

Examining The Experiences and Needs of Mental Health Service-Users: Applying the Radical Health Doula Model as an Innovative Framework of Support



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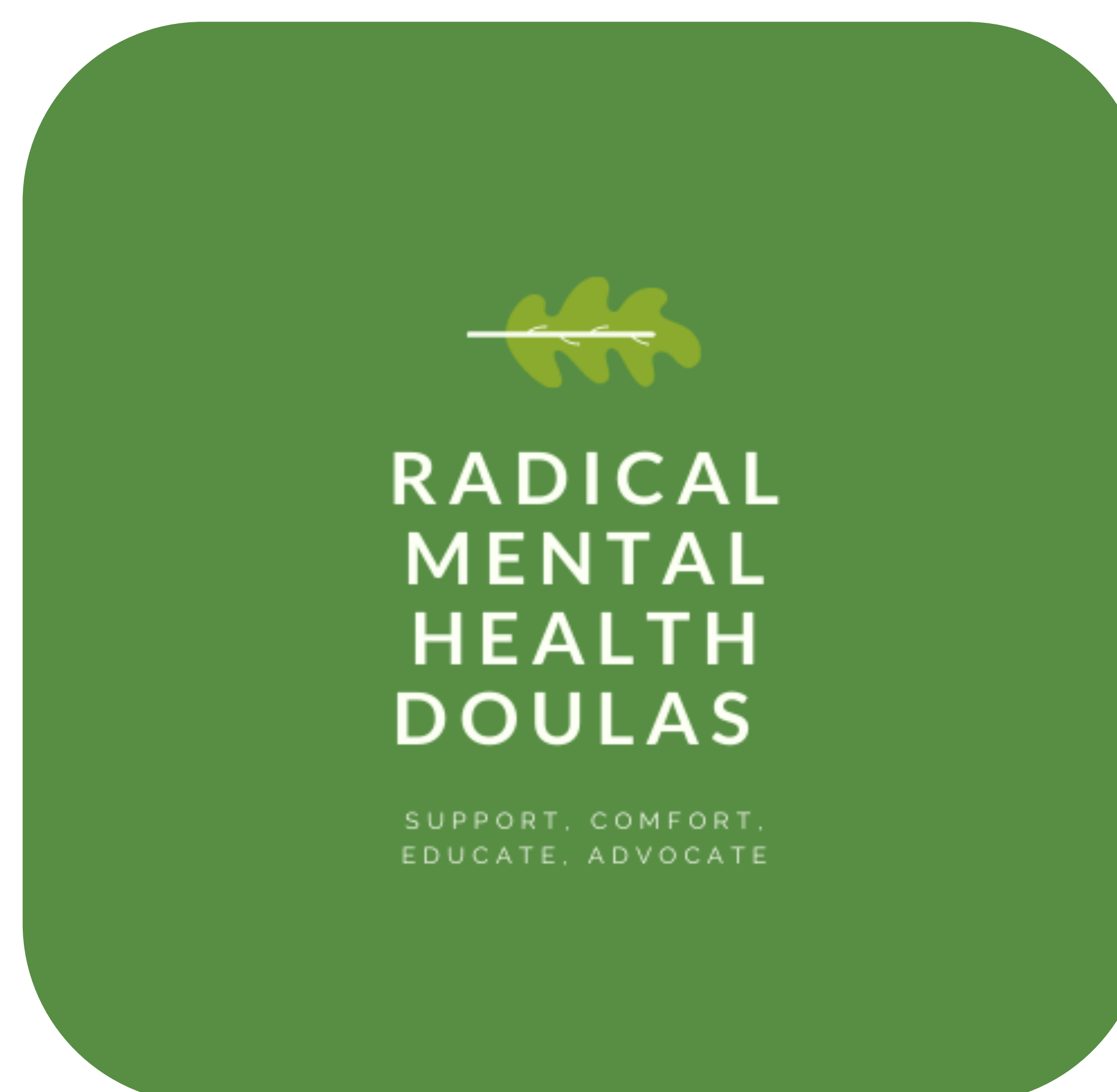
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Introduction & Purpose

- Too often, mental health service users are subjected to a system that fails to address the specific needs of the individual. This project aims to create a service for people with mental health challenges to have increased opportunities and ensure their rights, dignities, humanity and voices are heard.
- Traditionally, the role of a doula is focused on supporting women during childbirth. The doula role has expanded, and professionalized (DONA, 2020). Radical doulas expand upon the support and care model of mainstream doulas in their attention to diversity and social justice (Basile, 2019; Carathers, 2019). The radical doula model is inclusive and advocates for underserved and marginalized groups of people (Basile, 2019).
- We envision a Radical Mental Health Doula (RMHD) as an inclusive and accessible community-based Mental Health support to provide services rooted in **support, comfort, education** and **advocacy** to ensure the dignity and rights of the individual are upheld.

Methods & Methodology

- This community-engaged grassroots research project is grounded in a Participatory Action Research (PAR) framework with a feminist lens.
- In the RMHD curriculum development phase of this project, co-researchers were recruited and invited through previously established community partnerships to participate in focus groups. All co-researchers had lived-experience and knowledge of mental health care systems.
- The research team prepared facilitation guides and workbooks based on previous findings on the challenges faced when accessing mental healthcare services, to guide discussion on what might be included in the RMHD Training program.
- Neutral ground was then established among the research team and co-researchers to collaborate on valuable insights. We held 6 focus groups sessions with 17 co-researchers and distributed a series of 3 workbooks.
- Focus groups were recorded and transcribed. All data was coded by thematic analysis in Nvivo. Member checking was done throughout the coding process.



Key Findings

We heard reoccurring themes from co-researchers regarding their experiences accessing mental health care services, what they consider to be the benefits of an RMHD, and where they envision an RMHD might fit within the already existing mental health care system. Key themes that fit within the RMHD values of **support, comfort, education** and **advocacy**, are quoted as:

- “You don’t get a choice; you just don’t get a choice”
- “Segmented and Compartmentalized”
- “There is no one to help you, there is no one”
- “I am afraid to open up... because I am afraid to damage the relationship”

Through focus group observation, transcripts and workbook submissions the research team identified the crucial areas of focus for the the RMHD training program as being:

- Scope of Practice
- Communication
- Boundaries & Self-Care
- Advocacy
- System Navigation
- Healthcare System Bias & Cultural Sensitivity
- Understanding Complex Emotions
- ‘A Day in the Life of a RMHD’

Radical Mental Health Doula (RMHD) Scope of Practice



References

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In Collaboration With:



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