Migrant Health Research Prioritisation in Ireland: A Participatory Arts-Based Action Plan

A joint report from Doras and the Health Research Institute PART-IM Research Cluster, University of Limerick

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Doras
Promoting and Protecting Human Rights

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Executive Summary

People are experts in their own health and need to be involved in health-related decisions, including what issues should be researched. Despite growing recognition of the importance of participatory research, migrants are often excluded from conversations related to priorities in health research. This project was co-designed by the migrant NGO Doras with academics from the Health Research Institute (HRI) in the University of Limerick (UL). The key aim of the project was to **engage in a research prioritisation process using participatory and arts-based approaches (particularly music) to generate a research** agenda for Ireland about migrant health research. The project, supported through the Irish Research Council New Foundations Award, was led by Professor Helen Phelan from UL's Irish World Academy of Music and Dance. It was supported by the Public and Patient Involvement Research Unit at UL, which is a designated WHO Collaborating Centre for Migrants' Involvement in Health Research.

The project adapted an existing creative project; the **Irish World Music Café**[2], to facilitate this process. The Irish World Music Café was first developed in 2015 in the context of the Irish Refugee Protection Programme. It uses music and singing to develop inclusive, social and creative spaces. In the context of COVID-19 it was successfully adapted as an online gathering. For this project, the online Irish World Music Café was considered a novel creative space that was conducive to facilitating dialogue around research priorities. Six two-hour cafés were coordinated for consecutive Wednesday mornings from 26 May to 30 June 2021. A total of 23 people participated, with 17 attending more than half and 13 attending all six. Participants were recruited from migrant support groups and the Irish health services as well as health and music academics working in the area of migrant research.

The café structure was modelled on the original Irish World Music Café. It included musical icebreakers, learning songs from different parts of the world, and cultural sharing (e.g. a music video or film) from all participants. Each week, a guided discussion and small group conversations about the identification of the research priorities were embedded into the café's arts-based features, including drawing, song-writing, singing and spoken word. Starting with the

identification of five initial themes, subsequent conversation and working group developments resulted in the identification of three actionable themes: **holistic health, language and culture**, and **mental health**.

The café process was documented using a combination of researcher field notes, in-session feedback and arts-based documentation. A qualitative **evaluation** of the experience was carried out in the final café, focusing on the cafés as participatory spaces with guided questions on the online environment, the use of music, social dynamics and power, timing of the cafés, and general strengths and weakness. The overall experience was evaluated as positive. The online environment enhanced aspects of access but also reduced face-to-face interactions. The use of music was viewed as distinctive, enjoyable and able to facilitate a deep human dimension. The timeframe was viewed as just right, though there was a desire for more contact going forward.

At the end of the café process, three working groups were established to develop an action plan around the three identified themes. Existing projects were identified as well as resources and expertise to develop new research initiatives in each of these areas. A timeframe for development was identified, as well as community partners to form part of participatory research teams.

Findings and recommendations arising from this process of research prioritisation for migrant health research in Ireland include the following:

- The use of the Irish World Music Café was a valuable method for research prioritisation and warrants further investigation as a participatory, arts-based method.

- Intercultural sharing within the café provided an important means of equalising power differences, enhancing the human dimension, and experiencing the cultural lives of others.

- The research priorities identified well-attested gaps in migrant health research including (i) language and culture and (ii) mental health.

- The research priorities drew attention to less well identified areas including holistic health and the role of culture and cultural strategies to promote health, wellbeing and social inclusion.

- There are significant resonances between the bottom-up approach provided by the Irish World Music Café and top-down policies such as the WHO Strategy and Action Plan for Refugee and Migrant Health (2016) in relation to the need for inter-sectoral action to bring about change.

- The café model will be used to revisit, update and expand the project on an annual basis for the duration of the action plan.
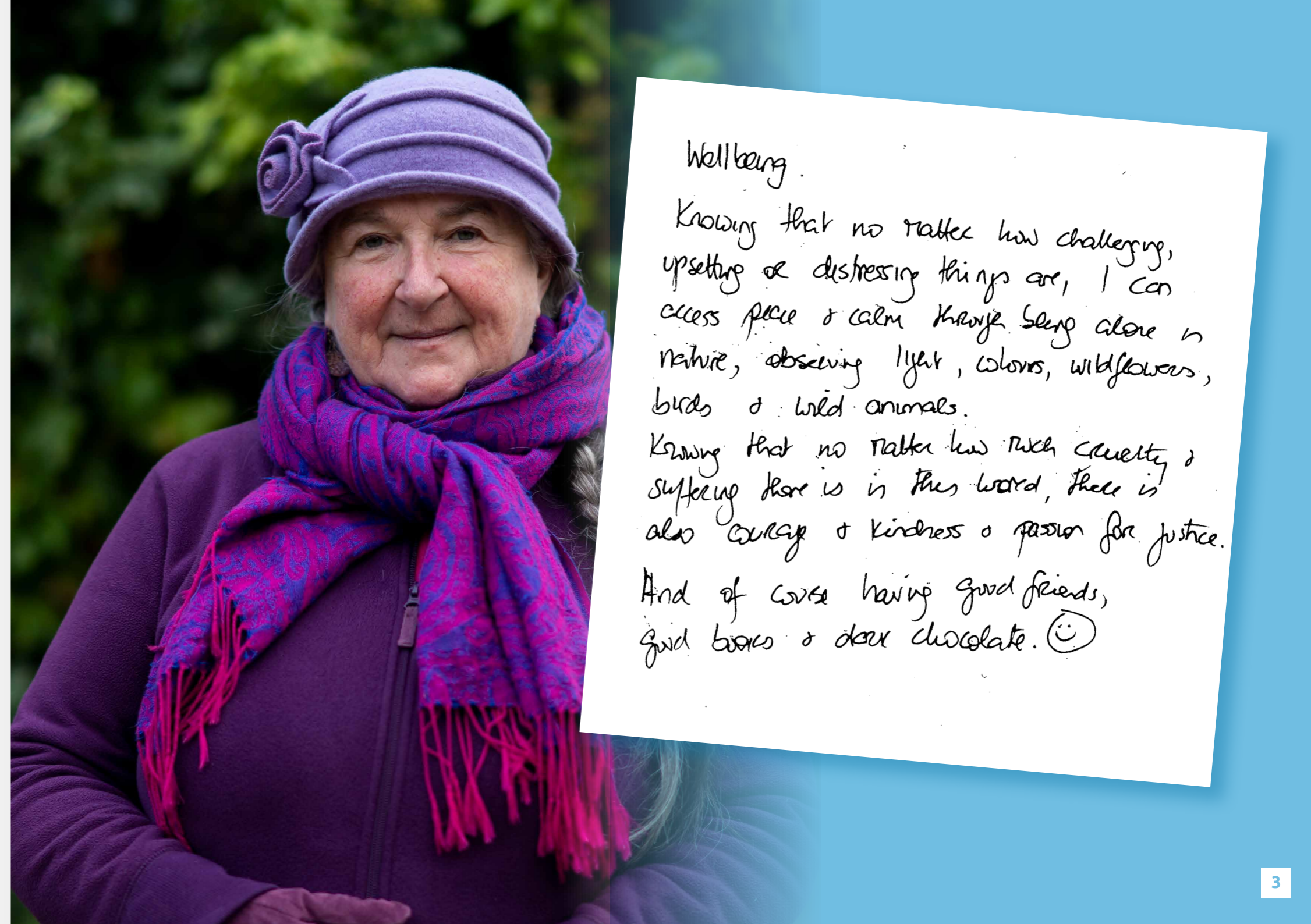
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Introduction

People are experts in their own health and need to be involved in health-related decisions, including what issues should be researched. Despite growing recognition of the importance of participatory research, migrants are often excluded from conversations related to priorities in health research. This project was co-designed by the migrant NGO Doras with academics from the University of Limerick (UL). The key aim of the project was to engage in a research prioritisation process using participatory and arts-based approaches (particularly music) to generate a research agenda for Ireland about migrant health research. The project, supported through the Irish Research Council New Foundations Award, was led by Professor Helen Phelan from UL's Irish World Academy of Music and Dance. It was supported by the Public and Patient Involvement Research Unit at UL, which is a designated WHO Collaborating Centre for Migrants' Involvement in Health Research.

Wellbeing to me is all about attaining a level of comfort (no matter the situation I feel content and in control), having good self image, living a more fulfilling life whether it be on a spiritual, physical, mental or emotional level (or all) and being able to function well and cope with normal everyday stresses that maybe once upon a time posed a challenge. The pandemic has been a blessing in disguise as it forced this change within me, all the time save with WFH had me self reflect, brought matters to the spotlight and when push came to shove I took a conscious desesion to make positive changes that undoubtedly have had a positive impact on my health and well-being Hamdullah for being able to reach a point where I can focus on what's important to me and 'Me' being the key word. – Sarah
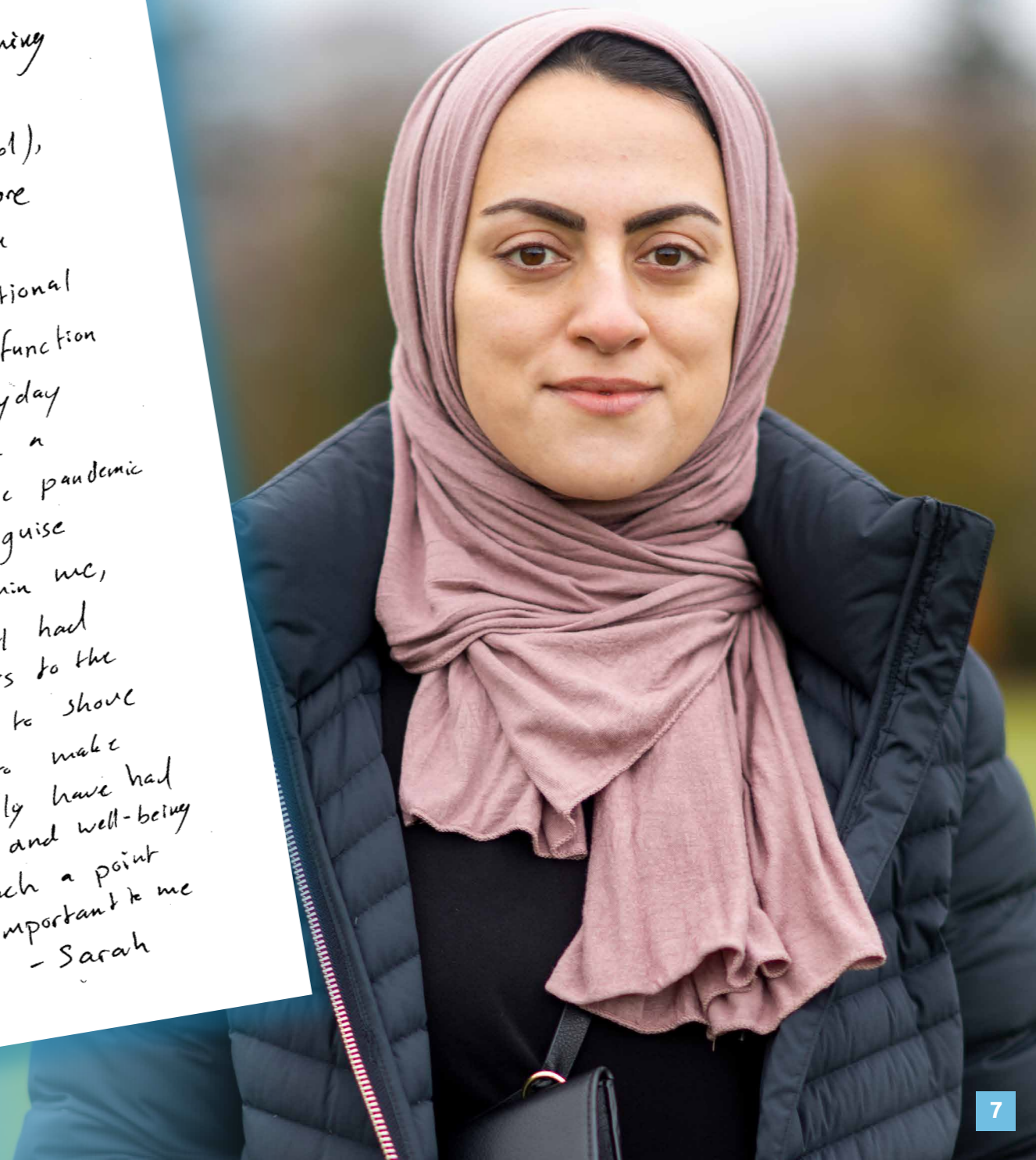
Context

PART-IM (**P**articipatory and **A**rts-Based Methods for Involving **M**igrants in Health Research) is an interdisciplinary research cluster established by the Health Research Institute (HRI) at the University of Limerick (UL) in 2019 as part of an ambitious initiative to stimulate research capacity through investment in interdisciplinary research with an emphasis on global and societal challenges[3]. The cluster brings together arts-based and participatory scholars from medicine, nursing & midwifery, and the performing arts, as well as community partners. The vision is to develop increased understanding of the role of arts-based methods as participatory strategies for involving migrants in health research.

Doras is an independent, non-profit, non-governmental organisation working to promote and protect the rights of people from a migrant background in Ireland[4]. Established in 2000 in response to the direct provision system instituted by the Irish government, it has expanded its services over the past two decades to promote and protect the rights of all migrants in Ireland through direct support, advocacy and integration support. Doras is the primary community partner working with the PART-IM research cluster.

At the PART-IM annual cluster meeting of 2020, Doras noted the need for the development of **a research priority plan to identify the primary needs of the migrant community in the area of health research, and to guide an action plan for migrant health research in Ireland**. This was considered important to generate Irish evidence to inform Irish policy-making processes. In partnership with Doras, PART-IM developed a proposal for a participatory, arts-based process to facilitate the research prioritisation consultation process, bringing together colleagues from the Health Service Executive (HSE), migrant support NGOs, academics, artists and migrants. Funded by the Irish Research Council through a New Foundations networking award, the RIMPAP (**R**esearch **P**rioritisation in **M**igrant Health: Towards a Participatory, **A**rts-Based **P**aradigm) project commenced in March 2021.

RIMPAP

A key aim of RIMPAP was to utilise **the arts and music as participatory strategies to generate a research agenda for Ireland about migrant health research**. Despite growing recognition of the importance of participatory research, migrants are often excluded from having a voice in relation to their priorities around health research. The use of the arts and music has been shown to support social bonding within diverse groups and encourage open conversation in safe, creative spaces.

RIMPAP adapted an existing creative initiative called the **Irish World Music Café**: a community-based project developed in 2015 to create spaces of welcome for newcomers in Ireland through musical sharing in a social setting. Since June 2020, due to COVID-19, the café has been operating successfully online. RIMPAP used the structure and ethos of the café to create **a series of six online world music cafés in May–June 2021** as a forum to facilitate creative engagement and dialogue concerning research priorities in migrant health.

A coordinating team made up of UL and Doras colleagues worked together to plan, deliver and evaluate the cafés. They had meetings before, and debriefing meetings after, each café session to review the café, document discussion, develop arts-based material and refine the emergent research themes.

[3] https://www.ul.ie/hri/about-us/annual-reports
[4] https://doras.org/about-us/

Recruitment and profile of participants

Figure 1.
Attendance of participants

Figure 2.
Stakeholder representatives

Figure 3.
Migration background of participants

The recruitment process of participants was developed by the coordinating team following approval by the UL research ethics committee. It was agreed that asking migrants in the early stages of arrival to Ireland to participate in this process raised ethical concerns and potential vulnerabilities. Migrants who had lived in Ireland for an extended period and who had professional experience of working in the context of migrant support were recruited through professional networks. Colleagues from the HSE and NGOs with a track record of working with migrants were also invited, as well as academic colleagues working in migrant research.

84 participants were identified and invited. 23 expressions of interest were received. As well as the five café co-ordinators (researchers and community partners), an additional 18 people participated in at least one of six café online sessions in May–June 2021. The five coordinators participated fully in the café programme and are included in the participant numbers in **Figure 1**. A second invitation was issued to the original contact list to attend the final café for a presentation of initial findings around the research prioritisation process. 15 additional people attended, including Dr Elisabeth Waagensen, representing the WHO Regional Office in Europe

As mentioned, representatives of different stakeholder groups participated in the sessions. **Figure 2** illustrates the self-reported areas represented by participants including community organisation representation, healthcare representation, health academic representation and artistic academic representation.

11 participants identified themselves as Irish born, while 9 identified as international migrants. Three participants did not disclose information on their migration background. (**Figure 3**).

Figure 1. Attendance of participants
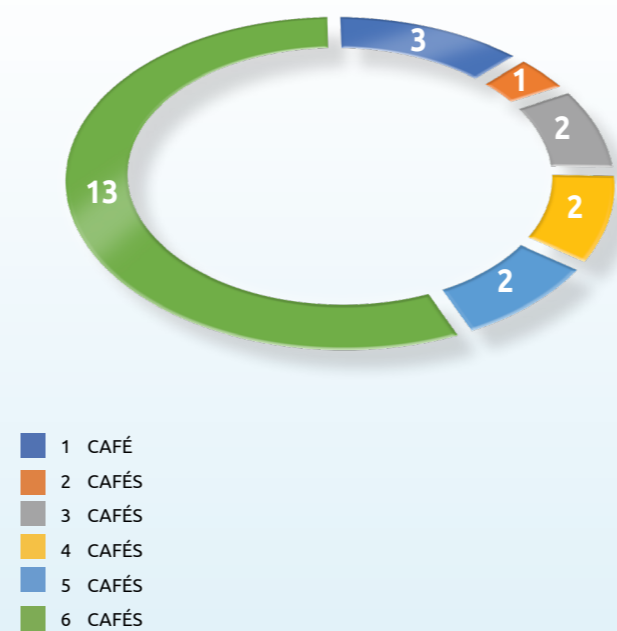
- 1 CAFÉ
- 2 CAFÉS
- 3 CAFÉS
- 4 CAFÉS
- 5 CAFÉS
- 6 CAFÉS

Figure 2. Stakeholder representatives

- COMMUNITY ORGANISATION REPRESENTATIVE
- HEALTH ACADEMIC REPRESENTATIVE
- HEALTHCARE REPRESENTATIVE
- ARTISTIC ACADEMIC REPRESENTATIVE

Figure 3. Migration background of participants

- INTERNATIONAL MIGRANT
- IRISH BORN
- UNDISCLOSED
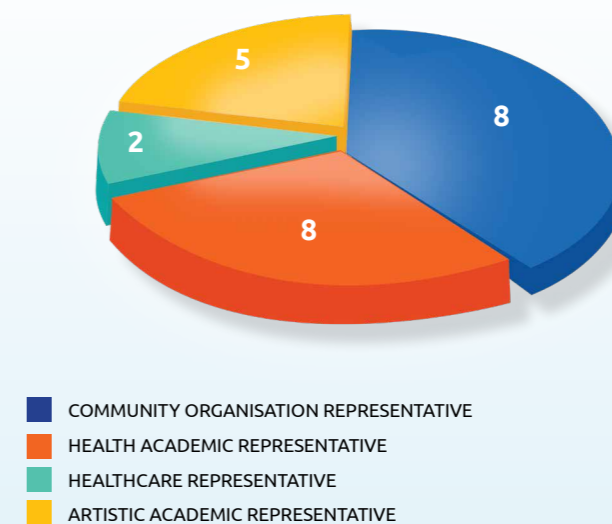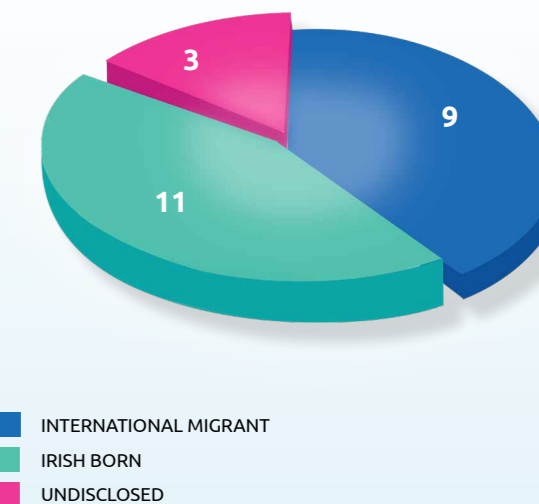
Structure of the sessions

Sessions were organised online, using the Zoom platform, and broadly followed the online structure developed by the Irish World Music Café. However, an innovation of the RIMPAP cafés was the identification of a discussion point around research priorities in migrant health at each café.

A shared music playlist was facilitated through the Spotify platform and all participants were invited to share songs and music. Each session commenced 10 minutes before the start time with shared music from the playlist.

A short welcome session followed, including breathing exercises, stretches and musical icebreakers. The first café included a welcome video from Dr Gundo Weiler (Director, Division of Country Support, Emergency Preparedness and Response) from the WHO Regional Office in Europe.

Each café also included the shared learning of a simple song from different parts of the world (Ghana, Ireland, Palestine and Poland) and a cultural sharing from anyone in the café. Examples of cultural sharing included videos on a dance 'Berd', meaning Fortress, from Armenia, a multilingual version of 'Amazing Grace', an excerpt from the film documentary *Unsilencing Black Voices*, a Bharatanatyam dance from India and a recorded excerpt from the novel *From a Low and Quiet Sea* read by Donal Ryan. Each café ended with the singing of 'Limerick, You're a Lady', a traditional ending at the Irish World Music Cafés.

Discussion points and emergent themes

The first four cafés included a guiding discussion point to facilitate the identification of key research priorities. These included:

Café One (26 May 2021)
Imagine it's 2050 and Ireland has been acknowledged as a country where refugees and migrants have excellent health and wellbeing: How would you describe what excellent health and wellbeing for refugees and migrants in Ireland looks like and feels like?

Café Two (2 June 2021)
What are the barriers and levers to achieving excellent health for refugees and migrants living in Ireland?

Café Three (9 June 2021)
Are there particular areas where you think more information and/or deeper investigation is needed to remove the barriers and increase the levers to achieve excellent health for refugees and migrants living in Ireland?

Café Four (16 June 2021)
How do our ideas and emerging research themes relate to WHO policy? Specifically, how do they relate to the nine strategic areas outlined in the WHO Europe strategy and action plan for refugee and migrant health?

Cafés Five and Six focused on the identification of research questions and resources related to the emergent research themes, as well as dissemination.

Café Five (23 June 2021)
What skills and resources would be needed to successfully address the identified research needs? What skills and resources can be identified within our participant group?

Café Six (30 June 2021)
Presentation of preliminary findings.

In the process of refining the research questions and resources, it was agreed that the theme of 'prevention' was relevant to all the other areas and should be absorbed into the other four themes **(see Figure 5)**.
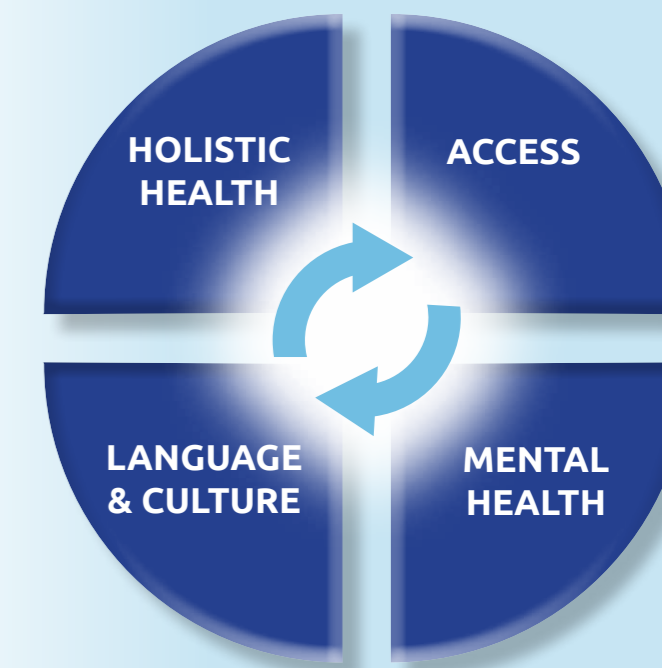

Figure 4.
Key emergent themes

Figure 5.
Four research priority areas

Table 1 summarises the key research questions identified within each priority research area.

Table 1.	Summary of key research questions related to research priority areas

1. Holistic Health

1.1 How might access to cultural knowledge and experiences support holistic approaches to migrant health?
1.2 What kinds of cultural strategies could be developed to support holistic approaches to migrant health?
1.3 How might mapping existing supports for migrants in Ireland shed light on successful strategies supporting holistic approaches to migrant health? Map migrant health initiatives and best practice in Ireland.
1.4 Develop, implement and evaluate a welcome pack for new migrants to explore issues around (a) optimal time for its use, (b) how much information? (c) what information? (d) what format, etc.

2. Access to Free and Timely Care

2.1 What is the difference between waiting times (waiting lists) within different populations?
2.2 How long are migrant patients waiting for referrals or appointments (in comparison to non-migrant populations) and why?
2.3 Lots of evidence recommending suggestions/interventions about improving healthcare access and engagement – an implementation science approach – deeper investigation about barriers.
2.4 Develop, implement and evaluate a welcome pack for new migrants to explore issues around (a) optimal time for its use, (b) how much information? (c) what information? (d) what format, etc.

3. Culture and Language: Translation and Interpretation Questions

3.1 How effective are existing translation and interpreting services? Evaluate service users' experiences and complaints about translators and interpreters.
3.2 How are they used in different healthcare settings, e.g. A&E, GPs, primary healthcare and acute healthcare services?
3.3 What are the levers and barriers to implementing trained interpreters across healthcare settings?
3.4 What is the impact of language and cultural barriers on refugees and migrants during COVID-19?
3.5 What information is in our health information systems about languages spoken by people using the health services and how can that information be used/improved to plan appropriate supports for health services in different parts of the country?
3.6 How aware/prepared are healthcare professionals to provide timely, safe and quality care to patients and their families from diverse cultural, ethnic and linguistic backgrounds?
3.7 What interventions support cultural competence/cultural humility within healthcare organisations/professionals working within these services?
3.8 What can healthcare professionals do to improve the experiences of individuals from diverse cultural, ethnic and linguistic back grounds?
3.9 What are migrants' experiences of language and cultural issues when using Irish healthcare services?

4. Mental Health

4.1 What is the current policy in the reception of asylum seekers and refugees who seek protection in Ireland with regard to the levels of assessment of their mental health and psychosocial wellbeing?
4.2 How do the current needs assessments cover the holistic aspect of mental health and psychosocial wellbeing?
4.3 What elements in the family, school, community contribute to the mental health and psychosocial wellbeing of migrants?
4.4 Start an *early* mental health orogramme, but don't call it mental health: Lifestyle and wellbeing using music and community partners.

Arts-Based Engagement

A key aspect of participatory, arts-based approaches involves the inclusion of multiple forms of engagement and representation. In addition to language-based discussions, engagement with the research prioritisation process was visual, musical and gestural.

Participants were invited to engage visually with any one of the five emergent themes through drawing, sketching and colouring **(see Figure 6)**.

Using these drawings as a starting point, participants were invited to share a short poetic text. These texts were collated, based on the research theme that inspired them, and used as the basis for a song text **(see Figure 7)**.

A musical arrangement for this text was discussed and agreed between participants. Recorded contributions were created during the cafés and combined with music in post-café editing.

The lines 'Please, hear me' and 'Change needed now' were combined to create a refrain. Musically, this was sung as a falling minor third, known to be one of the first intervallic sounds made by the developing child, combined with a rising minor third. The other texts were performed as spoken word verses, to the accompaniment of guitar, flute, drums and gongs. The text 'Change needed now' was chanted in Romanian, Tamil, Swahili, Ewe, Irish, Arabic, Polish, Armenian and English.

Figure 6.
Visual arts engagement with emergent research themes
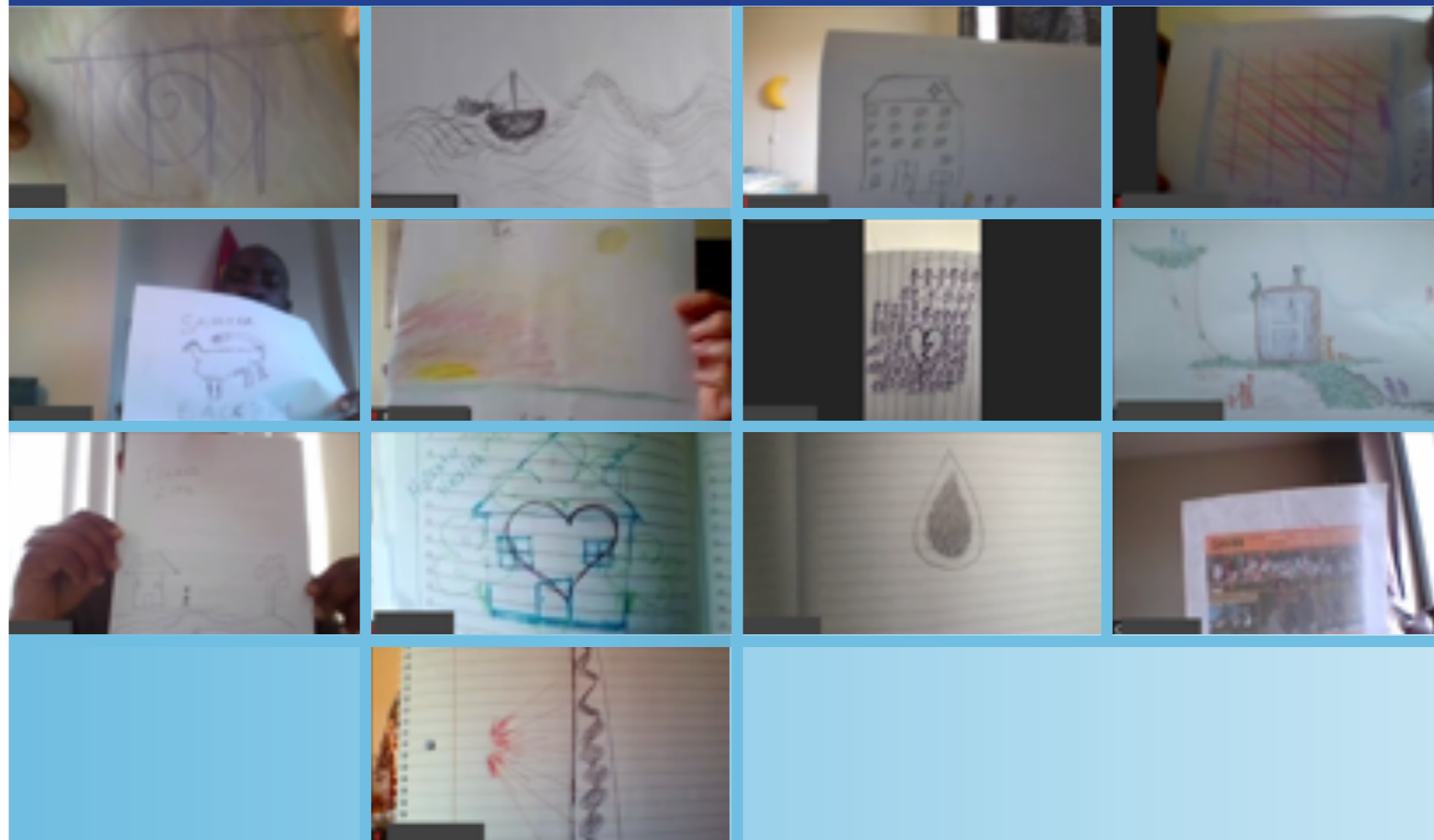
Figure 7.
Poetic and musical engagement with emergent research themes

Culture & Language Issues
Please, hear me

Mental Health
Change need now

Holistic Health
Gentle wind, loving hands and kind heart;
Oh, help us hold in heart and home, each other

Free & Timely Access
All are equal but some are more equal
We are building pieces together for everyone
We all hold the key to the gate
many journeys, many obstacles, many opportunities

Preventation
Back to our roots,
Haunting music to relive beautiful memories
Together we can cross the waves, one voice shouting out loud

Evaluation

Twenty-three refugees, migrants, primary care providers, national health service planners, artists and academics working in the field of migrant health took part in this series of six cafés. All participants were eligible to take part in the qualitative evaluation of the café as a participatory method for identifying research priorities. There were 13 participants in the final café and they all agreed to take part in the evaluation. The evaluation focused on the cafés as participatory spaces (Cornwall, 2002; Massey, 2005; MacFarlane, 2020)[5] that had physical, social, material and temporal features that would shape participants' experience of working together on this research prioritisation.

Participants were allocated into small groups in virtual breakout rooms for a focus group using a topic guide that was designed to explore their experiences of the café. The topic guide asked them about their perspectives on the online environment, the use of music as a research method, social dynamics and power between participants and timing of the cafés. There were also general question about the cafés' strengths and weaknesses.

Each focus group was facilitated by one of the core team who also took notes of the discussion. In one group, a participant acted as dedicated note taker. Facilitators' notes were typed up on the same day as the evaluation. The notes yielded 108 discrete evaluation statements. These were analysed using

Word and following the principles of deductive framework analysis (Ritchie and Spencer, 1994)[6] and content analysis. Overall, the cafés were evaluated positively by stakeholders, with the vast majority of data reporting positive experiences.

A positive feature of the online café was that participants from different parts of the country could take part six weeks in a row. They explained that that would have been difficult if the cafés were held as face-to-face events. Participants valued using their cameras to see each other. Overall, there were few technical glitches.

Some participants liked having time to themselves during breaks. This allowed them to digest the discussions and café proceedings. Others missed the face-to-face interactions and the chance to socialise during breaks that a face-to-face café would have offered. Some suggested that a blended approach would be valuable.

Participants were very positive about the use of music and singing: they enjoyed the musical icebreakers, and the chance to learn about music and songs from each other and from different parts of the world. The use of music was something that made the cafés distinctive from other meetings and projects about migrant health. Participants felt that it offered something important in terms of equalising power differences between them and bringing a deep human dimension to the interactions.

Participants thought the six-week time period was just right and that anything longer would have been hard to sustain. At the same time, participants were keen to know if it was possible to have some continuity from the cafés to keep the momentum going in the network of people that had formed through the café series. They were keen to see actions and impact from the café and its goal to produce a research prioritisation plan for migrant health in Ireland.

[5] Cornwall, A. (2002) *Making spaces, changing places: situating participation in development.* Brighton, UK: Institute of Development Studies; Massey D. (2005) For space. London: Sage. MacFarlane, A. (2020) 'Optimising individual and community involvement in health decision-making in general practice consultations and primary care settings: A way forward'. European Journal of General Practice Vol. 26, Issue 1. available: https://www.tandfonline.com/doi/full/10.1080/13814788.2020.1861245

[6] Ritchie J & Spencer L (1994) Qualitative data analysis for applied policy research. In *Analyzing Qualitative Data* (RG Burgess & A Bryman eds). Routledge, London, New York, NY

Post-café development of action plan

Data collection throughout the cafés included researcher field notes, in-session feedback and arts-based documentation (e.g. participant-generated pictures, poetry, song lyrics, music) created during the cafés. With the permission of participants, screen-shots were also taken. All documentation was shared with the coordinating team via a shared Google folder.

Following the summer break, the coordinating team met to review all the material generated from the cafés. Following a closer study of the research questions, the coordinating group wrote to all participants to propose that 'free and timely access' be absorbed into the other three themes **(see Figure 8 for final action plan themes)** for the following reasons:

- One of the two identified research questions (compare waiting times for people in direct provision with the general public) may not be a viable question based on data protection issues.

- The second question around people's experience of waiting times related to one of the questions in holistic health around people's experience more generally.

- In looking at the break-out room notes, free and timely access was linked to mental health questions as well as possible language and cultural barriers.

Figure 8.
Final action plan themes

Holistic health

With agreement from participants, three working groups were created to progress short-, medium- and long-term deliverables in each of these three priority areas in migrant health research:

- Holistic Health **(see Table 2)**
- Language and Culture **(see Table 3)**
- Mental Health **(see Table 4)**

All café participants were invited to join a working group. Each working group was tasked with identifying existing or desirable research projects to address the key research questions. For each project, information on existing or needed resources; timeframe; additional notes on methodology and praxis; as well as identified community partners were included.

The research questions identified during the café prioritisation process on the theme of holistic health related to (a) accessing cultural knowledge, (b) developing cultural strategies, (c) mapping existing services, and (d) developing resources. The holistic health working group identified a progression between these questions that is reflected in the stepped timeframe of the identified projects below. Enhancing knowledge of and access to diverse cultural experiences (1.1) will inform the identification and development of cultural strategies (1.2) around holistic health and wellbeing. Mapping existing resources (1.3) was viewed as a foundational task in the development of additional resources (1.4). Several existing projects have been identified to contribute to each of these areas. In addition, new research projects, particularly in the area of mapping existing resources, have been identified as well as potential funding sources and community partners. The research project concerning the development of resources has not been developed at this time but will be revisited based on the outcomes of the mapping surveys.
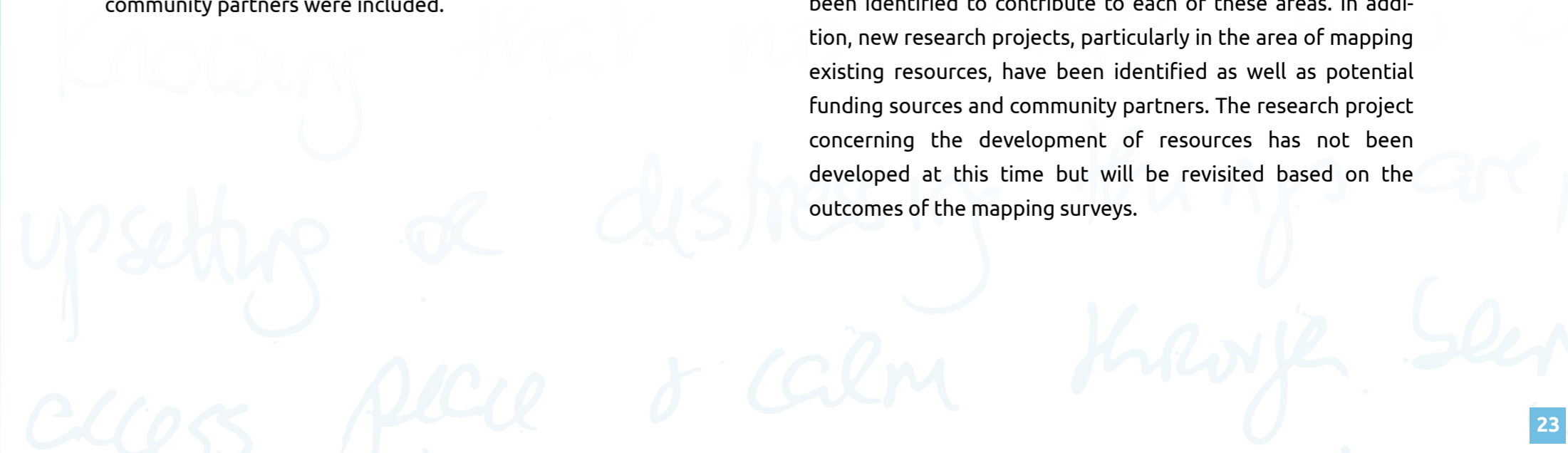
Table 2. Summary of research projects related to holistic health

Research question identified in café prioritisation process	Development of question into research project	Identified resources	Timeframe	Additional notes re methodology, praxis (e.g. training) policy, dissemination	Identified community partner(s)
1.1 How might **access to cultural knowledge and experiences** support holistic approaches to migrant health?	*Identified research projects that will contribute to a better understanding of how access to cultural knowledge and experience can support holistic approaches to migrant health include:* 'An Arts Practice Exploration of Ghanaian-Irish Cultural Dialogue,' through Music and Dance Pedagogy, Curation and Performance.' 'Performing Rites of Belonging: An Arts Practice Investigation of Ritual, Music, and Experiences of Belonging within the Polish Irish Community.'	Doctoral Researcher: John Nutekpor Doctoral Researcher: Ewa Zak Dyndal	To be completed by 2022 To be completed by 2024	This research will also have arts practice outputs which will be disseminated online. This research will also have arts practice outputs which will be disseminated online.	Irish World Music Café Microsoft Irish World Music Café Polish Library St Michael's Church Limerick Polish Art Festival

Research question identified in café prioritisation process	Development of question into research project	Identified resources	Timeframe	Additional notes re methodology, praxis (e.g. training) policy, dissemination	Identified community partner(s)
1.2 What kinds **of cultural strategies** could be developed to support holistic approaches to migrant health?	*Identified research projects that will develop cultural strategies to support holistic health include:* 'Music on the Move: Music as a Tool of Social Inclusion in the Context of Post-Conflict Migration' 'Mama Sing: Music, Migration, Motherhood: Exploring singing as a tool for self-care, empowerment and community building' Evaluation of PART-IM and Musicians Without Borders (MWB) training for multidisciplinary research teams using music in migrant health research Development and Evaluation of World Carnival Singing programme strategies to support holistic health in culturally diverse schools ADD: The Arts, Data and Diversity	Postdoctoral Researcher: Hala Jaber (IRC GOI Scholarship) PART-IM research cluster Postdoctoral Reseacher: Susann Huschke (IRC NF Award) PART-IM research cluster Helen Phelan, Fran Garry, Anne MacFarlane PART-IM Helen Phelan, Kathleen Turner PART-IM Helen Phelan and Ailish Hannigan PART-IM	To be completed by 2023 To be completed by 2022 To be completed by 2022 To be completed by 2024 Funding application being developed	This research will develop and evaluate strategies for facilitating community music activities in the context of post-conflict migration. This research will use arts-based methods to develop strategies that empower migrant women to facilitate community experiences for mothers. This research will evaluate a training programme that develops skills and strategies for musicians interested in working in multidisciplinary research teams for migrant health research. This research will develop and evaluate a school-based singing programme supporting holistic health in culturally diverse schools. This research will develop an intercultural song and data literacy project.	Doras Doras Wellmama Musicians Without Borders Music Generation Irish Chamber Orchestra Doras

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Research question identified in café prioritisation process	Development of question into research project	Identified resources	Timeframe	Additional notes re methodology, praxis (e.g. training) policy, dissemination	Identified community partner(s)
1.3 How might mapping existing supports for migrants in Ireland shed light on successful strategies supporting holistic approaches to migrant health? Map migrant health initiatives and best practice in Ireland and **1.4** Develop, implement, and evaluate a welcome pack for new migrants to explore issues around (a) optimal time for its use (b) how much information? (c) what information? (d) what format, etc.	*Mapping existing supports and successful strategies in supported holistic health (1.3) will inform the decision-making process around (1.4) and the identification of an information/welcome pack for new migrants.* Mapping existing supports for international migrants at the University of Limerick Mapping (a) existing supports (b) successful strategies (c) useful resources/information supporting holistic health for migrants: survey	Yoga Nathan (Chair: Ethnic Diversity Forum) Postdoctoral Researcher: Hala Jaber (IRC GOI Scholarship) PART-IM research cluster	To be completed by 2022 To be completed by 2022	A university-wide survey of supports available to international staff and students at the University of Limerick. A nationwide survey will be developed and made available to key stakeholders in migrant health research	Ethnic Diversity Forum UL Global Doras Clare Immigrant Support Centre Shannon Family Resource Centre

Language and culture

The research questions identified during the café prioritisation process on the theme of language and culture lend themselves to the development of research projects that particularly focus on three areas: (1) an exploration of migrants' experiences of translation and interpretation services in different healthcare settings and what healthcare providers can do to improve the experiences for migrants and refugees in this regard **(3.1, 3.7, 3.8, 3.9)**, *2)* an exploration of healthcare providers' preparedness and daily experiences of delivering culturally competent care to service users from migrant backgrounds including the use of interpreters and translated materials **(3.2, 3.3, 3.6)**, and *(3)* a review of the evidence on the impact of language and cultural barriers on refugees and migrants during COVID-19 **(3.4)**. Although a research question about mapping languages spoken by migrant service users in different geographical areas was identified **(3.5)**, a recent HRB study[7] found that there is a lack of data collected about ethnicity, culture and languages spoken. As a result of these health system limitations, this research question cannot be answered at this stage.

To progress these research questions, a number of actions are planned. A scoping review of research about migrant health in Ireland between 2001 and 2017[8] can be used to cross-check what evidence is already published about these three issues in the peer-reviewed literature. For the first two areas, work will focus on developing robust data collection methods for qualitative and quantitative studies that can be shared and used in studies with different migrant groups, with different healthcare providers and about different healthcare settings. For example, resources have been identified to develop and use an interview topic guide about migrants' experiences of interpreting and translation in nursing & midwifery and speech and language therapy in 2022–2023. This interview topic guide can subsequently be used in research with migrants about healthcare consultations in other healthcare settings. This will lead to a robust and comparable set of evidence about migrants' experiences of translation and interpreting services across the Irish healthcare system.

There are plans to explore the potential use of Arts Based Research (ABR) in these areas. Opportunities for praxis-oriented work (development of training, CPD, dissemination plans, policy work) can occur in parallel to the studies, to focus on bringing about change as well as accumulating evidence.

[7] Hannigan, A., Villarroel, N., Roura, M., LeMaster, J.W., Basogomba, A., Bradley, C. and MacFarlane, A. (2020). Ethnicity recording in health and social care data collections in Ireland: where and how is it measured and what is it used for? *International Journal for Equity in Health*, 19, Article number: 2. https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-019-1107-y

[8] Villarroel, N., Hannigan, A., Severoni, S., Puthoopparambil, S. and MacFarlane, A. (2019). Migrant health research in the Republic of Ireland: a scoping review. *BMC Public Health*, 19, 324. https://doi.org/10.1186/s12889-019-6651-2

Table 3. Summary of research projects related to language and culture

| Research question identified in café prioritisation process	Development of question into research project	Identified resources	Timeframe	Additional notes re methodology, praxis (e.g. training) policy, dissemination	Identified community partner(s)
3.1 How effective are existing **translation and interpreting services?** Evaluate service users' experiences and complaints about interpreters **3.8 What can healthcare professionals do to improve the experiences** of individuals from diverse cultural, ethnic and linguistic backgrounds? **3.7** What **interventions support culturally competent/cultural humility** within healthcare organisations/professionals working within these services? **3.9** What are migrants' **experiences of language and cultural issues** when using Irish healthcare services? **3.2** How are **translation and interpreting services used in different healthcare settings** e.g. A&E, GPs, primary healthcare and acute healthcare services?	Development of research methods, i.e.an interview topic guide to explore service users' experiences/perspectives about 3.1, 3.8, 3.7 and 3.9 in nursing and midwifery care delivery And Speech and language therapy services Development of a cultural competence survey for healthcare providers examining perceived preparedness and daily experiences of delivering culturally competent care that can be used across different contexts/healthcare settings/disciplines in Ireland	Kathleen Markey, Molly Manning & Anne MacFarlane to develop research methods Student on MSc Nursing/ Midwifery programme to conduct research with migrants Student on MSc SLT programme to conduct research with migrants Kathleen Markey, Molly Manning & Anne MacFarlane with biostatistical support for survey development from Prof Ailish Hannigan	To be completedby September 2022 To be completed by September 2023 To be completed by February 2024 To be completed by September 2022	The interview topic guide/ focus group schedule will be available for use in research with service users about other healthcare settings The cultural competence survey will be available for use in research with service providers in other healthcare settings.	Doras is a Key partner in all these projects. Other partners will be identified as the projects progress.

Research question identified in café prioritisation process	Development of question into research project	Identified resources	Timeframe	Additional notes re methodology, praxis (e.g. training) policy, dissemination	Identified community partner(s)
3.3[9] What are the **levers and barriers to implementing trained interpreters** across healthcare settings? **3.6** How **aware/prepared are healthcare professionals** to provide timely, safe and quality care to patients and their families from diverse cultural, ethnic and linguistic backgrounds? **3.4** What is the impact of language and cultural barriers on refugees and migrants during **COVID 19**	Pilot the cultural competence survey with nurses and midwives/ speech and language therapists 'Psychologists'/clinicians' experiences (and barriers experienced) of working with refugee children & adolescents who have experienced trauma/PTSD' Secondary traumatic stress in language interpreters working in mental health settings. Conduct a scoping review on the impact of language and cultural barriers on refugees and migrants during COVID 19 **(3.4)**	Student on MSc Nursing/ Midwifery/ SLT programme Doctorate student in clinical psychology (UL): Niamh Davoren Doctorate Student in Clinical Psychology (TCD): Lisa Clogher Supervisor: Dr Frederique Vallieres (TCD) School of Medicine, Masters in Public Health student (Jon Salsberg, Meghan Gilfoyle, Kathleen Markey and Anne MacFarlane).	To be completed by September 2024 To be completed by August 2023 To be completed by May 2022 To be completed by August 2022	The Mental Health Reform Cultural Competency Toolkit https://www.mentalhealthre-form.ie/cultural-competency/ will be a valuable resource for this work. The findings of the review can be used to inform the design of a grant application to examine the Irish context in detail (Kathleen Markey, Anne MacFarlane)	

9 This was incorrectly numbered 3.4 in the café slides.

Mental health

The mental health working group have focused the research priorities on the unmet needs of migrants, refugees and asylum seekers identified during the World Music Café prioritisation exercise. Key broad areas for research relate to (1) the unmet needs of migrants, refugees and asylum seekers, (2) social determinants and the impact on mental health, (3) combating isolation and loneliness and building resilience through community engagement mechanisms/platforms. Not all the resources required are currently identified but this document can assist development and act as a valuable resource for academics in the coming years in terms of growing research capacity in the area of mental health among migrants.

Not all the resources required are currently identified but this document can assist development and act as a valuable resource for academics in the coming years in terms of growing research capacity in the area of mental health among migrants. Further, information has been gathered and included in **Table 4** about other important mental health research.
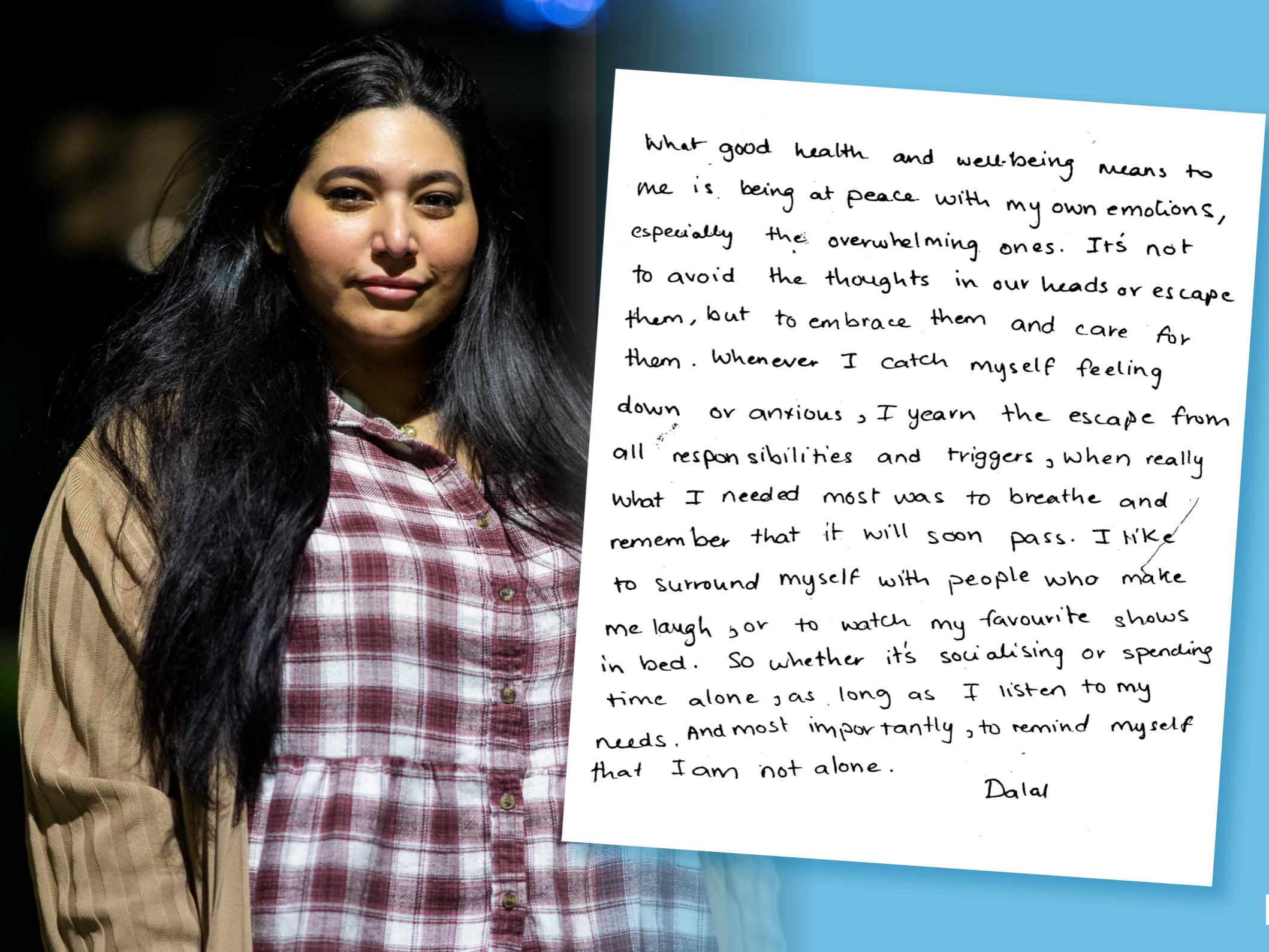
What good health and well-being means to me is being at peace with my own emotions, especially the overwhelming ones. It's not to avoid the thoughts in our heads or escape them, but to embrace them and care for them. Whenever I catch myself feeling down or anxious, I yearn the escape from all responsibilities and triggers, when really what I needed most was to breathe and remember that it will soon pass. I like to surround myself with people who make me laugh, or to watch my favourite shows in bed. So whether it's socialising or spending time alone, as long as I listen to my needs. And most importantly, to remind myself that I am not alone.

Dalal

Table 4. Summary of research projects related to mental health

Research question identified in café prioritisation process	Development of question into research project	Identified resources	Timeframe	Additional notes re methodology, praxis (e.g. training) policy, dissemination	Identified community partner(s)
4.1 What is the current policy on the reception of asylum seekers and refugees who seek protection in Ireland with regards to the levels of assessment of their mental health and psychosocial wellbeing?	Service user and service provider perspectives of enablers and barriers for refugee and asylum-seeking women accessing and engaging with perinatal mental healthcare services in the WHO European Region: A scoping review A review/ survey of the use of social prescribing models among HCPs to meet the needs of asylum seekers and refugees (impact of precarious housing and poverty) A study to identify the unmet needs of migrants impacted by trauma A qualitative study to identify the unmet needs of the asylum process as identified by asylum seekers (the trauma and retraumatising effects) and the imposed and additional challenges it poses for them in trying to meet their basic human needs The (re)experience of pain and trauma among asylum seekers in Ireland: a learning theory perspective. Exploring the lived experience of sustaining mental health while living in Direct Provision during the COVID-19 pandemic.	Partners from DNM, Medical School, Uni of Glasgow and Doras: Kathleen Markey, Anne MacFarlane, Maria Noonan, Mairead Moloney, Susann Huschke, Kate O' Donnell, Claire O' Donnell, Teresa Tuohy, Ahmed Hassan Mohamed and Owen Doody Identified MSc student Public Health Identified MSc Nursing / Public Health Student Identified MSc Psychology student TCD Doctorate Student in Clinical Psychology: Kate Lawler. Supervisors: Dr Mathew McCauley (TCD), Dr Jennifer Laing (HSE CHO9) NUIG Doctorate Student in Clinical Psychology: Bronagh Donohoe Supervisors: Dr Anne O'Connor (NUIG) & Dr William Mowlds (HSE CHO2)	Completed by 2022 September 2022–2023 Sept 2022-23 To be completed by August 2023 To be completed by May 2022	Hall et al. (2016) Global mental health: trauma & adversity among populations in transition European Journal of Psychotraumatology doi:10.3402/ejpt.v7.31140 Knaevelsrud, C., Stamme, N. & Olff, M (2017) Traumatized refugees: identifying needs and facing challenges for mental health care, European Journal of Psychotraumatology, 8:sup2, 1388103, DOI:	Doras

Research question identified in café prioritisation process	Development of question into research project	Identified resources	Timeframe	Additional notes re methodology, praxis (e.g. training) policy, dissemination	Identified community partner(s)
4.2 How do the current needs assessments cover the holistic aspect of mental health and psychosocial wellbeing?	The midwife's role in caring for migrant women: a focused review A survey of single /lone migrant women living in Ireland to identify & undertake a needs assessment HCP's understanding of trauma-informed care in relation to migrants	FYP/ Practice Research Project Identified MSc Nursing/ Midwifery/Medical Student Identified MSc Nursing/ Midwifery/Medical Student	Submit December 2021 to S. Murphy Tighe & present at AICUR	Desk-based literature review National Women's Council & Community Work Ireland (2021) Improving health outcomes & experiences of the Healthcare System for Marginalised Women-report identified needs of women from minority ethnic groups	
4.3 What elements in the family, school, community contribute to the mental health and psychosocial wellbeing of migrants?	An exploratory study with migrant men around attitudes to mental health An ethnographic study of language used in relation to mental health across migrants groups A pilot study of migrant men's participation in sport to promote inclusion and wellbeing	MSc/PhD student to be identified			Doras
4.4 Start an *early* mental health prevention programme: but don't call it mental health: Lifestyle and wellbeing using music and community partners	A mapping exercise of community connections and Family Resource Centres Case study of social networks among migrants in order to foster resilience and wellbeing	Identified MSc Nursing/ Medical/Psychology student		DoH (2021) Radical listening exercise led by National Women's Health Taskforce has identified health needs of women from migrant & minority ethnic groups.	Doras

Conclusion

Findings and recommendations arising from this process of research prioritisation for migrant health research in Ireland include the following:

■ The use of the Irish World Music Café is a valuable method for research prioritisation. The methodology revealed research priorities and important details about their translation into practice. Music as an arts-based method warrants further investigation in other settings to support a new, inclusive participatory arts-based paradigm for migrants' involvement in research prioritisation and other forms of health decision-making.

■ Intercultural sharing within the café provided an important means of equalising power differences between stakeholders from different sectors, bringing a deep human dimension to the interactions, and providing spaces for experiencing the cultural lives of others.

■ The research priorities identified areas that are well known, such as (i) the importance of addressing language and cultural differences between migrants and their healthcare providers and the specific need to improve the use of trained interpreters and trained translators to support communication fully, and (ii) mental health issues and the importance of research with service users and service providers to prevent problems and ensure timely access to healthcare service.

■ The research priorities also drew attention to holistic health and the role of culture and cultural strategies to promote health, wellbeing and social inclusion. This aspect of health is not always given the attention it deserves. This finding resonates with the project currently underway through the WHO Regional Office for Europe on the cultural contexts of health for in-depth analysis of how cultural factors affect health and wellbeing.

■ The bottom-up approach to research prioritisation provided by the Irish World Music Café could also incorporate attention to top-down policies such as the WHO Strategy and Action Plan for Refugee and Migrant Health (2016). There is strong resonance between the two sets of priorities, particularly in relation to the need for healthcare adaptation and public health preparedness and inter-sectoral action to bring about change.

■ The use of the café to identify key research priorities has resulted in the action plan for migrant health research. The investment of stakeholders includes a commitment to identify and lead research projects using multidisciplinary teams and to utilise the café model to revisit, update and expand the plan on an annual basis for the duration of the plan.

good heath and wellbeing means to me good heath is about mind as well as the body-feeling physically fit, and feeling good about ourselves, means that we can go and achieve more of things we want to do in life. Staying in good health is important to all of us and can become particularly important in later years.

If we live well and able to enjoy everyday life, good heath also helps to deal with tough times and low points. heath and wellbeing can be described as the absence of physical illness disease and mental distress. it is important to building prosperous societies.

Wellbeing on itself influences heath

Wafa'a Abushark

For my well being I love to go on morning jogs in Marley park. I then work out late night and end the day by relaxing in the spa in Westwood club.

Barea