Bachelor's Thesis

Degree Programme in Nursing

2020

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NURSING EDUCATION AND ASSESSMENT OF DEPRESSION AND ANXIETY IN MULTICULTURAL MENTAL HEALTH CARE

- A Literature Review

TURKU AMK
TURKU UNIVERSITY OF APPLIED SCIENCES

BACHELOR'S THESIS | ABSTRACT

TURKU UNIVERSITY OF APPLIED SCIENCES

Degree Programme in Nursing

2020 | 57 pages, 7 pages in appendices

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- A Literature Review

The purpose of this thesis was to review the literature connected to nursing of clients from multicultural backgrounds who are experiencing mental health disorders, with a focus on depressive disorders and anxiety disorders. This research was then used to develop an assessment tool which could be used in the project that this thesis is tied to: National Research and Development Project to Develop Standardized Competency Evaluation for Generalized Registered Nurses (180 ECTS) which is running from March 1st 2018 to December 31st 2020. Information was collected with a literature search which used key terms as search criteria and used the databases Science Direct, CIHNAHL and Academic Elite for the primary literature search. Some secondary sources were used from Google Scholar and Research Gate as well as books from E-Book central to provide a wider scope for review when needed. All articles used had to be published between 2014 and 2020, they had to be in English and the full text had to be available. When possible, they were also peer reviewed.

Results from the study indicated that good communication is important in mental health, and the concept of cultural desire should be explored in nursing education. Cultural desire is defined as a desire to learn about different cultures and the impact they have on individuals who identify with them. Things like stigma and negative interactions can be reduced by having more open conversations with patients. There is a high importance on teaching students how to communicate in a culturally appropriate way while respecting and showing compassion to the patient as an individual as research shows that these qualities have positive feedback from patients who have been treated for anxiety or depressive disorders. This thesis provides an overview of important factors in multicultural mental health nursing and this information has been used to create a model for a possible assessment tool which could be utilized in the larger project.

KEYWORDS:

Mental Health, Communication, Stigma, Depression, Anxiety, Culture

OPINNÄYTETYÖ (AMK) | TIIVISTELMÄ

TURUN AMMATTIKORKEAKOULU

Degree Programme in Nursing

2020 | 57 sivua, 7 liitesivua

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SAIRAANHOITAJIEN KOULUTUS JA ARVIOINTI MASENNUS- JA AHDISTUSHÄIRIÖTYÖHÖN MONIKULTTUURISESSA MIELENTERVEYSTYÖSSÄ

- Kirjallisuusarvio

Opinnäytetyön tarkoituksena oli tarkastella monikulttuurisesta taustasta tulevien mielenterveyshäiriöistä kärsivien asiakkaiden hoitamiseen liittyvää kirjallisuutta, painopisteinä masennus- ja ahdistuneisuushäiriöt. Työtä käytettiin sitten kehittämään arviointityökalu, jota voitaisiin käyttää opinnäytetyöhön liittyvän projektin yhteydessä. Projekti on National Research and Development Project to Develop Standardized Competency Evaluation for Generalized Registered Nurses (180 op), joka alkoi 1.3.2018 ja päättyy 31.12.2020. Tietoja kerättiin kirjallisuushaulla hakemalla ensisijaista kirjallisuutta tietokannoista Science Direct, CIHNAHL ja Academic Elite käyttäen avainsanoja hakukriteereinä. Toissijaisina lähteinä käytettiin tietoja Google Scholar:sta ja Research Gate:sta sekä kirjoja E-kirjakeskuksesta tarjoamaan tarvittaessa laajempaa arviointinäkökulmaa. Kaikkien käytettyjen artikkeleiden piti olla julkaistu vuosina 2014–2020, niiden piti olla englanniksi ja koko tekstin piti olla oltava saatavilla. Jos mahdollista, tekstit olivat myös vertaisarvioituja.

Tutkimuksen tulokset osoittivat, että hyvä viestintä on tärkeää mielenterveystyössä ja kulttuurisen halun käsitettä tulisi tutkia hoitajakoulutuksessa. Kulttuurinen halu määritellään haluksi oppia tuntemaan erilaisia kulttuureja ja niiden vaikutuksia niihin samaistuviin yksilöihin. Leimautumista ja negatiivisia vuorovaikutuksia voidaan vähentää käymällä avoimempia keskusteluja potilaiden kanssa. On tärkeää opettaa opiskelijoille kommunikointia kulttuurisesti tarkoituksenmukaisella tavalla kunnioittaen ja osoittamalla myötätuntoa potilaalle yksilöinä. Tutkimukset osoittavat tämän saavan positiivista palautetta potilailta, joita on hoidettu ahdistuksen tai masennushäiriöiden vuoksi. Tämä opinnäytetyö antaa yleiskuvan monikulttuurisen mielenterveyshoitotyön tärkeistä tekijöistä ja näitä tietoja käyttäen on luotu malli mahdolliselle arviointityökalulle, jota voidaan hyödyntää laajemmassa projektissa.

ASIASANAT:

Mielenterveys, kommunikaatio, leimautuminen, masennus, ahdistus, kulttuuri

ABSTRACT

TIIVISTELMÄ

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LIST OF ABBREVIATIONS (OR) SYMBOLS

EU	European Union
GAD	Generalized Anxiety Disorder
ICD	International Classification of Diseases
NIMH	National Institute for Mental Health
OCED	Organisation for Economic Co-operation and Development
SAD	Social Anxiety Disorder
THL	Terveyden ja hyvinvoinnin laitos – Finnish Institute for Health and Welfare
WHO	World Health Organisation

ACKNOWLEDGEMENT

We would like to acknowledge everyone who played a role in our academic accomplishments. First of all, our partners Nuru Obwaka and Teppo Nieminen who supported us with love and understanding. Without you, we could never have reached this current level of success. Secondly, our bachelor thesis supervisor Tiina Nurmela you played a big role with your guidance and patience. And for each whom has provided patient advice and guidance throughout the research process. Thank you all for your unwavering support. Thirdly we would like to thank our tutor teacher Saara Laaksonen, who has never given up on us and has taught us with wisdom and compassion. A special thank you to Rahma's son Yusuf, who although was stuck at home due to the worldwide pandemic. Remained a very good boy and allowed his mama to work.

1 INTRODUCTION

More than 232 million individuals live away from their nation of birth. They are foreigners, outcasts, banishes without legal documents who are worldwide transients. They share something for all intents and purpose, individuals who are living a multicultural society are made to cope with the trouble of adjusting to another culture and, thus, being accepted by the community (United Nations 2013).

It is a great idea to comprehend the importance of mental health care and mental illness. According to WHO Assessment for Mental Health Systems (2005), mental health care is the arrangement of fundamental consideration to the intellectually patients in order to improve their psychological wellness, while mental health units are mental health settings or clinics where patients receive treatment. Ranna Parekh of American Psychiatric Association (2015) defines mental health as any wellbeing state that requires changes in feeling, conduct or perspective of an individual.

Meeting the health care needs of culturally diverse clients has become even more challenging and complex. In addition to acknowledging the cultural evolution (growth and change) occurring in the global society it is imperative that nursing and other health care professions appreciate and understand the impending cultural revolution. The term cultural revolution implies a “revolution of thinking” that seeks to embrace the evolution of a different, broader worldview (Jeffreys & Zoucha 2001).

However, even among mental health nurses, there is an absence of a decisive definition with regards to what role a mental nurse should be in. This is to a great extent due to the changing principles and regulations across various countries. To offer good mental health care and holistic healthcare services, nurses should know the mental health care competence and have a willingness to meet the mental health care needs of the population. Nurses should receive general nursing training so they can be adequately

prepared to care for the patients with a comorbid mental health conditions like depression and anxiety, with a general nursing training background of demonstrating sufficient knowledge of the signs and symptoms of mental health illnesses (Bressington 2018). As researchers we will review literature relating to our topic, that has been published between the years 2014 and 2020.

2 BACKGROUND

2.1 Prevalence of mental disorders in the EU and Finland

The Organisation for Economic Co-operation and Development (OECD) estimates more than 1 in 6 people in the EU countries have a mental health issue. In the EU nations an estimated 25 million people suffer from anxiety disorders and 21 million from depressive disorders (OECD 2016).
The prevalence of common mental health disorders is increasing in Western industrial nations (Twenge 2010). It also reminds us that if someone suffers from poor mental health it often affects their daily lives, their relationships, physical health, and opportunities for growth in work or study (OECD 2016). With so many people affected by poor mental health, this begins to impact the society and beyond. It is important for us to be aware of the EU figures, as many projects and policy changes are done in conjunction with WHO and EU authorities and their recommendations.

In Finland estimates say that 1 in 5 people suffer from mental health disorders, which is close to the EU average but does place it in one of the highest prevalence of mental health disorders in the EU. The most common are depressive and anxiety disorders (OECD 2016). It is important to note that these things can only be estimated as there are always aspects of health that are under-reported or undermeasured.

Many different systems rely on the WHO definition of mental health for their policies. "*Mental health is a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community*" (WHO 2015). The mental illnesses that are often included are based on the International classification of diseases (ICD-10), which are also used by most health systems. This classification includes our focus on depressive and anxiety disorders.

Recommendations to reduce the prevalence of mental disorders require measures from the point of policy making, project funding and government programmes, to how patients are treated by health care professionals and the access they have to the health system (Markkula 2015). Currently the overarching effort is toward preventing the development of mental illness by identifying the risk factors, people at risk and intervening early on. However, according to some studies, including Niina Markkula's PHD dissertation (Markkula 2015) that included a longitudinal study, although the perception is that the prevalence of depressive disorders has increased over the years, there are no studies she could find that indicate this. However, factors such as a greater awareness of mental disorders and how to access treatment does complicate this. Nurses should always be critical of the information presented.

In summary, nurses should be aware that numbers are only estimates, as there is often a portion of health that is not reported or measured by the government or society. According to THL, people who have moved to Finland from abroad utilize mental health services less than the general population. There are a few theories as to why, but it requires more study.

2.2 The Meaning of Culture

When we consider culture, we often consider the term cultural diversity which refers to the existence of many different cultures in one society which then makes that society multicultural (WHO 2011). Culture contains many different elements. Each culture comes with its own values, beliefs, behaviours, moral perspectives as well as language. Culture is one of the many things that shapes a person, as nurses it is important for us to recognize the importance of culture.

Modern health care in our Western society is based on a holistic model, considering not only the persons physical health but also their emotional, social, and spiritual needs. It is very important to understand as health care providers that although a blend of cultures can bring many positives, the complexity of

navigating an individual need in multicultural society can lead to misunderstandings and other clashes of opinion and values. (Birman, Simon 2014.)

It is important to develop nursing skills to be able to care for the increasingly multicultural population. In Finland for example, in 2018 there were almost 258 000 foreign nationals living in Finland which is 4,7% of Finland´s population (Tilastokeskus 2019). Although there are fluctuations between years, this is set to grow.

There are nursing theories that have long been shaping nursing practice which consider the need for nurses to be not only culturally aware but willing to develop their practice. This is a central part of Transcultural nursing. *"Transcultural nursing refers to various culture related aspects of healthcare delivery that can affect disease management and the status of individuals' health and well-being"* (Martin 2007).

Although there are currently 4 different variants of this theory, the common goals of these theories are to develop a culturally aware, safe, and meaningful care for patients both from similar cultures and cultures different to the health care provider (Leininger 2002). It goes on to promote nurses developing their knowledge about different cultures, as this develops their ability to find the similarities and differences between different cultures. It also helps to understand more about how culture may affect an individual's perceptions and behaviours, which can guide their ability to provide another concept central to Transcultural nursing. Cultural care builds on the ability to provide quality nursing care by encouraging consideration of the patient's background and beliefs when developing a healthcare plan with them. It challenges nurses to build based on person's culture but leave room for the individuals that, although they may belong to the same culture, race, or ethnicity, may differ greatly from others. Humans are complex and the uniqueness of the individual should not be disregarded. (Lowe & Archibald 2009.)

Critics of the Transcultural nursing theories have suggested limitations to the practical applications for these theories, which are asking nurses to learn about all the different cultures, which in turn many would consider an impossible task. One of the earlier theories was created by Leininger, who was the first to write about the transcultural model, which first offered cultural evaluations of patients and ideas about how to learn about a patient own values and beliefs and community customs. Although it has had value in building nursing practice, it was critiqued that it did not acknowledge that cultural diversity extends beyond differences between different cultural groups. In fact, there should be emphasis placed on differences between individuals even when they are traditionally grouped together. (Lowe & Archibald 2009.)

The more modern transcultural theory, such as the Campinha-Bacote model, was already applying the theory in nursing degree programmes and described cultural competence as something that is a process of developing skills to become culturally competent. This requires the health care provider to commit to having interactions and experiences with people from many different cultures. (Campinha-Bacote 2011.)

The Intercultural Effectiveness Scale, created by Portalla and Chen to assess intercultural success of student nurses in different universities, was useful and was acknowledged as the social element of intercultural interactions and communication The scale has six subscales conduct adaptability, unwinding in correspondence, respect in communication, message skills, management in communication in with patient of different backgrounds and character upkeep. (Portalla & Chen 2010.)

Nurses who are prepared to construct good communication with their patients (Singleton, Krause 2009) describe that translators, which are often used to bridge that communication gap between health care provider and patient, ought to have skills that fit patient's cultural structure, and that they should help the patient in discovering the culture structure and that they ought to be prepared in clinical interpretation.

2.3 Role of The Nurse in Finland

Nurses are significant providers of treatment and care. In many nations, medical nurses are the largest gathering of experts giving emotional wellness care in both essential and specialist wellbeing administrations. Nurses play important roles patients' recovery. These roles are health promotion, disease prevention, caring for the patient's daily needs and rehabilitation. Be that as it may, in many nations the psychiatric education of nurses is lacking and their job in giving psychological wellness care is immature. Suitably prepared nurse can add to the advancement of psychological wellness, prevention, and the treatment of mental health issues. (WHO 2015.)

Instructing patient about their sickness and subtleties of its treatment is a settled way to deal with improving consistence (Hogue 1979). Nurses have a characteristic focal job in guaranteeing that mental health medicine is overseen successfully. The significance of this cannot be exaggerated, especially as there is a wide cluster of proof (Mccreadie 1992). The capability to exactly describe the role of the nurse in the mental health area is seriously limited by worldwide differences in service delivery settings and educational approaches (Parahoo & Barr 1996).

3 THE PURPOSE, AIMS AND RESEARCH QUESTIONS

3.1 The purpose and aims of the literature review

The aim and purpose of this project is to develop student's clinical competences in different cultural settings in mental health. The assessment and evaluation methods being developed throughout this project are aimed to reach students nationwide for them to provide good and quality care and to improve their communication with mental health patients with multicultural backgrounds. It is also providing information which is important to consider when planning on working in a multicultural setting. The purpose of this project is to develop a professional knowledge and skill base of mental health in multicultural for future nurses. This thesis is connected to the project A National Research and Development Project to Develop Standardized Competency Evaluation for Generalized Registered Nurses (180 ECTS) which is running from 1.3.2018 to 31.12.2020.

3.2 Research Questions

1. What should nurses know about multicultural mental health?
2. What are the specific challenges and how should they be overcome?
3. How do we assess the competence of the nursing students?

4 RESEARCH METHODOLOGY

4.1 Literature review

An exploratory literature review is the process of finding new ideas, assessing, evaluating, and interpreting the most current theories about the subjected topic relating to the research questions being posed. The motivation behind a literature review is straight forward: to instruct the author in the subject region and to comprehend the writing before moulding a contention or justification. A literature review is a significant section in thesis where its motivation gives the foundation to the research attempted. (Bruce 1994.)

According to Carnwell & Daly (2001) literature review collects information about a specific subject from numerous sources. It is elegantly composed and contains few if any personal biases and it should contain a clear search and determination methodology. To get enough evidence, authors conducted a literature survey to discover what accessible data about the subjected topic by utilizing research questions on “What should nurses know about multicultural mental health?”, “What are specific challenges and how should it be overcome”? and “How do we assess the competence of the nursing students?”. All research was enlightened by existing information in a subjected area. The literature review recognizes and composes the ideas in applicable writing. At the point, the authors set out on an exposition they are ordinarily expected to embrace a literature review at a beginning time in the advancement of their research (Rowley & Slack, 2004).

4.2 Literature searches

During the writing of this thesis, authors had the option to use three different classifications of databases and entrances to acquire data. They included electronic search, accessible at the Turku University of Applied Sciences website (Finna) and other search engines like Academic Search Elite (EBSCO)

CINAHL complete. A software was used by authors for RefWorks, list of sources and for importing references. The authors also used science direct which is an expert publisher with excellent data concerning mental health in multicultural. The authors narrowed down the literatures by using key search engines and other filters like adjusting the publication dates and articles which were accessible for full free text.

With each database the researchers used the same systematic approach, both researchers searched the databases at the same time and compared results. The system of searching in Science Direct went as follows:

The first attempt with the key search was “mental health in multicultural” came up with 2,407 articles. Further filters were then used, such as full texts, English language and publication years between 2014 and 2020. This narrowed the search to 247 articles. Abstracts were then skimmed for relevance to the research questions. This ended up to with a total of 25 hits. The authors considered three articles from the database by skimming the main text for relevance to the research questions.

As researchers we then repeated the process with EBSCO database using the CIHNAHL and Academic Elite searches. The researchers reviewed each other's articles, and the literature review was written as a duo. The text was reviewed and supervised by a supervisor from the researcher's school.

The data assembled was examined completely by the authors for factors such as heterogeneity and duplication. The literature was deliberately chosen not just basing on the inclusion and exclusion criteria (see Table 1) but also based on pertinence, clearness, and propriety.

A thorough assortment and search of other reviewed articles was finished based on wide scope of key terms using Boolean system including “depression AND anxiety”, “nursing roles AND mental health” and “mental health AND multicultural”.

Table 1. Literature search terms and number of results

Literature Search	Search terms	Limitations	Number of articles found from search	Number of articles by relevant titles	Number of articles to be reviewed	Number of articles to be investigated
SCIENCE DIRECT	Mental health in multicultural	Full text English 2014-2020	2,407	247	25	3
EBSCO-CINHAL	Nursing education in mental health	Full text English 2014-2020	506	83	32	4
ACADEMIC SEARCH ELITE	Depression & anxietyor anxiety & Depression	Full text English 2014-2020	1,040	76	35	3
TOTAL			3,953	406	92	10

4.3 Inclussion and exclussion criteria of the literature

During the writing of this literature review we used multiple exclusion and inclusion criteria for our literature search (see Table 2). We chose the years between 2014 and 2020, as this would ensure that the literature, we are reviewing is relevant. It was important for us that the full text was freely available, and peer reviewed to secure its reliability. Our keywords were found by doing a primary literature search and choosing our key words based on the most prevalent themes that are connected to this area of research.

Table 2. Criteria for using the material in the research

Inclusion Criteria	Exclusion Criteria

• Full text articles available free
• Found using keywords Depression, anxiety, culture, stigma, communication,
• Articles available through
  ○ Finna
  ○ Science Direct
  ○ CINAHL
  ○ Academic Search Elite
• Some books from E-book central, using keywords
• Literature from 2014-2020
	• Articles published before 2014.
	• Articles that were not published in the English language.
	• Articles without the key words of the research questions.
	• Articles that were not answering the research questions.
	• Articles not related to mental health.

4.4 Analysis of the articles

A literature review is an objective and thorough summary as well as a critical analysis of the important accessible research (Hart 1998). It is important that the literature sources and the key search terms are outlined. The basic function of a literature review is to outline the current knowledge and highlight the important themes and ideas. The analysis of the topic is done by searching the research of the previous topic, identifying the similarities, reading, summarizing, and gathering the information from the literature. (Coughlan 2017).

Analysis was based on the previous research and peer review studies on nursing education and assessment of depression and anxiety in multicultural mental health care. Evaluation of 10 articles were used in the thesis collected in the electronic search engines available at the Turku university of applied sciences website (FINNA). Researchers utilized pertinent information to discover the subjects which are imperative to recognize significant attributes

which will assist with clarifying and sum up the information by isolating into sub themes and primary themes as to determine in the translation of the data. Thematic analysis is a method used in literature research.

There are steps used to evaluate the contents and analysing to form the desired results. Researchers read through the content of the articles and gained a better understanding the materials. Then the coded of the words which are repeating according to the research questions. The third stage is to find the themes, it can be derived from the articles or already known which can be compared with the material collected. Fourth stage is going through the themes thoroughly and comparing with the material to be comparative. Fifth stage is marking and defining the themes. Sixth stage is evaluating and analysing the contents and deriving the results and conclusion. (Moules 2017.)

The researchers studied the articles to get familiar with the content. Read the contents by marking repeated interesting parts which is related to the thesis questions, which were, what should nurses know about multicultural mental health? The specific challenges and how should it be overcomed and the asses sing of the competence of the nursing students. All were coded accordingly. The next step was looking for the themes and sub themes marked in the article's researchers were enlightened by existing information in a subjected area. Revision and analysis, discussion, and agreement between the researches, were able to find the sub-theme. Researchers derived three main themes which were, core knowledge identified, challenges and solution in multicultural mental health care and current best areas for focus nursing education. The formation of the main categories at that point turned into the outcomes that addressed the exploration of the research questions. The table of articles can be seen in Appendices. The outcomes were then expounded and very much clarified in the disclosure following the reasonable explanation that the researchers expected to depict.

5 RESULTS

5.1 Core knowledge identified

These are topics which are considered central to our research. They are things that nursing students should be aware of when considering meeting clients and creating care plans for clients from a multicultural background, who are struggling with their mental health. It begins with a brief description of our mental disorders: depression and anxiety. It then moves on to core ideas such as communication and the nursing interventions that may be used when treating these disorders.

5.1.2 Depressive Disorders

In regular day to day existence the word depression may allude to a wide range of things. The phenomenon turns out to be difficult to comprehend as the word is utilized to narrate both a feeling and a psychological issue. Depression may refer to briefly feeling terrible as a feature of life's typical disillusionments, exhaustion, despairing and pity. Usually these sentiments assist individuals with changing and evolve, and no treatment is expected to deal with these emotions. (mieli.fi 2019.)

Individuals who experience clinical depression will have poorer mental health history, more personal relationship issues, lower efficiency and be more likely to be unemployed than individuals without depression (Australian Bureau of Statistics, 2015, Gurok, & Atmaca, 2018). The direct and indirect costs of mental disorders worldwide is 2.5 trillion US dollars and projected to exceed 6 trillion dollars by 2030 (Trautmann, Rehm & Wittchen 2016).

Depression causes a psychological disorder issue that hinders ordinary functioning. It causes distress and adverse effects an individual quality of life (Skinner 2014). Depression can be prevented from developing by making sure patients have good quality information and support. This is valuable to the

patient if they are given on time, especially at an early stage, by the nurses or health care workers to avoid further complications. The literature shows programs to increase emotional supports can lessen the chances of depression developing by helping clients become more emotionally resilient. Mental health awareness should be developed as knowing more about the signs and symptoms can lead to earlier interventions. There is also evidence to support stress management programs to strengthen self-esteem and the importance multicultural communities to assist in the improvement of mental health and wellbeing in multicultural society should not be discounted. These programs could be helpful for improving the mental health and psychological wellbeing of individuals. (Kang, Choi & Ryu 2009.)

Nurses in all health care settings spend the most time caring for patients with mental illnesses. Therefore, the nursing of patients with mental health problems is not just limited to mental health care settings, but also applicable in general health care clinics like general hospitals, rehabilitation centers and in residential care homes. If the training of the nurse is not sufficient these patients experience the ill effects on both their physical and psychological health. (van der Kluit, Goossens 2011.)

5.1.3 Anxiety Disorders

Due to time limitations as researchers we decided to identify and research the two most common anxiety disorders. These are Social anxiety disorder (SAD) and Generalized anxiety disorder (GAD). Anxiety is something that most of us experience at some point and as a nurse it is important to understand when a natural emotive response becomes a disorder. It is estimated that 1 in 3 adults may develop an anxiety disorder on the wide anxiety spectrum during their lifetime (Kessler 2005). According to recent studies 70% of people with anxiety disorders receive no treatment at all and up to 90% do not receive treatment that is right for their condition (Alonso, Liu, Evans-Lacko 2018). There are several different diagnostic criteria for SAD and GAD but there are some

similarities between the different diagnostic criteria: persistent, excessive fear or worry in situations that are not a threat the life. Persistent means that these intrusive thoughts are present for 6 months (NIMH 2018). These are characteristics that need to be present for diagnosis.

The difference between SAD and GAD are the situations in which the excessive anxiety presents. In the case of SAD, patients generally react to what would be considered ordinary social situations by remembering past negative social experiences, which guides their response toward a negative interpretation of the present events (Grupe & Nitschke 2013). This often leads to excessive worrying, feeling that social events are a real threat and therefore the patient starts to avoid and isolate themselves to make sure they do not have to face these perceived threats.

When defining GAD, it is more important than ever to understand the differences between what normal anxiety is and when it becomes a disorder. Generalized anxiety disorder becomes a possible diagnosis when the patient is suffering from chronic anxiety, meaning the patient suffers from excessive anxiety more days and weeks than not, over a period of around 6 months. Anxiety that is excessive is a feeling of anxiety that feels beyond the patients control and happens in times of perceived threat, rather than actual threat. As with many other mental health conditions, the anxiety becomes a disorder when it disrupts the everyday functioning of the patient. This can be through physical symptoms or other everyday disturbances. (American Psychiatric Association 2013.)

It is important that when anxiety is considered that there are physical illnesses and medications that can be diagnosed as anxiety, so it is important to consider the patient holistically and work as part of a multidisciplinary team. Whenever considering if they may be suffering from mental illness (Stein, Benjet 2019). It is important to understand that patients can have several types of psychiatric disorder. Comorbidity in mental disorders is high, estimated to be around 50% of people with one mental health diagnosis will have other ones (Kringlen, Torgersen, and Cramer 2006).

“Cognitive-behavioural therapy (CBT) and selective serotonin reuptake inhibitors (SSRIs) are effective treatments for anxiety disorders” (Koen & Stein, 2011). However according to WHO mental health surveys there is a treatment gap with those suffering from anxiety disorders.

One possibility for improved treatment outcomes is a model of care based more on collaboration. A collaborative model of care is defined as care plans which are made with a multidisciplinary team consisting of primary care and mental health workers working together with patients and families, using a systematic and cost-effective approach to provide patient-centered care for a defined population. Patient centered care is becoming the model of contemporary mental health care. It focuses on recovery, a movement toward health, instead of finding ways to effectively ignore the symptoms of the mental illness. (Clarke, 2017.) It often requires the patient to actively participate in their own recovery.

Self-management refers to actions that the patient takes themselves to help with symptom management and recovery. Self-management support is now recommended in clinical guidelines for mood and anxiety disorders (National Institute for Health and Care Excellence 2014). It has shown some promise, but again it comes down to the individual as to whether this type of treatment will be effective. Self-management is also meant to be a complimentary practice, meaning it takes place alongside some of the more standard psychological interventions such as psychotherapy and pharmacological agents (Berlim 2015). However, including self-management in a care plan, promotes the patient's feelings of control, empowerment, self-agency, and responsibility for their own recovery (Slade 2009).

In summary: when considering if a patient has an anxiety disorder and should be referred to a doctor for diagnosis, it should be considered if the anxiety and or worry is considered excessive. The type of anxiety can be determined by when the anxiety presents. For example, if the patient is avoiding social situations because it triggers this excessive concern or worry, this would point more toward Social anxiety disorder. However, if the patient describes more of a constant worry and concern, even without obvious threat for more days than

not for the past six months, this will indicate more towards Generalized anxiety disorder. If a patient comes to a nurse with a level of anxiety that is negatively impacting their daily life, they should be considered for referral to a doctor that can diagnose any possible mental health disorder or illness.

The patient may have more than one kind of mental illness and physical illnesses can present with anxiety like symptoms. There are assessment tools for the diagnosis of anxiety, which tools are used can depend on the setting, however the majority are based on patient interview. It is important, even if a patient is primarily presenting with a mental health condition, to consider them holistically. Contemporary mental health care calls for collaboration with the patient and a wider health care team. It is important to find ways to empower and motivate the patient: to interview them and guide them to reflect on things that have helped or ideas that they might have, and to spend time familiarize oneself with the treatment options available to these patients, so they can be discussed as part of the larger team. Emphasis should be placed on recovery and the resources that are available.

5.1.4 Nursing Intervention for Mental Illness in Brief

In the Hartley & Berry (2020) article therapeutic coalition is the main competence of nursing role and the key to the accomplishment of constructive results for patients that are undergoing psychological care. Furthermore, these interactions towards the patients can be challenging to develop and require nurses to have evidence-based strategies to help them to create progressively positive relationships with their patients. Some nurses shared their experience of the challenges and hardship they have been through while attempting to deliver high-quality and holistic care to patients with depression and anxiety.

A few examinations have recognized that nurses in a general clinical settings that lack education in psychological illnesses may have stigma and bad mentalities towards patients with a background of mental health struggles, which unfavourably influences their eagerness, activity and adequacy in

performing day by day nursing care tasks (Fouetté 2017). Commitment in these challenges requires a balance of approaches, the development of personalised understanding and use of the self to facilitate recovery-oriented growth of the patient (McAllister 2019).

The Nursing Interventions Classification is a key instrument for the making of nursing diagnoses (Dochterman 2018). A study by Müller & Staub (2007) found that the use of NANDA education programme led to significant improvements in nurse's ability to give high quality documented diagnosis and interventions. These were found to improve nurse-sensitive patient outcomes and gave them the ability to hypothetically contribute during to patient diagnosis and choice of intervention and led to a general improvement in overall care. This meant that the nurses work was considered more reliable and more useable as a source of data for different fields. (Silva 2006.)

Health care workers spend much of their time caring for patients with mental illnesses in different care settings. Therefore, the nursing of patients with mental health problems is not just given in mental health care hospitals, but also in general health care clinics like general hospitals, rehabilitation centers and in residential care homes. These patients experience the ill effects of both physical and psychological health. (van der Kluit & Goossens 2015.)

5.1.5 The Importance of communication

Communication is defined as the imparting or exchanging of information by speaking, writing, or using some other medium, the result being a successful conveying or sharing of ideas and feelings. There are two types of communication: verbal and non-verbal communication.

In verbal communication we transfer information through speaking or sign language, which can be used to send message to a group of people or one on one interaction. It can be used in presentations, interviews and between individuals (Oxford dictionary definition 2020).

Non-verbal communication can be divided into several different areas: It can be read through facial expressions, such as body movement and the way the patients sit. Small gestures with the hands can be perceived by the person or people you are interacting with. The level of eye contact you are giving the person you are talking to. If you initiate any level of touch and also the space you keep between you and the person you are interacting with. It is important to note that a lot of these nonverbal cues vary from culture to culture. These non-verbal cues can tell the person you are interacting with how you feel and how interested you are. It is very important to be aware of your patients and your own body language as if it is perceived negatively it may cause a barrier in communication. Different researchers have estimated that the role of non-verbal communication can be up to 70% of overall communication. Effective communication is a fundamental element in all nursing and forms an integral part of quality patient care. (McGilton 2006.)

5.2 Challenges and Solutions in multicultural mental health care

As researchers we identified several barriers and challenges to providing care for these multicultural clients and the solution or ideas for solutions when we reviewed our literature. There are many different types of barrier, but we tried to cover wider issues such as stigma and personal level factors such as communication barriers and how these things can be overcome.

5.2.1 Stigma and Its Impact

"*Stigma is a powerful social process that is characterized by labelling, stereotyping, and separation, leading to status loss and discrimination, all occurring in the context of power*" (Phelan 2001). If a person feels stigmatized. it can lead to negative outcomes in all areas of health but relating to mental health, there may be a lack of trust or a difficulty in establishing a therapeutic

relationship. Therefore, inadequate access to the right treatment paths and may lead to the person receiving treatment, feeling a separation, which stigma can contribute to. If a person feels stigmatized, the person may not comply with the treatment being offered and therefore their health outcomes would be negatively affected (Knaak 2014).

Stigma in health care can lead to discrimination such as unfair and unjust treatment. It can restrict access to treatment and overall leads to negative health outcomes. There are certain groups which experience a greater risk of stigma, such as sex workers, drug users and people with mental illnesses to name a few. The reduction of stigma, such as education and awareness campaigns can change these negative outcomes into positive. (Knaak, Patten 2016.)

Researchers Jørgensen and Rendtorff (2018) write about the perceptions of health professionals in patient participation in their own recovery, showing that mental health stigma often presents as holding pessimistic idea about the patient's ability to recover. This may be felt by the patient and they may also lose hope in recovery and returning to being healthy or in a state of stability. There can also be a tendency to see the illness first instead of the person, which can lead to the healthcare provider failing to use person first language, which in turn come across as dismissive or demeaning. On the other hand, research into mental health nursing shows that using a person-centred approach is often effective in engaging the patient in treatment and helps them feel like an individual that is cared about rather than just their illness.

When stigma becomes internalized, people with mental illnesses incorporate into their own process of personal meaning and self into the stereotypes and prejudices present in the community that surrounds them. Internalized stigma is often characterized by beliefs of devaluation, not valuing themselves and leads to patients separating themselves from others. This can lead to negative outcomes such as a reduced quality of life, low self-esteem and their symptoms can be aggravated when they have decided they are not worthy of help. It is important to note that various current studies have determined that around 40%

of people with severe mental disorders have high levels of self-stigma. (Mascayano Tapia, Lips & Castro 2015.) Therefore, nurses should be aware of the phenomena. Their care should consider how to promote good ideas about self and reduce self-stigma. There are some gaps in the literature as to how this should be done. There is a push towards patient participatory treatment in contemporary Western society. Nursing students should always be aiming for the most recent and evidence-based treatment options (Jørgensen, Rendtorff 2018).

According to grounded theory (Knaak, Patten 2016) if the health care provider is unsure or not competent in treating patients with mental illnesses this can come across as stigmatising to the patient. They may feel anxiety and a need to avoid treatment if they question the level of competence of the person treating them. Therefore, being trained and competent in caring for a treating people with mental illnesses is a way that stigma can be avoided. There is also a need for each individual health care professional to be aware of their own prejudices. When it comes to avoiding stigma in the first place. The analysis that the article on grounded theory also revealed that many healthcare providers are unaware that certain terms (e.g., 'frequent flyer') are considered offensive or stigmatizing. (Knakk & Patten 2016.)

What can be improved by addressing stigma? Skill-based training may improve the quality of interpersonal contact between health providers and patients, leading to more positive attitudes, diminished social and clinical distance, improved client experiences, and better care. To this end, teaching healthcare providers 'what to do to help' is also emerging an important ingredient in anti-stigma programming, particularly when used in conjunction with other identified key ingredients (Knaak 2014). Indeed, an ongoing challenge is that healthcare providers often do not recognize or believe that their behaviours and attitudes towards patients with mental illnesses are stigmatizing and/or discriminatory (Arboleda-Florez & Stuart 2012).

In summary: health care professionals are a key target group for reducing stigma, as in previous research it has shown the stigma is a primary barrier to both accessing care in the first place and also receiving equal care compared to other people with their condition or struggle. When someone encounters stigma, this can lead to feelings of shame, isolation, and hopelessness. It may make it harder for the person to seek support from family and the community. If a person feels stigmatized this can lead to negative outcomes in all areas of health but relating to mental health. There may be a lack of trust, a difficulty in establishing a therapeutic relationship. Inadequate access to the right treatment paths and the person receiving treatment, may if they feel a separation, which stigma can contribute to. The person may not comply with the treatment being offered and therefore their health outcomes would be negatively affected.

5.2.2 The Role of Religion

According to Hordern (2019) religion, belief and culture ought to be perceived as potential sources of moral reason as potential benefits to an individual quality in health, improving the welfare of patients and a nurse in the midst of the experience mental health care and healing process. Nurses should respect their patient's religion and cultural responsibilities, considering their significance for treatment and care. Good nurses comprehend their own belief and those of others. They hold patient's welfare as it is the best served by understanding the significance of religion, belief and culture to patients and colleagues. Greenstein (2016) believes that religion gives patients something to trust in as it gives a feeling of structure. It normally offers a gathering of individuals to interface with over comparable convictions. These aspects can have a huge positive effect on psychological wellbeing of a patient.

Some research proposes that religiosity reduces depression and anxiety rate, addiction of alcohol and drug use. All together for nurses to recognize these issues it is contended that a progressively. All-encompassing way to deal with

care ought to be received, which would involve multidisciplinary instruction in mental health care.

In summary: the idea of religion in nursing has gotten a lot of consideration lately. However regardless of numerous articles routed to the issue, religion consideration remains inadequately comprehended among nursing experts. Spiritual needs are frequently dismissed inside mental health care settings. culture and religion are time and again dismissed foci of mental health assessment and intervention. In order to offer a good mental health care, nurses should know that for some patients' spirituality plays a big role in patients' lives. Accordingly, nurses should screen patients and endeavour to address issues for profound articulation, while perceiving that there are important limits and moral issues in mental health care settings.

5.2.3 The Link Between Hope and Recovery

When researching the link between hope and recovery, although there is evidence there is a link, most of the studies that could be found were focused on patients with severe mental illness. This is different from most people's experiences with mental illness. In Samuelsen & Moljord (2016) article which the impact of trying to preserve hope in patient's by encouraging them to be involved in their care was studied. This was based on research of many others that patient participation in care was one of the keyways to motivate the patient (Storm & Edwards 2013) (WHO 2009).

Recovery can be thought of as a return to prior function and the ability to withstand the psychological stress that caused the symptoms of mental illness in the first place. According to some researchers, an essential part of the recovery process is for the patient to get back their sense of self (Hagen 2007).

However, there are arguably many different factors that contribute to a patient's ability to recover from mental illness. The impact of a patient feeling that they are being listened to, seen in the way they want to be perceived, and respected is also an important factor (Borg & Davidson 2008). The article from Samuelsen

& Moljord (2016) concluded that to re-establish and preserve a patient's hope in recovery was very needed when considering treatment plans, encouraging patient participation was one way to work toward this goal as it helped the patient's feel empowered and in control, which is something that help the idea of a hope of recovery. In Hope theory by Snyder (2002) hope is defined as a mental state that is positive about the future. There is usually an expectation or anticipation of good things happening. Snyder developed the HOPE scale, which is currently one of the only tools that can measure hope as a countable thing. He found that people who scored high on this scale, were better at dealing with psychological stress. However, it should be noted that the main article found that, before trying to rebuild and empower the patient, there should be attention paid to the patient's current ability to function. As in the severe stages of mental illness, the patient may struggle to see any future or ability to recover and they may exhibit a state of hopelessness. (Andresen, Caputi and Oades 2010).

In summary: hope can be a very powerful tool in recovery, it can help the patient withstand psychological stress better, have more positive ideas about the future and can help them rebuild a sense of self after being taken down by a mental illness. However, as nurses it is important for us to know it is one in a myriad of factors that can promote patient recovery. Others include but are not limited to the patient feeling respected, the patient feeling included and the patient feeling like they have a say in how their care is planned and implemented. It is also important to be aware that sometimes in severe cases of mental illness, which include severe depression. The patient may struggle with the opposite of hope, which is hopelessness and treatment must be respected that in these cases. Hope may simply not be possible at that moment.

5.2.4 Communication Barriers and ways to overcome them

It is important to note that many non-verbal cues vary from culture to culture. Non-verbal cues can tell the person you are interacting with how you feel and

how interested you are. It is good to be aware of your patients' and own body language as if it is perceived negatively it may cause a barrier in communication. Effective communication is a fundamental element in all nursing and forms an integral part of quality patient care (McGilton 2006).

The challenges to health services caused by linguistic diversity have been greatly narrated in the different ways. Lack of attention to language barriers can lead to poor communication, a poor healing of a disease, bad quality of care, and poor health outcome. Lack of good communication skills when interacting with the patient can lead to difficulties, such as luck of access to important information of the patient, misinterpretation of the patient's information, and creating a climate of distrust between the patient and the healthcare provider. Commonly used communication skills in mental health are listening, paraphrasing, summarizing, questioning and non-verbal communication. Communication with the patient is the basis for nursing practice in providing care for the patient. (Morrissey 2011.)

Nurses are obliged to know about linguistic limitations that comply with patient's needs. Great clinical practice directs that relatives ought not be utilized as translators except if there is no other option. Interactions may require multiple interviews. In light of the fact that the patient and family may set aside some effort to 'open up' to the nurses, it merits recalling that bilingual patients may have the option to withhold information when their auxiliary language is utilized for appraisal. (Bhugra 2004).

Communication among medical attendants and patient starts with the main contact of the visit to the end of the treatment. Studies by Gilje (2007) show that good communication and understanding plays the important part of the treatment especially in the mental health patient care (Kanerva 2014). Nurses and medical attendants are often the first to see changes both positive and negative in patients, so they must have a solid spotlight on correspondence and proceed with stream of data (Deacon & Fairhurst 2008).

The job of a nurse corresponding to patients is to guarantee that communication is suitable to the patient's understanding and values and empowers patients to enable themselves. Research has consistently shown that it is the human relationships we develop that have the biggest influence on recovery in mental healthcare. Successful meeting and therapeutic communication are essential to help people find their way out of the puzzle of problems that may have afflict them. (Walker 2014).

5.3 Current best areas for focus nursing education according to research

Nursing education which focuses on multicultural mental health, is in some ways in its infancy. However, as researchers we have identified areas which can be focused on to improve, not only the confidence of the nurses in treating clients from a variety of cultural background but also improve the way that those clients receive them.

5.3.1 Cultural Competence

Developing cultural competency, is a very current topic in nursing education. A small study in Finland in 2017, found that cultural competency training that focused on developing an individual’s own ability to reflect on their own culture, encouraged understanding other people’s cultural backgrounds and the beliefs and values associated. This study focused on health professions that already had experience working with culturally diverse patients. Which may have helped motivate them to develop their ability to give care to this patient group. The study is a good example of the possible interest in developing cultural competency and how to begin to facilitate this. One way is by starting with the main culture of that society the learner belongs to and asking critical questions and promoting reflection. It included some of the concepts of the Campinha-Bacote model (2002). This includes developing cultural awareness, cultural knowledge, having cultural encounters and developing skills in working with other cultures.

However, the driving force is still cultural desire which requires each person to actively educate and improve their own competency. (Kaihlanen, Hietapakka 2019.) This is something that studies have shown that student's desire: the ability to look after patients from different cultural backgrounds as individuals and also how to deal with issues such as discrimination and racism, what is the appropriate response and how they can support patient's facing these struggles. (Azita Emami, Gerrish 2015.)

In summary: most of the literature that focuses on nursing people from different cultures, asks the nurse to be an active participant in educating themselves on different cultures, seeking experiences with people from many backgrounds to increase their skills. However, in most recent times, being a culturally competent health care professional is based less on concrete skills that can be learnt and applied immediately and more about being committed to a process of developing cultural competency. This often means that in studies on how to develop cultural competency in nurses, a key component is having an open and safe space to share experiences and reflect. To start with reflection on the nurse's own culture and in a recent study in Finland in 2017, researchers attempted to provide education in improving health professional's cultural competency. The received feedback stating it would be good to invite people from different cultures to share their own lived experiences, as a way for professionals to understand more different cultures and therefore improve their cultural sensitivity and how to provide culturally competent care. This again highlights the importance of not just theory but human experience. (Kaihlanen, Hietapakka 2019.)

5.3.2 Mental Health - Learning through experience

In Fokuo (2017) article about using mentor programs found that patients appreciated when nurses took time to listen rather than pushing medication and felt that the ability to have a conversation was more impactful than medication to them personally. Patients also highlighted the importance of an attitude towards

recovery and hope was helpful. They stated it does not help when nurses talk about how sick you are, but it is better when they empower you to believe you can get better. This shows the importance of teaching students how to communicate in a culturally appropriate way but also the basics of respect and compassion. As research has shown these qualities receive positive feedback from patients. Students agreed, commenting that things like stigma and negative interactions could be reduced by having more open conversations, being aware of language that labels a patient, and having a recovery-based approach.

Eade & Winter (2017) state the importance of focusing on the idea of using simulated practice while nurses are still in training. After finding that in a mixed method study by Buckley (2010) found that 66.6% of 70 nurses training for paediatrics did not feel ready to manage patients with complex mental health needs and Terry (2009) indicated that nursing programs had been criticized for not preparing their students for managing patients with mental health problems. An important of the study was that all roles of simulated practice were considered important, some students had a high level of anxiety about participating but could still be included as observers and in group discussion after each exercise. The result of the 3-day simulated practice method showed this type of training was a great first step. As all the students in the following 6 months of practical training felt more confident and skilled when encountering patients with complex mental health needs. However, only 19% of students felt the training had helped them understand mental health problems and behaviours associated with them.

5.3.3 Anti-Stigma training

What can be improved by addressing stigma? Skill-based training may improve the quality of interpersonal contact between health providers and patients, leading to more positive attitudes, diminished social and clinical distance, improved client experiences, and better care. To this end, teaching healthcare providers ‘what to do to help’ is also emerging an important ingredient in anti-stigma programming, particularly when used in conjunction with other identified

key ingredients (Knaak et al. 2014). Indeed, an ongoing challenge is that healthcare providers often do not recognize or believe that their behaviours and attitudes towards patients with mental illnesses are stigmatizing and/or discriminatory (Arboleda-Florez & Stuart 2012). This would suggest that any educational approach must be aware of how sensitive a topic stigma can be. Health care professionals generally like to be people that help, and it is widely regarded as a caring profession. Therefore, care should be taken that discussions about stigma do not come across as blaming or accusative. The methods for anti-stigma training are still very much in the research process but there has been some promise in skill-based training and contact with people with different mental illness. To change how healthcare staff view these conditions has shown some promise, at least in Canada.

5.3.4 Patient centred care

The concept of patient centred care first emerged around 60 years ago. There are several different definitions for patient centred care. Originally the concept was based on providing care that considered the individual patient and their unique needs (Hobbs 2009). However, over the years there has been intense discussion on at what level the patient centred care is. It has also been defined as a working relationship between the medical professional, the patient and the patient's family in order to make decisions that respect and take into account the patient's needs, desires, and aims for treatment. Therefore, giving the patients adequate knowledge to be active participants in their own care planning. (Institute of Medicine 2001.) Finally, it is sometimes described as a way to measure the quality of care provided by a service So, although the term patient centred care has been around for quite some time, it has been criticised for not having a solid clear concept behind it. (Robinson 2008.)

There are studies showing that by using a patient centered model, it is also possible to think about the individual instead of the wider disease which happens in the disease centered approach. By being aware of and using

several different methods at the same time, it improves patient outcomes. This allows the team to consider things like individual preference, which may stem from culture, religion or even just the way that person views treatment. When these things are taken into consideration and the patient feels heard, they are more likely to adhere to treatment. (Jahng 2005.)

There are very limited studies from the patient perspective on the use of patient centred care, which is problematic as how patient's feel about different treatment approaches would be very valuable data. As by hearing from service users and patients, we would be able to determine if the concepts and theories are true (Kuipers, Cramm et al. 2019).

Kuipers, Cramm (2019) research showed that there were a few main concepts that came up during their literature review about patient centred care. These main ideas included patient to professional interaction, which highlighted the importance of the professional respecting the patient as an individual who can participate in their own care decisions. Other main ideas included that although there are guidelines for care for illnesses such as depression and anxiety and that not all patients with that illness will want the same treatment or even want treatment which needs to be respected. (Lusk & Fater 2013.) They interviewed patient is and asked what they wanted to be important during their interactions with medical professionals. A common theme was that they wanted to be treated as a person not their illness and that they wanted health professionals to recognize the positives and strengths of them as individuals not just the problems that their illness may perceived to cause. Especially patients wished these strengths could be beneficial for their individualised treatment. (Kuipers, Cramm 2019.)

Patient centred care does require much extra effort from the health care provider. Furthermore, Kuipers and Cramm (2019) found that the effort comes not just about the person behind the patient but also the person behind the professional. The professional's attitude and belief systems could have a great impact on the treatment offered, and the conversations and interactions that are shared. This would have an impact on the treatment outcomes. Considering

that part of providing patient centred care is the professional's attitude and competence, it can be argued that this ability to plan care centred around the individual should already begin to be developed during nursing education.

In summary the literature shows that although there are limited studies about the patient's perspective around especially outpatient mental health care, there is a need for health care professionals to have a patient centred approach to their practice. It helps to develop stronger therapeutic relationships, opens communication, and can even help with treatment adherence. The ability to provide this type of care depends on so many factors and it can be argued this means it should be introduced early in the health professionals career, or even during the education of the health professional. This would place it at in the core of the process of planning care.

6 ETHICS VALIDITY AND RELIABILITY

During the literature review process the information was gathered from solid and dependable sources which were analysed and deciphered. The search that was centred on the good research principles that are outlined in The European Code of Conduct for Research Integrity (2017). These principles include ensuring the research is reliable. This is done by the researchers selecting articles of which full text was available and were published between 2014 and 2020, alongside with a solid methodology supervised by a supervisor from our school. The research was done with honesty with reviewing, communicating, and reporting done in a transparent manner, which was unbiased and focused on the research questions. The research was conducted respectfully; There were no human factor ethical concerns with this research with researchers showing respect for each other, the subject matter and everything connected to the research. When designing the assessment tool, we used literature to guide the building of the case study. Therefore, there was no issue with informed consent or confidentiality.

The guidelines of Finnish National Board on Research Integrity (TENK 2012) and good scientific practice were followed in making this thesis. Only references published by reliable sources were used. None of the referenced works exposed any personal information about individuals so information security was not jeopardized. Credit was given to the authors and publishers by appropriately referencing works used in the thesis. Detailed notes were kept on the process and methods of the thesis work to make sure the results are accurate, and no information gets lost during the long process.

7 DISCUSSION

This literature review was conducted to study what nursing students should know about on how about to provide culturally competent care to patients from a multicultural background who are struggling with their mental health, with a focus on depressive disorders and anxiety disorders. The aim was to produce an example of an assessment tool that could be included in a final year evaluation before the nurses' graduate and receive licensing. This thesis is part of the larger project, A National Research and Development Project to Develop Standardized Competency Evaluation for Generalized Registered Nurses

As researchers we found this topic to be in fact very current and very complex. The mental health of the population of the EU and how to promote it is currently central to several discussions happening in the European Union as there is a high impact on the society when many people are experiencing struggles with their mental health. Therefore, there is a global push from the WHO to improve the mental health of the population of the World, and the EU has many projects dedicated to this cause.

During the review, many theories were identified that could help shape nursing education and develop nursing student's cultural competence. Being culturally competent was identified throughout the research as a key part of providing care to clients from multicultural backgrounds. Transcultural nursing theory offers a few different options on how to develop nurse's ability to work with multicultural patient groups. Older theories such as that developed by Leininger (1995) expected nurses to become experts in the cultures around them, but newer theories like the Campinha-Bacote (2002) model identified developing cultural competency as an ongoing process for nurses, with a key component being a cultural desire. This means that the nurses needed to have both a good attitude towards becoming more culturally aware and an interest in developing this cultural competence. Several of the articles reviewed contained studies on cultural competence training that had been done. Some of these studies involved

training nurses that were already in work and others focused on how to integrate these practices into nursing training.

Articles focusing on education for cultural competence showed this education had moderate success, as nurses gave feedback that they felt more equipped to meet and treat patients from a different culture to them. However, there was room for improvement: they commented it could be beneficial in future training to have the possibility to meet people who identify with these different cultures to give them more cultural experiences while also taking the training from theory and discussion amongst peers to including possible patients with their valuable perspectives and experiences to retain the human element of nursing care. Studies about how to improve confidence in nurses to be able to meet and treat patients with different mental disorders also received feedback about including this human element by inviting people with different mental disorders to come and tell about their experiences.

The thesis shows that educational programs which focus on encouraging nurses to reflect on their current practice as well as their own culture and how it may be perceived by others is a great first step to reducing individual biases and helping nurses become more open to other cultures. When nurses are more aware of their own biases and the challenges which exist in their societies, they are more able to advocate for patients. This is an important part of being a multidisciplinary team. The literature on how to improve the care of mental health disorders has a wealth of patient perspectives which when compiled point to several areas of possible development. The first is that patient's wish that their health care providers saw them as people and individuals rather than their mental illness. When nurses are disease centred, meaning that they think of the disease first, it can make patient's feel unheard and labelled. However, when nurses use a more patient centred approach, which means they focus on the person, the therapeutic relationship becomes a priority, which leads to more open discussion between the patient and their health care providers. The patient's individual needs, desires and aims thus become more important.

When nurses are more aware of their own biases and the challenges which exist in their societies, they are more able to advocate for patients. This is an important part of being a multidisciplinary team. When nurses have information about other cultures and different mental disorders, especially lived experiences, they are much less likely to discriminate and feel more confident in interacting with and treating these clients. This is then felt by the clients and patients leading to better health outcomes.

8 CONCLUSIONS

The literature review found several factors which may contribute to good practices for the nursing of mental health illness in a multicultural context. The first of these is developing cultural competency, which could be started already when the person is training for nursing. This would help ensure the right attitude has been encouraged from the start and will promote a cultural desire, meaning the future nurse will actively seek experiences with people from different cultures and commit to developing their cultural competence throughout their nursing career.

The second factor that was found to make a difference in patient's health outcomes is the use of patient centered care. Patient centered care encourages nurses and patients to see each other as people and equal participants in the patient's recovery. Patient centered care considers the patient's individual needs, desires and aims for treatment and promotes the idea of recovery, which can instill hope in the patient.

The third factor is teaching nurses how to communicate and listen to a variety of different clients to provide a safe space for growth. This could be done with simulated practices, which then allowed discussion and reflection with peers. The research shows that these three ideas are good building blocks for developing the nursing competencies which are needed for interacting with and treating people with a mental illness, such as a depressive or anxiety disorder.

Anti-stigma education encouraging nurses to reflect on their own ideas and biases led to an improvement in patient to nurse interaction, helped the nurse advocate for their patient's individual needs wants and desires in a multidisciplinary team, and led to better health outcomes for clients when feelings of being stigmatized or discriminated against were reduced or removed.

In conclusion, this is a very wide and interesting subject which requires a lot of further study, especially about patient perspectives on how mental health care should be conducted. This would tie into the overall movement towards patient

centered care, which begun in primary care and has extended into mental health care. The patients that nurses treat is becoming increasingly multicultural and nurses should be prepared to spend their career developing their cultural competency and their confidence in treating these clients.

8.1 Further Study

(Tingen, Burnett, Murchison, & Zhu, 2009) In their article of nursing research highlight the importance of nurses being involved in nursing research that is being done. This allows the research to be focused on what is needed in the nursing field and in our case, what can be done to improve and develop nursing education and assessment. This research subject is both complex and important to the future of nursing, as our societies become more and more multicultural and diverse.

As researchers there are some ideas that could be put forward for further study. The assessment tool we developed is a written case study and it would be beneficial to see this developed into a video simulation or classroom simulation. Which the research showed is very beneficial to nursing students. Giving them exposure to situations in a safe space that they can actively participate, reflect and discuss how what is good and what needs development.

There could also be the possibility for more research and study in Finland about what kind of cultures are becoming part of our society and what are the ways to support them in using mental health services. Finally, there could also be a significant study based on how to educate the public about mental health, which could contribute to reducing stigma and help more people understand about mental health and mental health services.

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Appendices 1: Articles selected from literature search

1. Title: Characteristics of Effective Collaborative Care for Treatment of Depression: A Systematic Review and Meta-Regression of 74 Randomised Controlled Trials. Author & publication year: Coventry, Peter A., Hudson Joanna L., Kontopantelis Evangelos., Archer Janine., Richards David A., Gilbody Simon., Lovell Karina., Dickens Chris., Gask Linda., Waheed Waquas., & Bower Peter., 2014 Aim and study: The use of systematic review and meta-regression to identify factors in collaborative care associated with improvement in patient outcomes (depressive symptoms) and the process of care (use of anti-depressant medication). Summary and conclusion of results: Trials of collaborative care that included psychological treatment, with or without anti-depressant medication, appeared to improve depression more than those without psychological treatments. Trials that used systematic methods to identify patients with Depression and also trials that included patients with a chronic physical condition reported improved use of anti-depressant medication. However, these findings are limited by observational nature of meta-regression, incomplete data reporting and used of study aggregates.
2. Title: Changes in undergraduate education in psychiatric nursing and mental health area. Author & publication year: Weykamp, J.M., Thurow, M.R.B., Siqueira, H.C.H., Nunes, M.H.B., Pelzer, M.T., Cecagno, D.,

Aim and study: The study identified the lack of current publications and to analyse changes and innovations in psychiatric nursing /mental health graduation education in mental health. Summary and conclusion of results: The results showed that six (75%) of the titles of scientific publications have focused on studies in the field of education promoting the inclusion of participatory forms of student learning and two (25%) had an emphasis on productions valuing professional nursing actions regarding innovations in mental health.
3. Title: Cultures of engagement: The organizational foundations of advancing health in immigrant and low-income communities of colour. Author & publication year: Bloemraad Irene., Terriquez Veronica., 2016 Aim and study: The study was to see how civic infrastructure of community-based organizations (CBOs) can help generate, diffuse, and maintain a culture of engagement and health that benefits marginalized populations most at risk for illness, disability, and poor health. Summary and conclusion of results: The civic infrastructures of formalized community-based organizations can play an important role in generating, diffusing and maintaining a culture of health and engagement that benefit its marginalized populations most at risk for poor health outcomes. Extant scholarship already underscores the importance of “meso-level” factors, notably social networks, and social identities, for health and well-being.
4. Title: Decreasing the Stigma of Mental Illness Through a Student-Nurse Mentoring Program: A Qualitative Study. Author & publication year: J. Konadu Fokuo., Virginia Goldrick., Jeanette Rossetti., Carol Wahlstrom., Carla Kocurek., Jonathon Larson., Patrick Corrigan., 2016 Aim and study:

The study describes the development of a consumer led student-nurse mentoring program as part of nursing student education. People with lived mental health experience would mentor student nurses regarding the harmful effects of stigma and the beneficial outcomes of affirming attitude. Summary and conclusion of results: Nurses who are professionally trained in effective communication skills promote quality interactions. Nurses who are intuitive about mental illness and who promote wellness, diet and exercise are important. people with lived experience noted positive qualities of nursing students that enhance a consumer's perspective of them. Important values include compassion and empathy meant to counter prejudice and promote recovery and empowerment. Relationship building skills should include active listening and therapeutic communication while professional skills should include medication management and navigation of the mental health system.
5. Title: Effective nurse–patient relationships in mental health care: A systematic review of interventions to improve the therapeutic alliance. Author & publication year: Hartley Samantha., Raphael Jessica., Lovell Karina., Berry Katherine., 2020 Aim and study: Study was reporting on interventions targeting the therapeutic relationship between nursing staff and patients in mental health settings. the aim was to answer some key questions; what intervention methods have been tested, in what clinical contexts and with which groups, what outcome measures were utilised, what effects were demonstrated and what was the quality of the methods used. Summary and conclusion of results: The therapeutic relationship between nursing staff and patients in mental health care is key to positive outcomes. All studies targeted the relationship between mental health nursing staff and service users, although there were a range of additional criteria. The range of settings and participants was reflective of the variety of roles and services within which the therapeutic alliance was fostered.
6 Title:

Nursing interventions in mental health and psychiatry: Content analysis of records from the nursing information systems in use in Portugal.

Author & publication year:
Gonçalves Patrícia D. B., Sequeira, Carlos A. C., Paiva e Silva, Maria Antónia T. C., 2019

Aim and study:
To identify the interventions documented by nurses in Portugal that respond to nursing needs within the scope of psychiatric nursing to identify the main problems in identifying these interventions in mental health settings.

Summary and conclusion of results:
The intervention records were systematized into categories. Some problems in the interventions documentation by nurses were identified. The use of a common language by professional nurses is an essential requirement in order to build structured and formal knowledge in nursing. This study also contributes to the improvement of nursing informatics systems in use in psychiatric departments, particularly through the differentiation between different types of intervention, placing the into the proper steps of the nursing process.

7.
Title:
Screening for anxiety and depression reassessing the utility of the Zung scales

Author & publication year:
Debra A.Dunstan., Ned Scott, & Anna K. Todd. 2017

Aim and study:
This study re-examines the credentials of the Zung scales by comparing them with the Depression Anxiety Stress Scale (DASS) in terms of their ability to predict clinical diagnoses of anxiety and depression made using the Patient Health Questionnaire (PHQ).

Summary and conclusion of results:
Both the Zung scales and the three DASS subscales were found to have acceptable levels of internal consistency. Cronbach's alphas of.86 and.84 were found for the SDS and SAS, while the comparable figures for the DASS Depression, Anxiety, and Stress subscales were.96, 88 and. 94, respectively. In contrast, while only the SAS was a significant predictor of anxiety, both Zung scales emerged as significant predictors of a depressive disorder diagnosis. The Zung scales appear to offer a good alternative to the DASS as screeners for anxiety and depression. It should, however, be noted that the diagnostic measure against which these scales have been assessed is

not the gold standard SCID but rather the more economic and less reliable PHQ, a measure which itself produces Misses and False Positives.
8. Title: Self-help interventions to reduce self-stigma in people with mental health problems. Aim and study: It aimed to provide an overview and critical appraisal of the literature on self-help interventions that target self-stigma related to mental health problems. Summary and conclusion of results: Self-stigma is known to have negative effects on self-esteem and self-efficacy and a continuing impact on mental health. Self-stigma related to mental health problems affects self-esteem, self-efficacy and chances of recovery and can have continuing negative consequences for wellbeing. Self-help interventions designed to reduce self-stigma may have an important contribution to mental health recovery process. This study indicates that self-help interventions can be of benefit in reducing self-stigma, specifically depression personal stigma and self-stigma related to help-seeking.
9. Title: The making of new care spaces. How micropublic places mediate inclusionand exclusion in a Dutch city. Author & publication year: Mare Knibbe., Klasien Horstman., 2019 Aim and study: The study provides insight into strategies used by social care initiatives to create caring environments for people with a variety of abilities and disabilities. The analysis is guided by the concept of ‘micro public places’ and builds on research about changing spaces of care and three types of spatial, symbolic and public-private boundary logics. Summary and conclusion of results: The social constellation described in both studies clearly marks out vulnerable groups, even if they were not formally defined. By contrast, the hybridization strategies that was analysed resulted in micro public places, while particularly welcoming vulnerable people, attracted publics with arts and

crafts, design, café' s, entrepreneurial engagement, nature-education, love for animals, and in this way, they also assembled a more diverse public. By resisting clear definitions of the goals of a place and maintaining ambiguity, hybrid places supported constant negotiations about how to understand.
10. Title: Using simulated practice in pre-registration education to explore mental health issues. Author & publication year: Eade, Amanda Collins., Winter Claire., 2017 Aim and study: The aim was to give students opportunities to develop a therapeutic working relationship with young people, consolidate skills and ultimately develop confidence in working with young people presenting with mental health problems. Summary and conclusion: Students were approached 6 months after their simulated practice training to evaluate their opportunities to put their skills into practice while on placement. Once back in practice, 100% of students said they had improved confidence in working with young people who present with mental health problems. Students confidence was increased after simulated practice in dealing with situations similar to those in clinical practice, which may put students out of their comfort zone, but it prepares them to work in future with young people or carers who present with mental health problems.

Appendix 2: Assessment Tool