Assessing the Mental Health Needs in Indigenous Ngäbe Communities in Bocas del Toro, Panama

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Introduction

Through the green mountains and tropical islands of Western Panama lies cattle ranches and commercial farms of vegetables, coffee, and bananas in Bocas del Toro. The area is home to approximately 150,000 Ngäbe people who have fought to preserve the land and communities for more than 500 years (Campbell, 2014). Defending the land from tourism, hydroelectric dams, and other political and developmental forces has been difficult.

With this complex history of international relationships, Indigenous Panamanians have seen a rise in violence (Mejia, Calam, & Sanders, 2015), drinking and drug use (Degenhardt et al., 2008; Delva et al., 1999), and suicide (Rodriguez, 2010; Villareal, Grajales, Lopez, Britton, & Panama Aging Research Initiative, 2015). To combat these difficulties, there are few resources in Bocas del Toro. Medical and mental health professionals can be difficult to find as well as expensive and time-consuming to travel to.

The purpose of this research is to explore the mental health needs as well as highlight perceptions of mental health issues present across five Ngäbe communities throughout Bocas del Toro, Panama. Qualitative interviews were done through collaboration with Floating Doctors, an NGO that currently provides single and multi-day mobile medical clinics on a rotating basis to more than 24 Ngäbe communities.

Guiding Interview Questions

1. How do Ngäbe people perceive mental health as defined in Western culture?
2. What factors influence mental health in the Ngäbe communities served by Floating Doctors?
3. What are the primary mental health concerns of Ngäbe people?
4. What mental health resources exist and what mental health resources could be helpful in furthering positive health and life satisfaction amongst the Ngäbe community?

Participants

Participants were recruited through Floating Doctors mobile clinics. Thirteen interviews in five communities were included in the final analysis. Six male and seven females ranging in age from 22 to 65 engaged in interviews with the researchers and a translator. Participants identified seven different religions; Adventist (3), Apostle (1), Catholic (1), Christ Church (1), Evangelist (1), Mama Tata (1), and Methodist (2) and three participants indicated "none" for religion.

Interviews were with Ngäbe who identified as single, married, as sons, husbands, fathers, wives, mothers, grandmothers who work in and out of the home with younger and older females predominantly responsible for housework. Two described shared household duties with their partners. Younger males described their roles to include work typically outside of the home and defined children's responsibilities as going to school.

Analysis

Interviews were coded by a team of researchers on-site in Panama. The first interview was coded collectively to achieve interrater reliability. Researchers were paired in reviewing subsequent interviews to maintain intercoder agreement. As new themes emerged after the first interview, the research team maintained a shared key and utilized proximity to discuss and confirm.

Final analysis and organization occurred with a core group of researcher who reviewed over fifty themes that had emerged. For the purpose of answering the question of assessing the mental health needs, the team focused on four of the nine themes that emerged. Of importance were findings on meaning and knowledge of health, personal well-being, influence of community, and cultural dynamics and discrimination.

"Si tu lo necesitas y no lo puedes obtener, entonces tu no vas a tener buena salud mental…porque tu mente está…pensando en que necesitas eso"

(If you need it and you can't get it, then you won't have good mental health … because your mind is … thinking about what you need."

Reflections on the Research Process

Navigating social location, historical contexts, and dynamics of power and privilege was challenging. The researcher consulted with multiple stakeholders throughout the process to more effectively and ethically navigate the research process.

The use of translation was also a challenge. Occasionally, the researcher, participants, and translators had differences in understanding of translations. Further, during the analysis stage, multiple reviewers reported they would have translated differently than others had. This was a limitation.

Future Directions

In partnership between Floating Doctors and Adler University, future directions will be to further explore the presented research as well as additional themes that emerged from the interviews. With the goal of incorporating mental health training for staff and volunteers as well as providing mental health consultations in mobile medical clinics through a lens of social justice with the goal of socially responsible practice and "medical voluntourism," further assessment is necessary for the specific mental health needs of the Ngäbe.

References are available by emailing Megan Chapman at mchapman2@adler.edu or Kristina Brown at kbrown@adler.edu.
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Findings

Theme 1: Meaning and knowledge of health

*Subtheme 1: M*ental health - Mental health problems often arise to Ngäbe people as inability to accomplish goals or having preoccupations, sometimes related to internal or external factors. Often, having poor mental health was equated with a lack of resources.

Subtheme 2: Prevention - Participants described the role of prevention, highlighting that when needs are not met, people may have a harder time adjusting to their environments or take care of their needs. Specifically, not taking care of basic needs can influence poor personal habits that may create more unstable households.

Theme 2: Personal well-being

Subtheme 1: Future Focus - Participants reported that furthering their own education and creating an academic path for their children is essential for living a happy life and is deeply connected to preventing mental health problems.

*Subtheme 2: C*lear Thinking - Constant worry and anxiety often lead to poor mental well-being. One participant reported that a lack of clear thinking makes it difficult for people to connect with each other.

Subtheme 3: Personal Activities - Having personal interests, like fishing or exercising, are important to developing good mental health.

Theme 3: Influence of community

The influence of community is intricately connected to wellbeing and mental health. Participants cited community as influencing decision-making.

Subtheme 1: Peer Pressure - Participants highlighted the role of peers on childhood development and mental health problems, saying peers who come from outside the communities often influence drug and alcohol use amongst young people.

Subtheme 2: Interconnectedness - Community provides the foundation for development and behavior in Ngäbe families. Families often look out for each other and take care of each other within the communities, helping each have the resources they need.

Theme 4: Cultural Dynamics and Discrimination

Subtheme 1: Participants consistently stressed the importance of tangible resources, including access to them, as vital for healthy personal and relational well-being. One participant noted that mental health issues like anxiety come from a desperation to have something you need.

Subtheme 2: A repercussion of cultural dynamics and discrimination was described as essentially an increase in mental health issues. Drugs and alcohol use often lead to violence, which many participants attributed to the rise in mental and relational health concerns to contact with others outside Ngäbe communities.