



Realising Women's Right to Health in Ireland

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Testimony 4: Erica Birch-Abban, Cairde

My name is Erica Birch-Abban, originally from Ghana, now a naturalised Irish Citizen. I have 3 boys and we have lived here for nearly 10 years. I arrived here in 2003 and my husband joined me in 2005. He was diagnosed with cancer in 2006 and died in August 2008 after chemotherapy treatments failed. His diagnosis was a shock but words cannot express the emotions my boys and I went through after his death.

Naturally, the grief was too much to bear which sometimes impacted on my physical health. I remember going to my GP for help and instead of counselling referral, she handed me a pack of anti-depressants and told me that one of the effects of the drug was feeling suicidal for the first 10 days of taking it but that it will subside. I was so shocked that I decided not to take the drug. For me, it was not right. I was not ill, I just needed help – someone who will listen to me and assure me that what I was feeling was common to those who are bereaved. The GP's action contributed in many ways to my feelings of despair and helplessness. I started having suicidal thoughts and it was at this point that I knew something had to be done about the situation. I had no information on what to do or where to go or how much it will cost me to acquire the services of a counsellor. My work colleagues and friends began to look for counselling services for me. There was no 'counsellor on call' in the whole of Letterkenny so the automatic next step was to contact my GP. She, at this point gave me a referral letter to a psychiatric hospital.

Where I come from, we don't just go to a psychiatric hospital. It has to be an extreme case before one is referred. The stigma attached to going to a psychiatric hospital is huge and I became so scared. I seriously thought I had lost it. Matters got worse when I went through the entrance to the psychiatric hospital. I waited for about 3 hours to see a doctor for an assessment which lasted only about 10 minutes. He told me then that I needed bereavement counselling. I had to be prescribed anti-depressants, hit the rock bottom and end up in a psychiatric hospital before I was given the opportunity to access HSE Bereavement Counselling - which in some ways was not culturally sensitive although I was happy enough to get some counselling at all.

I mention cultural insensitivity because I realised that some of the counsel I was given were contrary to my beliefs. My kids were also grieving and needed help but had no proper counselling except the Rainbows Programme. I was so worried about them but I didn't know what to do. It was later on that a friend introduced me to a Christian Counsellor who was happy enough to offer her services for the whole family for free but she lived in Belfast. As a result, we had to travel to Belfast from Letterkenny for appointments but I was more than happy to make those trips for my family.

The difficulty in accessing counselling is undoubtedly twice as much for people from ethnic minority backgrounds due to language barriers and cultural insensitivities. I was blessed to



access any support at all. From my experience as a Community Health Worker, migrant women face many challenges in accessing health including poverty, discrimination, language barriers, cultural differences and a lack of information on where and how to access services. If there is anything that can be done to make life better for migrant women; and I believe there is, then NOW is the time to do it!