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Our ref.: 2011/206

Date: 9 February, 2012

Concerning “Irregular migration and mental health realities of undocumented immigrants in Oslo”

The researcher wants to investigate conceptions of mental health among irregular migrants. The research protocol includes a wide range of questions, such as, How does this group define mental health? How are causes and symptoms explained? How does the group relate to the health centre as a symbolic and physical entity? How do they relate to the staff? How do the relevant authorities define mental health? What strategies for coping are emphasized? A main focus is on how members of the group in question interpret their mental health, and how their mental health is interpreted by the health care services. The researcher will apply methods from medical anthropology and psychiatry. The researcher also intimates that she will grapple with the concept of mental health as such.

NESH considers research on this group to be important. In this project, however, NESH finds ten challenges that should be addressed through further specifications and modifications of the research design before its empirical part is initiated.

1. The planned group interviews would probably yield a surplus of unwanted information. This information would, in addition, be shared with the other participants during the group interviews as well as with the researcher. These considerations make NESH advise against the use of group interviews in this project, except in the case of the staff.
2. The proposed participatory observation creates great challenges with regard to the need for informed voluntary consent. NESH recommends that one carries out a critical review of this issue, being prepared not to apply this method if it proves impossible to harmonize with the demand for informed voluntary consent.
3. The idea of personally following up on participants after the research period is over in order to inform them of the results is in line with general guidelines of research

ethics. In this case, however, due to the predicament of the participants as irregular immigrants, being tracked down individually might be experienced as stressful. NESH therefore recommends finding an alternative way of reporting back to the participants, such as arranging a briefing at the health centre or setting up an internet site where the results will be disseminated. Whatever strategy is chosen, language barriers must, of course, also be overcome.

4. The researcher claims that she will not act as a therapist. At the same time, however, she stresses that she will use her training and competence to treat acute symptoms of, e.g., re-traumatization. Beyond such claims, the plans mentioned for such contingencies are very vague (e.g., there is no definition of the 'committees' that allegedly will be activated if needed). This aspect of the project must be concretized and strengthened. It is of the utmost importance that such contingencies are thought through before the empirical part of the research is initiated, and that the relevant resources are both actively involved in planning for contingencies *and* integrated as part of the system to help address them if they do arise. Both supervisors and organizations involved in the project must be included as resources in this process.
5. The various presentations of the project do not seem to be identical when it comes to questions of policy for the inclusion of personal data. Facts about experienced mental health as such, e.g., must be considered extremely sensitive information. In line with what the researcher states in a reply to NSD, NESH recommends that the storing of personal data be avoided. This would also include those recordings (audio and video) that are listed in the description of the project. Contrary to what the researcher at one point suggests, the project must in any case be carried out in such a way that the participants are guaranteed confidentiality and anonymity.
6. The members of the group in question are illegal immigrants, which makes it likely that some of them are involved in further illegal activities. On the part of the researcher, this state of affairs makes it especially pertinent to consider in advance where to draw the line between the duty to respect confidentiality and the duty to report criminal activity to the authorities.
7. The interpreters represent a separate challenge in this project. According to the received documents, they will be informed about what is expected in terms of confidentiality. This is not sufficient. The interpreters should sign agreements of confidentiality. This is of particular importance in cases where sharing a language might in the context imply social contact points, generating conflicts of interest for the interpreters which could, in turn, create difficulties for the informants.
8. More generally, it must be said that the present protocol is extremely ambitious for a PhD project. The broad approach and the complexity of the project raise issues of research ethical relevance, in that the project's legitimacy depends on its potential impact, e.g., on public debate or policy, which in turn requires that the project is completed and its findings published. With this in mind, NESH recommends that the PhD student in close collaboration with her advisors focuses the project's efforts on


what seems to be the main research question: the experience of and mental health care for this specific group.

9. Partly for this reason, partly because it seems to significantly increase the risk of re-traumatization, and partly because it will lead to the researcher receiving unwanted superfluous information (cf. 6 above), NESH questions the specific focus on histories of violence in the interview guide. Much that affects mental health has little or nothing to do with violence, and several other topics seem just as relevant to the research topic as does the issue of violence. The foregrounding of violence as a topic of special interest does not seem warranted by the research proposal as a whole.
10. It can often be quite difficult to make it sufficiently clear to participants that the researcher's role and project will not in any direct way contribute to ameliorating the participant's hardship, and, *vice versa*, that non-participation in the research will have no negative consequences for the individual. Information to potential participants should be made very clear on these points in accessible language.

In conclusion, NESH would like to emphasize that this is a project which may generate important knowledge about an exposed and vulnerable group in Norwegian society.

On behalf of NESH,


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