

Hello class,

## **Week 5 Discussion: Qualitative Research Design**

This proposed qualitative study aims to explore the perceived barriers that immigrants and refugees living in the U.S. face when accessing mental health services. The goal is to find out how culturally tailored interventions can address these barriers. While there have been credible efforts in equitable access to mental health services in the recent past,<sup>1</sup> disparities among marginalized populations persist. This has been particularly dire among immigrants and refugees, with structural, linguistic, cultural, and economic barriers posing a huge challenge.<sup>2,3</sup> Through a qualitative inquiry, this study seeks to find out the perspectives of immigrants and refugees living in the U.S. so as to elevate these voices and generate findings that can inform more equitable service delivery.

The research question for this study is: What are the key barriers preventing immigrants and refugees from accessing mental health services, and how can these be addressed through tailored interventions? In evaluating this research question, the research design will be based on qualitative content analysis using an inductive approach. This methodological approach is rigorous and systematic, and is essential in identifying and organizing recurring ideas, patterns, and meanings in text. Existing literature on similar studies<sup>4,5,6</sup> demonstrates that it is well-suited in analyzing semi-structured interview data where the objective is to categorize both manifest and latent content into themes which can be easily linked to an intervention design.

### *Methods and Data Collection*

This study will use semi-structured interviews to collect rich narrative data. The population is foreign-born adults (18yrs+) living in the United States who self-identify as immigrants or refugees and have experienced mental health challenges or sought mental health services within the past 5 years. The goal of these interviews is to gain insights on the experiences of participants when accessing (or avoiding) mental health care systems, perceived barriers, and their personal views on how accessibility, equity, and effectiveness of mental health services can be improved for their respective communities.

To potentially overcome language proficiency barriers, interviews will be conducted in English or with an interpreter as required. Participant consent will be obtained beforehand. All interviews will be audio-recorded, transcribed verbatim, and translated to English where applicable. Participants will be asked to verify that translated content is what they intended to state and mean before analysis of this data.

The content analysis process will follow the framework by Erlingsson & Brysiewicz:<sup>7</sup> (1) thorough familiarization with data and the hermeneutic spiral, (2) dividing up the text into meaning units and subsequently condensing these meaning units, (3) formulating codes, (4) developing categories and themes, and (5) developing and refining overarching themes iteratively. The aim of this analysis is to identify both commonly reported barriers and community-driven suggestions for improving access. Content analysis is suitable for this study as it will allow systematic classification of interview data while remaining grounded in the participants' own words and experiences. To ensure trustworthiness and easy readability, this study will use clear definitions and codes, with descriptions where applicable.

### *Population and Sampling Strategy*

Target Population: Foreign-born adults (aged 18+) currently living in the U.S. who self-identify as immigrants or refugees. Participants must have attempted, considered, or currently accessing mental health services.

- Inclusion Criteria: Self-identifies as an immigrant or refugee, foreign-born, residing in the U.S., has had any interaction with mental health services (direct or indirect) within the last 5 years, speaks English or another language for which interpretation is available, and willing and able to provide informed consent.
- Exclusion Criteria: Currently experiencing a psychiatric emergency; not able to provide meaningful responses (i.e. due to cognitive, linguistic, or health limitations) even with the presence of an interpreter.

### *Sampling Strategy and Recruitment*

Purposive sampling will be used to ensure diversity in national origin, language, gender, and immigration status such as asylum seeker, refugee, or economic migrant, time lived in the U.S., and level of mental health service engagement. Participants will be recruited through platforms such as community mental health clinics, immigrant-serving NGOs, faith-based organizations, and refugee resettlement agencies. The study will target a sample size of 20 participants. This sample size is well supported as adequate for reaching thematic and meaning saturation by existing evidence<sup>8,9,10</sup> on qualitative studies that apply semi-structured interviews in exploring personal experiences and barriers among relatively heterogeneous populations, such as immigrants and refugees.

### *Analysis and Reporting*

NVivo software will be utilized for qualitative content analysis. To enhance reflexivity and reduce bias, codes and categories will be developed and iteratively refined. Key findings will be organized into thematic clusters that reflect both barriers and participant-identified solutions. To enhance transparency and safeguard authenticity, direct quotes will be used. It is likely that separate code families will emerge for barriers and proposed improvements, which will ensure both halves of the research question are fully addressed. Attention will be paid to both common and outlier experiences to reflect the diversity of perspectives in the immigrant and refugee population.

### *Ethical Considerations*

Prior to participant recruitment, the study will seek review and approval from the Institutional Review Board (IRB). In addition, all participants will be fully informed about the purpose of the study, that participation is voluntary, and they have a right to withdraw at any time. Moreover, participants will provide signed informed consent forms. To protect confidentiality, pseudonyms will be used. Data will be stored securely and access restricted to authorized parties only. Any participant in severe distress will be referred to culturally competent mental health services.

### **References**

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