

“I MATTER”

**MENTAL HEALTH CHALLENGES IN ASYLUM
SEEKERS AND REFUGEES IN LAHTI**

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ABSTRACT

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Immigration and factors surrounding it has been one of my interests since I started studying. This topic in particular arose because of some seminars I have attended where this topic was discussed as well as having discussions with acquaintances where some concerns had been raised about the scarcity of this service in Lahti.

The aim for this study was mainly to find out the causes of mental health challenges in refugees and asylum in Lahti and how they can be alleviated. Professionals who were interviewed raised a lot of concerns that even though patients get help, it seems to be not enough, more profession intervention is needed.

The findings suggest that there is need for services and well trained professionals in the area of mental heath issues particularly for refugees and asylum seekers in Lahti, especially now and the near future because of the amount of refugees and asylum seekers coming into the the country, even though there is a lot of concern on where to get the resources.

The research was done using qualitative research method. The recordings were done in Finnish and later transcribed into English. Two professionals and three service users were interviewed. The findings were analysed simultaneously.

Key words: Lahti, Immigration Refugees, Asylum Seekers, Mental Health.

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1 INTRODUCTION

Immigrants, in particular refugees and asylum seekers are associated with a higher risk of mental disorders. The scope of this study is to highlight the need for more services on mental well-being for refugees and asylum seekers in Lahti region. Traumatic symptoms and depression are common in immigrant-refugees, cultural differences, lack of knowledge and prejudices often prevent immigrants from seeking psychiatric treatment. Untreated mental disorders may prevent immigrants from obtaining the necessary language skills and the capacity to work. Social interactions and creation of networks become more difficult. Immigrant health care specifics are addressed very little in Finland (Rauta, 2005).

According to a survey, immigrant's health and mental services are organised in Finland randomly. Psychiatric care staff that are familiar with immigrant issues is limited, proper treatment requires adequate human resources who are able to do evaluation according to immigrant's needs. The data on immigrant's health and therapeutic needs are missing. Immigrant's untreated mental disorders can become chronic and lead to long-term disability, exclusion and a wide range of social problems. (Rauta 2005).

It is quite obvious that these disorders adversely affect families as well as the local community. There is need for more studies on immigrant population (particularly in Lahti) on health status and care as well as training and effective cooperation between authorities who deal with immigrant issues. Until recently Finland has long been a one cultural and secluded country. Finland receive im-

migrants who are heterogeneous group for different reasons, for example top trained workers or students life situation or needs maybe very different from those of immigrant refugees or asylum seekers and it is a challenge for Finnish health care.

Europe is facing the biggest migration crisis since World War 2. About 120 thousand people entered Europe end of 2015 especially from Afghanistan because of level of security in their own country. According to some scholars, immigration in general seems to be associated with increased risk of a variety of mental disorders, for example the risk of developing schizophrenia is higher. The back ground is thought to be related to immigration social stressors. My paper looks at ways to alleviate psychological disorders among asylum seekers and refugees in Lahti area.

This topic is important especially now because of the huge number of asylum seekers and refugees coming to Finland and to Lahti area in particular. There has been huge amount of opinions on media recently concerning people seeking asylum; Some Finnish people are threatened by the amount of refugees entering the country. This study is important because it seems like this problem has been overlooked, Lahti receives refugees and asylum seekers every year who run away from their own country because of conflicts. Successful integration requires one to have a peaceful mind. Most of the refugees and asylum seekers have gone through unthinkable and they need professional psychosocial counselling upon arrival before they are enrolled in Finnish language courses. It becomes very difficult to concentrate on learning the language if one

has had traumatic experiences. Most of the immigrants would not admit they have post-traumatic disorders because of shame, but it is seen in the way they behave, therefore there is need for intervention. This paper is done for the professionals working with refugees and asylum seekers who are willing to work hand in hand in trying to help these people in need. I humbly acknowledge that I do not have the final word on how to intervene on dealing with mental issues in refugees. My goal is to bring the existing evidence on how victims can be helped; with the awareness that there is much more work to be done in this important area.

2 BACKGROUND INFORMATION

Perceptions of mental illness vary greatly in different cultures. Many non-Western cultures do not distinguish between mental and physical phenomena from each other. This also affects the perception of the disease and their causes and manifestations. In many African and Asian cultures, it is believed that a variety of spirits and curses affects one's health and the cure for such illnesses are commonly used by performing rituals and other community-based treatments. In many cultures, mental disorders is also seen as madness, therefore it is shameful for immigrant to seek help if they are facing these problems. The history of social psychiatry teaches that cultural conceptions of mental illness have dramatic consequences for help seeking, stereotyping and the kind of treatment structures we create with people with mental illness. There is still evidence on the role of culture conceptions in shaping this (Link, Phelan, Bresnan, Stueve, Pescolido 1999, 28-33).

Most asylum seekers and refugees have survived very difficult and dangerous situations during their conflict gate away journey. For some, mental fatigue can be overwhelming. Adaption to a new phase of life and environment takes time. For many, coming to a new country Finland in particular can be a shock, autumn and winter can be very difficult for people who are not accustomed to cold and damp weather conditions. There is always a sense of safety when a refugee arrives in a new country in the beginning but the reality would reveal itself very soon. There are a lot of unkindness encounters, racism, the wait for residence is agonising which will eventually cause mental disorders.

Psychiatric disorders cause difficulties and suffering to the patient's family, especially the children. Untreated psychological traumas affect the next generation's life and integration. Experience has shown that immigrant's psychological care often produce good results. There is urgent need for more studies on immigrant's mental and physical health systematically. Mental disorder is one of most challenging healthy issue among immigrants. There have been different views and opinions among academics on the treatment of mental health.

In a conference report done by the division of mental health and behavioural medicine, evidence suggest that drug therapy is more common in terms of treatments received by emotionally disturbed patients than psychotherapeutic help. However the appropriateness of drug prescription is not encouraging. Further research on the utilisation of psychotropic drugs is needed. Although short term life crisis therapies seem to be emphasised, with more than half of the patients receiving psychotherapy in one or four visits, there is little data on the intensity and nature of psychotherapy in general. Studies on psychotherapy outcome among primary care patients are almost nonexistent. (Conference Report 1979, 22).

3 AIMS OF THE STUDY

The main aim is to find out if there is more need as well as to create more awareness on mental health problems faced by immigrants especially refugees and asylum seekers who are coming to settle in Lahti area. This research might pave way for immigrants who need help. There might be also a possibility to have this service in the near future. Services on mental health are not offered effectively in Lahti; therefore this study aims at promoting the need for that.

This awareness is focused on the need to put more emphasis on providing help on mental well-being of refugees and asylum seekers first hand that will work hand in hand with integration process. There should be recognition to adequately train mental health professions in the psychological aspects of patient care who should demonstrate competence in when and how to treat patients and how to collaborate with other health care professionals. I intend to raise some questions through interviews whether some immigrants have gotten help when they face mental disturbances.

In his report on the need and availability of mental health services for immigrants, Rauta puts an emphasis on public specialised medical care which has limited resources to provide treatment for immigrants. The most frequent problem is the flow of information. Health care teams have no sufficient experience on how to meet immigrants. Primary health care has to assume responsibility for providing mental health services for immigrants as well. The situation is better in those municipalities that have a unit for foreigners or otherwise more

centralised health care arrangements for immigrants. Immigrants mental health problems are also identified better in municipalities which have multi-professional teams in primary health care. In the best of cases, appropriate care chains are in place, and the dialogue between specialised medical care and primary health care functions well in connection with admission to and discharge from hospital and when planning when to continued treatment. Unfortunately, in reality everything is not as it should be and there are serious breaks in the flow of information between primary health care and specialised medical care. The grading of care is not always successful or it has not been deliberated carefully enough at regional level. The availability of care and services vary unreasonably, even in the area of one municipality. It has not been understood sufficiently that immigrants are in need of services. There is no centralised information on the existing resources, and the potential of the human resources is not used to the full extent. (Sosiaali ja Terveysministeriön Selveytyksiä 2005: 3).

This paper focuses on Refugees that live in Lahti with the aim of finding out:

1. The availability of mental health services for refugees in Lahti
2. Are these services enough
3. The impact of mental disorder on individual and society.

4 APPROACHES/ METHOD

4.1 Qualitative research method

Qualitative research is an umbrella term for a wide variety of approaches and methods for the study of natural social life. The information of data collected or analysed is primarily (not exclusively) none quantitative in structure, consisting of textural materials such as interview transcripts, field notes and documents, visual materials such as photographs, video recordings and internet sites that document human experiences. (Saldana, Leavy, Beretvas 2011, 31).

My research was mainly qualitative based on the nature of the study. It was done by conducting interviews which were recorded. I had prepared semi structured questions with the aim of finding out different opinions about mental issues from the care givers working with refugees and asylum seekers as well as from the clients themselves. A good point is made in a book called "Qualitative research in nursing and health care," it states; people are usually approached by researchers with the aim to finding out about their concerns. Researchers try to do findings in depth from the participants who lead to understanding of experience and generation of concepts. The data has primacy which generates new theoretical ideas, and they help modify already existing theories or uncover the essence of phenomenon. (Holloway & Wheeler 2013, 4).

This kind of approach gave me an open minded not impose ideas or make assumptions but I rather wanted the respondents to give accounts of the reality seen by them. Of course the reports people give are their own explanations

about the subject but my wish was to find out their definition of the phenomenon.

4.2 Data analysis

Data analysis is an ongoing process which may occur through the research. Sometimes it can be a messy business and the stages and processes involved do not simply follow one after the other. This process is about moving from chaos to order and from order to chaos. Data which seem under control are likely to become somewhat more disorganised, at least for a while; whereas some semblance will be found, or imposed upon even the most chaotic collection. (Blaxter, Hughes & Tight 2010, 20).

The above definition proves the reason why I was doing my data analysis simultaneously. Like I mentioned earlier, all my interviews were recorded except for one due to the fact that the interviewee did not want to be recorded. I was exploring the literature about the subject at the same time while collecting and analysing the data. I had two separate interviews with professionals who work with asylum seekers and refugees as well as with two refugees and one asylum seeker. The reasons why these interviews were conducted were clearly explained to the client (refugees & asylum seekers). All the interviews were done in Finnish language and I later transcribed them into English. I did the translations and transcripts immediately after the interviews. I did this because I wanted to keep track of my thoughts and speculations.

This information which is captured ideally in the field notes or in the margins of the interview transcripts is actually rudimentary analysis. These observations and or speculations will be quite helpful when moving between emerging analysis and the raw data of interviews and documents. Data analysis is a complex process that involves moving back and forth between the concrete bits of data and concepts between descriptions and interpretations. (Heaton 2004, 50).

My analysis also involved comparing the findings from both the care givers and clients. The care givers had similar opinions, which will be mentioned later in the findings.

4.3 Ethical Considerations and Challenges

This topic is sensitive because of the way it is sometimes interpreted. I had to be very careful with the way I asked the questions especially with the service users. I had to explain in detail to the interviewees why I was conducting these interviews and convince them that no names will be mentioned. I told them that my intentions were to hear their opinions about this particular need. It is important to make a client feel comfortable enough in discussing sensitive and personal matters, it is important they feel they are able to speak openly without the information they provide being made public. It is an ethical obligation of client's rights and is necessary for effective social work. (Thompson 1999, 112).

My questions were formulated in way that I did not make direct implications, rather asking for experiences and opinions. The nature of the interview environment was put into consideration especially when I was conducting interviews

with the service users because I did not want to portray feelings of vulnerability but wanted them to feel comfortable. Generally interviews should be done with none threatening questions, putting the respondent at ease before asking intimate or sensitive questions. The subjectivity of the researcher should not be seen as regrettable intrusion but as a factor in the interactions involved in doing research. (Humphries 2001, 80).

I had challenges to find people to interview in the beginning. Some clients promised to come but did not show up for interviews. Another challenge was the language; the interviewees were not fluent in Finnish language which made it very difficult for me to grasp every word. One interview in particular failed completely, I was told by the care giver that this particular person spoke Finnish, so arrangements were made to meet. Once we meet, it was discovered that this person could not understand my question even though I tried to speak simple Finnish. In the end, I did not come up with any answers.

5 THEORETICAL FRAME WORK

5.1 Refugees and Asylum Seekers

A refugee is someone who has been forced to leave their country due to war, religious or political reasons. When a person has no choice but to leave their country because of life threatening situations of repression and persecution in their country, they can claim protection on the basis of violation of their basic human rights. (Kneebone 2009, 11).

Every year hundreds of thousands of people apply for political asylum, seeking sanctuary in the stable, safe and secure countries of the west. Recently the asylum system has become a major source of controversy in the western world and it has raised a number of challenges. The asylum seekers feel threatened by what seem to be an endless stream of unwanted migrants with dubious claims for protection. There have been talks about the motivation of asylum seekers and the treatment they have received at the hands of the authorities. These have often involved generalisations based on one or a few prominent cases or situations. Sometimes they have been based on interpretations of the wider evidence that questionable. (Kneebone 2009, 20). Finland is not exceptional from similar circumstances, a huge number of asylum seekers have arrived in the country leaving the citizens with mixed feelings of wanting as well as not wanting to welcome these people. And this mainly due to the recent events of terrorism that has been going on. Those seeking asylum are living in fear of be-

ing looked at as dangerous, this promotes exclusion as well as depression in most asylum seekers.

5.2 The Process of Admission for Refugees/ Asylum seekers

Finland admits persons recognised as refugees by the United Nations High Commissioner for Refugees (UNHCR) and other foreign nationals in need of international protection. People who are residing in a particular country as refugees and are submitted for settlement by UNHCR as refugees are admitted to Finland as quota refugees. Most of these people live in refugee camps close to their country. They are recognised by the UNHCR in order to settle them in countries where they can start living a new life. Resettlement of refugees means the selection of refugees and their transfer from the first country of asylum to another country which prepares to issue them residence permit. Finland has admitted quota refugees since 1987 and is one of the 25 resettlement countries.

Every year, the Finnish parliament sets an annual refugee quota as part of the budget process. There have been 750 quotas during the past few years. The ministry of interior working in cooperation with ministry of foreign affairs come up with the territorial of the quota refugee. The ministries' decision is based on an estimate of the refugee resettlement needs in different parts of the world drawn by UNHCR each year which the proposal agency submits to Finland. The ministry make the decision on the territorial location.

The UNHCR submits a list of people to Finnish authorities after the decision on the allocation of quota has been made. The Finnish authorities then make a selection of quota refugees to be admitted to Finland. The selection is usually made based on the interviews. It is the duty of the Finnish immigration services to make decisions on the issue of residence permits. The persons who are admitted to Finland as quota refugees proposed by UNHCR are given refugee status. (Maahanmuuttovirasto 2015).

Finnish policy puts an emphasis on the resettlement of the most vulnerable groups such as families with children and women in difficult position such as widows, single parents and single women who might have experienced sexual abuse. About ten percent of the annual quota is reserved for refugees who are considered as emergency cases. The decisions are made on the basis of documentation using quick procedures. (Sisäministeriö 2015).

5.3 Minor Asylum Seekers

Minor Asylum seekers represent at least half of the world's refugee population. Two to five percent or approximately a quarter of a million of these children are separated from their families due to chaos of displacement or have been sent away by their parents. Evidently, significant growing number of separated children seek asylum in Western Europe and North America. A minimum of 25,000

separated children applied for asylum in 1999 according to the programme “Separated children in Europe”.

Asylum seeking in a Finnish context is a long process and it consists of interviews with authorities aiming at finding out whether there is persecution or other threats against the applicant. The legislation in both the European Union and Finland give notice to the vulnerability of minors seeking for asylum. There are some requirements that authority should follow when handling minor asylum seekers applications. One request is that for each minor, there should be a legal representative who is of assistance in the asylum seeking process.

The growth in the number of unaccompanied minors as asylum seekers has received widespread attention in the media. According to a media survey for 2008 conducted by the Finnish Immigration Service, at least 38 sources covered the subject of minors. Topics making the headlines chiefly included the rise in the number of minors seeking asylum, age determination, interview activities and reception. What is noteworthy is that writing concerning minors seeking asylum was chiefly the result of statistics published by the Finnish Immigration Service. Writings on the minor process itself were relatively rare. Problematic areas relating to the minor process include long asylum interviews, detention, the haphazardness of age determination, unavailability of therapy and rehabilitation services and the lack of so-called after-care. (Annual Policy Report 2008).

5.4 Mental Disorder

Mental health is defined in many ways, but none of these definitions are unambiguous. Today, it is considered that mental health has physical, social as well as spiritual dimension. Mental health is a broad concept and difficult to define because it is influenced by many factors like; individual factors for example genetic, social behavioral factors for example education opportunities, cultural values such as the attitude towards mental health and how it is formed. According to world health organization; mental health is defined as a state of well-being in which every individual realizes their own potential and can cope in dealing with the stressors of everyday life, can work productively and fruitfully and contribute to their community. (World Health Organization 2014).

Mental health is not permanent, unchanging state, but it varies from life situations and experiences. It is influenced by an individual and the people around him/she. Involuntary departure from one's home as a result of war and pre- migration experiences such as genocide and being exposed to war and other stressed experiences, puts one at risk of mental disorder. (Bermak, Chung & Pedersen 2002, 14). Other factors are observed such as; identity and culture, a downgrade in social economic status and employment, language problems, dramatic shifts in family roles and gender roles as well as acculturation problems in a new society. A new approach to mental health need to be developed both locally and internationally. There should be sustainable resources which will allow people with mental health issues to control their lives and cope as well as endure the life's hardships.

A good mental health helps prevent intermittent anxiety, withstand losses, accept and adopt changes in one's life. A health mind is able to distinguish between its own thoughts and external reality from each other and is accompanied by a realistic view of oneself in order to recognize who you are, where you are coming from and where you are headed. (Heiskainen, Salonen & Sassi 2006, 19).

6. CAUSES OF MENTAL DISORDER IN REFUGEES AND ASYLUM SEEKERS

Immigrants, in particular refugees and asylum seekers experience loneliness when they move to a new country with a different culture. In countries like Finland the language complicates and contributes to exclusion in the beginning. The children integrate more quickly than the adults because they immediately begin to attend school. Unemployment is commonly known to be the cause of mental disorders among immigrants; the mother of the family is usually home and does not easily get familiar with the environment.

Immigrants, have their own networks. Participating in these associations can prevent loneliness. However some refugees may not have the power to participate in such associations for the fact that ties to their families are lost and this will lead to isolation. A survey done in the Britain and France on women refugees, suggest that; the absence of family is regretted by mothers on not having someone with whom to share problems, they expressed sadness because children were missing out on important relationships with their grandparent, aunts and other family members that would give them a great sense of family identity. (Allwood & Wadia 2010, 8).

Many refugees and asylum seekers have gone through traumatic experiences such as torture, rape even witnessing murder of their loved ones. These experiences lead to long term traumatic impact. These events are seen repeatedly in dreams and flashbacks which can cause turmoil situations. These emotions can

be felt for months, even years which causes the loss of interest in everything. People with traumatic backgrounds cannot cope alone; intervention and professional help is needed. (Heiskanen, Salonen & Sassi 2006 41). Trauma is a mental injury which can result in post traumatic stress disorder (PTSD) which occurs in many different ways such as crying, loss of appetite, insomnia, nightmares, various physical symptoms, disorientation as well as the feeling of shame.

Culture shock is one the most challenging issue for most immigrants when they move to a new country. Things that seem obvious and normal in a certain culture can be very strange and weird in another. While the receiving community may provide comfort in many circumstances, they maybe sources of additional stress that will interfere with coping healing. Stress arises when a different culture imposes rigid norms or standards on some groups or individuals who deviate in some way from the culture of those in power. (Green 2003, 21).

Every person needs the approval in a new society. Exclusion seems very hard to immigrants, particularly if one does not have a strong self esteem. When trying to help an immigrant to integrate, it is always important to remember that not being fluent in a certain language is not the same thing as borderline intellectual functioning, in most cases; immigrants are regarded as not skilled or unable. It is inspiring to find some special abilities and characteristics in immigrant's life as well as to show interest and appreciation. It's rewarding to follow when the immigrant finds a unique way to live a new life situation and to see that the energy is released and life has returned to normal. It releases the

joy, gratitude and new impulses to the resident population. (Mannila & Kuitunen 2015, 30).

Another factor of mental well-being is the lack to be able to work in the field that most of the refugees are trained in, because their work experience becomes almost non-existent skills, qualifications, capabilities are not seen and credibility is lost. Their abilities and competences are known for themselves, but the surrounding and society do not know how to identify them. Their certificates are no longer valid.

An immigrant is usually seen as clumsy, incompetent, under skilled, a stranger, or even sometimes dishonest. According to Yle Uutiset, the biggest reason for unemployment especially among refugees is discrimination. Refugees from Somali, Iraq and Afghanistan, top the list with over 50% of unemployment. Language skills are often used as an excuse even if some immigrant might have completed their studies in Finnish language. (Yle Uutiset 2012).

In many cultures, the couple's roles are divided clearly, that a woman's main role will focus mainly on the internal affairs of the home and a man's, domestic and external social issues. When for example a couple moves to a western country, a woman might integrate more quickly than man. She will learn the language faster and become more familiar with the operating system better. This causes the usual roles to turn completely the other way around. In this situation a man in particular feels unworthy and experiences low

self-esteem over the loss of their tradition male bread winner role which in turn will have an impact on family life. (Lansford, Deater- Dicard & Bornstein 2007, 86).

In many non-Western cultures, the role of men in relationships and families are dominant. When women adopt Western values, and want to have more decision-making powers, it may easily result in violence situations and divorces. Young immigrants may also have higher risk of exclusion and mental disorders, because they do not have time to properly integrate according to the Finnish education system and labor market access can be difficult for them.

The identity between generation changes in a way that a child might create net work or contacts more easily and acquire their surrounding culture practices and skills faster and better than the parents. In this situation, a child is more competent and is the one guiding the parents, as a result parenting skills and authorization suffers.

7 PROPER INTERVENTION ON MENTAL HEALTH, NECESSARY OR NOT?

An article in *Etelä-Suomen Sanomat* mentioned how one asylum seeker cried after hearing critical questions and opinions from some Finns. This is a man who worked as an engineer in an American army in Iraq, all his family has been killed, has seen unthinkable tragedies and was helping to clean up dead bodies of those killed in war. He said that seeing the anger in people's eyes made him to be emotional. He continued to say that he understood that people are afraid of them but all they want is to live in peace and work. (*Etelä-Suomen Sanomat* 2015, 4).

These kinds of reactions from some residents are prone to cause some serious psychological disturbances in someone seeking refuge in a country known to be peaceful. It is a big change for someone to leave their country with only a few possessions seeking safety. There are families, youths coming on their own without guardians. If the receiving country starts labelling these people, it can be catastrophic for the whole society because it can lead to mental instability in these people and will not integrate properly. Mika Kari, who is a chairman of Lahti city, observed that what is needed is some sense in discussing the issues regarding the asylum which will help remove prejudice in some Finnish people. (*Etelä-Suomen Sanomat* 2015, 4). People have the right to their opinions but at the same time they should take responsibilities and be able to build up constructive discussions and stop generalising. Issues of insecurities are hard to understand by some Finns because they live in a country where you can wake in the morning without fear that someone will shoot you in the head.

Finland is expecting to receive more than 30,000 asylum seekers this year alone. There has been mixed feeling, opinions as well as demonstrations against the idea of receiving more asylum seekers into Finland. According to *Etelä-Suomen sanomat* about 2,000 people took part in the demonstration in Lahti of which 600 were for closing the boarder. The paper also mentioned that because there are so many refugees coming to Finland at the moment, it is expected that a huge amount of asylum seekers will still be at the reception centre for a year or two before their papers are processed. Because of this, the risk of psychological disorders is high and need to be addressed.

With help, the problems experienced by refugees change over time, as Green puts it that in the emergency phase in the process and immediately following displacement, many people would appear fearful psychosocial distress seem to be due to the experiences of the moment, worry about survival and uncertainty of the immediate future. Though levels of symptoms of distress vary, most people concentrate their psychological energy on survival. (Green 2003, 247).

Resources and needs should be accessed thorough for a completion of appropriate interventions. Because Lahti is receiving more refugees than before, it is essential to have more mental health and psychosocial disaster preparedness strategies in place in order to install a fast, qualified and comprehensive need assessment. I once more agree with a point stressed by Green that, the design of intervention is best when it comes from assessment of the specific needs of a population of refugees. Even though crisis maybe similar in design, specifics of culture and resources should be taken into consideration. Each intervention has

best possible outcomes if it begins with clear goals, aims and purposes that connect to specific projected activities and a mechanism for monitoring and evaluating progress and outcome. (Green 2003, 256).

8 MENTAL HEALTH PERCEPTION

Most immigrants will not seek help when they are having some anxieties which are associated with mental problems. A team of researchers in New Zealand from university of Waikato had come up with interesting findings about Somalis perception of mental health. Although most of them had mental issues, they did not accept western way of treatment. For many, mental disorder is considered to be very serious disease with treatment resistant. (Guerin, Guerin, Dirriye & Yates 2004, 33).

When the Somalis were asked to tell what they understand of the words "Mental Health", they said it is a state when someone is crazy or insane, who goes around naked, throwing stones, shouting and eating from garbage bins. And this kind of person is considered to be dangerous to the community as a result he/she kept in isolation or locked up in mental hospital. It is important to note that a Somali patient coming for treatment for the first time may oppose to treatment without knowing the quality of it in a new country. Mental health care givers should be cautious when assessing the performance of their clients and be able to describe mental health problems to them. (Guerin, Guerin, Dirriye & Yates 2004, 59).

In most cultures it is typical not to identify a mental problem before it is in an advanced stage. Random cries, lack of sleep and migraines are seen as normal. This kind of thinking may lead to serious consequences which will require longer treatment. In the case of severe mental disorder, when a mental problem

is not severe, family and elders meet together to have communal discussions and share their view on how to handle the situation. Most immigrants, refugees in particular will not open up about their mental status because they are afraid that they will lose their dignity and for men especially they believe that talking about mental issues is a sign of weakness. (Guerin, Guerin, Dirriye & Yates 2004, 67).

9 CHURCH PERSPECTIVE ON REFUGEE WORK

9.1 Conviviality

A huge number of refugees have come to Finland lately. The main purpose of immigration work is to reform the rights based on Christian religion, partnership and the love of fellow human being in the lives of individuals in the society and globally. The church supports individuals and families who are not able to survive the immigration challenges on their own. The church's role is to serve and help all immigrants regardless of their religion group or the reason of immigrating. The church offers a wide range of activities and invites them for prayers and at the same time offering a sense of solidarity and friendship. (Lahden Seurankuntayhtymä 2015).

The Lutheran churches in Lahti promote inclusion to the refugees and immigrants as a whole by organising different activities. According to my experience, the church gives empowerment to immigrants by providing participation in masses where by each person is given a role to undertake. This gives hope to many refugees and at the same time they feel they belong somewhere. The church also provides counselling to refugees with mental health issues and acts as a catalyst between different authorities.

In their book, Franklin and Fong stresses that when seeking to make a referral, a minister or deaconess need to inquire whether the psychologist or social worker has training to specifically work with mental disorders. They went on to say why it is necessary for the care givers to describe the symptoms in the lan-

guage that is understood. It is essential to be conscious of one's own limitations and try to prevent making hasty or anxious decisions about the process. Using bible verses in pastoral counselling will depend to some extent on the individual seeking help and her/his previous experience with the scripture. (Franklin & Fong 2011, 282).

The church make a great effort to give spiritual guidance to the immigrants that struggle with mental issues because the bible says; "when an alien lives with you, in your land, do not ill-treat him. The aliens living with you must be treated as one of your native born. Love him as yourself for you were aliens in Egypt. I am the Lord your God" (Leviticus 19: 33 – 34).

The church's role is to show love and friendship to the aliens following Christian principles. Jesus was a refugee, His father and mother fled with him for safety because there was warning that king Herod was planning to kill all male babies. (Mathew 2:13-15).

Through the history of mankind, visible war and oppression continues even today. Last autumn, Europe has received an unprecedented number of asylum seekers. They are fleeing violence due to war and inhumane conditions. It is evidence that this is the most serious post-WWII asylum seekers crisis. An observation is made by Tikka which states; in Finland the number of Asylum seekers has not only overwhelmed the authority but the residents as well. This has raised a number of questions; why did they come here? How are they supposed to be treated? Are they threats to the community? Are they our neighbours? He went on to say that their reason for coming is not the core is-

sue, as Christian we need to see them as people created in the image of God who have the right to hear the good news of the Gospel. They are now the neighbours in our reach. Only the heart of a Christian can offer these people something that is not easily offered, and that is the answers to their deep desire to connect with the living God. (Avainmedia 2015, 2).

9.2 Engaging the Community

Another duty of the church is to engage the community in helping with refugee work through voluntary work. The church provide mentors to support to refugees who need help in day to day activities, for instance they show them how to use the bus, help them to look for recreation opportunities, they act as escorts to social insurance, employment office, registry office, food stores, flea markets health centres and libraries.

The mentors have also encouraged the refugees to study Finnish language independently which is often organised by the church once a week. The support person feels that they have received more than they give, particularly because they see the positive attitude from these people who come from war afflicted areas. This has made them to think about their own attitude towards life. (Vapaehtoisenä Seurakunnassa 2015).

Most refugees and asylum seekers come from Muslim communities. Many churches, in Finland in particular look beyond religion and show love to them. The threats should not be exaggerated. As Christians, we must not stir up fear and danger of individual Muslims. If we do that, we violating the word of God

and our evangelizing falls on the bottom. Churches must seek to act in accordance with the spiritual fronts of good will, and beware of criticism that it would prevent working among migrants. It is clear there a lot people among immigrant who are suffering and have nothing do with violence; all they need is to be helped as the bible teaches. Even if they have not left Islam, many of them are tired of the continuous violence and are willing to hear the Gospel.

Muslim encounter can sometimes be difficult but is should not be exaggerated. It is important to remember and see every person individually with their own personality, attitude, and knowledge about their belief. Muslims have the same basic needs like Christians, they need love, peace, friends and they believe in the future. Living far away from home without relative, with no language skills, unemployed and war memories, is not enviable. Most immigrants will be happy if they get some friendly contacts with some Finns. Social interaction and humanitarian help are considered to be valuable, but from the perspective of eternity, they are not enough without the teaching of the word of God. The church has been called be as disciples for all nations. Therefore, immigrant's work should not be limited only for social assistance. (Ristin Voitto 2015, 10)

10 FINDINGS

This topic is about creating more awareness about the need for more services on mental health for refugees and asylum seekers in Lahti area. According to the two care givers as well as the client who were that were interviewed, great

concern was raised on the lack of these services particularly for refugees in Lahti.

10.1 The diaconal worker

My first interview was with the diaconal worker who said that refugees and asylum seekers come to ask for help from church almost every week. When a person is facing a problem, it causes some mental issues; she mentioned for example a situation where a woman wakes up every night because her 15 years old daughter still wets the bed. This makes one to have more worries that later leads to mental disturbances. She went on to say that these problems are faced by normal Finns but what makes a difference in immigrants is that unemployment is very high especially in Lahti area.

Another problem is the lack of language skills, not everyone has the ability to learn the language even when they have been here for a long time. This is a big problem which causes many immigrants not to integrate properly and it makes them feel they do not belong to the society. Another factor is loneliness; most immigrants come from backgrounds where unity is very important. Refugees who come alone feel very lonely especially when they fall sick; the only people near them are the authorities. Economic factors also contribute to psychological disorder, quite often there are worries of where to get the money to pay the bills. Sometimes the immigrants do not understand the value of Euros, so it takes time for them to understand that they cannot buy everything they need with the money paid by social insurance (KELA). For instance in the beginning they do

not understand that calling abroad can be very expensive, as a result they end up with huge debts and they struggle to pay back.

“In my work I have witnessed a number of refugees who go through divorce, they come to us for help and we assist by taking them to safety houses. Most of them go through physical violence. We have been asked for spiritual support as well, at this point there is a lot of fear and worries about survival and about the children. In some cultures like Iraq and Iran, divorce is a big shame.”

She went on to say that there is need for more psychosocial services and multi-professionalism in the area of mental health; the services for people who have been tortured are not enough. She states that they try their best to minimise stress and prevent post traumatic disorder (PTSD) and other disorders. These include human rights support and watchfulness, self help support for empowerment and sharing, small camps as well as freedom of cultural practices.

The correct way to approach a traumatised immigrant is to have a wise approval with the ability not be nervous; Knowledge of the true nature of the disease prevents adverse reactions as a result of misunderstandings. We can comfort suffering people by telling them again and again that dangerous situations are over and they now live in a safe environment. It is also important to participate in trauma psychotherapy; the same recommendation applies also to pastoral therapy. Its nature of healing is steadier than the actual traumatic therapy. (Mannila & Kuitunen 2015, 83).

10.2 The Health care nurse

Similar views which were mentioned by the diaconal worker were also expressed by the health care nurse who treats refugees. The symptoms are mostly seen in men, she gave an example of a man who always has anxiety attacks every time he sees the police because in his country, a police man is a bad person who is responsible for the torture. She receives many patients with stomach-aches, headaches which she said are as a result of stress. These problems are also seen in children who have experienced or seen people getting killed. According to her, mental problems are common in men because they are forced to flee their country for fear of being recruited in the army or have refused to join and in the end they get tortured. Most of them are afraid to go through medical check-ups where an electrical machine is involved because it reminds them of the torture.

“It is very difficult for some refugees to talk about their experiences, especially the women who have been raped. Most women have cried and said it is their fault that they got raped. One woman who has a child as a result of rape expressed her sadness because she had difficulties getting attached to her child because every time she sees her child, she/he reminds her of the ordeal she went through.”

We have tried to make some referrals to psychologists and medicines have been prescribed but most patients stop taking medicines because of the side effects they bring. She went on to say that it is true some medicines can make some people worse and they cannot cope.

She sees the need for more professionals who would be trained to work particularly with refugees and more trained translators in order to be sure about the

diagnosis. She said that she has been working with refugee for twenty years, and this topic for need of psychosocial counselling has been discussed many times but so far nothing has been done. So far, there are two centres that offer therapy for tortured victims in Helsinki and Oulu and often there is a long queue before a patient gets some help. Similar services are needed here in Lahti so that the victims get help immediately after assessment.

10.3 The Two Refugees

It was challenging for me to perform the interviews because this subject is quite sensitive in a way, depending on how the questions are formulated. I had to avoid using the word “mental” because in most cultures it is interpreted negatively. I got similar opinions from two refugees who I interviewed, one was worried about her children and how it is difficult to be a single parent here. She said that in the beginning, life was very difficult because she did not understand the language and the new culture was challenging

“I had problems with social workers, my neighbour called the police and they came and took my child. I cried a lot because I missed my child a lot”

This is the case where the neighbour had called the police because they had heard some cries coming from their apartment, the children were taken by child protection because they thought there were some abuses going on. It was difficult to deal with the situation because she did not understand why the children were taken away; as a result she became very depressed. She said that in this situation she would have needed someone to talk to. She went on to say that

there is a lot of jealousy among the refugee community and it makes her sad sometimes.

Another refugee who I interviewed expressed sadness on how they fled war conflicts with his wife and two children and his brother, his parents remained in the country together with his sister. Soon after they arrived they heard that their father and the sister's husband were killed.

“It was very difficult time for all of us, we were very worried about my mother and my sister, and how they are going to survive there without men. My brother decided to return home to go and take care of my mother and sister and maybe try to come back to Finland with them.”

When asked whether he had received some psychological help, he said he went to see the doctor because he had difficulties to sleep and was given some medicine to help with sleep. Studying Finnish language was a challenging because he could not concentrate and he was tired all the time. When asked his opinion to have a centre for psychosocial counselling for refugees in Lahti, he said, it will be very helpful most refugees especially now because we have people who have run away and they do not know the where about of some their relatives. He also proposed that it would be very helpful to train people from the same background and have gone through the same ordeals to work as counselors.

10.4 The Asylum Seeker

I was very fortunate to have had an opportunity to talk to one asylum seeker because I wanted to hear views from both the refugees who despite some challenges seem to have a secured place, and an asylum that is not certain about their future yet. When asked about his feelings, this is what he had to say;

“Every morning I wake up and I feel empty, it is very cold and dark, sometimes I walk in the street, I go to the shops and I don’t understand the language, it is very difficult. I feel better when I call home and speak with my relatives back home, but I cannot call all the time because it is very expensive.”

He went on to say that he wants to have his own house where he can be free and cook what he wants to eat and he wants to start learning the language and finds a job so that he will be able to support the family. He said that one of his friends sleeps all the times and cries sometimes, “I try to talk to him and encourage him,” he said. He said that he is hopeful for the future and Finland seem to be a very peaceful place to settle.

This is one of many asylum seekers who has behind him years endured difficult life situation in their home country, or at least difficult and stressful journey to a new country. He lives in a place where there is not much meaningful things to do, he shares the kitchen and shower with another asylum seeker or lives in a corner of someone he knows. He waits long time about the decision on his future and is afraid of the negative response. He spends time with people with similar stressful life situations. Other people decide about his life and he is not able to communicate with Finnish people as he desires. (Mannila & Kuitunen 2015 93).

11 REFLECTION ON THE RESULTS AND THEORY

Very little has been researched about mental health in refugees and asylum seekers in Finland, Lahti in particular where according to the findings there are no services specifically for refugee and asylum seekers at all. The research which was the study on mental health in immigrants and its identification, a total of 86 asylum seekers as well as immigrants who had permanent residences were interviewed. 71 physician and other health professionals were also interviewed. The results showed that asylum seekers had more mental problems than the ones who had permanent residences. Most doctors did not see the relevance in discussing immigrant's background in order to get the right diagnosis. It was discovered that health care personnel did not have the ability to detect mental health problems in asylum seekers. (Sainola-Rodriquez & Koehn 2006, 47)

In an article, Halla expressed his concerns on the scarcity of psychosocial counselling. Tampere has been offering psychiatric counselling to asylum seekers and refugees for more than 10 years now. It is the only purely social Psychiatric working group in Finland for immigrants. This was mentioned by the health care nurse who was interviewed and expressed her concern that there should be more similar facilities around the country that can offer mental health service to refugees and asylum seekers. Most refugees who enter the country experience a lot of stress situations already before entry. They leave their own country with no plan or knowledge of their final destination and are forced to leave their profession, possessions and relatives. Families are often scattered

and some family members may be missing or even dead. In addition to this one has to cope with the major challenges in a new country of residence such as learning a new language and culture. There is no time or space to go through the loss. He also talked about the study done in Sweden which showed that post-migration stressors are more higher compared to discrimination and violence experiences. (Halla 2007, 123).

Psychological disorders have been found to be higher in asylum seekers than immigrants due to the fact that when they are granted temporary residence permit, it increases their uncertainty on whether they will remain in Finland or not. The research also show a lot of somatic symptoms related to psychological stress such as abdominal discomfort and headaches, as was expressed by one interviewee (see chapter 39) had difficulties to fall asleep.

Current psychiatric diagnostic classification is based on a Western conception of humanity. The research that was done in the UK showed that refugees who were older, better educated, female, and of rural residence and higher socio-economic status pre-displacement had worse mental health outcomes. Morbidity was significantly associated with post-migration factors such as a lack of permanent accommodation and restricted opportunity (McColl, Kwame & Bhui 2008 45). According to the findings, unemployment seems to be one of biggest mental health stressors in Lahti among refugees. This shows that refugees who have good educational back ground will easily suffer from mental problems when they come to a country like Finland where the possibilities of getting into labour market is challenging because language barriers.

11.1 Perceptions on Diagnosis

Diagnoses made on the basis of westerners do not necessarily reflect correctly psychiatric symptoms in immigrants. On the other hand the nursing staff attitudes towards patients from different cultural backgrounds may affect the diagnosis. The study conducted in England show that black patients were found to be schizophrenic than other immigrants and coercive measures have been prevalent than other immigrants. In Finland, on the other hand immigrant patients rarely receive psychiatric diagnosis even if they seem to have symptoms such as auditory hallucinations. Ways of thinking and odd behavior related to culture can be considered to be mental symptoms. Cultural differences are therefore likely to lead to over- and under diagnosed. (Halla, 2007).

One area of concern with respect to screening for and diagnosing post traumatic stress disorder (PTSD) in refugees is that the disorder which for a number of reasons is not easy to diagnose in members of the general public is particularly difficult to diagnose in refugees; This is partly true because even people in developed countries are hesitant to initiate or remain in treatment due to the stigma surrounding mental health and this is likely even more true for refugees fleeing problems in less developed nations. (See chapter 37) This is also partly true because refugees suffering from PTSD may be even less inclined to want to consciously recall their traumatic memories than host country PTSD suffer-

ers, due to the fact that the nature of their traumatic memories may be particularly humiliating. In some, cultural stigmas about mental health and the humiliating nature of some of their traumatic experiences may combine to make it even more difficult to screen and diagnose refugees than other PTSD sufferers. (MacDonald & Sand, 2010 18).

11.2 Treatment

Confidentiality is an essential prerequisite of psychiatric care relationship. Immigrant patients often have no prior understanding of the nature of psychiatric care or psychiatric nursing staff; the construction of this relationship needs time and patience. It is necessary to explain in most simple terms what psychiatric treatment means. For example treatment of sleeping difficulties, it is usually easy to understand. Talking about depression can already be difficult. In many languages, such as Kurdish language, there is no direct significant word for depression. It is advisable to tell things on symptom level, for example, fatigue, inability initiative, memory loss, lack of concentration, hopelessness, or death wishes and suicidal thoughts. Post traumatic stress disorder (PTSD) describing is best done through the symptoms. (Halla 2007, 123).

In his article, Halla emphasizes on the need for the patients to know the psychiatric care system and the different forms of treatment. Often migrants are used to getting support in crisis situations from family members and the surrounding community. In Finland, this is usually not possible; it is important to describe the

impact of psychiatric therapies. Many patients also want practical advice on how to cope with various everyday things. The treatment of immigrant patients should benefit from the fact that the nursing staff are active in giving advice and contacts with other authorities is often required, as with, for example, financial worries or misunderstandings between them and the authorities may be very burdensome for immigrant patients and may worsen the psychological symptoms. (Lääketieteellinen Aikakausikirja Duodecim 2007).

11.3 Tortured Patients

Thousands of people are tortured around the world including refugees living in Finland Physical and psychological torture aims at causing as much pain as possible to the person and destroy his/her personality. In the article Kulttuurien kohtaaminen, Ruuskanen stresses that it is challenging to start talking about the subject to the tortured person, time and patience is required. Tortured patients often have post traumatic stress disorders (PTSD) which may cause anxiety, depression, headaches, memory loss and insomnia. In most cases the victims are afraid and ashamed to talk about the torture unless they know and trust the care givers.

Pre-torture symptoms must be investigated, because of previous trauma, loss and chronic diseases hamper the patient's symptoms and complicate the recovery. Interview may seem like interrogation in the victim's mind, so research should be done peacefully, with no rush and be sensitive to the patients' wishes. Nurses are required to show interest in different cultures which means

humility to accept diversity and willingness to learn from others. Tortured victims want to first know how much one cares, and only then, the trust will be built and discussing about the sensitive subject becomes easier.

The victims have been completely helpless during torture, because the body and mind were controlled by another person. A white coat worn by medical personnel may arouse fears in patients and plant-like settings may remind them of jail.

The suggestion is that tests and follow-up treatment for torture victims must be prepared carefully; a single blood test can be a horror experience for the patient and reminder of for instance when the victim was forced to lick his/her own blood from the floor. It is advisable to resume the tests later if the situation becomes uncomfortable. I support the suggestion that treatment for tortured victims may begin and continue with primary health care, if necessary, rehabilitation centres such as Helsinki and Oulu as well as other specialised clinics should be consulted. Working as team makes it possible to share skills and easy to digest heavy staff. During treatment the nurturing personnel may be traumatised insidiously, so supervision and adequate breaks are essential. The care givers must be aware of their feelings and transference reactions. It is important to detect these destructive emotions; the torturer is in away present in the care unity. (Ruuskanen 2007, 123).

12 CONCLUSION

12.1 Discussion

Work with immigrants requires courage and patience which will help one to learning new things. Excessive authoritarianism and bureaucracy often prevent trustful relationship towards treatment and recovery. People who come as refugees are often very sensitive, scorning and mistrust is not necessary. Their needs are basically similar to everyone else regardless of their culture. The care giver should be able to see that cultures can be different but the values should be seen as equal. This allows the discussion to flow more easily and the immigrant patient dares to answer to even more sensitive issues. (Theodore W, Jaime N 2010).

The care givers attitude and preconceptions are more visible towards immigrant patients than Finns. Showing interest and positive curiosity is beneficial in psychiatric work with immigrants. Similarly, we need patience and the ability to withstand uncertainty. New perspectives on how to approach immigrant patients are gained and cultural competence is achieved. Effective supervision and multidisciplinary teamwork are essential to psychiatric care for immigrants

A final area for concern is that, for a variety of reasons, some Western mental health professionals may know very little about refugees " cultures and the nature of traumatic experiences in their former countries prior to their involvement in screening and diagnosis procedures earlier, if therapists are not aware of culturally specific manifestations of PTSD symptoms, they might not know, for ex-

ample, that neck-focused somatic complaints in Cambodian refugees may be a symptom of panic-related PTSD thus, it may be important for such therapists to learn more about the culturally specific manifestations of PTSD symptoms. Familiarity with these will not only help practitioners correctly diagnose PTSD in refugees, but also “communicate effectively with distressed community members and to develop mental health interventions that are likely to be perceived as responsive to local beliefs and cultures. (Theodore W, Jaime N, 2010).

Mental health issues, especially in refugees and asylum seekers should always be taken seriously. Many probably might have mental health problems even before they are admitted in a new country. There is feeling that the worries and problems will go away once in a new country where there are sometimes false promises of greener pastures. We already have some ideas where these problems are arising. The human mind is very sensitive, therefore it is important to predict and reflect on what is needed to be worked on. Psychotic drugs may not be a correct approach for human mental problems and should be some investigations on the side effects they bring.

12.2 Ideas and Recommendations for Further Research

This research is only a small fraction of what is needed to be researched. I hope this will pave way for some more research on mental health not only in refugees and asylum seekers but in immigrants as a whole. Being an immigrant myself, I have interacted with fellow immigrants and have witnessed how difficult it can

be for some immigrants to cope in a new environment. Further studies will be essential especially now or in the near future in order to find out the factors promoting mental health issues in immigrants. More attention should be paid to single parent refugees and minor asylum seekers

The church should do more in promoting good mental well-being in refugees and asylum seekers. There should be paid workers to specifically work with this group. Organising small camps during summer do seem to be enough. The churches not only in Lahti should be in the forefront in promoting inclusion. It is important to have some activities that would be beneficial to these people. Many refugee centres need practical training related to everyday life. Many refugee centres are old properties that need repair, therefore residents can be trained how to do repair work. These and many other issues should be brainstormed and developed in refugees centres. Probably local entrepreneurs would be interested in supporting such trainings.

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APPENDICES

APPENDICES 1: QUESTIONS FOR CARE GIVERS

- 1) Would you tell about your experiences working with refugees and seekers?
- 2) Do you see any signs of mental health problems in them?
- 3) What group would you say is affected most?
- 4) What do you think are the causes of these mental problems?
- 5) In your opinion what do you think should be done in order to alleviate these problems?
- 6) Is there hope for more psychosocial therapy services in Lahti?

APPENDICES 2: QUESTIONS FOR SERVICE USERS

- 1) How long have you lived in Lahti?
- 2) What made you come here?
- 3) Would you say Lahti is a good place to live?
- 4) Do you think a lot about your relatives and your home country?
- 5) When you feel worried about something do you think it is necessary to talk to someone about your worries?
- 6) Do you think you have received enough help?

7) What do you think about mental well-being in general?

