Becoming "another brick in the wall": A thematic analysis of Central and Eastern European immigrants' experience of psychological distress and help-seeking

Background and aims: A great number of Central and Eastern European immigrants have moved to the UK since 2004, and a better understanding of their help-seeking behaviour is needed. This study aimed to explore how the experience of immigration had impacted on the wellbeing of some Central and Eastern European immigrants, whether these immigrants had sought help for any psychological distress, and to explore the support needs of this particular population.

Methodology: A qualitative design was employed. Semi-structured interviews were conducted with four male and twelve female immigrants from Central and Eastern Europe living in the UK. Interview transcripts were analysed using inductive thematic analysis.

Findings: Four overarching themes were identified in the analysis: immigration experience; views and meanings of mental health; help-seeking experience and addressing immigrants' emotional needs. Participants in the study reported having good mental health and the ability to deal with distress, but highlighted that a lack of English proficiency, low job attainment and experiences of prejudice and discrimination negatively affected their psychological health.

Discussion: The results offered a thorough description and understanding of some immigrants' experiences, the meanings attributed to these experiences, and their needs concerning psychological health. Some possible implications for working with this minority group are discussed from a social justice perspective, including the recommendation to apply contextual approaches such as relational cultural theory.

Keywords: Central and Eastern European immigrants, wellbeing, therapy, social justice, immigration, stigma.

Background and aims

Central and Eastern European countries (CEE), also commonly referred to as "Eastern European countries," were all locked behind the Iron Curtain before its fall in 1989. The Iron Curtain referred to both the physical blockade and the ideological barrier that existed between 1946-1989 between CEE and Western Europe. This political boundary delineated a region whose development was very different from the West. Since 2004, a large number of immigrants from these countries have moved to the UK. The Office for National Statistics estimated that in 2013 there were over one and a quarter million people originally from Accession 8 (Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Slovakia, Slovenia) and Accession 2 countries (Bulgaria and Romania) residing in the UK, making up 1.75% of the population.

Existing literature on immigration and mental health highlights that the challenges faced during the immigration process can add further distress for some individuals (Bhugra and Gupta, 2011; Keynejad, 2008). Yakushko and Consoli (2014) observed that social support or xenophobia could either help or hinder the development of good mental health. Finch et al. (2000) suggested there was a direct link between discrimination and depression.

Given the recent nature of this CEE wave of immigration, it is perhaps unsurprising that research on mental health issues for this minority group is scarce (Robilla and Sasndberg, 2011). Jenkins et al. (2005) were one of the first to attempt to fill this gap, and highlighted increased rates of physical morbidity, mental illness and alcohol and tobacco abuse in post-communist countries (see also Anderson, 2006). Researchers studying the mental health of individuals from CEE countries found an association between changes in the political regimes and increased suicide rates (Mäkinen, 2006; Razvodovsky and Stickle, 2009).

Limited research has been conducted on the experience of distress and help-seeking of CEE migrants in the UK. Madden et al. (2014, p. 1) claimed that CEE populations have "poorer mental health; higher mortality due to heart attacks and strokes,[and] higher levels of obesity" when compared

to the UK average. Some studies exploring help-seeking patterns of Polish immigrants found that a commitment to Polish values prevented individuals from seeking support for psychological difficulties (Bassaly & Macallan, 2006; Toby et al, 2010). Knab (1986) and, Titkow and Duch (2004) suggested that values such as family solidarity, high level of conformity and avoidance of shameful behaviour were reinforced constantly within Polish families. Seeking psychological help was considered as bringing shame to the family (Czabala et al., 2000). Similarly, Selkirk et al. (2012) pointed out that Polish culture emphasised family closeness, traditional gender roles and a discomfort with difference that influenced help-seeking. Furthermore, the researchers argued that responses to distress were influenced by a sense of identity, social networks and previous experience with mental health services. Most UK studies to date have focused on Polish immigrants (see also Gill and Bialski, 2011; Kozlovska et al., 2008; O'Brien & Tribe, 2014), whilst other CEE immigrants remain less well studied.

Rationale

It has been recognised that psychologists need to acquire distinctive knowledge and skills in order to work with culturally diverse populations (Chung & Bemak, 2012). A culturally sensitive therapeutic approach should consider an individual's basic value structure (Sue et al., 2009) as well as the context of immigration and its impact (Levenbach & Lewak, 1995). Relational Cultural Theory (Comstock et al., 2008) advocates expanding multicultural and social justice counselling competencies beyond the domains of self-awareness and culturally responsive helping skills, and exploring contextual and sociocultural challenges that can obstruct an individual's ability to participate fully in life.

Counselling psychologists work with diverse populations that "experience profound issues of oppression, discrimination, social inequalities, unfair treatment and disproportional privilege, as well as unequal social, political and economic access" (Chung & Bemak, 2012, p.4). The authors noted that therapists often focused on clients' pathology or their strengths, ignoring wider socio-political

issues. They argued that this individualist focus could perpetuate a discriminatory "status quo" and further disempower already marginalised groups.

Therefore, this research will focus on illuminating aspects of the experiences of CEE immigrants to the UK, to contribute towards filling this gap in the existing literature. The study will adopt a social justice lens and aim to "give voice" to some CEE immigrants by exploring their experiences and challenges, as well as identifying potential wellbeing needs.

Methodology

As this project seeks to explore the meanings and experiences of CEE immigrants to the UK, a qualitative methodology within a critical realist paradigm was selected (Braun & Clarke, 2013). This framework fits with the researcher's ontological position between realism and relativism, whilst reflecting the relativist-realist tension inherent in counselling psychology (Division of Counselling Psychology, 2005; McLeod, 2003). According to Fleetwood (2013), critical realism attempts to uncover power-knowledge and socio-political agendas, and give voice to the relatively powerless to promote social justice (Abrams & Houston, 2006). Thematic analysis can be used as a 'contextualist' method that is positioned between essentialism and constructionism, as characterised by theories such as critical realism (Willig, 2008). Given the social justice lens for this study, it was felt that Thematic Analysis offered a theoretically flexible approach to analyse qualitative data, which fitted best with the critical realist approach to this study (Braun & Clarke, 2013).

Reflective statement (first researcher)

My interest in conducting this study arose from working with individuals from different cultural backgrounds. Being a CEE national myself enhanced my curiosity and interest in exploring the experiences of others from the region. Compared to some of the participants I interviewed, I hold

several positions of privilege, such as belonging to the middle class and being educated, and so to help examine and bracket both my assumptions and experiences, I kept a reflexive journal (Gearing, 2004).

Participants

In order to "adequately capture the heterogeneity in the population" (Maxwell, 2005, p. 89), a purposive and snowball sample of females and males from different social backgrounds was recruited with the help of community development workers and key members of the studied population. Sixteen individuals took part in the study: six from Poland, four from Bulgaria, two from Romania, two from Latvia and two from Lithuania. A desire to talk about immigration experience and help-seeking was necessary and addressed at the point of recruitment (McLean & Campbell, 2003).

Basic demographic information was obtained in order to situate the sample (Elliott, Fischer & Rennie, 1999). Twelve females and four males from two counties in the South of England, with an age range of 19 to 69 and a mean age of 34 (SD: 11.5) took part.

Ethical considerations

Ethical approval for the research was obtained from the University of the West of England Faculty Research Ethics Committee, and the study was carried out according to the ethical guidelines of the BPS.

Procedure

Information sheets explaining the purpose of the study were given a week before conducting the interviews. After obtaining informed consent, the first researcher conducted all semi-structured face-to-face interviews. Interview duration ranged from 30 to 90 minutes. In accordance with the aims of this study, the participants were asked about the issues they faced when they immigrated to the UK in

general terms, followed by open questions around meanings and experiences of emotional difficulties, ways of dealing with distress, experiences and awareness of mental health services, and views about barriers to services and unmet needs. Four of the interviews were carried out in participants' native languages, and then translated and transcribed by the first researcher. Participants were debriefed after each interview and reminded about their right to withdraw from the research before the final data analysis. After transcription, all identifiable information was removed and participants were given pseudonyms in order to preserve anonymity.

Transcription and analysis

The first author transcribed all interviews verbatim and the transcription process was considered a part of the analytic process (Braun & Clarke, 2013). Interview transcripts were analysed using inductive thematic analysis following the seven stages outlined by Braun and Clarke (2013), within a qualitative paradigm.

Results

The analysis identified twelve themes, which can be grouped into four overarching themes in accordance with the research questions. They highlight the varied factors influencing CEE immigrants' psychological health and their help-seeking decisions. These are shown in Figure 1 below.

Figure 1-about here- An illustration of the overall thematic analysis

Overarching theme 1: Immigration experience

Immigrating for a "better life"

Participants described their pre-immigration process and the first years of living in the UK as the most difficult. Most moved in the hope to escape financial hardship and to build better lives. However, finding work and affordable accommodation was identified as a challenging process. Many participants described working in low-paid positions despite being well educated. Rather than achieving the higher socioeconomic status they aspired to, many faced financial problems. Thus, initial expectations led to disappointments:

Some people expected it to be easier, but found it hard, especially if you had a degree and can't find a good job. A lot of these people are very well educated, but they work in any position, just to get enough money, not easy when you are in a different country. This is something that can make you feel down. (Tanja)

The immigration process was viewed as complicated, requiring many resources, which in turn had a negative impact on participants' wellbeing. Interestingly, most participants reflected on their experiences in a matter of fact way and expressed few emotions. As Baker (2007) suggests, this may be because painful feelings are often dismissed or suppressed as a way of coping with stress.

In contrast to the difficulties already highlighted, six participants felt that they had gained a lot by immigrating to the UK. Ioana shared having no difficulty in gaining employment. Agata also reported a similar experience and Tanja felt that she *'got better life here'*. Family reunion, safety and security, and better opportunities for children were highlighted as advantages of living in the UK compared to their countries of origin.

"We just accept it"- Prejudice and discrimination

Six participants talked about their experience of prejudice and discrimination on personal and organisational levels. As a result, they perceived themselves as inferior to British people and expressed feeling worthless, harassed, and upset:

Oh some I guess, were really racist to me [...] when I heard the word "f***" I obviously knew they were saying something nasty to me. [...] I was really upset about it. (Emilia)

Some participants wondered whether there was *"something wrong" (Laura)* with them. Laura felt that she did not *"belong"* in the UK and that *"this coldness and what I met here maybe I am not just in the right place"*.

Others spoke about their hesitation to report these instances. Marek said: *"they don't complain they don't report it, so I think there is a lot of discrimination that is not detected. "* Piotr felt surprised: *"he didn't know what I went through but just judged me. I felt bad to be judged by another person"*. This seems to make participants feel insecure and less communicative in order to avoid incidents, and less likely to stand up for their rights. For example, Krisi shared:

Maybe the fault is ours because we are quiet we don't say anything but his previous employer already sacked him for a similar thing and we don't want to lose this job too.

"Everything is getting on your nerves"- Experience of distress

Most participants reported that dealing with everyday stress had a negative impact on their emotional wellbeing. Although some acknowledged that British people also experienced stress, they described particular factors, such as language difficulties, separation from families and friends, and not knowing the system, that they felt were specific to them. Miro highlighted socioeconomic factors that had impacted his wellbeing:

On my nervous system, because to find a house is hard, when you go to work and see that for the same job you get half of which other people get (pause) everything is getting on your nerves and is affecting you.

Perceived life stress was also significantly associated with a sense of not belonging to a community. Many felt lonely and sad, missed their homeland, and lacked social support. Others talked about the negative impact of distress on their relationships. Katya said:

Sometimes I feel even more nervous and anxious after speaking, when we cannot agree on solution but we all know that the stress makes us like that, []arguing is not good, conflicts in family are bad, especially for the children, so we try to calm down but it is not easy.

Being able to establish meaningful relationships within the local community reduced feelings of nostalgia and stress. Many participants highlighted factors such as having support from both minority and majority social networks as important to their integration in the host country. Barbara said: *"So it's good to live in a society of Polish people who can help you"*. These experiences enhanced self-confidence and self-worth:

You kind of settle down you can have a job that people appreciate here, you can feel more important, you can feel like you are actually doing something good. (Marek)

"Everything was hard"- Adjustment to the host country

Participants talked about their struggle to fit into society. Many spoke of how hard they worked to learn the language and find their own way round without utilising formal support. Adapting was a complex process, affecting individuals differently. For example, some participants felt that age strongly affected their ability to adjust:

I am middle aged and thus adaptation is more difficult. When a young person comes here and starts without anything is different from someone who is older. (Krisi)

Many reported difficulties with practical and administrative issues. Monika felt worried and anxious, but tried *"to be strong and face the challenges and that helped"*.

Participants from all five countries spoke about their problems in adapting to the new traditions, rules and laws in the UK; however, returning home was also not an option. Monika spoke for many when she said that *"everything was hard but back was not any good either, so you just keep going and gradually learn what to do"*.

Overarching theme 2: Views and meanings of mental health

"Everything stays in the family"- Secrecy and mental health

Despite their different ethnic and cultural backgrounds, participants shared a common view that family matters should be kept private. They talked of family cultural scripts, such as not sharing problems and concerns with people outside the family. Mental illness was assumed to bring shame and therefore people often preferred to suffer in secrecy. Furthermore, most talked about the need for resilience and considered that seeking external support meant *"that you are just weak" (Anda)*. Monika said:

People learnt to be strong. They relied on themselves; don't think seeking help from someone else was something anybody would do.

The prevalence of secrecy seems to be rooted in historical context. CEE immigrants in the study shared that they did not have the benefit of organised social services in their countries of origin. In CEE countries, serious mental health problems were often treated by forced institutionalisation: *'you have to stay in the hospital locked so you don't harm people' (Katya)*. Thus, individuals feared disclosure of mental health issues.

"Crazy, mad and dangerous" - Mental health stigma

Participants differentiated between emotional difficulties and mental health problems. The latter were assumed to be very serious conditions requiring hospitalisation. Without exception, all participants talked about the stigma attached to mental health issues. They cited predominant cultural beliefs that mentally ill people should be isolated to avoid harming others:

I don't think they would seek help because of our upbringing, if you seek help for emotional problems means that you are not OK, almost if you go there you are not all right. You are crazy, mad and dangerous (laughs) and people would avoid you, and your family would be ashamed. (Katya)

Many respondents talked about the lack of knowledge about mental health conditions that shaped and promoted these beliefs. It was Katya's opinion that people from CEE countries would try to ignore their mental health problems. She went on to say that even their *'families would not speak to anybody about it, they'll try to ignore as long as possible almost as this does not exist'*, attributing this avoidant behaviour to stigma and shame. Barbara thought that immigrants brought with them these stereotypes:

Yes there is stigma. You just can't forget it and become different, absolutely different person with different culture and different background. You still have this background, this culture stays with you.

Overarching theme 3: Help-seeking experience

"I have been trying to deal on my own"- Self-help experience

Both female and male participants spoke strongly about trying to manage emotional difficulties themselves, rather than seeking support from others. In doing this, the female participants tried to be more active, whilst male participants were less likely to utilise helpful coping strategies. For example,

female participants talked about walking, going to a gym, joining a choir, and being creative in order to alleviate distress. Meditation and complementary health practices were also identified as helpful. Sonja said:

I went to many treatments (massage) and I benefited from that. Aromatherapy for an hour is very relaxing.

However, when not able to deal with problems themselves, female participants would talk about their emotional difficulties with close friends and families, whilst male participants used less active and arguably less helpful means of coping such as smoking, drinking alcohol and closing down within themselves:

Especially females they actually talk to each other but like males, they don't want actually to talk about it. They wouldn't disclose any of these problems to GPs to their friends to anybody. They just prefer to keep it inside. (Marek)

"You seek help from your partner, or friends"- Support from family and friends

Friends and family were the first point of call for all participants who failed to resolve difficulties by themselves. This informal support network provided a sense of emotional connection, shared values and inter-dependence, which was viewed positively by most. It was felt that friends and family "*exchanged energy*" *(Krisi)*, relieved stress and helped to find solutions. Barbara believed that this close social circle would be best placed to recognise emotional problems:

Friends and families, they are all aware, I mean they can talk about it, because they say if you accept it and do something about it you are halfway there.

Although the majority of participants viewed family and friends as their primary support network, a few participants did not want to seek support from family members. Their reasons included stigma, causing unnecessary worry to the family and fear of misunderstanding.

"Ticking the boxes was not going to solve my problems"- Experiences of mental health services

Only two respondents reported seeking formal mental health support. However, most disclosed that they had friends or relatives suffering from a mental health condition. Sandu had engaged in private therapy and talked about his positive experiences in both resolving family issues and being able to work on his self-development. In contrast, Sonja's experience was negative. She had been referred to the NHS for therapy and shared:

She worked like using a specific programme "one size fits all" and did not invest anything more from herself. I went to the psychologist (pause) but nothing changed a lot because I am still jobless. Just to sit and talk about what happened in our lives is not making any difference quite the opposite I feel even more depressed.

Those who had not experienced UK mental health services viewed the role of a psychotherapist as a foreign, "*Western*" (Agata) notion. Others were more acquainted with therapeutic interventions, but Tanja spoke for many when she said she *"would not waste two hours talking to someone"*. However, many participants stated that they would seek help eventually from their GPs, if a family member urged them, but only when problems prevented them to function properly or when other attempts to resolve problems had failed.

Overarching theme 4: Addressing immigrants' needs

"It is difficult to find the right words and to express what's inside me"-Barriers to help seeking

Lack of English fluency was highlighted by all participants as the main barrier to accessing services, as this affected their understanding of how the NHS worked. Some spoke about the lack of

interpreters' services, whilst others said they would be reluctant to use those for reasons of trust or confidentiality: *"there were three people sitting in an office and are talking about your problems"* *(Agata).*

Other important barriers to help-seeking for these participants were the lack of acknowledgement, discussion and prioritisation of mental health problems and a lack of awareness by the participants themselves: *Maybe I would not understand if I had a mental health problem. (Tanja)*

Mental health stigma, cultural assumptions, perceived high cost or inadequacy of services, and lack of trust were all highlighted as major factors for not accessing help by participants.

"Just not to discriminate us"- Socioeconomic context

Many participants found it difficult to deal with shifting economic and political realities. Some talked about policies restricting their rights to work and healthcare, which contributed to their feelings of powerlessness and marginalisation. They also reported covert experiences of prejudice and xenophobia. Laura shared: *"the attitude, I can't understand, this make you very, very down like his attitude was like that, because you are foreigner"*.

Opinions were voiced about Western values prevailing in psychological services that locate the causes of mental distress within the individual rather than on external factors such as structural discrimination. Sandu went further to express his concern that psychologists might support a system that aimed to produce compliant individuals in society, to maintain the status quo:

These problems are real, and I am not really sure that these emotions should be silenced, because people should stand up and fight for their rights and fight against the system, and the system creates this sort of fears. Otherwise we become another brick in the wall. (Sandu)

"People try and seek contact through these communities"- Improving support

Participants reported that finding support from within their communities would be most valuable. Raising awareness and normalising mental ill health, educating individuals about availability of and access to services were also of key importance to these participants. Katya shared:

If there was an interpreter when I needed could be very helpful, someone who could explain to you, to say how the healthcare system here works. Because you are in the dark, you know nothing and you try to figure out but this is not easy, especially in the beginning.

Providing culturally sensitive support with awareness about cultural beliefs, traditions, historical barriers and the need for a relational approach in therapy was highlighted. Sandu felt that *"Therapist is like a part of your family it's important to have a relationship with the therapist"*. Support with practical issues such as bureaucracy, language courses, and advice about personal rights and employment were also deemed important.

Discussion

The aim of this study was to represent the experiences, views and needs of a sample of CEE immigrants in relation to their psychological health. Many participants suggested that socioeconomic factors, combined with cultural scripts and beliefs, had a negative impact on their mental health. The findings presented evidence that therapeutic interventions that ignore these factors are likely to be ineffective.

Immigration experience

The data showed that participants in this study initially faced many financial, linguistic and practical challenges that had a negative impact on their mental health. More specifically, it appeared that negative experiences were linked to unemployment, financial difficulties and housing problems. These issues caused psychological distress. Loss of familiar social networks and culture were

identified as important post-migrating factors that often lead to low mood and anxiety (Bhugra and Gupta, 2011).

Experiences of prejudice and discrimination seemed to add to initial distress and hindered adjustment to the host country. In line with Finch et al. (2000), the findings indicated that these attitudes can result in experiences of anxiety, isolation, low self-esteem and depression among CEE immigrants. The way some participants talked about their experiences suggested that immigrants may feel that reporting and challenging such instances would make them vulnerable and increase their feelings of inferiority and powerlessness. Thus, it can be argued that anti-immigrant sentiment might have a negative impact on immigrants' mental health, as also noted by Yakushko and Consoli (2014). Better adjustment appeared to depend on socioeconomic factors such as good social support, economic opportunities and better knowledge about rules and laws in the UK, as also argued by Bhugra and Gupta (2011).

Views and meanings of mental health

Lack of knowledge, high level of mental health stigma and secrecy about psychological difficulties were identified as important factors that appeared to hinder help-seeking. Robila and Sandberg's (2011) study also found a similar trend among CEE immigrants in the US. The present findings add to Madden et al.'s (2014) claim as well that mental health was not discussed openly among Central and Eastern Europeans in the UK. Gary (2005) suggested that some individuals might experience a double dose of stigma, due to both minority status in the UK and mental illness. Therefore, immigrants might be more vulnerable to psychological distress, and, due to the high levels of associated stigma, be less likely to seek support.

Families seemed to play a significant role in responding to mental ill health in CEE culture. Mental health problems were seen as a private or a family matter, and may not be addressed until a crisis point is reached. These findings could be understood in the light of CEE immigrants' societal

values, such as family solidarity, high level of conformity and a discomfort of being seen as different (Knab, 1986; Selkirk et al., 2012; Titkow and Duch, 2004), indicating the importance of awareness around socioeconomic and cultural contexts when engaging with CEE clients in therapy.

Help-seeking behaviour

The participants in this study seemed to deal with distress alone or with the help of close friends and family. Most of them were reluctant to seek help from formal mental health services, but instead resorted to alternative coping strategies that appeared to be gender-specific. Since men seemed less likely to seek help and resorted to more unhelpful strategies, it might be assumed that male CEE immigrants are at a higher risk of developing mental health problems to a point of crisis. Furthermore, attitudes to mental health problems are influenced by the interaction between class, gender, age and other social demographics (Andersen et al., 2006), indicating that all of which should be considered when supporting CEE immigrants.

The family was identified as a major factor for dealing with psychological distress, providing a sense of stability and connectedness. However, findings also suggested generational differences (e.g. younger individuals preferred friends and colleagues) that might be influenced by immigration and the adoption of cultural behaviours from the UK, as noted by O'Brien and Tribe (2014).

The results indicated that formal mental health services would be accessed only as a final resort. Madden et al. (2014) highlighted that immigrants may not be familiar with the concept of using their GP as a gatekeeper to NHS services, which can be experienced as a denial of care or a cost-saving scheme. This might be linked to a lack of take up of these services (Keynejad, 2008). Thus, these findings support the argument that there is a need for greater mental health promotion amongst minority populations to develop strategies for overcoming barriers (Keynejad, 2008; Bhugra & Gupta, 2011).

Addressing immigrants' needs

Lack of English proficiency, unavailability of interpreters' services, mistrust, mental health stigma, cultural assumptions and perceived inadequacy of services were viewed as important barriers, in line with the broader immigrant literature (Keynejad, 2008; Bhugra and Gupta, 2011). he findings indicated that a lack of culturally sensitive therapies could present a problem to CEE immigrants when seeking help for emotional difficulties. Robila and Sandberg (2011) described similar findings in relation to the US. Participants suggested that addressing barriers for help-seeking could be achieved through active involvement with CEE communities. Therefore, an implication for mental health professionals could be the need to be aware of the various factors might combine and be specific to immigrants, and to take these into account when providing support for people from ethnic minorities. Such an argument was also made by Bhugra and Gupta (2011), Sue et al. (2009) and Chung and Bemak (20012).

Chung and Bemak (2012) highlighted that recognising the impact of social reality, power imbalances, and contextual factors, whilst facilitating opportunities for personal development, can enhance immigrants' resilience (Sue et al., 2009). In order to ensure that CEE immigrant clients do not become "another brick in the wall", their needs might be addressed through a framework that bridges relational, multicultural and social justice competences, such as relational cultural theory (Comstock et al.,2008). The data suggests that experiences of isolation, humiliation and marginalisation could have a relational nature, providing evidence for Relational Cultural Theory (Comstock et al., 2008). This approach argues that contextual and sociocultural challenges inhibit individuals' abilities to develop growth-fostering relationships in life.

Implications for practice

The findings of this study contribute to the body of literature regarding the mental health of immigrants from a counselling psychology perspective. It is hoped that the study will encourage psychologists to redefine their professional roles to incorporate proactive leadership, the facilitation of social change, and advocacy, as suggested by Chung and Bemak (2012). Confronting stigma and drawing attention to injustice, while providing education about mental health conditions, could be an effective way of changing views (Chung and Bemak, 2012). Creating opportunities for individuals to voice their concerns and learning how to facilitate change can be a step towards developing a socially responsible and just society.

Limitations of the study

The study had an exploratory and qualitative nature and focused on the experiences, views and needs of a sample of CEE immigrants to the UK in relation to mental health. Therefore, the findings do not represent the experience of all CEE minority groups living in the UK. A high level of reflexivity was maintained throughout the analysis through detailed reflection and discussion with the supervision team; nonetheless, the first author's insider researcher position may have influenced the data collected and therefore the results of this study (Braun & Clarke, 2013).

Future research

Future research might facilitate processes of raising community consciousness such as envisioning of the future and self-empowerment (Chung and Bemak, 2012), which could better address CEE immigrants' needs. This could be done through community-based, action-oriented research that seeks to involve participants as co-researchers.

References

Abrams, D. and Houston, D. (2006). Equality, Diversity and Prejudice in Britain Results from the 2005 National Survey, Report for the Cabinet Office Equalities.

Anderson, B., Ruhs, M., Rogaly, B. and Spencer, S. (2006) Fair Enough? Central and Eastern European Migrants in the Low-Wage Employment in the UK. COMPAS Research Report, University of Oxford. Baker, R. (2007). *Emotional processing, Healing through feeling*, Lion Hudson plc.

Baker, R. (2007). *Emotional processing, Healing through feeling*, Lion Hudson plc.

Bassaly, A., & Macallan, H. (2006). Willingness to use psychological help among Polish immigrants in the UK. *Counselling Psychology Review*, 21(4), 19-27.

Bhugra, D. and Gupta, S. (2011). *Migration and Mental Health*, Cambridge University Press, Accessed from: http://dx.doi.org/10.1017/CBO9780511760990

Braun V., and Clarke, V. (2013). *Successful qualitative research: A practical guide for beginners*. London: Sage.

Chung, R. and Bemak, F. (2012). *Social Justice Counseling, the next steps beyond multiculturalism.* California: Sage.

Comstock, D., Hammer, T., Strentzsch, J., Cannon, K., Parsons, J., & Salazar II, G. (2008). Relational-cultural theory: A framework for bridging relational, multicultural, and social justice competencies. *Journal of Counseling & Development*, 86, 279–287. doi:10.1002/j.1556-6678.2008.tb00510.x.

Czabala, J.C., Dudek, B., Krasucki, P., Pietrzykowska, B. & Brodniak, W. (2000). *Mental health in the workplace: Situation analysis Poland.* Geneva: International Labour Organisation.

Division of Counselling Psychology (2005). *Professional Practice Guidelines*, Retrieved from:who http://www.bps.org.uk/sites/default/files/documents/professional_practice_guidelines_-division_of_counselling_psychology.pdf.

Elliott, R, Fischer, C. and Rennie, D. (1999). Evolving guidelines for the publication of qualitative research studies in psychology and related field. *British Journal of Clinical Psychology*, 38(3), 215-229.

Finch B., Kolody B. and Vega, W. (2000). Perceived discrimination and depression among Mexican-origin adults in California. *Journal of Health and Social Behavior*. 2000; 41:295–313.

Fleetwood, S. (2013). *Critical realism and systematic dialectics: a reply to Andrew Brown,* Retrieved from:

Gary, F. A. (2005). Stigma: Barrier to Mental Health Care Among Ethnic Minorities, *Issues in Mental Health Nursing*, 26, 979-999.

Gearing, E.R. (2004) Bracketing in research: a typology. *Qualitative Health Research.*14:10, 1429–1452.

Gill, N. and Bialski, P. (2011). *'New friends in new places: network formation during the migration process among Poles in the UK'*. Geoforum, Vol. 42, p. 241-249.

Jenkins R., Klein J., and Parker C. (2005). Mental health in post-communist countries. *BMJ,* 2005; 331:173-174.

Keynejad, R., (2008). *Barriers to seeking help, What stops ethnic minority groups in Redbridge accessing mental health services?* Redbridge SVS. Retrieved from: http://www.rcmh.org.uk/documents/reports/barrierstoseekinghelp.pdf

Knab, S. (1986). Polish Americans: History and cultural perspectives of influence in the use of mental health services. *Journal of Psychosocial Nursing, 25*, 31–34.

Kozłowska, O. Sallah, D. and Galasiński, D., (2008). *'Migration, stress and mental health: an exploratory study of post-accession Polish immigrants to the United Kingdom'*, Centre for Health and

Social Care Improvement and History of Governance Research Institute, University of Wolverhampton.

Levenbach, D. and Lewak, B. (1995), ''Immigration: going home or going to pieces'', *Contemporary Family Therapy*, Vol. 17, p. 379-94.

Madden, H, Harris, J., Harrison, B and Timpson, H. (2014). *A Targeted Health Needs Assessment of the Eastern European Population in Warrington*, Final Report, Centre for Public Health, Liverpool John Moores University.

M*ä*kinen, I. (2006). Suicide mortality of Eastern European regions before and after the Communist period, Social Science & Medicine, Volume 63, Issue 2, July 2006, Pages 307–319.

Maxwell, J. A. (2005). *Qualitative research design: An interactive approach* (2nd ed.), Thousand Oaks: Sage.

McLean C. and Campbell C. (2003). Locating research informants in a multi-ethnic community: ethnic identities, social networks and recruitment methods, *Ethnicity and Health,* 8, 1, 41–61.

McLeod, J. (2003). *Doing Counselling Research.* Second edition. Sage Publications Ltd.

O'Brien, P. and Tribe, R. (2014). Exploring Polish migrants' adaptation to life in the UK: an interpretative phenomenological analysis, *International Journal of Culture and Mental Health,* Volume 7, Issue 4.

Office for National Statistics (2013). *Population by Country of Birth and Nationality*. Retrieved on 20 May 2015 from http://www.ons.gov.uk/ons/publications/re-reference tables.html?edition=tcm%3A77-326579.

Razvodovsky, Y. and Stickle, (2009). Suicide in urban and rural regions of Belarus, 1990–2005, *Journal of Public Health*, Volume 123, Issue 1, Pages 27–31.

Robila, M. and Sandberg, J. (2011),"Family therapy with Eastern European immigrants: recommendations for practice", *International Journal of Migration, Health and Social Care*, 7 (4),182 – 196

Selkirk, M., Quayle, E. and Rothwell, N. (2012), Influences on Polish migrants responses to distress and decisions about whether to seek psychological help, *Counselling Psychology Review*, 27 (3), 40-54

Sue, S., Zane, N., Hall, G. and Berger, L. (2009) The Case for Cultural Competency in Psychotherapy, *Annual Review of Psychology*, 60, 525–548. doi:10.1146/annurev.psych.60.110707.163651.

Tobi, P., Sheriden, K., & Lais, S., (2010). *Health and Social Care Needs Assessment of Eastern Europeans (including Roma) individuals in Barking and Dagenham*, Institute for Health and Human Development, Retrieved from: www.nelft.nhs.uk/_documentbank/Health_care_needs_assessment_Eastern_Europeans_2010_fin al.pdf (Accessed on the2 7/06/2014).

Titkow, A. and Duch, D. (2004). The Polish family: Always an institution? in Robila, M. (ed.) (2004), Families in Eastern Europe, Contemporary perspectives in family research, Vol. 5, pp. 69-86, ELSEVIER Ltd., Oxford, UK.

Willig, C. (2008). *Introducing qualitative research in psychology* (2nd ed.). New York: Open University Press.

Yakushko, O. and Consoli, M. (2014) Politics and Research of Immigration: Implications for Counseling and Psychological Scholarship and Action, *Journal for Social Action in Counseling and Psychology*, 6, (1), 98-121.

Becoming "another brick in the wall": a thematic analysis of Central and Eastern European immigrants' experience of psychological distress and help-seeking

Figure 1 An illustration of the overall thematic analysis

Theme: Immigrating for "a better life"

Theme: "We just accept it": Prejudice and discrimination

Theme: "Everything is getting on your nerves": Experience of distress

Theme: "Everything was hard": Adjustment to the host country

Theme: "I have been trying to deal on my own": Self-help experience

Theme: "You seek help from your partner, or friends": Support from family and friends

Theme: "Ticking the boxes was not going to solve my problems": Experience of mental health services

Overarching theme 1: Immigration experience

Overarching theme 2: Views and meanings of mental health

Overarching theme 3: Help-seeking experience

Overarching theme 4: Addressing Immigrants' needs

Theme: "Everything stays in the family": Secrecy and mental health

Theme: "Crazy, mad and dangerous": Mental health stigma

Theme: "It is difficult to find the right words and to express what's inside me": Barriers to help-seeking

Theme: "Just not to discriminate us": Socio-economic context

Theme: "People try and seek contact through these communities": Improving support

24