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Need -Adapted - Approach and open dialogue in the integration timeline.

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Abstract:

Introduction

Mental health crises in Finland are handled in a special way for example, somatic and psychological symptoms are recommended to be processed as a whole and the client's situation assessed from various perspectives with the help of different professionals. In the treatment of psychosis the Need-Adapted Approach is recommended as a suitable approach, the evidence-based information is presented by different researchers. The need adapted approach and open dialogue has been proved to be effective in the north-western part of Finland for more than a decade.

Aim

This study aims to research on how "Need Adapted Approach" (NAA) may benefit the path of integration.

Method.

The study is based on semi-structured interviews. The data is analyzed using the principle of abductive analysis.

Results, Discussion and conclusions

In the findings various phases identified in the data analysis process were surprisingly connected to the theory (principles of open dialogue, and what the concept of need adapted approach can mean in the mental challenges during the integration process. (immediate help, social network, flexibility, mobility, responsibility, psychological continuity tolerance of uncertainty and dialogism.) Further detailed findings and limitation of the research in connection with the theory are explained and illustrated by figures provided.

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1. INTRODUCTION

The foundation for a person's well-being, health and functional capacity is in great connection with mental health. A good mental health is recognized as a resource that aids individuals in achieving and maintaining a sense of a meaningful life. The World Health Organization (WHO, 2013) defines mental health, as a state of well-being a person realizes owns potential and is able to cope under normal stresses of life, manages to be productive and contributes to the community.

It is unfortunate to see that, among the immigrants, there are additional risk factors related to the different stages of the integration process. These challenges result in the gap in inequality and inclusion. In previous research in Finland, for instance a study by Markkula et al (2017) that looks into the incidence and prevalence of mental health disorders among immigrant and native Finns. The study reveals that migrants appear to have a higher risk of mental problems. Among the Finnish organizations that take care of immigrants like Finnish Red Cross reports, it reveals that the integration process has a greater connection with depression.

In the same study by Markkula et al (2017), the risk of mental disorders varies significantly across migrants in comparison to native Finns. The study is a register-based cohort of 184.806 immigrants and 185.184 Finnish-born controls, the study identifies the incidence of mental disorder to vary between sexes. For instance, the incidence of psychotic disorders was lower among female than male immigrants and in comparison with native Finns the incidence of Posttraumatic depression PTSD was higher among male immigrants.

Following the reports from the National Institute of Health in Finland (THL) in the recent records of 2019, it has been reported that there are several mental and social risk factors, which are vulnerable to immigrants' mental health. This reveals inequality in health. In terms of functional capacity because the differences in well-being and health between the immigrant and indigenous populations are greatest in mental health. In the same reports by the (THL,2019) when it is compared to the inhabitant population, immigrants and

refugees, in particular, have a greater risk of developing mental health disorders, which becomes a chain and affecting the second and third-generation immigrants.

According to a population structure, Statistics Finland (2018), the second-generation immigrants and third generation are people with foreign backgrounds. The recent research also reveals an effort to reduce the gap in health by developing a national model for mental health work with immigrants. Recent data published from 2016 onwards by THL also reveals that there have been recent projects that focus on immigrant's mental health, the most recent project was carried out from the year 2016-2018, the project is known as Pakolaisten mielenterveys toimien valtakunnallinen kehittämishanke (PALOMA) and it is the newest model in use.

The project was carried out by the National Institute for Health and Welfare (THL), and major universities hospitals in Finland: Kuopio University Hospital, Tampere University Hospital, Turku University Hospital, Oulu University Hospital, Helsinki University Hospital and the project was also in collaboration bodies like with the Centre for Torture Survivors in Finland, the Moniheli Network of Multicultural Associations, Finnish Association for Mental Health, and the City of Hämeenlinna.

The approaches reported by the researcher reveals efforts put in to fill in the gap of inequality and inclusion. It is also recognized that the efforts are still in progress, for example, there is stability-training model developed by Finnish Association of Mental Health (FAMH), and the new project that is known as is "MIOS" in Finnish, maahanmuuttajien mielen hyvinvointia ja osallisuutta sekä ehkäistään syrjäytymistä. The project is still ongoing. It was started in 2018 and named as hankeen voimin 2018-2020. This model aims to promote social inclusion, mental health and prevent marginalisation of migrants.

According to the (FAMH, 2019), there are tools that are available to support diagnosing of mental health disorders. The one in use is the international "standard diagnostic tool (ICD-10,) It is a foundation for the identification of health trends and statistics globally and used as an international standard for reporting diseases and health conditions (WHO, 2018). It is the diagnostic classification standard for the clinical and research purposes adapted from WHO. It has been in use from the year 1992 and the latest version is ICD

11. Many assessment scales, instruments and questionnaires are also available for supporting clinical work. These tools are suitable for supporting the work of both general practitioners as well as doctors specialised in psychiatry.

Mental health crises in Finland are handled in a special way for example, somatic and psychological symptoms are recommended to be processed as a whole and the client's situation assessed from various perspectives with the help of different professionals. In the treatment of psychosis the Need-Adapted Approach is recommended as a suitable approach, the evidence-based information is presented by Authors like Borchers et al 2014. The need adapted approach and open dialogue has been proved to be effective in the north-western part of Finland for more than a decade. According to Borchers et. al, 2014. The Need-Adapted Approach (NAA) concentrates in bringing the patient and the social network all relevant professionals together to meet the challenges that occur.

2 BACKGROUND

2.1 NEED -ADAPTED -APPROACH

The psychotherapeutic practise has been part of public health in Finland for a long time. Need-Adapted-Approach (NAA) was conducted by Yrjö Alanen and his team in the late 1970s as Need Adaptive Treatment to provide integrated family therapy to the clients. Aim of the treatment process was to make more noticeable or prominent on every single treatment in a flow restricted to the person and should be adapted to varying individual needs. (Seikkula, 2011).

This design was suited in terms of Finnish National Schizophrenia Project in the 1980's. NAA targets on the 'right diagnosis' emerge in joint meetings, which was of help to the professional to develop the way of understanding. According to Seikkula (2011), NAA approach already in the early 1980's was integrating several psychotherapies. The clinical team decided to meet with the person and his family to discuss this dilemma. NAA emphasizes a flexible and individualised approach to each person and their families including family-oriented therapy meetings (Lehtinen, 1993; Räkköläinen, Lehtinen, & Alanen, 1991). NAA was seen an integrated treatment approach for the new patients of Schizophrenia groups in which different methods are combined with each other to meet individual patients as well as their interactional networks (Bergström et al.,2017).

Seikkula (2011), explained that the NAA focuses on social networks from the outset and holds diagnosis and uncertainty lightly. The treatment proceeds from individual /network need and there is psychological continuity. It applies a psychotherapeutic attitude unlike the medical model where the treatments are based on diagnosis and tend to be more fixed. Borchers et. al, 2014 also explains that the treatment is seen in a more technological way. It means to approach a person not with the goal of applying a set-theoretical framework but with an openness to using all models as needed.

The focus of NAA is like an early intervention in every case supporting the fact that "prevention is better than cure." After experiencing a mental health crisis, clients seek help and professionals guide and support to prevent further the crisis. There is treatment planning to meet changing and to the definite need of clients and their family by

integrating various therapeutic methods in a single treatment process. After identifying the root of mental health problems a plan is made to reduce their problems while collaborating with families. Among the professionals having a therapeutic attitude is crucial in the treatment process. It is seen as identifying problems and giving a description of the ongoing treatment process. Seeing treatment as a continuous process like how the treatment was followed by the clients. For effective outcome it demands regularity of the whole process under the supervision, constantly monitoring the treatment progress and to see its impact on behaviour. It is necessary to follow the treatment process effectively and the continuity of the whole process. (Alanen 2009; Alanen Lehtinen, Räkköläinen; & Aaltonen, 1991).

NAA expanded further as the Open Dialogue (OD) approach which aims to treat psychotic patients at their home. Seikkula (2011), a psychologist that promotes this model, suggests that Open Dialogue has improved outcomes for young people in a variety of acute, severe psychiatric crises, such as psychosis, as compared to treatment-as-usual settings

2.2 Open dialogue

According to Seikkula, et al 2006, in psychology dialogue is seen to be a very important aspect of relations, he suggests that open dialogue (OD) is done by generating dialogues during the treatment process with the families, mobile crisis intervention teams, clients as well as their social network in joint meetings. Dialogue is drawn from one of the greatest theoreticians in human science in the 20th century known as Mikhail Bakhtin, it is recognized to have deeper meaning and perspectives

The main principles of open dialogue are immediate help, social network perspective, flexibility, mobility, responsibility, psychological continuity, tolerance of uncertainty and dialogism. OD principles are developed from several training and research. The provision of immediate help is provided by the service provider from the first contact made by clients or relative or referral agency within 24 hours. OD major steps were taken in 1987 by replacing systemic family therapy to provide immediate and the crisis clinic established in hospital for the patients who need inpatient care and referrals. The clinics arrange their first visit within 24 hours from the first contact made by clients, family

members, neighbours or referrals. 24-hour crisis service has existed since 1992 to provide immediate response to prevent patients to be hospitalized as much as possible. The psychotic patient participates in the very first meeting during the most intense psychotic period (Seikkula et al., 2003).

It inspires families and clients to seek immediate help when they are experiencing a mental health crisis. The important aspect of OD is it makes space for clients, families and their social network to reach their crisis into words. OD targets clients' interactional history of psychotic experience by collaborating with their social and professional network in the provision of care. OD in family crisis session focus of acute care away from discovering individual problems (Freeman et al., 2018).

The social network perspective entails that the member of the patient's social network is invited to the first meetings to mobilize the patients and their families. Other members such as agencies, local unemployment, health insurance agencies are invited to support vocational rehabilitation and fellow workers, neighbours and friends may include in the joint conversation. Flexibility and mobility in OD is designed to reach individual specific needs and changing them according to the crisis situation by using therapeutic methods that suit each case.

According to Seikkula et al, (2003) during the crisis phase which refers to preventing patients from being hospitalized, there is no plan for future construction because it might need completely different treatment methods after the crisis phase is over. After the crisis is calming down, the service provider forms the plan and treatment method which suits the patient and fit with their problems and preconditions. Therapeutic meetings are often arranged at patients' homes, with the consent of the family (Seikkula et al, 2003).

Among the service providers the responsibility comes along whereby, they get contacted by clients or families take the responsibility to arrange the first network meeting and team are responsible to continue the treatment process till the end. Psychological continuity is another aspect in OD, the team is responsible for the treatment for as long as it takes in both outpatient and inpatient settings. Members of the patient's social network are invited to participate in the meetings throughout the treatment process. The various methods of treatment are combined so as to form an integrated process. The treatment of an acute psychotic crisis would seem to require between two and three years (Seikkula et al, 2001).

Tolerance of uncertainty is an important aspect also in building a relationship in which all parties can feel safe enough to join the treatment process and enhance the further process. In a psychotic crisis, having the possibility of meeting every day at least for the first 10 – 12 days appears necessary to generate an adequate sense of security. After this the meetings are organized regularly according to the wishes of the family. Usually no detailed therapeutic contract is made in the crisis phase, but instead, it is discussed as a routine part of every meeting whether and, if so, when the next meeting will take place. Meetings are conducted so as to avoid premature conclusions or decisions about treatment. For instance, neuroleptic medication is not introduced in the first meeting; instead, its advisability should be discussed in at least three meetings before implementation. Tolerance of uncertainty can be seen as an active attitude among the therapists to live together with the network aiming at a joint process instead of the treatment being all the time reactions to what happens (Seikkula et al,. 2003).

According to Seikkula et al, (2006), dialogism during the treatment meeting focuses on building up a deeper understanding about the crisis of the patients, and this can mean the root cause of the crisis. The dialogical conversation is seen as a forum where families and patients get space to expand the sense of agency in their own lives by discussing the patient's difficulties and problems. In the same study by Seikkula et al, (2006), suggest that the professionals have to become skilful in their specific area. Knowledge becomes rooted in the context, being dialogical help to understand and seek for inner dialogue from the clients.

2.3 The integration timeline

The integration timeline illustrates the need for psychosocial support. Matikainen, 2003 describes the Integration timeline below as a tool based on life span theories which aim to assist immigrants in analysing their own integration process in order to be able to make better plans and life strategies for themselves. The understanding of this curve is through our contact with the red cross as volunteers and even our basic knowledge on how the integration process is approached.

The figure below illustrates the integration timeline of an immigrant family of four composed of a mother, father, a ten-year-old and fifteen year old. In the timeline there is

an explanation of the experiences of the whole family since coming to Finland. In the figure there is an illustration of curves with different colours representing each member of the family.
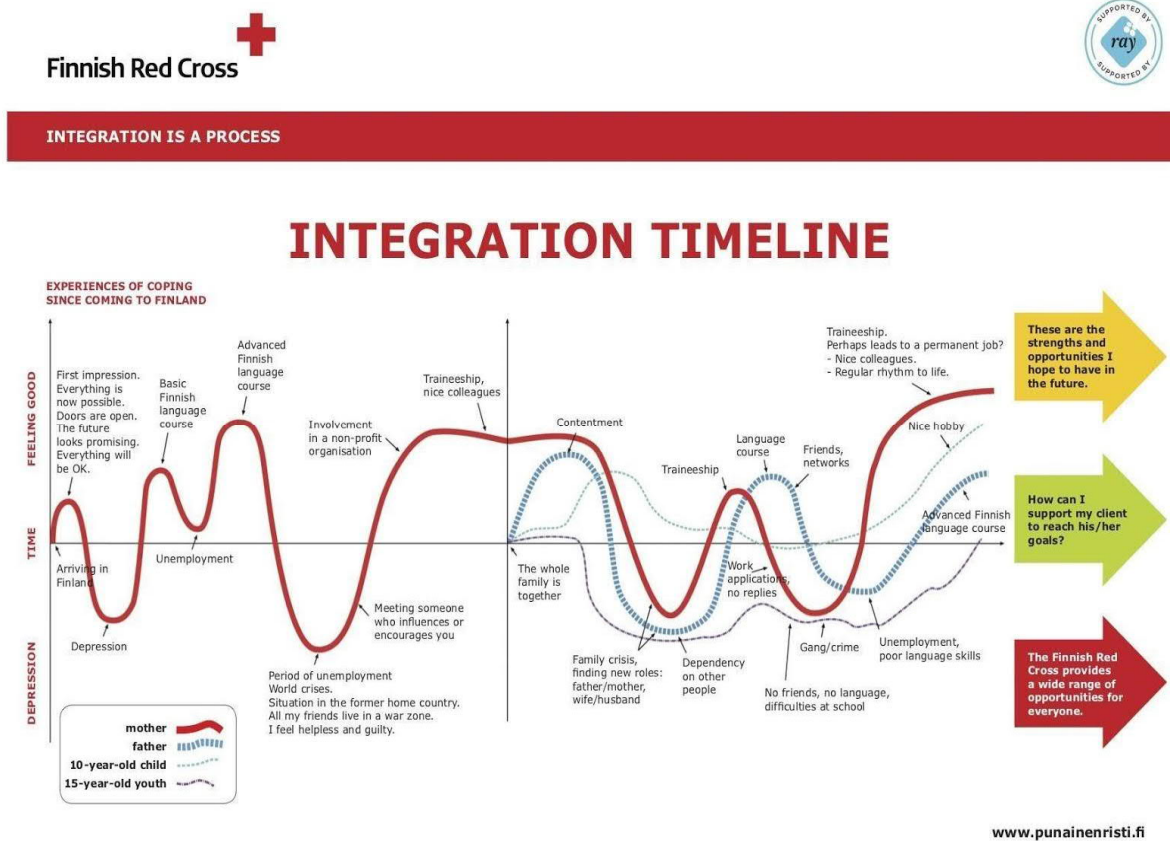

Figure 1. Integration timeline by Finnish Red Cross

The mother is the first person to start integrating followed by the rest of the family and the integration process is represented as a continuous. In the timeline there are also three arrows presenting its meaning. It is produced in order to describe the need to make the integration process to be seen as a two-way process. The red cross presents the three arrows at the integration timeline, whereby each arrow represents an immigrant, the service providers and organization. It is seen from the timeline that the immigrant and community where they are integrating have to have some common aspect that brings collaboration in order to achieve their goal.

The x-axis is representing the time both up and below the y-axis(good and depressing times) whereas the y-axis is representing the different experiences and exposures of the family. What is interesting with the curves is that every member of the family has different

shapes of curves, therefore, meaning integration perspective and experiences differ. For example we identify the mother and father curves to have a slight difference from time to time and a fifteen year old is in a depressing situation almost all the time whereas the ten year old seems to have good adaptation in the integration timeline.

The situation concerning the shapes of the curves could be described from different perspectives depending on the focus. This study looks at the presentation of the timeline as presented by the red cross aim from a service provider perspective on assisting the immigrant to achieve their goals by inclusion of NAA and open dialogue approaches. There is an increasing complexity of mental health problems among people we encounter within daily life. As from our background and passion for our job as nurses, as well as influenced by theories and knowledge about the starting point of caring science we clearly agree on the fact that caring -science basically means caring for human beings.

Our job as nurses structure us to care for human beings in a closed setting that is the hospital buildings whereas we meet human beings in our daily life who might necessarily need help out of the closed setting(hospital buildings). Following our in-depth encounter with how to use the need adapted approach for mental health care. We are driven to recommend NAA as a possible and easy approach to reduce the incidence of depression and other mental health challenges during integration.

The choice of theory is influenced also by the fact that integration is a major problem in the Finnish system and therefore adapts the developed knowledge by bodies that are trying to develop integration aspects from a mental health care point of view. The structure and the method of our research follow the need adapted approach. The theoretical starting point is the integration cycle with the aid of aspects of need adapted approach, our pre-understanding is based on and our experiences as foreigners in Finland.

3 AIM OF THE STUDY

This study aims to research on how "Need Adapted Approach" (NAA) may benefit the path of integration.

4 METHODS

The research is qualitative research and used interviews as a method of data collection. The qualitative research interview seeks to describe and the meanings of central themes in the life world of the subjects. The main task in interviewing is to understand the meaning of what the interviewees say. (Richards 2005.)A qualitative research interview seeks to cover both a factual and a meaning level. (Kvale, 1996.) The questions used in the interview were developed from previous research done by the Finnish Red Cross integration process (Kotoutumiskaari) following experiences of coping among immigrants since coming to Finland.

In research it is important to apply the scientific knowledge inorder to create pathways that can be acceptable and trustworthy. The study is dealing with human experiences and tries to describe the true essence of the phenomenon. The term phenomenology was introduced by Husslerl and Heidger, 1922 and describes the importance of positivism in the research process. When dealing with human experiences , It is important to avoid the subjective interpretations by holding back, own understanding so that the true phenomena could appear.(Gunnarsson.1998)

4.1 Sampling and setting

The sampling method is a purposive (goal-directed) sample because of the study aims and the phenomena. The target group was immigrants who moved to Finland over five years ago. In research, sampling is described as the selection of a subset of individuals from within a statistical population to estimate characteristics of the whole population. (Richards 2005.) This study aimed to elicit emerging themes to understand the experiences of the participants. Moreover, the aim was to select the most productive sample to answer the research question.

The participants were selected according to the following criteria: being a mother, a father, being a child and having gone through the integration. The participant experiences ranged from 6 to 21years of living in Finland. The sampling method was affected by various anticipated aspects of the target group. It was done through the assistance of a red cross representative. The investigator approached a major organization involved in the integration process of the immigrants. This was with the aim to avoid information bias

and following the ethical considerations of conducting research. The total number of participants provided was ten but only four participated. The factors that minimized the number of participants was also due to the language barrier and the availability of the participants.

4.2 Research design

The study is based on semi-structured interviews where questions are designed in themes. Interviews are particularly useful for getting the story behind a participant's experiences. The interviewer can pursue in-depth information around the topic. According to authors like Rautio (2007), the thematic interview is designed to question the meaning of an experience. This method allowed acquiring information about the topics since the purpose was to use interviews to find out about the experiences of mental health among immigrants during the integration process. The same author also states that theme interviews seek to cover the factual level and meaning on the topic. Like mentioned, questions are related to immigrants' personal view. Through the interview questions the idea of NAA is integrated in order to reach our aim through the answers of the participants.

The data is analyzed using the principle of abductive analysis. It is defined by Tavory§ Timmermans, 2014. as an approach grounded in pragmatism and aimed at theory construction. Abduction is also defined further by the same authors as a process of producing theoretical hunches for unexpected research findings and developing speculative theories with variation across the study.(Tavory§ Timmermans, 2014.)

The abductive content analysis includes both inductive and deductive reasoning, the researcher cannot figure it out abductively the conclusion before all content analysis is finalised. The way of abductive thinking is most observations and it continues to the most reliable explanation, abductive thinking is not countable, a conclusion can be false but somehow it also supports the conclusion positively. Concerning abductive theories are defended by saying the theory explains the material used in the best way, (Piippo, 2019).

4.3 Data collection

The study used a set of themes consisting of open-ended questions. The questions were developed prior to the study during the initial planning process and were validated by the supervisor. The themes were grouped into five and a different focus, i.e the experiences at the arrival and during the stay, support at the reception point, expectations, experiences during the stay.

Open-ended questions were suitable since they allowed new viewpoints and allowed flexibility. whereby a normal discussion is allowed and the respondent has the right to add any comments that they find relevant, and if the interviewer finds these new topics interesting he/she takes the hint and may present additional questions based on the new viewpoint but if the interviewer thinks the digression is unnecessary, he/she directs the conversation back to the originally selected themes. (Richards 2005.)

Questions to be directed for an interview were also in themes to present the option of presenting additional questions based on the information from the respondents. The questions were related to mental health because the answers depended on personal views (attitudes, values and opinions). The interviews were carried out after the participants read and signed the consent.

The table below represents the structure of our interviews:

4.4 Questions for the interviews.

THEME1 FOCUS.	Experiences at the arrival and during the stay	What happened when you came to Finland?..If you recall things that have happened to you during your stay in Finland. How did they make you feel? What has been hard and depressing?
THEME 2 FOCUS.	Support/reception point.	What kind of help would you have wanted?What kind of strength have you found yourself to have?

		Which things, events, people, people and situations have helped you in the integration process?
THEME 4 FOCUS.	*Expectations.*	*Did you need something else....If yes what would it have been in ...Put the focus in the issue of mental health* *If you would make a wish list of things to support your mental wellbeing in the future, what would it be like?*
THEME5 FOCUS.	*Experiences during the stay.*	*Have you experienced mental breakdown?* *Did you feel that you wanted to be heard by somebody?* *How has your and your family´s intergaration process gone so far*

Table 1. Questions for interview

The interview was conducted within three days, it started on the 23rd of October to the 26th of October 2019. The interviews lasted for 18 minutes to 1 hour and were audiotaped. One interview was in the Finnish language and the rest in the English language. During the interviews and after the interviews there was notetaking as it was crucial to guide and supplement recorded interviews. Qualitative methodologist recommends taking detailed field notes as a check for faulty memory as they are likely to encourage selective and confirmatory memories that can lead to biases. (Tavory§ Timmermans, 2014.)

4.5 Data processing and analysis

The goal of the analysis is to arrange the collected material so that the answer to the initial problem of the project reveals itself. The problem dictates what kinds of information has to be analyzed, and on the type of information depends which tools can be used to handle it. (Kyngäs H. 2020).

The audio of the interview was recorded using mobile phones and audio recordings were then transcribed. One interview was in Finnish language and the rest in the English language. All data were transcribed into English text and exempted any detailed identity like participants' original names. In the transcribed text the participants are identified as

"P1." The coding was manually applied, due to the collaborative construction of meaning and was enabled through meetings and discussions of identifying the topics for coding. Qualitative methodologist recommends computers for coding as an easier step to avoid the trap of over-coding everything and due to the appearance of large categories. Coding is a significant step in the project and each new category changed the way of seeing data. The important aspect was to view the changes as the project continued. The manual approach was suitable for this topic.

The researchers recommend viewing the shift in thought and notetaking. The building up of data required reflection and by working as a team manually worked out. The investigators were using analytical coding. It is known as the making of categories for the new ideas or concepts found in the data and for the description and memo of every new idea as written. (Richards,2005). This study applied five stages of analysis adapted from a study by Burnad. (1991.) as follows:

4.5.1 Stage one

The interview transcription was the first initial stage after all the data was collected, data was transcribed from voice recorded to text. During this process all detailed information that appeared in the dialogues was typed. For example where laughter or long pauses appeared was typed. The separate memos that were written down after every interview assisted as memory joggers. Fieldnotes operate as methodological precepts do, they allow resistance of increasing our interpretations. (Richards 2005.) The transcription process ensured privacy and confidentiality. All detailed and private information was taken into consideration. A lot of ideas and discussion came up especially due to the sensitivity of the topic. Different authors of qualitative research like Burnad. (1991.) suggest that in this analysis stage it is essential to record ideas and theories that the researcher has as he works with the data.

4.5.2 Stage two

Reading the transcripts as a whole and making notes about the first impressions of the investigator. The investigators basically read and re-read the data for any themes related to theories. The investigators were reading in a "zoom lense concept" (zooming in and

out) as described by Richards 2005, the author states that zooming in is the identification of what is interesting and zooming out is to think why that is interesting. Coding, writing and comparison of the concepts were done in this stage also. This process allowed familiarization of data and it allowed immersion of the 'lifeworld' of the respondents. This enabled a clear understanding of what was going on in each

4.5.3 Stage three

Reading process was repeated again and the text was gone through one by one and carefully line by line, to familiarise with the data. Transcripts were read and as many headings were written down manually besides the selected phrases to describe all aspects of the content while excluding issues that are unrelated to the topic. This stage looked into the text line by line to see the comparison clients experiences from three different perspectives, i.e challenges, experiences at arrival, expectation support, experiences during the stay and their view of the integration process. The table below illustrates how the process emerged.

Transcript from the first participant
Experiences during arrival *"at that time 9 years back, and then the darkness starts and i really feel depressed..."* *"There is my first shock in coming to a country which is full of darkness..."* Difficulties to adjust, depression, hardships,   ***Expectation (help wanted)*** *"this help (proper clothing) and then the job"* *Job helped me to reduce stress level and depression but integration it does not really help me*   *"Yes! Ööh... for example like, for my own öööh.. social! For example, for like in socialism, tobe*

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socializing with people, so... that is one good thing that i found out in this Church"
Socialization, loneliness, help with necessity, axceptance

Integration process:

"Now I, I feel integrated, because ööh... after my... s... i completed my studies amd then integration,
and then my boss, he get me to the "työvoimatoimisto" (workforce-office / unemployment office)
for the finnish language... integration course, and then two years back i started mondays finnish
language integration course, and now i feel much better.

"i dont have anything in my mind to get for the support, because... ööh... i have
my family with me, job, and ööh... im also nursing student, a new nursing student once a week..."

Cultural aspects, language, intergration necessity,

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Table 2. Interview transcript from first participant

Then repeat the same process among all transcripts of the three different respondents. Due to less number of respondents, it was easier to use tables and work manually with data after arranging them as shown above. To have a focus was very important and by the abductive approach it assisted to adjust the way of looking and trying to have a clear picture and created a satisfactory account and we could easily have generality despite a little number of participants.

4.5.4 Stage four

The relevant phrases and sentences, as well as sections, were labelled, following the concept of mental health challenges and we concentrated on differences and similarities of each question and how they were answered by different respondents. The list of categories is surveyed by the researcher and grouped together under higher-order

headings. The aim, here, is to reduce the numbers of categories by removing some of the ones that are similar to broader categories.

Transcript common categories/ identified concepts that were similar	Selected concepts/ paraphrased
Difficulties to adjust, depression, hardships, Socialization, loneliness, help with necessity, axceptance Cultural aspects, language, intergration necessity, *then it takes me time to adjust myself into..."* *the weather is depressing, as a student i have to pay my rent and everything, so, no job, and it was really really struggling time, for the first few months... first two months... yes..."* *"realized that english is not the first language. So it is the finnish language, a.... know nothing about finnish language, because i came into english studies..."*	*Adaptation to the weather* *Learning new language* *Loneliness* *Adapting to living in Finland* *Cultural and ethical differences*

Table 3. Transcript analysis

4.5.5 Stage five

The new list of categories and sub-headings was worked through an exemption of repetitious or very similar headings was applied to produce a final list. The decision on picking up the topic was according to how it was repeated by the clients and when the interview emphasised on it. The findings are grouped according to the opinions and topics that emerged according to how it was identified as relevant. In addition they were also

grouped according to the flow of the interview from the first question to the last while applying comparisons.

5 Results

Four participants were interviewed, the interviews were face to face with open ended questions. The interview took place in an organized setting that was conducive for the participants due to the sensitivity of the topic. The audio of the interview was recorded using mobile phones and audio recordings were then transcribed. The important concepts of each individual were identified and common themes in all the transcripts were identified. The transcripts were compared to each other to observe similarities and differences in answers. The coding was manually done because the study identified that some important aspects such as feelings were important and meaningful for the topic. Coding steps grouped the main domain, sub domains and the common themes.

The participant population is so small,some of the details coil lead to the participants identification. All participants that were invited to the interview did not respond to the invitation. There was the issue of language barrier that led to ruling out of three participants. One participant called after the interview and withdrew her participation. All the participants have higher living experiences from 6 years to 21 years.

The participants were presented with questions through interviews that were of different themes. All participants expressed different aspects and revealed lots of similarities. Maintaining neutral positions was the most challenging. Each of the participants' answers were recorded and transcribed into English text.

Theme one in the interview aimed to obtain information about the experiences of each participant at the arrival and during the stay and this was followed by open ended questions with aim of obtaining more information following the experiences of all the participants. These open ended questions were as follows:*What happened when you came to Finland?..If you recall things that have happened to you during your stay in Finland. How did they make you feel? What has been hard and depressing?*

All participants mentioned difficulties to adjustment with the weather,depression caused by changes of season. Hardship in coping with environmental factors, the language learning process. All participants mentioned that the integration process had ups and downs and in the down moments they needed someone to share their experiences. There were emerging issues related to the meaning of integration process done by needs to be looked at as a two way process and related to the previous research by Matikainen, 2003. They also mentioned both experiences of ups and downs as described in the integration timeline as an ending.

Theme two looked into the aspect of support/reception point that the participant had. And the following questions were applied: *What kind of help would you have wanted?What kind of strength have you found yourself to have?Which things, events, people, people and situations have helped you in the integration process?* The answers from the participants were such as the wish to have the opportunities to socialize and deal with loneliness. There was a description of wishes to get different necessities as well as acceptance.

There were issues that were related with cultural aspects such as language,integration necessity and all participants had mixed emotions. We could for example observe sadness and anger when participants expressed their experiences in theme three and four which looked into the expectations and experiences during the stay. The participants were asked the following. "*Did you need something else....If yes what would it have been in ...Put the focus in the issue of mental health. If you would make a wish list of things to support your mental wellbeing in the future, what would it be like? Have you experienced mental breakdown? Did you feel that you wanted to be heard by somebody?How has your and your family´s integration process gone so far.* A Lot of similarities from the expectation were identified.

6.ETHICS IN RESEARCH

Informed consent to participate was inquired as it is important before making the further step of research. The participants voluntarily agreed to participate. They understood that they could withdraw from the interview and also withdraw the permission to use the data if they wanted and could also refuse to answer any questions without any consequences.

our research plan was supervised and granted permission to carry on with the thesis project. And our informants granted their permission to be interviewed by signing a formal consent. OThe participant population is so small,some of the details could lead to the participants identification. The data is treated confidentially. The report on the results has kept the identity as anonymous.It is done by changing the names.

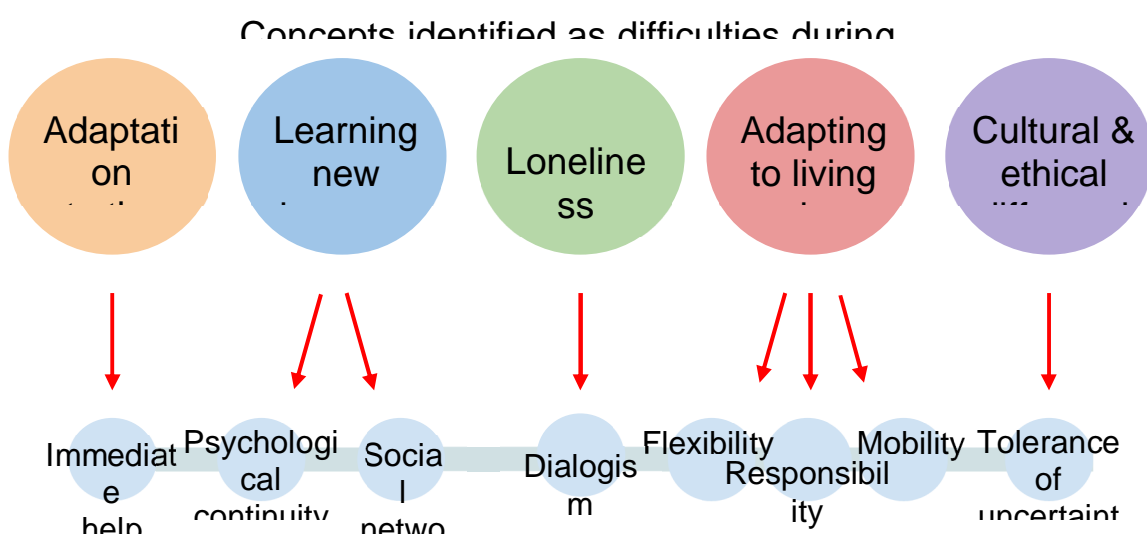our research respected and followed the rules of the National Advisory Board on Research Ethics in Finland 2002. Arcada's Ethics Board from 1. 1. 2008 (established by the rector 12. 12. 2007) The National Advisory Board on Research Ethics: 14, Arcada's Ethics Board, 6 Polytechnics Act (351/2003) and Polytechnics Decree (352/2003); see Arcada's Degree Statutes section 17. rules and regulation.

7 DISCUSSIONS

Need adapted approach is early intervention in every case supporting the fact that prevention is better than cure. NAA emphasizes a flexible and individualized approach to each person and their families including oriented therapy meetings. Borchers et al 2014 describe NAA as an application of therapeutic attitude. How the approach is started is by previous studies is that a clinical team that works with persons experiencing mental health challenges decides to meet with the person and the family to discuss the dilemma and the principles of open dialogue are applied, i.e immediate help, social network, flexibility, mobility, responsibility, psychological continuity tolerance of uncertainty and dialogism. The findings of the research in connection with the theory can be applicable as illustrated in the figure below.

Figure 2. Identified concept

Concepts identified as difficulties during

| Adaptation | Learning new | Loneliness | Adapting to living | Cultural & ethical |

| Immediate help | Psychological continuity | Social netwo | Dialogism | Flexibility | Responsibility | Mobility | Tolerance of uncertaint |

If we look in the integration timeline the experiences of coping since coming to Finland. There were surprising aspects that none of the participants had the first impression that the door of possibilities was open as described in the feeling good axis, *"the future looks promising, everything will be ok."* What we find from client one expectations were as

follows arriving in Finland first impressions it was described as depressing, difficult, despite the time differences, i.e arrival time differed if immediate help to adapting to new aspect experiences such as weather would be applied. In the findings various phrases were surprisingly connected to the theory (principles of open dialogue, and what the concept of need adapted approach can mean in the mental challenges during the integration process. (immediate help, social network, flexibility, mobility, responsibility, psychological continuity tolerance of uncertainty and dialogism.)

The following phrases were directly connected to the theory: This is a phrase by P1
"at that time i... i need social help, yes of course, and i went to get them, at that time. As anewcomer, or as a student, but they said that we don't have that for us, at that time, because i came For Example immediate help and social network. According to Seikkula (2011) social network means the aspect of family and friends from outside the family. There is a city in Finland like Seinajoki where families are encouraged to take the new students "adapting them" and students who get these families call them "Finnish Families". This provides the opportunity to adapt to the new culture and social network expands (seamk.fi)

Phrase by a participant P2 *"on with this student visa... yea... so... there is this that you have to... you get your visa when everything is done for you already for..."*The flexibility to fixed rules and regulation for the student visa process and authorities concerned can also take the responsibility to allow the integration process flow. Responsibility to arrange aspects of the needs for immigrants. Both responsibility and flexibility are needed to be taken into consideration by authorities and immigrants.
Learning a language is an essential aspect in order to integrate. Seikkula 2011, mentions that mobility is designed to meet individual specific needs. This direct phrase brings out a suggestion by participants. *"The government would start teaching Finnish*
language or Swedish language to the foreign students, it would be very good... yes..."
The establishment of a social network would facilitate the learning of the language. Mental health challenges are sensitive and it needs to be taken as a serious aspect from an early stage, According to Seikkula, 2006 professionals have to be skilful to understand the crisis of their clients. Being dialogical helps to understand and seek the

inner dialogue of the client. Loneliness and depression were common among the participants. The participant expressed the need, Example phrase by P1 wished to talk with a nurse or service provider about especially with this depression "ööh... *because i was thinking that where i have come, it was dark and cold, and then... when i went out, everyone was so serious "For the mental support i... i... i... i feel too... to express... myself for example at that moment..." Wanted help for family members "Wish list number one priority is öööh... a peace in the home. Because my wife öööh... she was so much in stress and then she was so much like angriness and frustration... so all she need... öööh...put frustration on me (laughing).*

In open dialogue being dialogical, to listen and being listened to are essential. When the client feels welcomed they feel heard and trust developed. This process can take a longer time to establish mutual relationships, therefore tolerance of uncertainty is important.

When people vary in culture, cultural and ethical aspects require communication and this becomes a big challenge to create relationships, tolerance of uncertainty can create flexibility. Tolerance of uncertainty in NAA enables the building of trust. The integration process is a continuous process that has felt good and depressing situations, coming to a new country an immigrant cannot avoid integrating in order to fit in a foreign environment.

The concepts that occurred in individual experiences were also similar to the integration timeline. If we look in the integration timeline the experiences of coping since coming to Finland. There were surprising aspects that none of the participants had the first impression that the door of possibilities was open as described   in the feeling good axis, *"the future looks promising, everything will be ok."* What we find from participants one expectation was as follows arriving in Finland first impressions it was described as depressing, difficult, despite the time differences. The integration process seems to be a continuous process for many years, it can be seen as an ending process. Redesigning the concept of the integration process would be necessary. The authority concerned with the integration of immigrants can look into challenges brought up by and create solutions to the challenges.

Limitations are influences which researchers cannot control, they limit the area of research where study can go further, sometimes it may impact the results and conclusion.

Limitation combined with qualitative study is associated with validity and reliability. According to Wiersma, 2000, qualitative research occurs in a natural setting, it is very hard to replicate the studies. However, when you select a certain design and research method, for example phenomenology, they bring limitations which researchers have slight control over.

The aim of the analysis is to produce detailed systematic order of issues addressed during the interview and linking these themes in a reasonable category. The question here is how is it accurate to compare the utterances of one person to another? Can we assume that one person's worldview can be linked with another person? For example we take a look at each answer of the three different.

Challenges: P1:*"at that time 9 years back, and then the darkness starts and i really feel depressed..."*

P 2: *"situation was like the really tough so there wasn't even a job to even consider*

P 3: *"New country and winter was really difficult" people were difficult "If I would have learned really well, then yes. When you speak Finnish well, it's easy to live in Finland" "I didn't speak Finnish that time so it was hard.*

The holistic view of the investigator can have an impact in the construction and evaluation, for instance transcripts, categories and their description, it is not described in detail due to exemptions of some participants' experiences. Selected categories are lacking detailed description, due to issues related to ethical consideration.

According to (Richards 2005.), qualitative research aims to construct projects that bring together the ideas generated from data by application of questions or insights from previous knowledge, literature, imaginative comparison and metaphors.

This study is a qualitative research and the aspect generalizability would be questioned, since this is avery argumentative topic by many qualitative researchers, Some researchers support the need for a small sample size as more useful in examining a situation in depth from various perspectives,because the large sample can be inconsequential.(Myers,2000.)

This study recommends its construction can be created out or tried out in another setting. The participant of the study can discover in the analysis a knowledge that is being suggested.The trustworthiness ensured, the analysis process is described in five steps to provide the reader with clear understanding of how analysis was carried out .

8 CONCLUSIONS

Another approach of the topic from another perspective could provide more findings of similar knowledge. The lack of previous studies related to immigrant's mental health prevented certain results, the language barrier was another, there were some studies in Finnish language but we were unable to follow their results.

This study aimed to acquire knowledge on the impact of immigrants' mental health issues during the integration period and selected numbers of participants since it is a sensitive topic of the aimed participants. The investigator is also dependent on personal cultivated ways of perceiving for example personal histories, theoretical proclivities and moods. The issue of inequality in health and the significance of mental health problems among immigrants as well as challenges during integration process are important topics to for future researchers to generate knowledge.

8.REFERENCES

Bergström, T., Alakare, B., Aaltonen, J., Mäki, P., Köngäs-Saviaro, P., Taskila, J. J., & Seikkula, J. (2017). The long-term use of psychiatric services within the Open Dialogue treatment system after first-episode psychosis. *Psychosis*, *9*(4), 310–321. [online] Available at:
https://www.tandfonline.com/doi/abs/10.1080/17522439.2017.1344295   Accessed 22.03.2019

Borchers, P., Seikkula, J., & Arnkil, T. (2014). The Need-Adapted Approach in Psychosis: The Impact of Psychosis on the Treatment and the Professionals. Ethical Human Psychology and Psychiatry, 16 (1), 5-19. doi:10.1891/1559-4343.16.1.5 [online] Available   at:
https://arcada.itslearning.com/ContentArea/ContentArea.aspx?LocationType=1&LocationID=6152 Accessed 22.03.2019

Burnard P. A method of analysing interview transcripts in qualitative research. Nurse Educ Today. 1991;11:461–6.

Chambers, R L, and Skinner, C J (editors) (2003), *Analysis of Survey Data*, Wiley, Wikipedia. (n.d.). Sampling (statistics). Available at:
https://en.wikipedia.org/wiki/Sampling_(statistics) Accessed 20.03.2019

Douven I. (2011). Abduction. In E. N. Zalta (Ed.), *The stanford encyclopedia of philosophy*   (Spring   2011   Edition).   Available   at:
http://plato.stanford.edu/archives/spr2011/entries/abduction/. Accessed 15.03.2018

Fouka, G, Mantzorou, M, 'What are the major ethical issues in conducting research? is there a conflict between the research ethics and the nature of nursing' [online] Available at:
http://www.hsj.gr/medicine/what-are-the-major-ethical-issues-in-conducting-research-is-there-a-conflict-between-the-research-ethics-and-the-nature-of-nursing.php?aid=3485 Accessed 20.03.2019

Freeman, A. M., Tribe, R. H., Stott, J. C. H., & Pilling, S. (2019). Open Dialogue: A Review of the Evidence. *Psychiatric Services*, *70*(1), 46–59. [online] Available at:
https://ps.psychiatryonline.org/doi/10.1176/appi.ps.201800236   Accessed   22.03.2019 Assessed 20.03.2020

Friend family activities, Seinäjlki university of applied science. Available at:
https://www.seamk.fi/en/study-with-us/practical-information-for-students/friend-family-activities/ Assessed 30.4.2020

Gentles, S. J., Charles, C., Ploeg, J., & McKibbon, K. (2015). Sampling in Qualitative Research: Insights from an Overview of the Methods Literature. *The Qualitative Report*, *20*(11),   1772-1789.   [online]   Available   at: https://nsuworks.nova.edu/tqr/vol20/iss11/5   Accessed 22.04.2019

Good scientific practice in studies at arcada Available at:
https://start.arcada.fi/sites/default/files/dokument/examensarbete/good_scientific_practi
ce_in_studies.pdf Accessed 10.03.2019

Gunnersson R. (1999) *Philosophy of science-science network tv* [online] Available at:
http://science-network.tv/philosophy-of-science/ Accessed 15.03.2019

Ronny Gunnarsson. Philosophy of Science [in Science Network TV]. Available at:
https://science-network.tv/philosophy-of-science/. Accessed June 9, 2020.

Incidence and prevalence of mental disorders among immigrants and native Finns : a
register-based study ' Social Psychiatry and Psychiatric Epidemiology , vol. 52 , no. 12 ,
pp. 1523-1540 . https://doi.org/10.1007/s00127-017-1432-7
Accessed 15.03.2019

Kvale, S. (1996). Interview Views: An Introduction to Qualitative Research Interviewing.
Thousand Oaks, CA: Sage Publications.

Kyngäs H. (2020) Inductive Content Analysis. In: Kyngäs H., Mikkonen K., Kääriäinen
M. (eds) The Application of Content Analysis in Nursing Science Research. Springer,
Cham

Myers, M. (2000, March). Qualitative research and the generalizability question:
Standing firm with Proteus. [30 paragraphs]. *The Qualitative Report* [On-line serial],
4(3/4). Available: http://www.nova.edu/ssss/QR/QR4-1/myers.html

National Institute for Health and Welfare. (2017, August 8). The PALOMA project –
Improving mental health services for refugees.
https://thl.fi/en/web/thlfi-en/research-and-expertwork/projects-and-programmes/the-
paloma-project-improving-mental-health-services-for-refugees Markkula , N , Lehti ,
V , Gissler , M & Suvisaari , J 2017 , Accessed 22.04.2019

N Markkula, V Lehti, M Gissler, J Suvisaari, 2017. Incidence and prevalence of mental
disorders among immigrants and native Finns: a register-based study

Nursing and Healthcare Research at a Glance, edited by Alan Glasper, and Colin Rees,
John Wiley & Sons, Incorporated, 2016. ProQuest Ebook Central,
http://ebookcentral.proquest.com/lib/arcada-
ebooks/detail.action?docID=4562447.Created from arcada-ebooks Accessed 22.04.2019
00:25:39.(Glasper and Rees, 2017)

Piippo J. (2018) 'Philosophy of science, ethics and method' Powerpoint
presentation. Available at:

https://arcada.itslearning.com/ContentArea/ContentArea.aspx?LocationID=5243&Locat
ionType=1 Accessed 2.10.2019

Richards, L. (2005). Handling qualitative data: A practical guide. Sage Publications, Inc.

Routio, P. 2007, August 3.
Thematic   Interview.   Available   at:
http://www2.uiah.fi/projects/metodi/164.htm#teemahaas Accessed 10.03.2019

Seikkula, J. (2011). B*ecoming dialogical: Psychotherapy or way of life? The Australian and New zealand Journal of Family Therapy*, 32(3), 179-193 [online] Available at:
https://www.taosinstitute.net/Websites/taos/files/Content/5695642/becoming-dialogiical.pdf   Accessed 2.03.2019

Seikkula J., Aaltonen, J., Alakare, B., Haarankangas, K., Keränen, J., & Lehtinen , K . (2006). Five-year experience of first -episode of nonaaffective psy-chosis in open-dialogue approach : treatment principles, follow-up out-comes, and two case studies. *Psychotherapy Research,* 16 (2), 214-228.   [online] Available at:
https://www.tandfonline.com/doi/abs/10.1080/10503300500268490 Accessed 2.03.2019

Seikkula, J., Aaltonen, J., Rasinkangas, A., Alakare, B., Holma, J., & Lehtinen, V. (2003). Open Dialogue Approach: Treatment Principles and Preliminary Results of a Two- year Follow-up on First Episode Schizophrenia . *Ethical and Human Sciences and Services*, *5*(3), 163–182. [online] Available at:
https://www.parliament.nz/resource/en-nz/50SCHE_EVI_50DBHOH_PET3159_1_A397362/26b7d662e0e4e98b5327d4e0dcde32ba95fb32cc   Accessed 22.03.2019

Singer, E. and Couper, M. (2019). *Do Incentives Exert Undue Influence on Survey Participation? Experimental Evidence*. [online] Available at:
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2600442/   Accessed 2.02.2019

TavoryÂ. I ., Timmermans.S (2014). Abductive Analysis: Theorizing Qualitative Research

The Finnish Association for Mental Health. Immigration. Available at:
 https://www.mielenterveysseura.fi/en/home/mental-health/difficult-situations-life/immigration. Accessed 19.04.2019

THL,2019. Identifying and diagnosing mental health issues available at:
https://thl.fi/en/web/migration-and-cultural-diversity/good-practices/identifying-and-diagnosing-mental-health-issues.Immigrants' health and wellbeing Available at.Immigrants' health and wellbeing - Immigrants and multiculturalism - THL Accessed 20.04.2019

THL,2019. Immigrants' health and wellbeing - Migration and cultural diversity-THL. Available   at:https://thl.fi/en/web/migration-and-cultural-diversity/immigrants-health-and-wellbeing Accessed 19.04.2019

Todorov T. 1984. Mikhail Bakhtin: The Dialogical. Theory and history of literature published by manchester university press.

Valenzuela, D., & Shrivastava, P. (n.d.). Interview as a Method for Qualitative Research Qualitative Research. Available at:
https://www.public.asu.edu/~kroel/www500/Interview%20Fri.pdf Accessed 23.04.2019

Wiersma, W. (2000). Research methods in education: An introduction. Boston, MA. Allyn and Bacon. Available at: https://nanopdf.com/download/scope-limitations-and-delimitations_pdf Assessed 1.5.2020