

## Margaret's Story: Journey through Successive Losses and Illness towards Wellness

### ***Background:***

Margaret is a 60 year old Spanish-speaking woman who sought refuge in Canada in 1996 to escape harassment for promoting human rights in her country of birth, Cuba. Her pre-immigration mental health issues, multiple problems related to settling in Canada, along with the loss of intimate relationships due to deaths and disruptions in family contributed to her chronic depression. However, Margaret constantly strived to pull herself out of the odds of life by seeking help from various professionals and informal supports. This case-synopsis presents both her struggles and successes of accessing mental health services in Ontario.

### ***Life in Home Country:***

Margaret's life is a litany of losses that adversely impacted her mental health. When she was six years old, her grandfather hanged himself. His death deeply affected Margaret, because it was she and her brother who first found the body. Apart from this traumatic experience, Margaret says: *"I was normal kid, normal teenager. I loved to study; I was involved in a lot of activities, volunteering and a lot of things..."* At the age of sixteen, Margaret gave birth to her first child and in the following year she had another. Fortunately, Margaret had the support of her mother who took care of her children while she pursued her high school education by attending evening classes.

### ***First Mental Health Episode:***

Around the age of twenty (1966 – 1967), while in the first year of her university studies, Margaret's life was shattered by divorce, followed by the untimely death of her father. The stress of parenting, failed marriage, and the death of her father pushed her into depression, which forced her to discontinue her education. Yet, diligent she was, Margaret made use of the health education programs on the television, and harnessed the support of her family and the public healthcare system to deal with her mental illness *"I realized that I was having a lot of problems. I was living in apartments in the top of a building like a penthouse, and it was on the fifth floor. Sometimes I felt that I wanted to jump, so I said, "no I have to live, so it is better to get help"*. She is very appreciative of the publicly-funded health services in her home country and the psychiatrist who treated her with mild medications, along with information and encouragement that enabled her to recover from depression. In 1971, Margaret enrolled at Havana University and completed a professional degree under a work-study program. At the end of the three-year program, she commenced a successful career as a systems analyst. In 1974, she married again and gave birth to her third child. For the

next 20 years, her life was rather smooth with a job in line with her expertise and a happy family. However, in 1994 Margaret joined an organization that worked to educate the public about human rights and she consequently she began to experience problems at work. In 1996, Margaret decided to leave the country to escape harassment from civil authorities. Since her eldest son had already migrated to Canada almost 20 years earlier, he invited her to join him and to seek refuge in Canada.

### ***Life in Canada:***

Upon setting foot on Canadian soil, Margaret enjoyed a sense of security and hope. At the same time, she was anxious about obtaining legal status and worried about her husband and son left behind in Cuba. Moreover, shortly after her arrival in Canada, she learnt of the death of her first husband, with whom she had maintained good relationship. Then, there came the dreadful news about the death of her only brother which left her in utter grief for a long period. During these difficult times, a church organization referred her to a counselor with whom Margaret shared a common cultural and language bond. The church group also loaned her money needed for refugee proceedings. Margaret expresses immense satisfaction with the services of the counselor who helped her through the process of refugee hearings and also enabled her to deal with the stressors of life in the course of two years. Recounting her experience about the support she received from the counselor, Margaret says that:

*"After I came here I became very stressed and anxious because of my situation. I had to leave my family there and then all the stress of the refugee process, I had lost a lot of "persons" (relatives that died after her arrival to Canada) at the same time. Then, when I was in the process of waiting for the hearing I got help, I was attending [Counselor name]..... Counseling, she helped me a lot. I could go to the hearing and speak, thanks to her. I don't think I would have been able to do that without her".*

Despite facing several hurdles, Margaret set out to make her Canadian dream come alive by taking up ESL and skill development courses under the "New Canadian Program". Eventually, Margaret got a three-year contract job as a systems analyst. After almost two and a half years in Canada, Margaret was able to bring her husband and her son as permanent residents. In the mean time, her eldest son got married and it seemed that finally Margaret could enjoy being with her entire family. However, the tide changed quickly and her relationship with her husband took a downward turn and he left for the United States, where Margaret did not want to follow. Around the same time, she moved out of her son's home and resided with her Cuban friends in a shared apartment. After a couple years, her daughter-in-law resumed her job and called Margaret to live with them again and help in raising her two grandchildren.

### ***Re-emergence of Mental Illness:***

The new millennium ushered new problems into the life of Margaret. In 2001 Margaret returned to her home country Cuba to be with her mother who had been diagnosed with cancer. A week after Margaret returned to Canada, her brother in law, who was more like a friend to her since their college days, passed away due to a heart attack. In the same year, her mother died as well. Further, she was deeply saddened to see her son's marriage end in divorce. In short, the loss of her loved ones, of her job, and the dispersion of her family impacted her mental health so badly that her old enemy depression took hold of her life again. At this juncture, the comments from her counselor provide insight into the factors that lead distressed new immigrants into full blown depression and other serious mental illnesses:

*“(Margaret) “was not depressed because I worked with her; she was having some reactions to the new culture that she was facing herself, and language was an issue, not having a sense of support in the relationship. Before she came she was a successful professional woman. Then she came, she was not employed; her credentials were not recognized even though in my capacity, she spoke quite good English given the fact that she just arrived. Even though her English skills were quite good, of course, she went to ESL and her English became even better to me. She went against the odds, she was a middle age woman at that time, the research and everything else tells you that middle age women don't do well when they migrate to another country.....not that she [wasn't] doing quite well. She was, in my opinion. It was the reception that she got here that led to mental health problems along with other issues that she had faced in her country of origin that were in some what exacerbated when she came here”.*

Unlike dealing with mental illness issues in Cuba, this time, Margaret had no family for support, and not even a place to reside. Following the divorce of her son, she had to move out of his house and could not afford to rent an apartment. Fortunately, while attending an informal ethno-cultural support group, she met a sympathetic woman who not only offered a room in her house, but also turned out to be a supportive friend during mental health episodes. This friend gives evidence to the importance of informal networks in providing care for mentally distressed persons. This particular friend speaks of Margaret as a woman of characteristic determination who was tossed down by various burdens faced by new immigrants:

*“(Her job) contract expired and they didn't rehire her .....She was not working she was doing volunteer work, she was taking a course in computers, and they were paying her for that course ..... And it didn't work. She failed because she was already, she was not well already. She couldn't concentrate ...what happened is that one day I found her in such bad shape and I said, ....aaaah,, You are coming to the hospital with me, you can't continue in that situation and I took her to crisis centre. She wasn't able was to make a decision on anything like I am going to do that, I am going to eat, or anything. You had to continuously say ..... [name] come we are going to eat, [name].....this is the way that I had to cope”.*

### ***Encounters with Mental Health System:***

Margaret's experience with health professionals is a bitter-sweet story. Her physician treated her for a while and then referred her to a psychiatrist who was practicing in a neighboring city. Margaret was unable to access his services due to distance and lack of affordable transportation. In the time of silent suffering without access to treatment, Margaret's friend took care of her and even rushed her to the emergency room in crisis situations. As part of the treatment plan, Margaret was referred to a psychiatrist attached to the Grand River Hospital. However, even before she got well, the psychiatrist terminated his services as he was inundated with cases. Margaret approached another psychiatrist in the city, who treated her over the next two years, but left her dissatisfied because of his distant approach, his insensitivity to her cultural differences and failure to understand her anxiety about being over-medicated. Margaret reports that:

*"He was in a rush, he only gave me 15 minutes every time I was there...so not counseling, just see me for the medication... it was for 2 years... With the same crying and crying you know, until I said, "it doesn't work"... because I was feeling worse because of the way that he was treating me. One time he prescribed me pills and I read. I used to read all the information. I asked the pharmacist to give me all the information and when I read it I said, "I don't like this" [smile] and then he got mad because I didn't take the pill... Because it [medicine] is very strong and mainly for people who have attacks, like epilepsy and a lot of things and it has a lot of contraindications...Yes, side effects, so I explained to him and he got mad..."*

Meanwhile, one of her friends took her to another psychiatrist and implored him to treat Margaret despite his heavy caseload. The psychiatrist relented and Margaret was in for a very satisfying health service that positively impacted her recovery. Margaret suggests that this psychiatrist was more amenable to her experiences around immigration and culture change, and validated her preference for psychotherapy instead of intensive medication.

*"I visited his office for three years. We finished now, just last June. He told me, "you are okay now, but this problem is going to be forever" and so he doesn't need to see me anymore. The first time he spent more than one hour with me, after that, half hour once a week, so I got a lot of psychotherapy, he was not only leaving me with the pills. He was like a psychologist too, he was talking with me, telling me how I can deal with a lot of things, you know because I always saw the negative part of everything. He helped a lot psychologically, speaking a lot and then we started with the medication... it has been very good because you know it is not the same to speak in English, something other than your native*

*language... Now I feel confident that I can help people, I can talk about this and that so I am happy, very happy."*

It is noteworthy that Margaret is keen on exploring all possible treatment approaches as she takes responsibility for her recovery. Margaret provides insights into the problems faced by many new immigrants like her, in accessing mental health services. Positively, Margaret recounts the support received from community worker/counselor, the seniors' Hispanic group "Amigos", and some of her friends. She identifies the barriers of language and cultural disparity in expressing one's inner thoughts and experiences to health professionals. She also voices concern about the lack of mental health professionals willing to take up new cases. Moreover, Margaret emphasizes the need for community-based and holistic treatment methods. Speaking of her interest in non-medication-focused treatment option, she says:

*"I am going to be sixty and I can't image taking these pills all of my life! If I find another way to cope with this problem it would be good. It is about some kind of physical strand that probably has to do with something that traditional [Western] medicine does not manage very well today. This naturopath is from people who have been there, and they are feeling very good."*