also requires considering contextual aspects. Conditions of employment, accessibility to foods, cultural norms and the built environment, to name a few, have an impact on the personal ability to engage in health-enhancing practices. In order to design public health interventions, it is

essential to understand how these aspects interact to shape the health-related practices of individuals and communities.

Participatory research is a strategy that offers the opportunity to engage community members, building on community's strengths and promoting empowerment (6). It is especially appropriate when the aim is to both understand the contextual aspects that influence health, and to develop contextually relevant interventions by responding to perceived needs of the targeted population. In this project, our aim was to employ participatory research 1) to explore the association between the social context of migration and dietary and physical activity practices; and 2) to develop a health promotion intervention, in partnership with women in the community.

2. The research project

The project "Participatory development of a health promotion intervention to improve healthy eating and physical activity practices in an underserved community" was funded by the Programa de Investigación en Migración y Salud (PIMSA)/ Health Initiative of the Americas, University of California, Berkeley, in 2014. The fieldwork was conducted in the neighbourhood of La Morita, in Tijuana, México. The convergence of both internal and international migration in Tijuana makes it an ideal setting in which to explore the relationship between migration and health-related practices. As most of the city, La Morita has a high percentage of migrant population (54% of inhabitants were born in a different state), including many who have at some point lived in the United States or have relatives living there.

From September 2014 to May 2015, we conducted 10 discussion group sessions with women from the community (about 5 participants per session). Participants were invited through a community centre that offers health, educational and other services. The group was presented as a discussion group on nutrition and health for women, and advertised through fliers and personal presentations at the centre. A member of the research team facilitated the group. In parallel, we conducted 27 individual interviews with women who had lived in the United Stated and were now

living in the community, in order to understand how their health-related practices had changed in the course of migration.

Before starting the sessions, we defined a series of subjects, beginning with a reflection about health in a broad sense, including personal, family and community levels. After that, the group would identify barriers and enhancers for healthy living in the community, as well as opportunities for the development of a health promotion intervention. However, as the sessions progressed participants brought forward a different set of themes, which ultimately transformed the aim of the group, as we describe in the next section.

3. Results

We identified the following themes about the diet and physical activity practices of participants: 1) Income was a major determinant of the possibility of choosing what food items to purchase (i.e., fruit and fish were perceived as too expensive by some participants); 2) The regularity of the income, not just the income amount influenced decisions (i.e., not having a regular income decreased the capacity for food-related decision-making); 3) Characteristics of the neighbourhood made physical activity difficult (scarce or inadequate recreational facilities, street violence and crime); 4) Return migration from the United States to Mexico was associated with loss of income and fewer opportunities, thus limiting decision-making capacity in health related issues.

Six months into the discussion group sessions, a core group of six women had formed and regularly attended the discussions. They developed good rapport among themselves and with the facilitator, and eventually felt comfortable enough to share negative feelings associated with life's daily difficulties (poverty, isolation, etc.). In this process, they recognized emotional well-being and social support as key components of health. Having identified mental health issues such as feelings of depression and stress as common problems, shared by many in the group, they wanted to address those problems before continuing with the design and implementation of the health promotion intervention.

In line with our participatory research commitment, we followed the women's lead and changed the original plan for the sessions. Instead of continuing with the design of an intervention to promote healthy eating and physical activity, we implemented a previously tested mental health intervention (7). The intervention was designed at Mexico's National Institute of Psychiatry, and is intended as a mental health promotion tool to be used by lay members of the community. Its toolkit includes a sourcebook with information about depression and a handbook, and the sessions are organized around reading the book's chapters and doing a series of exercises. After working through the book, participants reported that they had experienced a personal transformation. They identified the meetings as an important source of social support, and suggested other women could benefit of participating. By the time the research project ended, they wanted to continue meeting as a group, even without the researcher facilitator.

4. Conclusions and recommendations

Our results are consistent with the results of other researchers showing social conditions are a main determinant of the capacity of individuals and communities to improve their health-related practices. The results of this participatory research project also exemplify the usefulness of CBPR for the understanding of how the social context limits or facilitates certain practices. By incorporating local agents in the design and development of interventions aimed to them, participatory research facilitates more appropriate, relevant actions to be implemented. Thus, our first recommendation is *to focus on participatory research and other strategies of community engagement for the development and implementation of public health interventions*.

From this experience, our second recommendation is that mental health should be a part of every public health policy. The phrase "health in all policies" was employed by the World Health Organization (WHO) in the Helsinki Statement on Health in All Policies, to insist on policies in all sectors considering the possible health consequences of decisions and actions. In the title of this document, we paraphrase it to emphasize our finding that, for the women who took part in the project, mental

health was a pressing issue that needed to be addressed, before they could tackle other aspects such as nutrition and physical activity. In this regard, our recommendation is that *mental health should be considered in all policy planning, especially in the planning of public health interventions*. This is in accordance to WHO's Mental Health Action Plan 2013-2020 (8), which includes a multisectoral approach as one of its principles. While mental health tends to be relegated to a second plane when faced with apparently more pressing issues such as the current increase in diabetes, hypertension and other chronic diseases, it is an essential component of well-being. It is also a pre-requisite for individuals to be able to develop their full potential, including their ability to engage with and improve their communities (8).

Finally, our third recommendation is that *when conducting research <u>with</u> communities, as opposed to <u>in</u> communities, researchers need to be prepared to modify their initial assumptions, methods and even objectives*. True community engagement should go beyond researchers or policy makers obtaining information or support from local agents, to become a more complete collaboration. Especially for local interventions, it is essential that researchers and policymakers are willing to put aside preconceptions in order to better understand the needs of the communities they serve.

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[I] This report is based on the project "Participatory Development of a Health Promotion Intervention to Improve the Health of Migrant Women.", funded by Programa de Investigación en Migración y Salud (PIMSA)/Health Initiative of the Americas, University of California, Berkeley. Principal Investigators: Cecilia Rosales, University of Arizona; Ietza Bojorquez, El Colegio de la Frontera Norte. Co-Investigators: Catalina Denman, El Colegio de Sonora; Hala Madanat, San Diego State University; Jill de Zapien, University of Arizona. Research Assistant: Alexandra Angulo.