Bachelor’s thesis

Degree programme in Nursing

2019

Farah Samiira Abdikarin

DEVELOPING PROFESSIONAL KNOWLEDGE AND SKILL BASE OF MENTAL HEALTH IN IMMIGRANTS INTEGRATION

– Literature review

TURKU AMK

TURKU UNIVERSITY OF APPLIED SCIENCES

BACHELOR'S THESIS | ABSTRACT

TURKU UNIVERSITY OF APPLIED SCIENCES

Degree programme in Nursing

2019 | 53 pages, 7 pages of appendices

Farah Samiira Abdikarin

DEVELOPING PROFESSIONAL KNOWLEDGE AND SKILL BASE OF MENTAL HEALTH IN IMMIGRANTS INTEGRATION

- A literature review

ABSTRACT

During the process of immigration and at the arrival of the host country, many immigrants are going through psychological problems and have a high risk of developing serious mental illnesses. Identifying and recognizing the mental health problems in order to provide culturally appropriate care can set challenges for professionals. In Finland, many professionals feels like they need more skills and knowledge in their refugee work and culturally sensitive approach.

The purpose of this thesis is to provide a professional knowledge and skill base of mental health for the professionals who are working with patients from different culture backgrounds and the aim is to provide for them information about those skill and knowledge needed that would help the professionals when delivering culturally appropriate care for immigrants. A narrative literature review was conducted in this study and a computer article search was done in Cinahl Complete, Google Scholar, PubMed, Academic Search Elite and Medline databases. 10 articles that met the inclusion criteria were included in this study and analysed using the content analysis method.

The results show that it is important to know and understand how immigration process affects the mental health and take it into account when planning care for immigrants. Supports, a great deal of professional skills, a caring attitude and interest are important and required. Training and education for cultural competence and transnational competence for the professionals and organization can give the knowledge and skills needed in the immigrant mental health care.

KEYWORDS:

integration, immigrants, healthcare professionals, mental health, culturally sensitive care, transnational competence, cultural competence

OPINNÄYTETYÖ (AMK) | TIIVISTELMÄ

TURUN AMMATTIKORKEAKOULU

Sairaanhoitajakoulutus

2019| 53 sivua, 7 liitesivua

Farah Samiira Abdikarin

MIELENTERVEYSOSAAMISEN KEHITTÄMINEN KOTOUTTAMISTYÖSSÄ

- kirjallisuuskatsaus

TIIVISTELMÄ

Maahanmuuttoprosessin aikana ja saapumisvaiheessa, monet maahanmuuttajat kärsivät psykologisista ongelmia ja heillä on suuria riskejä saada vakavia mielenterveysongelmia. Mielenterveysongelmien tunnistaminen, jotta kulttuurista asianmukaista hoitoa voidaan tarjoa, asettaa haasteita ammattilaisille. Monet ammattilaiset Suomessa kokevat tarvitsevansa enemmän tietoja ja taitoja pakolaistyössään ja kultuurisensitiivinen lähestymistapoja.

Tutkimuksen tarkoituksena on tarjota ammattilista tietoja ja taitoja mielenterveysdesta ammattilaisille, jotka työskentelevät eri kulttuuritaustaisten potilaiden kanssa. Tavoitteena on antaa heille tarvittavat tiedot ja taidot, mitkä auttaisivat ammattilaiset tarjoamaan kultuurisensitiivinen hoitoa maahanmuuttaja-asiakkaille. Tässä tutkimuksessa on tehty narratiivinen kirjallisuuskatsaus, jossa käytetty CINALH, Google Scholar, PubMed, Academic Search ja Medline tietokantoja artikkelihaussa. Kymmenen artikkelia, jotka täyttivät muukaanottokriteerit sisällytettiin tähän tutkimukseen. Sisällönanalyysimenetelmä käytettiin tutkimusaineistojen analyysissa.

Tutkimuksen tulokset osoittavat tärkeyden tietää ja ymmärtää miten maahanmuuttoprosessit vaikuttavat maahanmuuttajien mielenterveyteen ja ottamaan niitä huomioon maahanmuuttajien potilaiden hoitosuunnitelmissa. Paljon ammattitaitoja, välittävää asennetta, kiinnostusta ja maahanmuuttajapotilaiden tukemista ovat osoittaneet olevan tärkeä ja vaaditaan mielenterveyden ammattilaisilta. Kulttuuritaito ja transnationaalinen osaamisen kehittäminen kouluttautumalla voivat antaa lisää tarvittavat tietoja ja taitoja ammattilaisille maahanmuuttajien mielenterveyden hoidossa.

ASIASANAT:

kotouttaminen, maahanmuuttajat, terveysalan ammattilaiset, mielenterveys, kultuurisensitiivinen hoito, transnationaalinen osaaminen, kulttuuriosaaminen

CONTENT

LIST OF ABBREVIATIONS

1 INTRODUCTION **6**

2 THEORETICAL FRAMEWORK **8**
2.1 Immigrants in Finland 8
2.2 Integration 9
2.3 Mental Health 10

3 THE AIMS AND THE PURPOSE OF THIS STUDY, AND THE REASEARCH QUESTIONS **12**

4 METHODOLOGY **13**
4.1 Literature review 13
4.2 Data collection 13
4.3 Data analysis 16

5. RESULTS **18**
5.1 Immigrants and mental health problems 18
5.1.1 The impact of migration process on mental health 19
5.1.2 Traumatic experience 20
5.1.3 Stigmatization of mental illness 21
5.1.4 Immigrants' health care experiences in the host country 22
5.2 The six sources of resiliences 23
5.2.1 Social support 24
5.2.2 Acculturation strategies 25
5.2.3 Education 25
5.2.4 Religion 25
5.2.5 Avoidance 26
5.2.6 Hope 26
5.3 Culturally appropriate care 26
5.4 Immigrant patients encounters 28
5.5 Cultural competence 29
5.6 Transnational competences 30
5.6.1 Analytical competence 31

5.6.2 Emotional competence 31
5.6.3 Creative competence 32
5.6.4 Communicative competence 32
5.6.5 Functional competence 32
5.7 Identifying the mental health needs of immigrants 33

6 DISCUSSION **35**

7 CONCLUSION **40**

8 REFERENCES **41**

APPENDICES

Appendix 1. Table 4: A summary of the 10 chosen articles
Appendix 2. Table 5: A summary of the content analysis of the 10 articles included in this study

FIGURES

Figure 1. The six sources of resilience 24
Figure 2. The reasons for needing culturally appropriate care 27
Figure 3. The transnational competence in five skill domains 33

TABLES

Table 1. The inclusion and exclusion research criteria 14
Table 2. Article search without filtration 15
Table 3. The chosen articles after filtration and analysis 16

LIST OF ABBREVIATIONS

CINAHL	Cumulative Index for Nursing and Alied Health Literature
MEAE	Ministry of Economic Affairs and Employment
MSAH	Ministry of Social Affairs and Health
PTSD	Post-traumatic stress disorder
PubMed	Publisher Medline
RFNs	Resident foreign nationals
TC	Transnational competence
THL	Terveyden ja hyvinvoinnin laitos (National Institute for Health and Welfare)
TUAS	Turku University of Applied Sciences
UNHCR	UN Refugee Agency
WHO	World Health Organization

1 INTRODUCTION

This thesis is about professionals who work with immigrant patients and need the knowledge and the skills in their daily working life, so they can improve the mental health of immigrants, identify their mental health problems and needs, and provide a care that is appropriate to their immigrant patients' culture. The professionals who face immigrants are not only from social and health care field but from any field and for them, it is important to have a sufficient education, a work guidance and a possibility to cooperate with other professionals, especially with someone who knows the work in the refugee field and can give advice.

Millions of people were forced to leave their home countries because of war, political conflicts or individual violence and these traumatic events may lead to suffering from significant mental health problems e.g PTSD, depression and anxiety-related disorders (Kowitt et al. 2016). During the pre-migration, the process of immigration as well as the arrival stage in the new country, many immigrants go through psychological stress which increases their risk of developing mental problems. Identifying and recognizing the problems in order to provide the appropriate treatment sets challenges. The unfamiliar language and culture that makes it difficult to identify the problems, seeking and getting help and committing to the care. (Kirmayer et al. 2011.)

A history of mental health issues in immigrants' childhood strongly predicts developing mental health problems in adulthood (Ugurlu et al. 2016) and for children, they don't display dramatic or easily recognizable symptoms (Cleveland et al. 2014). So, it is vital that immigrants', refugees' and asylum seekers' mental health is addressed early with effective, culturally specific interventions (Walker 2005) and culturally sensitive manner rather than relying solely on the family members with providing information related to the mental health because the symptoms may be ignored or minimized (Cleveland et al. 2014).

According to Castaneda et al (2018, 18) organizing preventative and corrective mental health services for immigrants are not consistent in Finland. The differences are seen in how the specific characteristics of supporting immigrants' mental health, identifying mental health needs and treating the mental health problems are taken into account and implemented. The other problem is the obstacles to accessing to the services. It may be difficult for immigrants to be guided from the reception centre on the service path, for

example, to the health services of the municipality or specialized health care services in Finnish social and health care service system. (Castaneda et al. 2018.)

Many professional groups e.g. social and health care professionals feel like they need more skills and knowledge about specific characteristics in their refugee work and culturally sensitive approach. In Finland, there is large amount of knowledge related to this topic available but the problem is with the knowledge, skills and networking that are not coordinated sufficiently so that the knowledge and the skills would reach to all the professionals and encourage them facing their clients in their work. (Castaneda et al. 2018.)

The topic is important to investigated because a lot of immigrants before their migration have gone through witnessing war, violations and tortures and addressing these would help immigrants their integration process and adaptation to the new society. In addition, there is a need for knowledge and skills among these professionals working with immigrants.

The thesis belongs to the YOUME project. The aim of YOUME project is to support the integration and the participation of immigrants by promoting mental health and early access to care when mental health problems occur. The YOUME project is funded with The European Commission’s Asylum, Migration and Integration Fund (AMIF). (Turun ammattikorkeakoulu 2019.)

2 THEORETICAL FRAMEWORK

2.1 Immigrants in Finland

According to Finnish Refugee Council (2017), the first migration to Finland were refugees from Chile in 1973 and then Finland took about 500 Vietnamese refugees. However, a vast majority of Finns became familiar with refugees after the first arrival of a large Somali refugee groups in the early 1990s.

Each year Statistics Finland "publishes statistics on the population based on citizenship, country of birth, language and the newer origin classification". Finland's population stood at 5,513,130 in 2017 and almost 7% (384,123) are populations with foreign background. From January to September in 2018, the population Finland reached 5,520,535 which means it has increased by 7,405 persons and the reason for population increase was migration gain. (Statistics Finland 2018.)

Nearly 180 different foreign nationality groups lived in Finland at the end of 2017 and the largest nationality groups were Estonian citizens, the second largest were Russian citizens and thirdly largest were Iraqi citizens. The following nationality groups were Chinese, Swedish, Thai and Somalis. Other nationality groups are less than 6 thousand. (Statistics Finland 2018.)

In the 1990s, the first destination for migration to Finland was Helsinki and later on people have gravitated to the rest of the metropolitan area. The placement of refugees in municipalities and increased migration have increased the population of foreign origin other parts of Finland. In the recent years, the migration of immigrant population to Uusimaa who lived elsewhere in Finland has been quite lively. (Statistics Finland 2018.)

Above the national average, foreigners lived in Åland Island 14.5% and in Uusimaa, 13%. More than half of those with foreign backgrounds lived in Uusimaa. Also, Ostrobothnia and Southwest Finland regions, the foreigners lived relatively more than the national average. The smallest percentage of foreign origin was in Southern Ostrobothnia. (Statistics Finland 2018.)

By municipality, in 2017 the percentage of people with foreign background was high, particularly in many of Åland Island municipalities, metropolitan area, Ostrobothnia's Korsnäs and Närpes, as well as in Turku. In these municipalities, the percentage of

foreigners varies from 10% to 20%. About a quarter of the foreigner population live in Helsinki. In 30 municipalities, the proportion of people with foreign backgrounds is less than 1% of the total population. (Statistics Finland 2018.)

Immigrants come to Finland as quota refugees, asylum seekers, migrant or through family reunions. *A migrant*, immigrant or emigrant is someone who has voluntarily chose to move to another country for temporarily or permanently and their reason for migration could be family, work, education or the condition at the home country. *A refugee* is someone who has escaped from their home country for a fear of being persecuted in their home country because of race, religions, nationalities, political opinions or for belonging to certain social groups and were granted with an international protection outside their country. Most of the refugees leave their home countries because of war, environmental disaster or famine. (Räty 2002, 20.) In the Aliens Act, a refugee is referred as “a someone who has been granted refugee status as defined in the Geneva Convention on Refugee” (Castaneda et al. 2018, 29). *Asylum seekers* are people who came from unsafe country and seeking for safety in the host country. They do not have a residence permit yet in Finland, so they have apply for asylum after their arrival in Finland and if an asylum seeker wishes to stay in Finland, they become refugee after their residence permit has been issued. (Räty 2002, 20.) *A quota refugee* is someone who has got the status of refugee by the UN Refugee Agency (UNHCR) before their arrival and their don’t live in reception centre. They’re placed in the municipality that has accepted them as quota refugee. (Castaneda et al. 2018, 29-30.)

2.2 Integration

Integration is an ongoing process and an interactive development of an immigrant and the society, which aims to provide the immigrant knowledge and skills needed to adapt to the society and in the working life (Hämäläinen 2018; infoFinland 2018) while supporting his or her ability to maintain his or her language and culture. In return, the host country is gaining new influence and diversity. (Castaneda et al. 2018, 32.) Internationally protection receiving immigrants can get integration services from the municipality and the public employment and business service office integration services e.g. housing, early childhood educations, pre-primary and primary education, social and health care services, interpretation, initial mapping and integration and integration. Specialized medical services can also be provided. (Castaneda et al. 2018, 32.)

The promoting factors for integration include e.g. learning the new language, getting a job or an education and forming connections in the society. In Finland, immigrants are entitled to get e.g. initial assessment, integration plan and integration training facilitating integration, employment and learning the language. (infoFinland 2018.) Even though immigrants are integrated into the Finnish society, their cultures, languages and religions can continue to be part of their lives. There are many associations founded by immigrants in Finland that can help the immigrants maintain and develop their culture in the Finnish society and be part of the activities done by the association. Addition to these associations, immigrants can also promote their own integration in everyday situation and community, such as day care centres, schools, leisure activities and workplaces. (infoFinland 2018.)

According to Ministry of Economic Affairs and Employment of Finland (MEAE), integration can succeed if the society commits to “non-discrimination and immigrants are accepted as members of the society”. MEAE is responsible for “the integration of immigrants, integration legislation and promotion of employment among immigrants”. (MEAE 2018; infoFinland 2018.)

2.3 Mental health

There are a lot of definitions, misunderstandings and misuses regarding mental health concept, even among professionals and experts (Lehtinen 2008, 25). According to World Health Organization (2018) mental health is “the foundation for one’s well-being, health and effective functioning” and more than just “the absence of mental disorders or disabilities”. WHO (2018) defined mental health as “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stress of life, can work productively and fruitfully, and if able to make a contribution to his or her community“. However, mental health problems in many cultures are seen as a shameful or feared of. Ignorance of mental health problems is common. (THL 2015.)

Keyes (2016, 395-402) identified three components of mental well-being: emotional, psychological and social. Emotional well-being component is being happy, satisfied and interested in life. Psychological well-being component refers being in a good relationship, managing the responsibilities on every day and being satisfied with life. Social well-being competent includes “positive functioning”, “social contribution”, “social integration”, “social actualization” and “social coherence”. (Keyes 2016, 395-402.)

The concept of positive functioning used in definitions and theories about mental health may lead to a misunderstanding that “an individual at a certain age or in a physical condition” prevents them from functioning “productively” is not in “a good mental health”. This may not sometimes be possible for e.g. immigrants or discriminated people preventing from contributing to their society. (Galderisi et al. 2015, 231-233.)

Mental health can be seen as “a process of biological-psychological-social” (Lavikainen et al. 2006, 15) which determines the level of mental health (WHO 2014). It is influenced by “individual factors and experience” e.g. childhood, social interaction e.g. family relationships, “societal structures and resource” e.g. welfare systems, and “cultural values” e.g. multicultural conflicts (Lavikainen et al. 2006, 15).

The two main dimensions of mental health are negative mental health (Lavikainen et al. 2006, 36; Lehtinen 2008, 25-26) and positive mental health (Lavikainen et al. 2006, 36; Lehtinen 2008, 25-26; Schönfeld et al. 2017, 198). Positive mental health is “an important resource for individuals, families, communities and nations” (Lehtinen 2008, 26). A positive sense of well-being, individual resources, personal relationships and coping with difficulties are part of the positive mental health dimension. Negative mental health deals with “the mental disorders, symptoms and problems”. (Lavikainen et al. 2006, 36; Lehtinen 2008, 26-27.)

3 THE AIMS AND THE PURPOSE OF THIS STUDY, AND THE RESEARCH QUESTIONS

The aim of this research is to provide information for the professionals working with immigrants, refugees, asylum seekers and help them approach culturally appropriate way their immigrant patients when providing care services for their mental health needs, improve their communication with immigrants, interpreting immigrants problems, supporting them through immigrants' adaptation process. It also provides information that are important to take into account when planning a care for immigrants. The purpose is to develop a professional knowledge and skill base of mental health in immigrant for professionals.

The research questions are:

- **What should professionals working with immigrants need to know and understand about immigrants' mental health?**
- **What culturally sensitive skills are needed in order to provide an appropriate care and improve the care qualify for immigrants?**
- **How should professionals identify immigrants' mental health needs?**

.

4 METHODOLOGY

4.1 Literature review

This study was conducted as a narrative literature review, also known as a descriptive or a traditional literature review because it describes the previous studies on the topic. According to Salminen (2011, 6), descriptive literature reviews are the most common literature review used because it is an overview without having stricts and precise rules, and the material are extensive and selection. It is not restricted by methodological rules. A descriptive literature review has four phases: defining the research questions, searching for the materials and answering the research questions, describing the phenomenon and lastly looks at the results that have been researched. (Kangasniemi et al. 2013, 291-292.) Literature review outlines the whole subject of the thesis. It provides a comprehensive summary of previous researches done relating to the topic that identifies what kind of information already exist on the particular area by providing information on how much research is there, from what point of view the particular subject has been studied and what kind of methods have been used and sought answers to the research questions (Tuomi & Latvala). Literature review studies scholar articles, books and other resources that are relevant to the research. The literature review evaluates previous research objectively, describes and summarizes. It provides theoretical base to the research and helps to determine the research nature. (Coffta 2018.)

4.2 Data collection

The articles for this study has been collected manually through databases. A computer literature search was performed using CINAHL, Google Scholar, PubMed, Academic Search Elite and Medline databases. The literature searches were conducted in April 2019. Limitations for article search were the published year range 2004-2019, full text available, topics related to immigrants, mental health and professional knowledge and skills, journal and scholar articles and articles that were published in English and Finnish. See the inclusion and exclusion criteria in Table 1. Finnish articles were included because studies done in Finland highlight the immigration situation in Finland and the

results of studies done outside Finland are not always directly applicable to Finland. Google Scholar was the only database that was used to search for Finnish articles.

Table 1: The inclusion and exclusion research criteria

The inclusion criteria	The exclusion criteria
English and Finnish languages	Languages that are other than English and Finnish
Free full text articles	Paid article materials
Immigrants	Non-immigrants
Mental health	Topics that are not related to mental health
Professional knowledge and skills	Topics that are not related to professional knowledge and skills
Journal and scholar articles	Other than journal and scholar articles
Time frame for articles 2004-2019	Articles that are older than 2004

For article search, Boolean search method was used. Boolean searching method allow to combine the search terms and phrases using the words AND, OR and NOT to limit, broaden or define the search. The keywords for article search from the databases were *"immigrants OR refugees AND mental health professionals", "immigrants OR refugees AND health care", "maahanmuuttajat JA mielenterveys", "maahanmuuttajat JA mielenterveyden tarpeet", "immigrants OR refugees AND mental health" and "refugees AND mental health AND mental health professionals"*.

Using "*immigrants OR refugees AND mental health professionals*" keyword for article search on all the chosen databases without filtration 17 645 article results came out from CINAHL, 238 from PubMed, 98 181 from Academic Search Elite and 86 from Medline. For "*immigrants OR refugees AND healthcare*" keyword for article search without filtrations, 18 846 articles from CINAHL, 8 241 from PubMed, 98 577 from Academic Search Elite and 1 947 from Medline. From using "immigrants OR refugees AND mental health" keywords, 18 677 articles from CINAHL, 3 979 from PubMed, 98 024 articles from Academic Search Elite and 3 099 articles from Medline.

Lastly for Finnish article search, *"maahanmuuttajat AND mielenterveys"* for only Google Scholar database 4680 and 4290 articles came out from using *"maahanmuuttajat AND mielenterveyden tarpeet"* keyword. The number of total articles found using the keywords

in the five databases can be seen in Table 2. The amount of the articles seen in Table 2 is large because no filtration has been used during this process. The filtration process started after concluding with choosing articles that have been searched by using *“maahanmuuttajat AND mielenterveys”* for Finnish articles and *“refugees AND mental health AND mental health professionals”* for English articles.

First step on the filtration process was screening methodology. Screening methodology is the process by which the samples from the sampling are evaluated. The purpose of screening methodology is to remove studies that are clearly not related to the topic. During the filtration process, inclusion and exclusion criteria to used screen the title and abstracts of the study and determine whether they are relevant to the research question (Pullin et al 2018; Levett 2019). Once the titles and abstracts have been read and screened, full text availability was checked and screened them to decide whether they fit the criteria of the review. At the end, after completing the filtration process, the number of the articles were narrowed down and 10 articles were included to the study which can be seen in Table 3. Note the Finnish article search results column in Table 3. Google Scholar database was the only database used for Finnish article search. A summary of the eligible studies are seen in Appendix 1 that includes Table 4.

Table 2: Article search without filtration

Databases	“immigrants OR refugees AND mental health professionals”	“immigrants OR refugees AND healthcare”	“immigrants OR refugees AND mental health”	“maahanmuuttajat AND mielenterveys”	“maahanmuuttajat AND mielenterveyden tarpeet”	“refugees AND mental health AND mental health professionals”
CINAHL	17 645	18 846	18 677	0	0	67
Google Scholar	0	0	0	4 680	4 290	0
PubMed	238	8 241	3 979	0	0	105
Academic Search Elite	98 181	98 577	98 024	0	0	121
Medline	86	1 947	3 099	0	0	50
TOTAL	116 150	127 611	123 779	4 680	4 290	343

Table 3: The chosen articles after filtration and analysis

Databases	English article search results	Finnish article search results	Filtration	Chosen articles
CINAHL	67	0	13	3
Google Scholar	0	4 680	481	3
PubMed	105	0	24	4
Academic Search Elite	121	0	21	0
Medline	50	0	4	0
Total	414 343	4680	543	10

4.3 Data analysis

Content analysis is performed as research method for analysing the collected data in this study. The systematic coding and categorising approach used during the process of content analysis helps to explore large amount of text information to break down e.g. the trends and the patterns of the words, their frequencies and relationships, the communication structure and discourse (Vaismoradi et al. 2013, 400) with the purpose examinating the content of the documents (Tuomi & Sarajärvi 2002).

To conduct a content analysis, the text of the chosen articles is broken down and coded. In order to understand deeper the chosen articles, all of them were printed out and carefully read through, and the data has been interpreted and synthesised. Different colours of pencils has been used to underline the texts. Contents describing the same themes or dealing with the same issues were underlined with the same colour, thus differentiating the different phenomena. To focus on the research questions during the analysis process, the research questions and aims were written down on a sheet of a paper and kept close by while analysing the articles. The coded content quantitatively analysed for relationships, similarities, differences etc., for author to get insights and make inferences. A table was used during the coding process in which each row is a unit for which data is being collected and each column is a theme emerged from the units.

See Appendix 2 which includes Table 5 for a summary of the content analysis of the 10 articles that were included in this study. Seven themes emerged from the content analysis of the articles and they are: immigrants and mental health problems, the six sources of resilience, culturally appropriate care, immigrant patients encounters, cultural competences, transnational competences, identifying the mental health needs of immigrants.

5 RESULTS

5.1 Immigrants and mental health problems

According to O'Driscoll et al. (2017, 1331) there are several studies suggesting that immigrants have a high risk of developing mental health difficulties than the general population of the host country. It is more likely that refugees suffer from mental health problems e.g. depression and post-traumatic stress disorder (PTSD) than the non-refugee population, e.g. PTSD is ten times higher among the immigrant population (Mangrio & Fross 2017, 1). Other mental problems that have been reported were "generalized anxiety disorder, impaired social functioning and various local idioms of distress" (O'Driscoll et al. 2017, 1331). Unaccompanied minors and young refugees appeared to have a high risk of developing mental health problems but receive less psychological care (Majumder 2019, 1).

Asylum seekers had more of all the mental health problems compared to resident foreign nationals. Sainola-Rodriguez and Koehn (2006, 51-52) asserted that asylum seekers expressed relatively frequent PTSD (29%) and resident foreign nationals (6.3%). Prolonged PTSD experienced by asylum seekers may be a consequence of the life situation of asylum seekers that is often economically and socially unsatisfied and the status of socially isolated. Resident foreign nationals' low percentage for experiencing PTSD may be due to a relatively safe and stable conditions in Finland. (Sainola-Rodriguez & Koehn 2006, 54.)

Sainola-Rodriguez (2007, 216) has also discovered the reasons for the asylum seekers to seek treatment were because they were suffering traumatic experiences, anxiety and insomnia. Other reasons were uncontrolled or suicidal behaviour, illusions and loneliness. Both genders have experienced and described mental health differently. Women described more depression, anxiety and uncontrollable behaviour where as men described more loneliness and suicidal thoughts (Sainola-Rodriguez & Koehn 2006, 52).

Asylum seekers expressed more mental health problems than other immigrants and considered it serious but half of these cases, the health care staff members did not see asylum seekers' problems as serious as the asylum seekers themselves (Sainola-Rodriguez 2007, 220-222).

5.1.1 The impact of migration process on mental health

Many countries have been experiencing refugee migrations for several years, so flights and migrations are familiar phenomena to these countries. People move from one country to another more than ever to look for safety and opportunities outside their countries, both in nearby and distant countries. The situation of the asylum seekers and other immigrants who have came to Finland for other reasons are fundamentally different. (Sainola-Rodriguez & Koehn 2006 as cited in Gidney 2004, 47; Sainola-Rodriguez 2007, 224.)

Many refugees and asylum seekers are vulnerable and have risk to develop mental health problems because of the somatic and mental health stress in the migration process (Hebebrand et al. 2015, 1; Mangrio & Fross 2017, 1). The exposure to stress from premigration, migration and postmigration stages can trigger mental health. Some of the things that may cause stress in immigrants during the postmigration stage were the living conditions, issues related to family and work, socio-economic conditions, socio-religious aspects and discrimination. (O'Driscoll et al. 2017, 1331.)

According to Hebebrand et al. study (2015, 3), important factors for young refugees are: "cultural belongingness and identification, psychological functioning, family unit functioning and relationships, friendships and interpersonal processes". Education, family, religion, social-status and socio-culture values are identified to help refugees shape coping skills (Hebebrand et al. 2015, 2).

For mental health professionals, it is critically important when planning mental health care to understand the potentially traumatic experiences in the migration stages because they are relevant to the mental health outcomes. Traumatic experiences include separation experiences, sexual abuse, human trafficking and forced labours. Many of the underaged refugees try to avoid these events by travelling in groups. According to Hebebrand et al. study (2015, 2), refugee minors in 2014 were 26% of all the asylum seekers and 86% of them were travelling with their parents. This means there are a big percentage of minors who travelled alone. The group for minors to migrate with, may have an adult(s) who is known to their parents and trusted by their family. In most cases, parents choose to send their children while knowing the risks associated with the migration. (Hebebrand et al. 2015, 2-3.)

Health care professionals should understand and make themselves familiar with the culture and the migration experiences. Health care professionals need to adapt to more approach in health care by using different methods when facing the challenges. It is also important to include other professionals like teachers and social workers who can take the health care approaches into their daily work. (Hebebrand et al. 2015, 4; Mangrio & Fross 2017, 1.)

5.1.2 Traumatic experience

Traumatic experiences can occur at any stage of migration process and potentially can lead to developing mental health problems e.g. PTSD. Traumatic experiences are different. Trauma itself “is not a disorder”, it is a reaction to events or situations. that may involve e.g. a real actual death threats or injury, violence, witnessing traumatic events, socially isolated, abuse, poverty or racism which can lead to suffering from symptoms because of those experiences. (Goodman et al. 2017, 309, as cited in Burstow 2003.) Goodman et al. (2017, 312) introduced three main types of trauma that is experienced by immigrants: “socio-political based trauma”, “status based trauma” and “postmigration trauma”.

Socio-political based trauma is a trauma related to social and political factors. This type of trauma is experienced by refugees who left their home countries because their lives or their family were in danger. Some of these dangers that have been mentioned were military occupation, armed militaries, conflicts and social unrest, religious, ethnic or political reasons, drug related gang violence, poverty, several threats to their and their family’s safety. (Goodman et al. 2017, 313.)

Status-based trauma is a trauma related to refugees’ immigration status. Goodman et al. (2017, 313) reported that all the participant refugees have experienced or have witnessed at least one of these during their immigration: “violence”, “hunger”, “rape”, blackmail, robbery, physical attack, “severe heat”, being a captive. Many of the refugees were fearing for their children being victims of these experiences, their survival during the immigration and suffered physical and psychological. (Goodman et al. 2017, 313.)

Postmigration trauma is a trauma that occurs at the arrival in the host country. Goodman et al. (2017, 313) reported that the participants’ traumatic experience at the arrival related to “family or structural violence”. Family violence trauma included verbal, physical and

sexual abuse by their family members or their partners and threats. Some of the refugees' postmigration trauma experience was referring to "institutional betrayal trauma". This means the refugees came to the host country because the promises the government has made to them e.g. a better life, supports for resettling, assisisting with rent, and other benefits but these benefits only lasted for few months. (Goodman et al. 2017, 313-314.)

5.1.3 Stigmatization of mental illness

In different groups across the population see mental illness as a stigmatising or a taboo topic. Stigma associated with mental illness and mental health treatment in their origin countries is described as "a major underlying reason". (Majumder 2019, 1-5.) Mental illness can be more stigmatised in some cultures which discourages refugees to talk about the subject. People's perceptions and understanding of mental illness can make it difficult to engage with mental health services, and stigma and embarrassment can stop them from seeking help. (Majumder 2019, 1.)

Western cultural concept of mental illness may be significantly different from what it is to other cultures. Psychological problems were referred to physical symptoms. Mollah et al. (2018, 6) reported that the Western health care model is "challenging" and "inflexible" which makes it difficult to work with immigrant patients who are unfamiliar to it. Mental health terms equivalent to English concepts do not exist in many languages (Majumder 2019, 5).

Majumder (2019, 5) found that many young refugees denied having mental illness despite their attendance to a mental health service which is linked to social stigma and a fear of "social consequences in the form of abandonment and rejection by their friends and families". They are embarrassed about discussing about their own mental health problems and avoiding to use terms e.g. "mental health" or explained their attendance to mental health services as a "physical health problems" and express their difficulties through physical or somatic symptoms.

Young refugees' perceptions of mental health and illness and the social stigma have an important implication for their participation with mental health professionals, mental health services, treatment outcome and the efficacy of the service that is provided (Majumder 2019, 5). The professional participants in the study of Mollah et al. (2018, 5)

reported that stigma affected their role. They felt that they were not seen as trustworthy by their refugee patients compare to the other health care professionals e.g. doctors. They believed that being more “authoritative” increases their patient’s respect for them and adhere their treatment recommendations. (Mollah et al. 2018, 5.)

5.1.4 Immigrants’ health care experiences in the host country

It is important and needed to get information about the experiences refugees have with the health care systems in the new country in order to improve the care quality, to offer better opportunities and access to the services. The health care professionals support is seen important for refugees because it allows them have a positive experience with health care. Understanding the refugees experiences with and their access to health care services are important factors that is found to lead “health indicator”. (Mangrio & Fross 2017, 1.)

The increasing numbers of refugees sets a huge challenge to the health care system of the host countries because of the lack of preparedness in handling and understanding refugees’ health care needs among the health care professionals (Mangrio & Fross 2017, 1).

Many asylum seekers felt during their postmigration stage that accessing to health care services was limited because of their lack of information (Mangrio & Fross 2017, 1). Mangrio and Fross (2017) reported that refugees were not aware of hospital being able to provide interpreters and because of this, they often ended up using unofficial interpreters e.g. family members.

One of the included studies expressed the difficulties concerning with interpretation e.g. getting an interpreter, the confidentiality relating to the usage of an interpreter and the interpretation quality (Mangrio & Fross 2017 as cited in Murray 2010, 10). Ngo-Metzger et al. (Mangrio & Fross 2017, as cited in Ngo-Metzger 2007, 14) found that if interpreters was not present at the health care appointment, the clients would receive significantly less health education. A lack of interpreter results a major problem e.g. causes misunderstanding of instructions for proper use of medications. Some of the refugees noted confidentiality problems in a situation where the interpreter was from the same community as the refugee patients. This made the refugee patient to be worried about their personal information to be exposed to the community. (Mangrio & Fross 2017, 10.)

The time barrier was also reported in Mangrio and Fross study (2017) e.g. the health care professionals were in rush when their clients wanted to be listened, express their feelings, discuss about different issues and get advice from them (Mangrio & Fross 2017, 10-11).

5.2 The six sources of resilience

Resilience is a process of and an adaption to situations that occur in life and is influenced by culture and context, individual skills and abilities and existing protective factors. An individual who is secured and functioning well, is able to endure the adversity. (Goodman et al. 2017, 310.)

These following six sources of resilience were identified and mentioned in the two included studies to help the refugees to deal with the traumatic experiences and cope with the unstable life (see Figure 1), which also have negative aspects during the resettlement in the host countries: “social support, acculturation strategies, education, religion, avoidance and hope". (Hebebrand et al. 2015, 3; Sleijpen et al. 2016, 158.)

Figure 1: The six sources of resilience

(Source: Sleijpen et al. 2016; Hebebrand et al. 2015)

5.2.1 Social support

Social support is a major factor in adaption process and when dealing with problems on a different level. The sources of social supports are “family, people from the same cultural background, peers and professionals”. (Sleijpen et al. 2016, 5.) Many refugees with a strong family connection, seek supports and guidances from their families and appreciate the help they receive from their family. For some refugee, family was not identified as a source of social support and there are two main reasons for that which lead to keeping some things in secret from their families. First one is, the refugees do not want to trouble their family because of their pre-existing mental health problems and the stress and worries coming from the war and resettlement in the new country. The other reason was cultural conflicts between the culture of the refugee family and the host country. (Sleijpen et al. 2016.)

Social support and interpersonal relationship are important in resilience development. Interpersonal relationships offers an opportunity for some refugees to develop social support and friendships (Sleijpen et al. 2016, 5; Goodman et al. 2017, 316). Despite interpersonal relationship functions as an identity affirmation for refugees, it has been reported that interpersonal relationships are associated with a risk of being isolated from the society (Sleijpen et al. 2016, 5).

Peers are identified as a major source of help. The peers distracts refugees from problems and offers advices e.g. how to adjust to the new country. It also offer an opportunity for the refugees to share their personal issues with their friends and not necessarily with their families. Despite the positive aspects, the refugees reported being wary of trusting their peers. (Sleijpen et al. 2016, 5.)

The professionals are an important source of resilience because they help the refugees with meeting the basic needs and give advices. These professionals included social workers, school tutors, school counsellors and social services. The mental health services was often unfamiliar to their culture. The lack of professionals with similar background was described as a barrier to access services. The underlying problem seems to be “trusting the therapist”. (Sleijpen et al. 2016, 6.)

5.2.2 Acculturation strategies

O'Driscoll et al. (2017, 1337) defined acculturation as "an ability to adapt into a new society" but still maintains one's culture identity. For a young refugee, the process of adaption in the new country seems easier than for an older refugee.

Sleijpen et al. (2016, 6) reported that refugees' mixed feelings about embracing a new culture and adjusting to it without forgetting their own culture and remaining loyal to it. Adapting to the new culture helps refugee to gain "social acceptance" and assure their sense of self. The essential of acculturation in the host country are learning language, new culture and participating with peer groups. These may, however cause distress e.g. learning a new language may lead to feeling insecure about making friendships and having study problems. (Sleijpen et al. 2016, 6.)

To try to fit in the new society, some refugees avoided being seen as different. Refugees are reported to experience discrimination because of their social identity, e.g. religion, race and ethnicity. (Sleijpen et al. 2016, 6.)

5.2.3 Education

Refugees, especially the young refugees put education a high value because they see it was a way of gaining control over their lives and a way out of the current life. However, refugees' desire to be successful in life and their family's expectations raises the burden of responsibility and a fear of failing. Refugees felt they had to struggle hard for being in minority and low socioeconomic groups to succeed. (Sleijpen et al. 2016, 6.)

5.2.4 Religion

The role of religion was relevant in the thinking process. Sleijpen et al (2016, 7) asserted that religion has different functions e.g. guides how to lead their lives, facilitates the development of meaning regarding adversity and acts as a source of "support", "continuity", "distraction" and "strength". (Sleijpen et al. 2016, 7.)

5.2.5 Avoidance

Suppression of traumatic experiences was described as “an effective coping skills”. Distraction is used as a way to suppress those painful thoughts. Distraction ways could be e.g. keeping themselves busy with studies or doing hobbies or spending time with friends. It lowers their stress and gives them a feeling of coping and not to be drowned by their own thoughts. However, avoiding the painful thoughts and feelings could have a negative effect in the long term. (Sleijpen et al. 2016, 7.)

5.2.6 Hope

Many refugees have a goal and a hope for their future which helps them to cope with the difficulties in their lives. Hope was perceived as a powerful source and a possibility to have a better future than expectations. Having e.g. an education provides a sense of hope for future success. (Sleijpen et al. 2016, 7.)

5.3 Culturally appropriate care

Culturally appropriate care is needed for several reasons (see Figure 2). It is needed to address the cultural differences relating to symptoms of an illness, diagnositics and medical terminologies, to increase the understanding of the cultural differences and the understanding of Western health examination system and developing a cultural appropriate health promotion for the lifestyle changes. (Mangrio & Fross 2017, 13.) O’Driscoll et al. (2017) suggested to shift to “a more culturally appropriate approach” for a better understanding of the ongoing challenges of the well-being of refugees because in Western countries, the care is often from a Western approach and missing the purpose of mental health care.

Alongside the skills of health care professionals, it is also worth to develop the organization such as hospital districts, hospitals and health care centres to provide culturally competent services (Lehti 2017, 2962). Asylum seekers arriving in Finland and immigrants living in Finland for shorter and longer periods need services to maintain their physical and mental health. The health care providers in Finland is fairly homogeneous in nationality, and this means that immigrants rarely have opportunities to receive

treatment from ethnically similar background doctor or nurse thus in many studies the health care professionals have highlighted the difficulties in encountering immigrant client and patients and reaching to results of treatment. (Sainola-Rodriguez & Koehn 2006, 47.)

The diversity of the nationalities and cultures poses challenges for the Finnish health care professionals because they may not be familiar with the cultures of the multinational and multicultural health care patients (Sainola-Rodriguez 2007 as cited in Shapiro & Lenahan 1996; Carrillo et al. 1999; Andrews 2003a, 216). Providing psychological supports have been reported to be particularly difficult and traditional working methods have not been found to work (Sainola-Rodriguez 2007 as cited in Perkinen 1996; Hirstiö-Snellman & Mäkelä 1998, 217).

To be able to provide a genuine culturally appropriate health care, it is good to get more information about the different ethnic groups' experiences and design the services to highlight their health needs (Mangrio & Fross 2017, 13-14). It requires a great deal of professional skills, a caring attitude and a personal interest to address the situations of a refugee suffering from mental health problems (Sainola-Rodriguez 2006, 224). So, it is important for health care professionals to support their immigrant patients who come to the health care system with a variety of reasons (Mangrio & Fross 2017, 14).

Figure 2: The reasons for needing culturally appropriate care

(Source: Mangrio & Fross 2017; O'Driscoll et al. 2017)

5.4 Immigrant patients encounters

The health care professionals and the success of care encounters with immigrant patients affect both health care professionals skills and knowledge or their lack. Barriers to a success of treatment have been seen in e.g. mutual negative attitudes and prejudices, language problems and a lack of knowledge of cultural background (Sainola-Rodriguez 2007 as cited in Taavela 1999; Hassinen-Ali-Azzani 2002; Haghseresht 2003, 217).

Encountering immigrant patient in mental health services is becoming more common place at many services. According to Lehti (2017, 2962), even though most doctors do not have any training for cultural competence, encountering itself does not require any new skills other than respecting the immigrant patient, a friendly attitude and focusing on the patient.

Seeing the same doctor each time and the feeling that they were being respected by the doctor was reported to build the confidence of the asylum seekers. It is important that the doctors try to understand their refugee patients' situation instead of listening to them medically. (Mangrio & Fross 2017, 11.)

The health care professionals' support is important for a positive experience and encounter with health care and communications between health care professionals and refugees is important, however language was reported to be a communication barrier. The poor quality of communication with health care professionals during a health examination is affected by the lesser knowledge refugees had about health. (Mangrio & Fross 2017, 1-13.)

Discrimination due to a low language proficiency calls for cultural appropriate health care improvement and more information for the refugees about the health care system in the host country is needed because knowledge regarding the health care system is generally "poor". (Mangrio & Fross 2017, 7.) In Mangrio and Fross study (2017, 13) was reported that refugees needed more information and the health care system, both in a orally and a written form including their rights to health care in host countries. It is important for refugees to have a good communication with the health care professionals and understand what they are being told because it can affect their access to health care and their autonomy in their own health. (Mangrio & Fross 2017, 14.)

A training has been found to be able to help the health care professionals in problem-solving situations. Working with immigrants is perceived challenging. (Sainola-Rodriguez 2007 as cited in Purokoski 1993; Kohonen 1996; Ikonen 1999; Friman 2004; Sainola-Rodriguez & Koehn 2006, 217).

5.5 Cultural competence

Cultural competence refers to the ability of the health care professionals and the organizations to provide culturally appropriate and effective health care services to the people of different cultural backgrounds based on their individual needs. In the care assessment, this would mean the ability of the health care professionals to adapt to a communication way that is appropriate and suitable to the immigrant patient, critically interpret the results of the measurements and gather information about the immigrant patient's life history while taking into account the cultural factors and the migration process. (Lehti 2017, 2962.) Mollah et al. study (2018, 4) defined cultural competence as an ability to understand the influence of a culture on symptoms, illnesses, the diagnosis and treatment.

Cultural competence is seen as an important factor and a component for providing "relevant", "effective" and culturally appropriate care and addressing the health care differences in the society (Mangrio & Fross 2017, 14). It is required from the health care system even when assessing the psychiatric care for immigrant patients e.g. the traumatised immigrant patient who are one of the most challenging, to prevent misdiagnosis and increase the quality of the care (Lehti 2017, 2962).

Cultural awareness requires an effort made for "cultural barriers" and understood by engaging in the community and addressing the barriers (Mangrio & Fross 2017, 14). Culturally competent involves three common values: "flexibility", "reflexive thinking" and "professional development". Flexibility applies to being open-mind about patient's culture. Reflexive thinking means being aware of how a culture influences in the relationship between a patient and a health care professionals. Professional development refers to knowledge about ethnics, language, traditions, practices, beliefs, immigrant population and "political situations" and "conflicts". All these values have variations in the mental health professional operationalisation. (Mollah et al. 2018, 3-4.) Mollah et al. (2018, 4) categories these values into three epistemological approaches: "procedural approach", "functional approach" and "integrated approach".

Procedural approach refers to being careful with the “right” or “wrong”. The “right” way is respecting and finding out the facts about their culture. The “wrong” way is e.g. shaking hands with the opposite sex. Many professionals are cautious about the hand shaking until the patient themselves make the first move to shake hands. This approach are mainly used by “nurses”, “community workers”, “rural workers” and professionals who have been working with immigrants for some years. (Mollah et al. 2018, 4.)

Functional approach concentrates on how culture influencing in daily life. Functional approach users identify the importance of a cultural concepts and giving attention to the different culture groups while being respectful and caring. This approach are used by experienced professionals e.g. psychiatrics, counsellors and psychologists. (Mollah et al. 2018, 4.)

Integrated approach values and maintains the diversity and focuses on the accessibility and the integration within the community. It allows people to be part of the community and still having their own identity, culture or language. Professionals who work for “multicultural organizations” are more integrative. (Mollah et al. 2018, 4-5.)

There are many differences within national groups and those who came from the same locations do not share the same experiences, socioeconomic status, political backgrounds or reasons for migration. So, health care professionals are not necessarily required to know different cultures, but to have a genuine and a holistic interest in their immigrant patient’s situation which may involve consideration of certain cultural features as determined by the individual. (Sainola-Rodriguez 2007, 217.)

5.6 Transnational competences

In addition to cultural competence, multinational and multicultural encounters in health care services require transcultural competences, for which Koehn and Rosenau (2002) use the concept of transnational competence (TC) (Sainola-Rodriguez 2007, 217).

The theoretical framework of TC knowledge has been developed by an American political scientist Peter Koehn and James Rosenau for the multinational and multicultural encounters and collaborations. The framework was published in 2002 and Peter Koehn continued his scientific research, particularly in the field of health care encounters. TC includes five skill domains (see Figure 3) : analytical, emotional, creative, communicative and functional competences. (Sainola-Rodriguez 2007, 217.)

The TC guides the health care professionals towards finding a common approach to care by requiring being active interaction, knowing immigrant patient's access to care, backgrounds of mental health problems, treatment options, family considerations and participation from both the health care professionals and the immigrant patient. (Sainola-Rodriguez 2007, 216-222.)

Multinational encounters show cooperation advantages that allow for a common understanding of treatment needs, treatment goals and alternative treatment methods and strategies, thus information about health care and illnesses is rapidly, efficiently and culturally appropriate way transferred to immigrants (Sainola-Rodriguez 2007, 216-222).

5.6.1 Analytical competence

The analytical competence includes e.g. knowledge and understanding of the society, the health care system and the individual's values, beliefs and practices. Analytical competences is also described the knowledge gained through experience and learning from mistakes and success. The successes and the failures of care should be discussed in the workplace. Analytical skills can be enhanced by listening to the immigrant patient's own words of their illness, the factors affecting their situations and their important issues. (Sainola-Rodriguez 2007 as cited in Koehn & Rosenau 2002, 223.)

5.6.2 Emotional competence

The emotional competence includes a genuine interest, motivation, acceptance, respect and openness to different influences and experiences and the ability to deal with different kind of people (Sainola-Rodriguez 2007 as cited in Koehn & Rosenau 2002, 223). The themes related to the emotional competence are the basic principles of the professional work of health care professionals (Sainola-Rodriguez 2007 as cited in Sarvimäki & Stenbock-Hult 1990; Ahlfors 1992; Sova 1992; Välimäki & Mäkitalo 2000, Mäkelä et al. 2001; Kavanagh 2003; Kiviniemi et al. 2007, 223).

The immigrants patient do not care so much about the amount of information a health care professionals has, but the amount of genuine interest that the health care professionals have (Sainola-Rodriguez 2007 as cited in Campinha-Bacote 1999, 233).

5.6.3 Creative competence

The creative competence is related to the ability to create new, innovative and commonly accepted, alternative approaches and working methods. According to the study of Sainola-Rodriguez (2007, 223) neither the health care professionals nor the immigrant patients was able to suggest alternative treatment methods or coping methods, and the health care professionals did not know how to observe the immigrant culture's way of managing their mental health. The perseverance and the coping skills immigrants have, were not often benefited in care encounters (Sainola-Rodriguez 2007, 223).

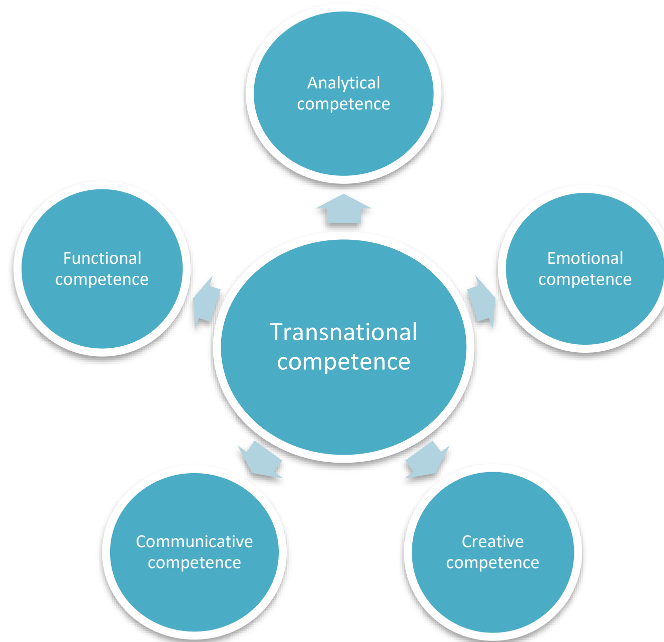
5.6.4 Communicative competence

The communicative competence involves the ability to use a foreign language or an interpreter, understanding the non-verbal messages and the ability to engage in interaction. Communication success has a positive effect on immigrant patients' satisfaction, commitment and treatment outcomes. (Sainola-Rodriguez 2007 as cited in Smedley et al 2001; Koehn & Rosenau 2002, 223.) In Sainola-Rodriguez study (2007, 224), the health care professionals perceived that the communication successes if an interpreter is present, even though other factors are affecting in the situation e.g. non-verbal messages that may be left unnoticed.

5.6.5 Functional competence

Functional competence is related to the ability to perform well, to be flexible and solve problems in challenging care encounters. Other thing related to this competence are: maintaining the confidentiality, a positive atmosphere and a goal-oriented work. A common vision and input of many professionals working in different sectors in the society would increase immigrants' own activity and participation. (Sainola-Rodriguez 2017, 224.)

Figure 3: The transnational competence in five skill domains



(Source: Sainola-Rodriguez 2007)

5.7 Identifying the mental health needs of immigrants

The primary health care professionals and the reception centres' doctors and nurses have a primary role in identifying the mental health needs of asylum seekers and immigrants. This, however is often difficult to notice in the reception centre or care encounters. Patient who is coming from a different culture and who has a traumatic and has experienced discrimination premigration and postmigration stages can set challenge for the health care professionals to evaluate immigrant patient's mental health needs. (Sainola-Rodriguez & Koehn 2006, 47-48.)

Sainola-Rodriguez and Koehn (2006, 53) reported that doctors could not identify all their patients' mental health problems e.g. depression or PTSD. Recognizing how things experienced in Finland by immigrants played in their mental health were poor compared to recognizing the things happened before arriving Finland that had an effect on their mental health (Sainola-Rodriguez & Koehn 2006). Mangrio and Fross (2017, 3) reported that during the doctor's appointment, the refugee women felt that they could not discuss or express mental health problems because doctors did not show any interest in their patients or haven't asked about their issues.

It is important to take into account the immigrant patients' self-described problems when identifying the mental health problems. The doctors at the reception centres should pay more attention to asylum seekers who came from different countries individually and how they describe their mental health needs and immigration experiences. The primary care doctors should inquire their immigrant patients and able to observe pre-migration experiences and post-migration experiences impact on their mental health. They should also be aware of the factors affecting the background of mental health problems which may vary in times from distant the pre-migration experiences before arriving to Finland to the current socioeconomic problems. (Sainola-Rodriguez & Koehn 2006, 55.)

The doctors and the nurses must be able to encounter patients with different cultural backgrounds and ability to engage in the challenges in immigrant care, improve themselves through educations and trainings, because it will likelihood increase immigrants' access to an effective and an evidence-based psychiatric treatment for their mental health problems (Sainola-Rodriguez & Koehn 2006, 56; Hebebrand et al. 2015; 1).

6 DISCUSSION

The aim of this study was to provide information for the professionals working with immigrants, refugees and asylum seekers and help these professionals approach culturally appropriate way their immigrant patients when providing care services for their mental health needs, improve their communication skills with immigrants, interpreting immigrants problems, supporting them through immigrants' adaptation process in the host country. The research questions were 1. what should professionals working with immigrants need to know and understand about immigrants' mental health, 2. what culturally sensitive skills are needed in order to provide an appropriate care and improve the care qualify for immigrants and 3. how should professionals identify immigrants' mental health needs. 10 articles were found to be suitable for the study and 3 out of the 10 chosen articles were Finnish articles. The reason why Finnish articles were included is because the results of studies done outside Finland were not always directly applicable to Finland and Finnish articles give more idea of the situation in Finland.

The topic provides information about mental health knowledge and skills for professionals working with immigrants. Even though the term mental health professional has been mentioned several times in this study, it can be used and benefited by other health care professionals. The several limitations of this study is worth mentioning and considered. The study was originally planned to look from professionals' and immigrants' perspectives of mental health knowledge and skills and have an interview with the immigrants and professionals at the reception centre but this was a time consuming process and author decided to only focus on professionals' mental health knowledge and skill base. The amount of the articles included in this study is not large and adequate to support the claim of achieving a valid conclusion of the research questions. The time for completing this thesis was limited, and only TUAS database was used for article search. PALOMA -handbook has tremendous amount of information relating to this topic. The handbook is worth reading and used as a guideline because it provides guidance on immigrants' mental health support for organizations, institutions, professionals and students.

For the research to be ethically acceptable and reliable and results credible, the researcher carried out according to the guidelines of the Finnish Advisory Board of Research Integrity, the responsible conduct of research, in the research activities. In

conducting, presenting and evaluating research and research results, the researcher followed the research community's principles, that is integrity, meticulousness and accuracy. By respecting other researchers' work, the researcher cited their publication appropriately and gave credit and weight for their achievements they deserve. The citation is done according the guidelines by TUAS. (Finnish Advisory Board on Research Integrity 2012, 30.)

Several studies included in this thesis have identified that PTSD, depression and anxiety disorders to be more common among the immigrant population. PTSD has been mentioned all the included studies mainly due to the experiences from the migration. The population that had high risk of developing psychological and mental health problems and also get less psychological care were the unaccompanied minors and young refugees who were separated from their families and didn't have an adult person to take care of them (Majumder 2019, 1). In the study of Sainola-Rodriguez and Koehn (2006) were highlighted the mental health differences between the asylum seekers and the RFNs. Asylum seekers were reported to have more mental health problems than the RFNs e.g. PTSD. Women and men were expressing their mental health differently. Women expressed suffering from more depression, anxiety and uncontrollable behaviours while men expressed more loneliness and suicidal thoughts.

All the included studies identified the importance of understanding the immigration process. Many of the immigrants go through mental health and somatic problems before their immigration and at their arrival to the host country. Each process of the immigration has an impact and triggers the mental health of immigrant. It is important for professionals to take into consideration what the immigrant has gone through coming to the host country and the postmigration condition when planning mental health care. Many of them have experienced traumatic events. Traumatic experiences can occur at any stage of immigration process and may lead serious mental health problems e.g. PTSD. Goodman et al. (2017) identified three main types of trauma that were mentioned in their study: "socio-political based trauma", "status based trauma" and "postmigration trauma".

Three included studies identified the "six sources of resilience" that were helping the refugees to deal with the traumatic experiences and to cope with the unstable life they were living but the same six sources of resilience had also negative aspects in refugees. Professionals was included in the six sources of resilience and seen as a support source because they help the refugee to meet the basic needs and give a practical advice.

These professionals were not only health care professionals but also social workers, school tutors, school counsellors and social services. (Sleijpen et al. 2016.)

Stigma associated with mental illness affects immigrants' perception and understanding of mental health and make it difficult for them to seek help because in different cultures, mental illness is stigmatized and considered a taboo topic to talk about (Majumder 2019). In Majumder study (2019), many of the refugee children denied having mental health problems because of the fear of social consequences that includes abandonment and rejection by family and friends. To avoid these fear, they interpret the mental health issues as physical issues (Sleijpen et al. 2016.)

Stigma influences the roles of professionals in health care. The mental health professionals mentioned that they were not respected. Thus, adapting to authoritative role, they believed that it would increase their patient's respect for them and to adhere their care recommendations. (Majumder 2019.)

The perceptions and the stigma of mental health and mental illness have an impact on immigrants' participation with mental health professionals, mental health services, treatment outcome and the efficacy of the service provided to them. It is important to understand the perceptions between cultures. In some cultures, mental health involves different beliefs, mental health concepts and explanations. (Majumder 2019.)

Mangrio and Fross (2017) reported that understanding the refugees' experiences and accessibility to health care are found to lead "health indicator" and improve the quality of care provided and a better opportunities to access to the services. Some refugee reported in the study of Mangrio and Fross (2017) that they were lacking information and were not aware of their rights to health care in the host country or that health care services was able to provide interpretation service.

Culturally appropriate care is needed for understanding the cultural differences and the ongoing challenges of the refugee population. The health care in Finland is reported to be fairly homogenous in nationality and this would mean that the immigrants would rarely have opportunities to receive treatment from ethnically similar background professionals. It is worth to develop the organizations e.g. hospital districts, hospitals, health care centres to support and provide culturally competent services. (Sainola-Rodriguez 2006; Lehti 2017.) It is good to that more knowledge are acquired about the different ethnic groups' experiences with health care system to be able to provide a genuine culturally appropriate care. It requires a great deal of professional skills, a caring attitude and a

personal interest to speak about the situation of a refugee suffering from mental health problems. For professionals, it is important to support the immigrant patients when they come with “a variety of reasons into the health care system”. (Mangrio & Fross 2017.)

In many health care services, it is becoming common to encounter immigrant patients and according to Lehti (2017) it doesn’t require any new skills other than respecting the immigrant patient, a friendly attitude and focusing on the patient. Working with immigrants can be challenging for the health care professionals but a staff training has been reported to help the health care professionals in problem-solving situations.

Lehti (2017) defined cultural competence as an ability of professional and organization to provide culturally appropriate and effective health care services to the people of different cultural backgrounds based on their needs. It required a genuine effort made for the “cultural barriers” and addressing these barriers. Mollah et al. (2018) reported that being culturally competent involves common values: “flexibility, reflexive thinking and professional development”. Mollah et al. (2018) introduced three epistemological approach categories: “procedural approach”, “functional approach” and “integrated approach”. According to Sainola-Rodriguez 2007), health care professionals are not necessarily required to know the different cultures but to have a genuine and a holistic interest in immigrant patients’ situations which may involve taking into consideration of certain cultural features as determined by the individual themselves.

TC is required addition to cultural competence in multinational and multicultural encounters in health care services. TC includes five skill domains guides the professionals towards finding a common approach to care by actively interacting, being aware of immigrants’ access to the care, the background of mental health problems, care options, family taken into consideration and participation from the professionals and the immigrant patient in the care. They are analytical competence, emotional competence, creative competence, communicative competence and functional competence. (Sainola-Rodriguez 2007.)

Immigrants patient who came from different culture and have traumatic and discrimination experiences before and after their arrival to the host country sets challenges for the health care professionals to evaluate immigrant patients’ mental health needs. The primary health care professionals and the professionals at the reception centres reported that it is difficult to notice and identify the mental health needs of asylum seekers and RFNs. It is reported that doctors could not identify all their immigrant

patients' mental health problems or how the experiences in of the host country or before arriving the host country affected their mental health. It is important to take into account the immigrant patients' self-described problems when identifying the mental health problems and to pay more attention the immigrants individually and how they describe their needs for their mental health and their immigration experiences. Health care professionals should be aware of the factors affecting the background of the mental health problems and must be able to encounter the immigrant patients with different cultural backgrounds and have the ability to engage with the challenges in immigrant care, improve themselves through education and trainings. (Sainola-Rodriguez & Koehn 2006.)

7 CONCLUSION

The aim of this study was to provide information about knowledge and skills that can be beneficial for health care professionals and any professionals working with immigrants when providing a care. This study concluded that the impact of experiences of immigration is important to take into account when planning care for immigrants. Culturally appropriate care helps to understand the cultural differences and the challenges and provides treatment opportunities and options for the immigrants. With cultural competence and TC, professionals and organizations are able to provide culturally appropriate and effective health care services, identify the mental health needs, a genuine effort in addressing the barriers and find a common approach to the care. It is not a must for professionals to know all the different cultures, however to improve the well being and mental health of immigrants, a genuine and a holistic interest in immigrant patients and listening to them carefully, and treat them individually is needed to identify their mental health needs, treat their mental health problems and support them through out their treatment and adaptation process in the host country.

A lot of the included studies were outside Finland and have a wider knowledge about the topic compared to Finnish articles. Some of the countries that had the knowledge needed in Finland were United Kingdom, United State of America and Australia because of their diverse culture they already have in their country. It would be important if more studies were done in Finland to get more information for the professionals needing for knowledge and skills in their work. Although the author tried to study this topic from an immigrant's perspective of mental health knowledge and include interviews for professionals and immigrants at reception centre in Finland, this could be a future research suggestions. An increased knowledge of culturally sensitive interventions and improvement of the culturally sensitive approach implementation are also needed for future research. For professionals, training and possibility to cooperate with other professionals, even outside of Finland to get more advice when dealing with difficult situations can be helpful. Many of the included studied highlighted immigrants' lack of knowledge of and access to the services. It would helpful for the immigrants at the reception centre to receive information about what services do they have right to use and what is the care path from reception centre.

8 REFERENCES

Castaneda, A. E.; Mäki-Opas, J.; Jokela, S.; Kivi, N.; Lähteenmäki, M.; Miettinen, T.; Nieminen, S.; Santalahti, P. & PALOMA expert team. 2018. Pakolaisten mielenterveyden tukeminen Suomessa. PALOMA-käsikirja. THL. Helsinki: Suomen Yliopistopaino Oy.

Cleveland, J.; Rousseau, C. & Guzder, J. 2014. Cultural consultation for refugees. In: Kirmayer, L.; Guzder, J.; Rousseau, C. (Eds.) Cultural Consultation. International and Cultural Psychology. New York: Springer. 245-268.

Coffta, M. 2018. Literature Review. LibGuides. Bloomsburg University of Pennsylvania. (Referred 28.1.2019). https://guides.library.bloomu.edu/litreview

Finnish Advisory Board on Research Integrity. 2012. Responsible conduct of research and procedures for handling allegations of misconduct in Finland. (Accessed 2.3.2019) https://www.tenk.fi/sites/tenk.fi/files/HTK_ohje_2012.pdf

Galderisi, S.; Heinz, A.; Kastrup, M.; Beezhold, J. & Sartorius, N. 2015. Toward a new definition of mental health. Perspective. World Psychiatry. Vol. 14 (2), 231-233.

Goodman, R. D.; Vesely, C. K.; Letiecq, B. & Cleaveland, C. L. 2017. Trauma and Resilience Among Refugee and Undocumented Immigrant Women. Journal of Counseling and Development. Vol. 95 (3), 309-321.

Hebebrand, J.; Anagnostopoulos, D.; Eliez, S.; Linse, H.; Pejovic-Milovancevic, M. & Klasen, H. 2015. A first assessment of the needs of young refugees arriving in Europe: what mental health professionals need to know. European Child & Adolecent Psychiatry. Vol. 25(1), 1-6.

Hämäläinen, S. 2018. Non-discrimination and cooperation are a prerequisite for successful integration of immigrants. Ministary of Economic Affairs and Employment of Finland. Integration of immigrants. (Accessed 2.2.2019). https://tem.fi/en/integration-of-immigrants

infoFinland. 2018. Integration into Finland. (Accessed 2.2.2019). https://www.infofinland.fi/en/living-in-finland/as-an-immigrant-in-finland/integration-into-finland

infoFinland. 2019. Associations. (Accessed 5.3.2019). https://www.infofinland.fi/en/living-in-finland/leisure/associations

Kangasniemi, M.; Utriainen, K.; Ahonen, S.; Pietilä, A.; Jääskeläinen, P. & Liikanen, E. 2013. Kuvaileva kirjallisuuskatsaus: eteneminen tutkimuskysymyksestä jäsennettyyn tietoon. Hoitotiede. Vol 25 (4), 291-301.

Keyes, C. L. M. 2016. Mental health in adolescence: is America's youth flourishing?. American Journal of Orthopsychiatry. Vol 76 (3), 395-402.

Kirmayer, L. J.; Narasiah, L.; Munoz, M.; Rashid, M.; Ryder, A. G.; Guzder, J.; Hassan, G.; Rousseau, C. & Pottie, K. 2011. Common mental health problems in immigrants and refugees: general approach in primary care. Canadian Medical Association Journal. Vol 183 (12), 959-967.

Kowitt S. D.; Emmerling D.; Gavarkavich D.; Mershon C. H.; Linton K.; Rubesin H.; Agnew-Brune C.& Eugenia Eng E. 2016. A Pilot Evaluation of an Art Therapy Program for Refugee Youth From Burma. Journal of the American Art Therapy Association. Vol 33 (1), 13-20.

Lavikainen, J.; Fryers, T. & Lehtinen, V. 2006. Improving Mental Health Information in Europe. Helsinki: Stakes and European Union. 1-169.

Lehti, V. 2017. Mielenterveystyöhön tarvitaan kulttuurista osaamista. Suomen lääkärilehti. Vol. 72 (50-52), 2962-2963.

Lehtinen, V. 2008. Building Up Good Mental Health. Guidelines based on existing knowledge. Jyväskylä: Stakes. 1-76.

Levett, P. 2019. Study selection and appraisal. Systemic reviews. Himmelfarb Health Sciences Library. (Accessed 3.9.2019). https://guides.himmelfarb.gwu.edu/c.php?g=27797&p=170445

Majumder, P. 2019. Exploring stigma and its effect on access to mental health services in unaccompanied refugee children. British Journal of Psychiatric Bulletin. 1-7.

Mangrio, E. & Fross, K. S. 2017. Refugees' experiences of healthcare in the host country: a scoping review. BMC Health Services Research. Vol. 17 (1), 1-16.

MentalHealth.gov. 2019 What is Mental Health?. (Accessed 1.8.2019). https://www.mentalhealth.gov/basics/what-is-mental-health

Mollah, T. N.; Antoniades, J.; Lafeer, F. I. & Brijnath, B. 2018. How do mental health practitioners operationalise cultural competency in everyday practive? A qualitative analysis. BMC Health Services Research. Vol. 18 (480), 1-12.

O'Driscoll, J. V.; Serneels, G. & Imeraj, L. 2017. A file study of refugee children referred to specialized mental health care; from an individidual diagnostic to an ecological perspective. European Child & Adolescent Psychiatry. Vol. 26 (11), 1331-1341.

Pakolaisapu. 2017. Pakolaisuus Suomessa. (Accessed 1.5.2019). https://pakolaisapu.fi/pakolaisuus/pakolaisuus-suomessa/

Pullin, A. S.; Frampton, G. K.; Livoreil, B. & Petrokofsky G. 2018. Eligibility screening. Guidelines and Standards for Evidence Synthesis in Environmental Management. (Accessed 1.9.2019). https://www.environmentalevidence.org/guidelines/section-6

Räty, M. 2002. Maahanmuuttaja asiakkaana. Tampere: Tammer-Paino Oy.

Sainola-Rodriguez, K. & Koehn, P. H. 2006. Turvapaikanhakijoiden ja pysyvästi Suomessa asuvien maahanmuuttajien mielenterveyteen liittyvien tarpeiden tunnistaminen. Sosiaalilääketieleellinen Aikakauslehti. Vol. 43 (1), 47-59.

Sainola-Rodriguez, K. 2007. Maahanmuuttajien ja hoitohenkilökunnan kohtaaminen mielenterveyspalveluissa – transnationaalinen taitoko?. Sosiaalilääketieteellinen Aikakauslehti. Vol. 44 (4), 216-227.

Salminen, A. 2011. Mikä kirjallisuuskatsaus?. Vaasa: Vaasan yliopisto.

Schönfeld, P.; Brailovskaia, J. & Margraf, J. 2017. Positive and negative mental health across the lifespan: A cross-cultural comparison. International Journal of Clinical and Health Psychology. Vol. 17(3), 197-206.

Sleijpen, M.; Boeije, H. R.; Kleber R. J. & Mooren, T. 2016. Between power and powerlessness: a meta-ethnography of courses of resilience in young refugees. Ethnicity and Health. Vol. 21 (2), 158-180.

Statistics Finland. 2018. Persons born in 1963 the biggest age group in Finland. (Accessed 17.3.2019). http://tilastokeskus.fi/til/vamuu/2018/09/vamuu_2018_09_2018-10-25_tie_001_en.html?ad=notify

Terveyden ja hyvinvoinnin laitos. 2015. Immigrants and mental health. Mental Health. (Accessed 1.10.2019). https://thl.fi/en/web/mental-health/mental-health-promotion/immigrants-and-mental-health

Tilastokeskus. 2018. Maahanmuuttajat väestössä. (Accessed 3.5.2019). https://www.stat.fi/tup/maahanmuutto/maahanmuuttajat-vaestossa.html

Tilastokeskus. 2018. Muuttoliike. (Accessed 20.4.2019). https://www.stat.fi/tup/maahanmuutto/muuttoliike.html

Tilastokeskus. 2019. Ulkomaan kansalaiset. (Accessed 18.3.2019). https://www.tilastokeskus.fi/tup/maahanmuutto/maahanmuuttajat-vaestossa/ulkomaan-kansalaiset.html

Tuomi, J. & Sarajärvi, A. 2002. Laadullinen tutkimus ja sisällöanalyysi. Helsinki: Tammi

Tuomi, S. & Latvala, E. Kirjallisuuskatsaukset. Opinnäytetyön ohjaajan käsikirja. AMK ja YAMK opinnäytetöiden ohjauksen tueksi. JAMK. (Accessed 3.3.2019). https://oppimateriaalit.jamk.fi/yamk-kasikirja/kirjallisuuskatsaukset/

Turun ammattikorkeakoulu. 2019. Projektit. YOUME – mielenterveyden lähettiläät kotoutumisen voimavarana. (Assessed 4.6.2019). http://www.turkuamk.fi/fi/tutkimus-kehitys-ja-innovaatiot/hae-projekteja/youme/

Ugurlu, N.; Akca, L. & Acarturk, C. 2016. An art therapy intervention for symptoms of post-traumatic stress, depression and anxiety among Syrian refugee children. An International Interdisciplinary Journal for Research, Policy and Care. Vol 11 (2), 89-102.

Vaismoradi, M.; Turunen, H. & Bondas T. 2013. Content analysis and thematic analysis:Implications for conducting a qualitative descriptive study. Nursing and Health Sciences. Vol 15, 398-405.

Walker, R. 2005. Social Security and Welfare: Concepts and Comparisons. Journal of Social Policy. Vol 35 (4), 707-708.

World Health Organization. 2014. Social determinants of mental health. Switzerland: World Health Organization . 1-54.

World Health Organization. 2018. Mental health: strengthening our response. (Accessed 1.8.2019). https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response

APPENDICES

Appendix 1: Table 4: A summary of the 10 chosen articles

Author(s), year and database	Title	Aims	Method and the number of participants	Results
Hebebrand et al., 2015	**A first assessment of the needs of young refugees arriving in Europe: what mental health professionals need to know**	Provides basic information of refugee crisis, an initial guide to the needs of refugees, professional awareness, highlights the need for structured approaches and encourages to deal professionally with the refugee crisis.	Qualitative review.	Understanding the migration experience is critically important when planning mental health services. Professionals need more approaches to meet the challenges, and social workers and teachers taught the approaches in their daily work.
Mangrio et al., 2017	**Refugees' experiences of healthcare in the host country: a scoping review**	Compiled studies related to the refugee's experience of the healthcare in their host country.	Scoping review.	Communication, interpretation, the deliverance of culturally appropriate care and support is needed to improve. Refugees lack of information regarding healthcare system and their rights to access the health care in their host country.
Sainola-Rodriguez, 2007	**Immigrant's and nurses' encounters in mental health services – a transnational competence?**	Analyses the transnational framework, evaluates and provides a descriptive information in immigrants and mental healthcare professionals encounters in mental health care services and gives indications of possible weaknesses and strengths in immigrants' and healthcare professionals transnational competence skills.	Structured questionnaire and interview. 14 psychiatric specialized healthcare professionals and their 20 immigrant clients.	Analytical and creative competences need to be improved by actively asking and listening the immigrant clients' view the factors affecting mental health. Both, the healthcare professional and immigrant client need to create together an appropriate treatment practices. Professional knowledge, attitude and personal interest are needed when

				dealing with immigrant suffering from mental health problems.
Sainola-Rodriguez et al., 2006	**Identifying the mental health needs of asylum seekers and resident foreign nationals in Finland**	Analyses asylum seekers and resident foreign nationals in Finland mental health needs and identifying them.	Structured questionnaire and interview. 82 immigrants, their 71 doctors and 71 other healthcare professionals participated.	Healthcare professionals enhancing their transnational competence is likely to promote awareness of the individual specific ways that immigrants define their mental health needs and express their experiences and increase the chances that asylum seekers and resident foreign nationals will receive an effective mental health care.
Lehti, 2017	**Cultural competence is needed in mental health work**	The cultural competence needed in mental health work.	Information collected from previous studies.	Immigrants psychiatric evaluation requires cultural competence from the healthcare system. The hospital district, hospital and healthcare centre organizations can be developed in such that it would support culturally competent services. Immigrant patients need to get sufficient information of services and the service providers even if they don't know the language.
O'Driscoll et al., 2017	**A file study of refugee children referred to specialized mental health care: from an individual diagnostic to an ecological perspective**	Looks at reasons for refugee children referred to speicalized mental health care and diagnostic observation outcomes after assessment	File study. 93 files of refugee children analysed.	A Western based psychiatric assessment with a more ecologically based can lead to a more culturally sensitive approach. Mental health professionals need to hold on to the variety challenges of refugee children's wellbeing.
Mollah et al., 2018	**How do mental health practitioners operationalise cultural competency in everyday practice? A qualitative analysis**	Addresses what helps or hinders mental health practitioners in culturally competent mental health care delivery.	Interview. 20 mental health professionals working with immigrants patients	A cultural competence training is needed by all the mental health professionals that is "specific to different professional needs, health settings and localities of practice".

Sleijpen et al., 2016	**Between power and powerlessness: a meta-ethnography of sources of resilience in young refugees**	Refugees' sources of resilience to deal with adversity	Meta-ethnography approach. 26 empirical studies included	Six sources of resilience: social support, acculturation strategies, education, religion, avoidance and hope which have negative and positive aspects
Majumder, 2019	**Exploring stigma and its effect on access to mental health services in unaccompanied refugee children**	Explores unaccompanied refugee children's experience, perception of mental health and illness.	Interview. 15 unaccompanied refugee children and 15 carers	Majority of the young refugees' understanding of mental illness was affected by their negative views of the construct. Their perceptions seem to be predominantly influenced by their sociocultural construction. Their perception and social stigma have a great implications for their engagement with professionals, services and treatment outcomes.
Goodman et al, 2017	**Trauma and Resilience Among Refugee and Undocumented Immigrant Women**	Explores the trauma and the stress of refugee and undocumented immigrant women and their ways developing resilience to cope	Interview 19 immigrant women and 10 of them were undocumented	The study also pointed out the importance of a multifocal approach in counsellors' work and should be prepared to understand the structural factors when working with immigrant patients, families and communities and include traditional and innovative approaches.

Appendix 2: Table 5: A summary of the content analysis of the 10 articles that were included in this study

Meaning Units	Condensed Meaning Units	Sub-categories	Main Categories
“Numerous refugees and asylum seekers undergo both physical and psychological stress in their country of origin, as well as during the transition to and upon arrival in the host country, which can increase their risk of developing mental health problems" Mangrio & Fross 2017	Physical and psychological stress during the migration process	Understanding the impact of migration process on immigrants’ mental health	Immigrants and mental health
“An understanding of the flight experience of the individual refugee is also critically important for planning mental health services in the post-flight context.” Hebebrand et al. 2015	Understanding the migration experiences	The impact of migration process on mental health	Immigrants and mental health
“These women experienced and/ or witnessed at least one of the following during the journey: gang rape, rape by a single individual, extortion, robbery, physical assault, threats of gun or knife/machete violence, hunger, thirst, abandonment in dangerous areas, severe heat, and being held captive.” Goodman et al. 2017	Traumatic experiences during the immigration	Traumatic experiences	Immigrants and mental health
“Engagement with mental health services may be hindered by people’s own perceptions and understanding of mental illness, and stigma and embarrassment can prevent people seeking help” Majumder 2019	Perceptions and understanding of mental illness	Stigmatization of mental illness	Immigrants and mental health
“Some participants reported adopting an authoritative style because the stigma associated with mental illness transferred onto their professional roles” Mollah et al. 2018	Stigma affecting the roles of the professionals	Stigmatization of mental illness	Immigrants and mental health

”Yksittäisten työntekijöiden osaamisen rinnalla kannattaa kehittää myös sairaanhoitopiirien, sairaaloiden ja terveyskeskusten kaltaisten organisaatioiden toimintaperiaatteita sellaisiksi, että ne tukevat kulttuurisesti kompetenttien palveluiden tuottamista.” Lehti 2017	Cultural competence in health care services	Culturally appropriate care	Culturally appropriate care
“The most frequently mentioned sources of support were (1) family, (2) people from the same cultural background, (3) peers, and (4) professionals.” Sleijpen et al. 2016	Social support sources	Social support	The six sources of resilience
“Learning the new language, studying the new culture, and affiliating with peers from the new country were seen as essential acculturation strategies.” Sleijpen et al. 2016	New culture and language	Acculturation strategies	The six sources of resilience
“They saw education and knowledge as the primary way of gaining control over their lives, as the key to a higher status.” Sljeipen et al. 2016	Education and knowledge	Education	The six sources of resilience
“Some refugees received support from other church members or had a relationship of confidence with God” Sleijpen et al. 2016	Supports through religion	Religion	The six sources of resilience
“Avoiding painful thoughts and feelings could be viewed as a way of managing an unstable, uncontrollable, and potentially threatening environment” Sleijpen et al. 2016	Avoiding thoughts and feelings	Avoidance	The six sources of resilience
“Many young refugees had clear goals, and some refugees were hopeful about the future” Sleijpen et al. 2016	Hope for the future	Hope	The six sources of resilience
“Culturally sensitive approach can lead to a better understanding of the multiplicity and intertwining of	Culturally sensitive approaches	Culturally appropriate care	Culturally appropriate care

ongoing challenges to the well-being of refugee children and their families." O'Driscoll et al. 2017			
"Support given by the health professionals is of great importance for a positive encounter with healthcare."Mangrio & Fross 2017	Supports from professionals	Immigrant patients encounters	Immigrant patients encounters
"Kulttuurisella kompetenssilla viitataan työntekijöiden ja organisaatioiden kykyyn tarjota sopivia ja tehokkaita terveyspalveluita kulttuuritaustaltaan erilaisille ihmisille." Lehti 2017	Definition of cultural competence	Cultural competence	Cultural competence
"Kohtaamiset edellyttävät kulttuurisen kompetenssin lisäksi kulttuurin ylittäviä valmiuksia, joista Koehn ja Rosenau (2002) käyttävät käsitettä transnationaalinen osaaminen." Sainola-Rodriguez 2007	Cultural encounters	Transnational competences	Transnational competences
"Analyyttinen osa-alue käsittää muun muassa tiedon ja ymmärryksen yhteiskuntaan, terveydenhuoltoon ja kunkin henkilökohtaiseen maailmaan liittyvistä keskeisistä arvoista, uskomuksista ja käytännöistä" Sainola-Rodriguez 2007	Information gathering and understanding them	Analytical competence	Transnational competences
"Emotionaalinen osa-alue käsittää aitoon kiinnostukseen ja motivaatioon, hyväksyntään ja kunnioitukseen liittyviä asioita, avoimuutta erilaisille vaikutteille ja kokemuksille ja kykyä tulla toimeen erilaisten ihmisten kanssa." Sainola-Rodriguez 2007	Social and emotional skills	Emotional competence	Transnational competences

”Luova osaaminen liittyy kykyyn luoda uusia, innovatiivisia ja yhteisesti hyväksyttyjä, vaihtoehtoisiakin näkemyksiä ja työskentelytapoja.” Sainola-Rodriguez 2007	Creatively thinking	Creative competence	Transnational competences
”Viestintään liittyy taito käyttää vierasta kieltä tai tulkkia, nonverbaalisten viestien ymmärtäminen sekä kyky dialogiseen kanssakäymiseen.” Sainola-Rodriguez 2007	Communication skills	Communicative competence	Transnational competences
”Toiminnallisuus liittyy kykyyn suoriutua työstä hyvin, kykyä joustavuuteen ja ongelmanratkaisutaitoa haasteellisissa terveydenhuollon kohtaamisissa.” Sainola-Rodriguez 2007	Work performance	Functional competence	Transnational competences
”Maahanmuuttajien mielenterveysongelmien tunnistaminen on haaste lääkäreille, hoitohenkilökunnalle ja mielenterveystyön ammattilaisille.” Sainola-Rodriguez & Koehn 2006	Challenging to identifying the mental health needs	Identifying the mental health needs of immigrants	Identifying the mental health needs of immigrants