Noora Abou Askar
Naima Osman
Diaconia University of Applied Sciences
Bachelor's Degree Programme in Social Services
Bachelor of Social Services
Thesis, 2023

LOST IN TRANSLATION

The experiences of young people of immigrant backgrounds with mental health and services in Finland

ABSTRACT

Noora Abou Askar, Naima Osman
“Lost in Translation” - The experiences of young people of immigrant backgrounds with mental health and services in Finland
67 pages, 4 attachments
Published April 2023
Diaconia University of Applied Sciences
Bachelor’s Degree Programme of Social Services
Bachelor of Social Services

This research-based thesis aims to comprehend the experiences and factors impacting the mental health of young people of immigrant background in Finland, particularly in connection to their use of mental health services. The data collection for this thesis was achieved through conducting an online survey of the young people of immigrant background in Finland, through social media platforms and the support of the work-life partner MIELI Without Borders. The survey was created through combining the information and knowledge from academic journals connected to the topic of mental health with information regarding the impact of immigrant background on the quality of mental health support young people would receive. This was done in order to provide a carefully considered and constructive survey. The survey collected 34 respondents.

The primary conclusion was that while the experiences of young persons of immigrant background in connection to mental health varied (both personal experience towards mental health and the quality of support received), culture, and language in particular, was a large factor affecting their experiences negatively and leading to consequential suppression of negative emotions. Language barriers limited accessibility and the observed link to positive experiences with mental health services was fluency in Finnish.

The main goal of this research was to make a positive impact on the sector's ability to provide mental health services in terms of offering providers of such services the resources they need to support young people of immigrant backgrounds. Furthermore, this research focuses on promoting open communication on mental health and its importance in fostering mental wellbeing within immigrant communities, which can effectively reduce the stigma associated with talking about mental health.

Keywords: Young people, Immigrant background, Mental Health, Mental Health Services, Expression, Finnish Healthcare, Culture, Language Barriers.

CONTENTS

1 INTRODUCTION

This research-based thesis centers on the importance of discourse on experiences with mental well-being, particularly from the perspectives of young people of immigrant background in Finland. It focuses on understanding the young individuals' relationship with mental wellbeing and emotional expression, especially while balancing cultures and integrating into new cultures and languages.

The need for this research topic is highlighted in the importance of understanding the various perspectives that would allow mental health service professionals to better gather information and treat accordingly. In addition, we aim to find what is deemed helpful for further research on how the quality of mental health services in Finland can be improved, specifically regarding aspects of inclusivity and cultural awareness. This would potentially encourage young people with immigrant backgrounds to confidently approach mental health services, and comfortably express their vulnerable thoughts and personally acknowledge them. This is essential due to the fact that the quality of the interaction with service professionals can be a vital factor in one's personal approach to mental health and accessing corresponding services.

Throughout the thesis, we will demonstrate our process and the findings we reached. This includes our process in gathering data through an online survey we created and shared on various platforms, supported by our work-life partner. MIELI Without Borders is a migrant-led organization dedicated to providing a safe space for talking about mental health, particularly for people residing in Finland who identify as having a foreign background.

The online survey contains a wide variety of questions addressing young individuals of immigrant background. The questions aimed to collect their various perspectives and experiences with mental health in general, as well as the quality of mental health services in Finland. This helped us achieve the key purpose of this thesis and answer our research question.

2 THEORETICAL BACKGROUND

In this chapter, we demonstrate our understanding of our research topic through defining the theoretical concepts connected to it. We explain each theoretical concept through the main lenses of culture and the Finnish context, as those two represent the main objective of our research.

2.1 Mental health through the cultural lens

The World Health Organization (2013) defines mental health as the ability of an individual to lead a satisfying life, which encompasses their capacity to create and sustain positive relationships, participate in educational, professional, or leisure activities, and manage their everyday tasks and decisions related to various areas that are influenced by their psychological well-being. Mental health is often confused with mental illness, the latter of which refers to a group of conditions that affect a person's thoughts, emotions, and behavior and can vary in intensity, including depression, anxiety, bipolar disorder, and schizophrenia. (Mayo Foundation for Medical Education and Research, 2022.)

According to the National Institute of Mental Health (NIMH), some mental diseases, such as depression and anxiety, can result in physical symptoms that go undiagnosed. Physical health issues can also make it difficult for a person to engage in social interactions, employment, or hobbies, which can add to feelings of loneliness, poor self-worth, and depression. (Girolimon, 2022.) The need to recognize the tight connection between mental and physical health is essential, and taking action to address both areas of well-being is important.

Dupraw and Axner, within the article on "Working on Common Cross-Cultural Communication Challenges", have spoken on the six fundamental patterns of cultural differences, drawn from a published workshop by Dupraw and Warfield (1991). One of the six patterns mentioned, which vitally relates to how culture impacts an individual’s approach to expressing their emotions and managing their mental well-being, is "Different Communication Styles". The pattern brought to light how a phrase or word in one language shared

by different countries can vary in meaning simply due to differences in cultural perceptions. It also highlighted how non-verbal communication, which includes facial expressions and gestures, can change the entire meaning of what the person is saying or explaining if the level of assertiveness or volume, for instance, differs from one culture to the next. Such changes in the expression of one subject can have a great effect on how the other party perceives and understands the expression, simply due to culturally different communication styles. (DuPraw & Axner.)

According to Avruch and Black, "one's own culture provides the "lens" through which we view the world, the "logic by which we order it, the "grammar" … by which it makes sense" (Avruch and Black, 1993). In the context of our research, we will take the aspect of culture and the components falling under it in discussing the concept of mental health. We will also further investigate the effect culture has on young people of immigrant backgrounds and their experiences with mental health, using the collected and analyzed data.

Culture is a concept that can be defined as a behavior specific to humans and is often combined with special objects which are in turn, integral parts of this behavior. Languages, ideas, beliefs, customs, codes, and institutions are some of many elements that combine to make up the culture of an individual or an entire community. (White, 2022.) The significant contrast between different cultures can in turn create cultural differences.

With that said, one of the patterns mentioned by Dupraw and Warfield also connects to how the cultural perception of some subjects, such as mental health, can include a stigma. As a result, disclosing thoughts in connection with these subjects can be seen as taboo or inappropriate. Mental health and emotions are only one matter among many. Dupraw and Warfield's "Six Fundamental Patterns of Cultural Differences" highlight a significant pattern referred to as "Different Attitudes Toward Disclosure". Through this pattern, the authors elaborate on how various cultures do not verbally express emotions or talk about personal matters, as it is not considered appropriate. Hence the approach in asking particular questions or suggesting particular subjects may need to be adjusted with different people, as the way one poses a question or statement can be normal to some while intrusive to others.

2.2 Cultural stigmatization of mental health

Stigma is associated with a characteristic that isolates a person from the other members of their community, diminishing their position to that of a contaminated version of themselves and making them look immoral or avoidable (Abdullah, L. Brown, 2011). The implications are typically understood to be worse for people who have strong ties to their racial and ethnic groups when stigma enters the picture, with cultural and societal standards included as factors in the stigma itself. The stigma surrounding mental illness can affect how mental health is viewed and treated in various cultures and communities. Mental health issues can be associated with spiritual or supernatural causes in some cultures while being seen as a sign of moral failure or weakness in others. (Koenig et al., 2012; Ahmad & Konscal, 2022.)

Negative attitudes and views that can lead to prejudice and exclusion of people with mental health concerns are referred to as the stigma linked with mental health and mental illness. Those who suffer due to the stigma connected to mental health may be discouraged from getting treatment, which can have a negative impact on their overall welfare, according to a 2017 report by the Mayo Foundation for Medical Education and Research (2017). The stigma attached to mental health must be dismantled, and a welcoming atmosphere where people can express their emotions without facing prejudice or judgment must be created. People may find it easier to seek the help they need in this way to manage their mental health difficulties and improve their overall quality of life.

Within the context of our research, culture revolves around the beliefs found in common among the members of one group toward particular matters, and even more specifically, mental health. Culture plays a significant role in shaping individuals' beliefs, values, and norms related to physical and mental well-being, as noted by Chatmon (2020). These cultural and social norms can influence an individual's decision to seek help, the type of help they seek, and their ability to find support within the community. However, these norms also perpetuate negative attitudes towards mental illness, leading to feelings of shame and embarrassment among individuals. For example, Chatmon (2020) highlights that in some cultures, such as the Black community, mental illness may be considered taboo, and those experiencing it may be viewed as weak or flawed. This cultural stigma can make it difficult for people in these communities to accept mental health. (Chatmon, 2020.)

Abdullah et al. (2011) have brought to attention the ways in which cultural beliefs shape perspectives on mental health. While some groups may view mental health as a normal aspect of life without stigmatizing it, others may stigmatize certain types of mental illness, and still others may view all mental illnesses as taboo. Additionally, in some cultures where negative attitudes towards mental illness have been present for generations, members of that ethnic group may not consider mental illnesses to be serious or in need of medical treatment, but rather as temporary disadvantages caused by personal or environmental factors. These members of a community may not recognize the importance of treating mental illnesses with the same urgency as physical health. Therefore, it is crucial to understand the role of culture in mental health and illness in order to create strategies that address its negative effects and provide better support for those in need.

The stigma surrounding mental health is frequently viewed as inconvenient and detrimental to a person's capacity for success in life. Stigmatization results from the label of mental illness and a lack of knowledge about the condition. This may make people reluctant to offer assistance or compassion to persons who are struggling with mental illness, which can result in neglect and a deterioration of their condition (Bracke et al., 2019). This lack of knowledge and acceptance of mental health issues can deter people from opening up and seeking help, which would limit access to care and perhaps have a negative impact on mental health outcomes (Psychiatry, 2020).

Raising awareness and understanding of the problems at hand as well as encouraging acceptance and support for those with mental health concerns are all part of efforts to lessen the stigma surrounding mental health and mental illness. Many measures, including media coverage and public education campaigns, can be used to lessen the stigma associated with mental health problems. The "If it speaks to you" campaign run by the UK-based mental health group, Mind, is an illustration of an effort to reduce stigma. (Psychiatry, 2020.)

This initiative attempted to inspire people to share their own experiences with mental health so that it would be simpler for others to comprehend and relate to them. During the spoken-word component of the campaign, poets turned these tales into 30-second short films. The campaign was successful in reaching people who may not have previously understood the importance of support for their mental health and in motivating them to

get help. This can help people with mental health concerns have better access to care and support, which will ultimately lead to better mental health outcomes. (Psychiatry, 2020.)

To raise public awareness of mental health problems and reduce the stigma surrounding them, a nonprofit organization by the name of MIELI Ry undertakes campaigns and other events located in Finland. They work together with individuals and organizations to enhance the mental health and wellbeing of the community. They also provide training and education on issues of mental health to both professionals and the general population. They are among the most important organizations in Finland for promoting mental health and wellbeing and providing support to people who suffer from mental health difficulties as well as their loved ones. (Mieli ry.)

2.3 Mental health services in Finland for people of immigrant background

A research-based survey, known as the MigCovid survey, was arranged by THL during the second wave of the COVID-19 pandemic in Finland. The survey mainly aimed to examine the quality of life and well-being of an immigrant or a member of an ethnic minority in Finland, as well as their attendance at different mental health services, particularly following the pandemic. The results revealed that those of immigrant backgrounds showed higher rates of mental illness or disorders than the native-born population. It also showed how they struggle with poorer health and significantly greater mental strain in comparison to locals as a result of challenges caused by immigration and cultural integration. (Castaneda et al., 2020)

The study disclosed Finland's involvement in providing treatments. It revealed that Finland provided a multitude of services under its healthcare system, including coverage accommodating service users with different financial situations. Outpatient mental health care services are known to be free of charge in most cases. Through these services, municipalities in Finland offer services aiming to spread awareness and educate all residents on public health. The Finnish Institute for Health and Welfare (THL) suggested the necessity of allocating increased attention toward certain groups that need treatment of mental health issues for preventive purposes and to secure their well-being. This applied to refugees, asylum seekers, older adults, the financially weak, and those struggling to adjust and integrate in Finland. The article mentions the necessity of equity with regard to the

quality of services, tools, and methods in treating all service users. In summary, everything that applies to the general population must equally apply to immigrants as well. (Castaneda et al.,2020.)

However, there remains the need to include programs for service providers that are aimed toward increasing cultural awareness and intercultural education. This includes educating and training on communication skills for addressing service users of diverse backgrounds in order to provide effective and viable care. This need is brought to light due to a crucial reason. Errors in communication, especially when affected by cultural and language barriers, discourage immigrants and members of minorities in Finland from attending outpatient care for mental health. (Castaneda et al., 2020.)

Feldman (2006) points out how the ineffective involvement of interpreters in the treatment sessions or public health sessions remains one of, if not the most, common barriers to immigrants' acquisition of proper public health services. The survey conducted for the research article "Migrants Are Underrepresented in Mental Health and Rehabilitation Services" (2020) reveals that the cause for the lack of attendance to mental health services for people of immigrant background lies in a lack of accessibility. This problem also includes people who have been living in Finland for an average of a decade or longer (Castaneda et al., 2020).

Low attendance at outpatient care for mental health services also connects with the stigmatizing perception of mental health problems by some communities. Some communities might observe it through a lens of shame and worry, all due to a lack of familiarity and understanding. It could also suggest that mental health is a subject of high sensitivity and that to open up about and discuss it for some requires a huge effort and courage. Some service users might also not feel safe disclosing sensitive or private issues with an interpreter or professional who shares the same ethnic background as them. This factor usually relates to issues of confidentiality, as some patients fear that with interpreters of the same ethnic background, their privacy or any sensitive information shared in the sessions can be threatened or compromised in their vulnerable state. (Fassaert et al., 2008.)

Limitations in financial resources, despite living under the Nordic Welfare State Model, are another reason for preventing attendance at outpatient care for mental health. However, the most prevalent factor discouraging immigrants and members of ethnic minorities

from attending mental health services is fear of potential experiences with racial discrimination. Significant evidence regarding the pervasiveness of discrimination has been previously reported, that is, within Finnish society. (Castaneda et al., 2020.)

For instance, in the "Being Black" section of the EU report, it has been concluded that Finland showed the highest rates in regard to racial harassment, in contrast to the other studied countries within the European Union. Within that observation and study, 63% of the respondents, who are of African descent and living in Finland, reported they had been exposed to racist harassment. This would inevitably damage the quality of health for these individuals, especially by causing poorer mental health. (European Union FRA, 2019.)

2.4 Legislation on mental health services for immigrants

In this chapter, our aim is to explore the laws and regulations related to mental health and social welfare services for immigrants in Finland. By defining the term "legislation" and examining the various laws that have been established to address mental health and social welfare issues, we can gain a deeper understanding of the rights and services provided for immigrants in Finland. Legislation is known as the process that entails establishing or changing laws, which is typically carried out by a group of elected or appointed officials. In democratic countries, these elected officials, also referred to as legislators, are tasked with enacting laws on behalf of the people. (Encyclopaedia Britannica.)

The Finnish Health Care Act (1326/2010) and the Finnish Social Welfare Act (1301/2014) are principally responsible for regulating mental health services and immigrant welfare in Finland. These laws state people's legal entitlements to mental health care and offer instructions on how to access it (Ministry of Social Affairs and Health, Finland). The rights and responsibilities of immigrants in Finland with relation to social welfare, such as their access to housing, healthcare, and education, are also described. The Act on the Reception of People Seeking International Protection and the Act on the Integration of Immigrants and Reception of Asylum Seekers are two more laws and regulations that are specifically related to the mental health and welfare of immigrants in Finland. These laws summarize the responsibilities of the government, institutions, and organizations in providing support and assistance to immigrants, which include mental health services. Overall, the Finnish legal system aims to ensure that immigrants residing

in the country have access to the same quality of mental health and social welfare services as Finnish citizens. (Ministry of Economic Affairs and Employment, 2016.)

All residents of Finland, including immigrants who have received residency permits, are entitled to the essential social welfare services and support under the Law on Social and Healthcare Customer Fees (734/1992). The act outlines the rights and responsibilities of individuals in connection to social welfare services and mandates their provision in order to advance the wellbeing and integration of all citizens. The legislation also outlines the broad guidelines for funding social welfare services, as well as the obligations and responsibilities of the bodies in charge of delivering those services. Although the act does not make any explicit provisions for immigrant social welfare, it does recognize every resident's entitlement to obtain the required social welfare services and support. All patients have the right to obtain the appropriate health care services and support, regardless of their country or immigration status, according to the Act on the Status and Rights of Patients (785/1992). Additionally, the act mandates that healthcare professionals treat every patient with respect and dignity and uphold their right to secrecy and privacy regarding their medical records. (Ministry of Social Affairs and Health, Finland.)

Immigrants in Finland have the same rights and protections as Finnish citizens when it comes to health care. This includes the right to receive the same level of care and treatment, and the same rights and responsibilities as patients under the Act on the Status and Rights of Patients (785/1992). (Ministry of Social Affairs and Health, Finland.)

The implementation of these regulations has generally had a positive impact on immigrants' mental health and welfare in Finland, but also includes challenges, such as language barriers and a lack of understanding of the Finnish healthcare system, which can increase the difficulty of immigrants’ access to mental health services, or social services in general. There have also been concerns about the availability of mental health care for asylum seekers, who may have experienced trauma or other mental health issues due to their experiences prior to their arrival to Finland.

3 PURPOSE AND OBJECTIVES

Our purpose is to understand the relationship young people of immigrant background have with their mental health, as well as their usage of and experiences with mental health services in Finland. Our aim for this research is to gather the factors affecting the experiences of young people of immigrant background with their mental health. This further connects us to our designated research question:

How do young people of immigrant background make sense of their experiences with mental health and mental health services in Finland?

We feel that this topic is necessary to highlight the effect of cultural barriers on how people communicate, as well as receive information. In this particular case, we look toward the effect of cultural barriers on how young people of immigrant background converse about their mental well-being, be it in general or with professionals in the mental health services sector.

We want to provide space for improvement in the mental health sector with regard to the services they provide, particularly when dealing with a service user of immigrant background. The data we receive through our survey will back our purpose and help us answer our question. This would also potentially provide supportive information for further research on improving the quality of mental health services in Finland.

4 BACKGROUND & PARTNERS

The goal of our research is to better understand the terminologies we use, how we elaborate on them, and the various contexts in which our research and Finland are involved. We will also discuss the background of our work life partner.

4.1 Work life partner

Our work life partner, MIELI Without Borders (MIELI ilman rajoja), is an organization that has been founded as a result of a petition arranged in 2020. Their organization is dedicated to providing a safe space for those who reside in Finland and identify as having a foreign background. The organization ensures to support them and provide awareness on mental health for "foreign language-speaking minorities in Finland," no matter what their "language skills, ethnic or national origin, ability, gender, religion, and/or status in Finland" are.

MIELI Without Borders is a migrant-led and the first English-speaking member organization of MIELI Mental Health Finland, which is considered the oldest NGO that dedicates its mission to promoting mental health. MIELI ry provides crisis support to ensure prevention of mental health issues as well as building a comfortable environment where "people can talk about mental health safely and without stigma". The organization has been dedicating its work to this matter for over 120 years. They operate on a national level through local member associations, which number up to 54. The organization’s operations are run by almost 150 professionals, and they have managed to involve 3,000 volunteers in their team. (MIELI Finland, MIELI Ilman Rajoja.)

The reason we chose MIELI Without Borders as our work-life partner is due to them being recognized as a migrant led organization. They represent a “community for foreigners, by foreigners” (MIELI Finland, MIELI Ilman Rajoja), that is dedicated to working in direct connection to the subject of mental health. They also had the suitable networks to help us reach our target group and achieve our objective.

4.2 Immigrant communities in Finland and Mental Health

When we look at the demographics in Finland, particularly the groups considered to be "ethnic minorities" in Finland, we are usually presented with the Swedish (290,747), Russian (69,614), and Estonian (46,195). These demographics are followed by Somali (16,721), Kurd (10,731), Chinese (10,110), Sami (9,350), and Arab (14,825) communities. They are commonly recognized as minorities residing in Finland, and the majority of the Finnish population refers to them as "immigrants" ("maahanmuuttajat") despite the fact that some of them were born in the country, or also hold the Finnish nationality (Castaneda et al., 2016). The title of "minorities" alludes to how they make up for a minority of the overall population percentage, in which the demographics mentioned above are small numbers out of an overall number of 5,541 million, and 5 078 608 are of Finnish background. (Tilastokeskus,)

Among the aforementioned minorities, it has been found that symptoms of CMDs (Common Mental Disorders), or mental health issues, tend to be highly prevalent. Some of these issues are higher in prevalence, when comparing it to the Finnish population. For instance, depressive and anxiety-based symptoms were shown to be higher amongst some of the minorities, especially the female population, such as the Russian (24%) and Kurdish (49%), in addition to the Kurdish male population (23%). The Finnish population only constituted 9-10%. (Castaneda et al., 2016.)

Through the assessment of mental health for members of minorities, it has been mentioned that the most common mental health issues, specifically among for those of immigrant background, were psychotic disorders, Post-traumatic stress disorder (PTSD), and mood disorders. Psychiatric disorders, however, in comparison with psychotic, were observed to be lower in immigrants than they are among native Finns. PTSD – a mental health disorder that develops as a result of experiencing a shocking, scary or a dangerous event (NIMH, Post-traumatic stress disorder)– has been measured as one of the most common mental health disorders diagnosed or found among immigrants. With consideration to the intensity of mental health disorders found among immigrants, it is also observed, nevertheless, that they do not attend to outpatient care for mental health services and are less likely to do so in comparison to the Finnish population. (Bano, 2022.)

4.3 The paradoxical approach to the concept of immigrant

Definitions falling under the concept "immigrant" take various meanings and perceptions, depending on the context of geography, be it where one resides and what the legislation of the country one staying in holds. However, as adapted from the "long-term" angle of what "immigrant" entails, the Statistics Division of the United Nations Department of Economics and Social Affairs (UN DESA) provides that, an immigrant is "a person who moves into a country other than that of his/her nationality or usual residence", hence the country of destination effectively becoming their new usual residence. This also entails that, according to the country one has departed from, the person is considered a "long-term emigrant", and to the country of arrival they are a "long-term immigrant". (UN DESA, 1998.)

According to the Statistics Division of the UN DESA, an immigrant, or "migrant", can fall into multiple categories, two of them being a "long-term migrant" and "short-term migrant". The latter refers to a person who relocates to a country that is not their usual residence for at least 3 months and nothing exceeding a year, excluding the reasons of movement to that country that are purposed toward recreational, holiday oriented, friend and family visiting, medical, business oriented, and other reasons. (UN DESA, 1998.)

There tends to be a confusion in the interconnected use of both terms' "immigrant" and "migrant". These two concepts are somewhat often synonymously used, despite the significant differences distinguishing them from one another. A "migrant" usually refers to any individual who moves from one place to another, willingly, usually in the means of searching for employment. This move is based both internally and externally, meaning within the borders of the country or cross international borders. It also differs from the term "immigrant" by the fact that it is usually a temporary movement. (Preemptive Love, 2019.)

On the other hand, "immigrant" applies to those whom willingly move to another country from their country of origin to permanently resettle wherever that has granted them permission to do so and has qualified them to work without restriction. The purposes of this resettlement are usually vaster than only the search for employment. Purposes of immi-

gration usually extend to one's aspiration toward a prosperous economic state, better education, fulfilling a personal dream, or even reuniting with family members. (Preemptive Love, 2019.)

In order to diminish the confusion causing by clashing of different definitions of the concept of "immigrant", we think it is highly necessary to put forward the meaning of the term within the Finnish context. This is done in order to communicate our findings according to the context that connects with our purpose, which is to focus on understand the experiences of young people of immigrant background living specifically in Finland.

According to Statistics Finland, the terms 'maahanmuuttaja'(immigrant) and 'maahanmuuttajataustainen' (of immigrant-background) are generally synonymous terms which both refer to either a person moving to Finland or having either one or both parents being born abroad and have moved to Finland. However, the perspective of being 'maahanmuuttajataustainen' doesn't change for young people of immigrant background in Finland, as this term would also apply to their children. (Tilastokeskus.)

Knowing the distinction between "maahanmuuttaja" and "maahanmuuttajataustainen" is vital for getting insights into the experiences of immigrants and their descendants in Finland. Both expressions refer to persons who have immigrant histories, but "maahanmuuttajataustainen" is more pertinent to young people of immigrant backgrounds because it recognizes the continuous effects of immigration on future generations. This difference acknowledges the complexity of their identity and potential obstacles to their assimilation into Finnish society. (Tilastokeskus.)

Since the term "immigrant" has been previously defined above, it is crucial to understand how we have associated it with the term "young" and what it is meant by in the context of our research. "Young" is an adjective meant toward someone that is "in the first or an early stage of life, growth, or development." (Merriam-Webster). However, what specifically "early stage of life" alludes to, can differ in one definition to others, despite the key similarities between the different sources. (Merriam-Webster.)

The term "youth" on the other hand, a synonymous term of "young", is defined by the United Nations, as people that roughly fall under the ages of 15 up to 24 years, in which the statistics of UN are based on this range. However, there are multiple variations of the

range itself, also recognized by the UN, which overlook potential prejudices implicated toward other age groups by member states of the UN, such as 18-30 within some states. Hence, some countries have different perceptions of an age quota that falls under what “young” might allude to, allowing a vast possibility of using the term. (United Nations.)

5 METHODOLOGY

When considering significant and key parts of research conduct, data collection and analysis are fundamental to the overall process. Therefore, this chapter will thoroughly showcase our analysis process, starting from the root of our research environment to our target group. However, we will focus on explaining how we gathered our data, how we ensured its validity, as well as the analysis process, and reaching our results. Our efforts throughout this process were made ethically, and all while respecting the participants' dignity and rights.

5.1 Research Methodology

Our thesis centers on the personal mental health experiences of young people of immigrant background. Furthermore, we aim to understand how they were impacted by the usage and quality of mental health services in Finland. In that case, we recognized that the qualitative research method would be most appropriate for the type of data collected and best for answering our research question. Qualitative research is a form of research that is used in order to understand concepts, thoughts or experiences. It allows for in-depth insights on topics that have not been thoroughly researched or understood in some contexts. It is applied when the data collected is known to not need any calculations throughout the analysis process and in the means of answering the research question. (Streefkerk, 2019.)

Qualitative research frequently employs methods of conducting interviews with open-ended questions or literature reviews aimed at exploring a specific set of theories or concepts (Streefkerk, 2019). We decided to conduct our qualitative research using the former method, but instead of conducting interviews directly with our subjects of interest, we opted to ask open-ended questions in the form of a survey, which will be elaborated on in more detail within the chapter.

5.2 Target Group

Our target group consists of young individuals between the ages of 18 to 30, who identify as having an immigrant background, as well as reside in Finland. As the term young was defined earlier in our background, in the context of our research, a "young person" is someone who is between the ages of 18 and 30. We chose this age limit for our target group because it corresponded to how it would sensibly fall under the two distinctions defined by the UN, being in between what is considered "teenagers" (individuals aged 13 to 19 years), and "young adults" (individuals aged 20 to 29 years) (United Nations, n.d.). The reason for our choice of age quota is connected to the ethical aspect of research conduct. We decided to start the age quota at 18 years, to avoid the ethical requirements and bureaucratic complications of requesting a guardian's permission for the candidate's participation.

5.3 Data collection

As our research is qualitative, we had two options for data collection methods: primary research method, or secondary research. We initially intended to approach our thesis through using data collected and found by other researchers in existing research articles on our topic, i.e. the secondary research method. However, because our topic falls within the Finnish context, this had resulted in our inability to obtain previously collected data due to a lack of existing research on the mental health or usage of mental health services in Finland by young people of immigrant backgrounds. Therefore, we chose the primary research method, in which we would collect the data on our own. This allowed us to approach and understand our topic more in-depth as we would be directly collecting data from our target group which consisted of personal experiences and ideas. (George, 2023.)

According to the qualitative primary research method, data can be gathered through conducting interviews, arranging a focus group, using the observation method, or conducting a case study (Creswell, 2014, p. 241-242). We decided to conduct an open-ended online survey because we had a limited timeframe but still wanted to collect data that had a similar outcome of answers to those collected from an interview. This was discussed and agreed on with the approval and support of our work-life partner and supervisor. Through the online survey, we would increase our chances of reaching a large number of respondents. However, since surveys are typically used to collect data for quantitative research,

we made sure to use open-ended questions to avoid the statistical effect that a survey would have on the responses (Creswell, 2014, p. 185).

MIELI Without Borders provided active and consistent support by supervising our survey and providing feedback on the appropriate terminology for approaching the questions within the survey to ensure we collected data that would correspond with our purpose and help us answer our research question. Initially, we made a draft of the questions we thought would be best suited to our purpose and sending it to our work-life partner via email. The following step involved a meeting with our work-life partner to get feedback on the questions that required changes in terminology or approach, as well as restructuring the sequence of questions. When we finalized our questions, we sent them to our work-life partner for final approval in order to proceed to the next step of distributing the survey.

We initially planned to create the surveys in around 9 languages, that included Finnish, English, Arabic, Somali, Kurdish, Farsi (Persian), Turkish, and Russian. However, we had to limit to 3 languages due to a lack of resources: fluent translators and time. Given the time constraints, it was sufficient to create the survey into mainly Finnish and English, and added Arabic, as Noora is a native Arabic speaker, to increase our pool of respondents.

Our survey consisted of 19 questions altogether, of which 14 questions were mainly open-ended. This is due to the questions focused on gathering the respondents' ideas and experiences, regarding their relationship with their immigrant background and the languages they are comfortable in speaking. The open-ended questions most importantly focused on their general experiences with mental health, their approaches to emotional expression, and their experiences using mental health services in Finland. The remaining five questions in the beginning addressed general information about the respondent, in relation to their age, the languages they speak, as well as their residence status in Finland, in order to help us easily categorize our data within the analysis process.

For the purpose of including a vast amount of responses for our research, we decided that the surveys would be arranged in three languages, written in English, and translated to Arabic and Finnish. In total, we received 34 responses, 15 from the Finnish survey, 12 from the English survey, 7 from the Arabic survey. However, we had to reduce the responses we would analyze, as some respondents did not fall into our targeted age group.

Therefore, we analyzed 32 out of the 34 responses. We also took into consideration that some respondents left some answers blank for few questions, which could serve as a limitation in our analysis process. For example, a question would receive 10 out of 13 answered. As a result, we decided, for the analysis process, that we would analyze the data based on question, instead of per participant. Since we were analyzing our data through thematic analysis, the missing responses were not entirely limiting, as we had a majority of answers for all questions.

MIELI Without borders provided their support with distributing our survey. They helped share the surveys on their social media platforms, as well as using their network of fellow NGOs to share the survey links. In addition, we researchers also distributed our survey through our own social media platforms. We kept the survey open for two weeks to ensure a large number of responses.

5.4 Data analysis

In this thesis we used thematic analysis. Thematic analysis is a method used to examine qualitative data, which is frequently gathered from transcripts or interviews. By employing this analysis method, researchers are able to be flexible to interpret the data however they see fit and group it into themes for efficiency. (Caulfield, 2022.)

When implementing the analysis process, we had to collect the transcripts of the survey responses. We initially made the mistake of combining the data into sectioning them by question instead of by sectioning them per respondent, which meant that we couldn't distinguish who had given which answer and instead saw a collection of responses piled up. After going through this method, we recognized that, even though we only had the age as identifying information on the respondent, it was best to compile them into a clearer template.

When analyzing our data, we used the approach suggest by Braun and Clarke to implement thematic analysis, which consisted primarily of six steps taken to produce our findings. The first step is to familiarize oneself with the available data. After translating the Finnish and Arabic responses, we printed all the data on paper, then went through them as per respondent. We began by highlighting what we thought stood out the most and

connected to our research question. This process was repeated twice to confirm and fully understand the answers provided, as well as to highlight additional information we may have not noticed at first. (Braun and Clarke, 2006.)

Table 1: Column 1: The steps of the Braun and Clarke method for Thematic and analysis; Column 2: the step-by-step implementation of this method for this thesis

The Braun and Clarke method to Thematic Analysis	
The Suggested Sample of the method	Implementation
STEP 1: Familiarizing with the data	- Translated all data to English. - Went through the responses (per respondent) - Underlining what was thought as relevant/ stood out - Repeat the aforementioned step
STEP 2: Generating Codes	Observing the frequency of keywords through displaying them on a spread-sheet. Highlighted the most frequent words or statements (Table 2)
STEP 3: Looking for themes from the codes	Going through the codes collected and looking for themes that would connect to our research questions (Table 2)
STEP 4: Reviewing potential themes	Checking through the quality of the themes and choosing the most coherent and relevant themes that support our re-search. (Table 2)
STEP 5: Defining and naming the themes	Making sure the themes defined con-nect yet do not overlap and have a sin-gular focus. (Table 2)
STEP 6: Producing the report	Elaborating on these themes and ex-plain how they connect to our purpose and research question.

Secondly, to observe the frequency of highlighted keywords, we transferred the data onto an Excel spreadsheet. This helped us go through the second step of Braun and Clarke's method, in which we would generate 'initial codes' (Braun and Clarke, 2006). We began by writing down the ages of the respondents in order to identify the respondents, and then write down the questions we needed to analyze, as well as the responses of each participant. The columns identified the title or indicator of each question to be answered. The rows were dedicated to identifying the respondents and the answers they provided under each corresponding question. Each first four rows introduced a separate participant, all distinguishable by their age, whether they were born in Finland or not, how long they have resided in Finland, and the languages they speak.

We highlighted the most frequently occurring words on the spreadsheet, as well as answers alluding to similar words, which would later serve as codes for us to group them into themes. We then went over the codes we had created in order to generate initial themes, which highlights the third phase of thematic analysis process. We looked through our highlighted codes to see what we identified as similar to each other and overlapped to produce one theme after the other. We then went through the various themes that emerged and summarized them to into four distinct themes that would assist us in producing our results. (Braun and Clarke, 2006). In the graph below, we demonstrate an example of how we used the Braun and Clarke method for thematic analysis to identify a theme from our data.

Table 2: A step-by-step (starting from step 2 of the Braun and Clarke) demonstration of one example using the Braun and Clarke method for thematic analysis.

Example for our implementation of Thematic Analysis

STEP	IMPLEMENTATION	Example
OBSERVING THE FREQUENCY OF A TERM	HIGHLIGHTED THE STATEMENT THAT CAME UP THE MOST UNDER THE SAME QUESTION	Under the questions: **"What are your experiences with services for mental health in Finland?"** and **"What do you think of the quality of mental health services in Finland?"** and we noticed the statements "long queues" or "long waiting time" repeat in various ways along the responses.
GENERATING CODES	OBSERVING THE FREQUENCY OF SOME PHRASES AND PICKING UP A COMMON CODE THAT CONNECTS TO THEM	Next to these statements, we would put "long queues; accessibility issues", by which "accessibility issues" would make up a code to later connect to other statements
STEPS 3 - 5 : • ***LOOKING FOR THEMES FROM CODES*** • ***REVIEWING POTENTIAL THEMES*** • ***DEFINING AND NAMING THE THEMES***	GATHERING THE STATEMENS THAT CONNECT TO ONE COLLECTIVE CODE AND CREATING A THEME THAT WOULD SUITABLY EXPLAIN THEIR CONNECTION TO THE DATA AND RESEARCH QUESTION.	We combined all the statements that would collectively connect to the code and started gathering ideas for how a code, and, if needed, another code can connect to form one theme. E.G: We combined the statements connecting to the code "accessibility issues" and used the code to come up with a theme. We then connected it to mental health services in Finland, and to our target group, people of immigrant backgrounds. This resulted in us finding a theme of "limitations in the accessibility of mental health services for people of immigrant background in Finland

6 RESULTS

This chapter will be displaying the results of our thematic analysis process and the themes we have collected and defined. We will elaborate on each theme regarding their significance within the context of our research. We will also provide examples by previous research-based approaches under each theme in order to connect help answer our research question and strengthen the confidence in our results.

6.1 Demographical characteristics of the respondents

We felt it was necessary to look into the demographics of the participants in our online survey in order to gain a better understanding of our results as well as the context in which we were researching. This way we would get to know and gain a clearer image of the community we are researching, as well as who considers themselves to be part of that community. With that said, it is necessary to acknowledge the mass of the community we are looking into, as the population of people of immigrant background in Finland totals 469 633, which is in comparison to the community we gathered to answer our questions for the research. However, we must acknowledge that we were able to gather a significant percentage that would be useful in providing a valid perspective into an answer to our research question.

When getting to know our respondents' demographics, we may appear to have a limitation, as we did not require the respondents to disclose their nationalities. This is due to our focus on protecting the participant by keeping their identity as anonymous as possible, since we had already asked for their ages and languages. The first identifying question in our survey was regarding the participants' ages.

This was a vital question as we wanted to ensure that the respondents were within our target age range. While reviewing our responses, we noticed that the majority, or 32 out of 34 responses, fell into our target group. The graph below depicts the demographics of ages who responded to the online survey.

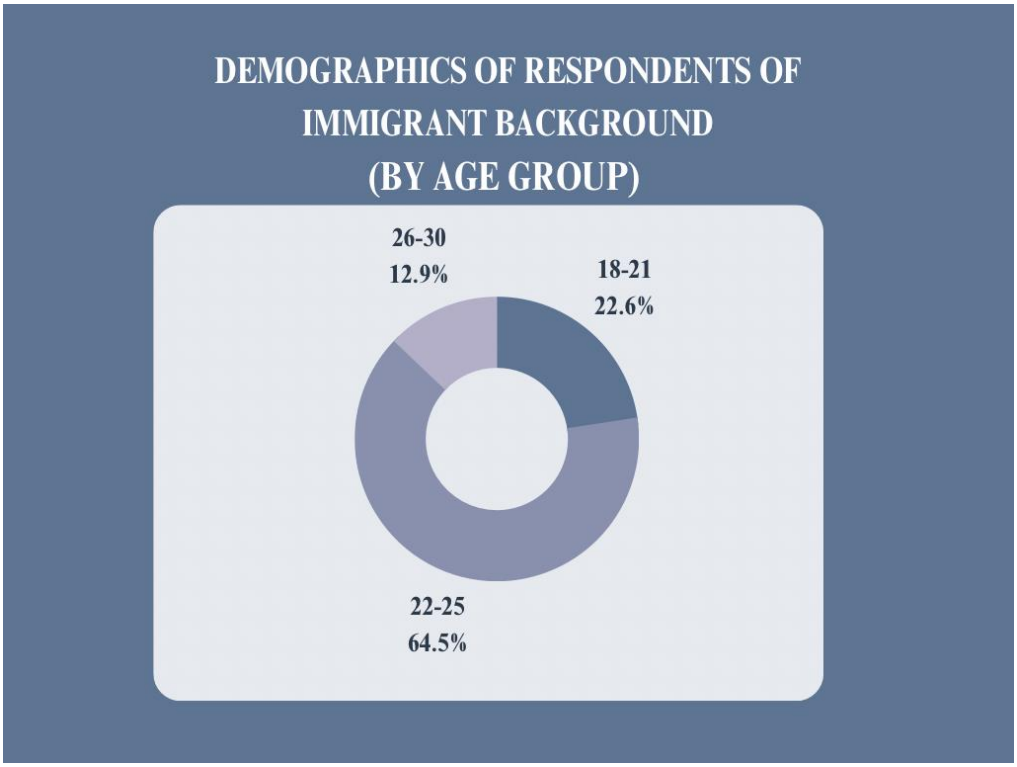


Figure 1: A donut chart graph displaying the demographics of respondents reached according to age groups, by percentage

As shown in Figure 1, the majority of respondents were between the ages of 22 and 25, with the average age in that group being 23,5 years. The second largest age group was those between the ages of 18 and 21. In comparison to those over the age of 25, younger respondents were able to write more expressively and provide more elaborative answers about their experiences with mental health and services. Secondly, the languages spoken by the participants were included as an identifying component, allowing us to differentiate between them and gather contextual support for the experiences they shared.

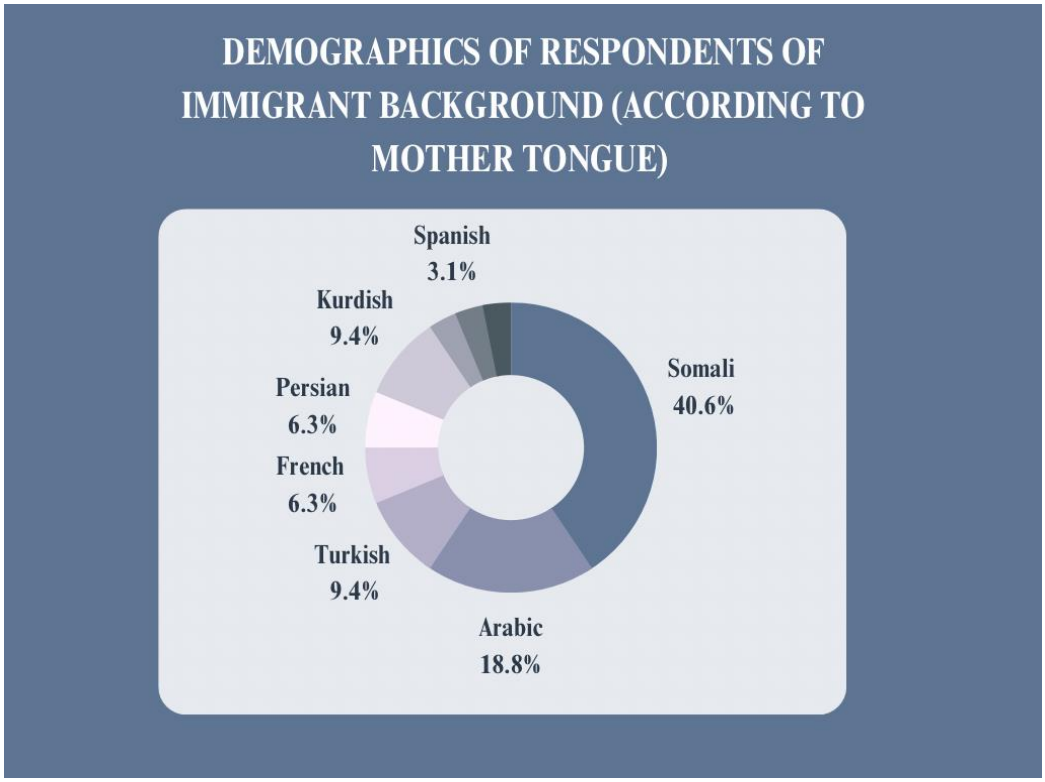


Figure 2: Donut chart graph displaying the demographics of respondents according to their mother tongue, by percentage

According to the Figure 2, the majority of the survey respondents were from the Middle East, accounting for approximately 43.9% of the total pool of participants (as a result of combining the languages Turkish, Persian, Kurdish and Arabic). Arabic making up the second largest percentage makes sense for two main reasons. The first is Arabic was one of the main languages used to create the survey. The second reason is that, according to Statistics Finland, Arabic is the third most spoken foreign language in Finland, after Russian and Estonian (Statistics Finland, 2021). The Somali community accounted for the second-largest proportion of our respondents, as they are the third-largest ethnic minority group in Finland (Tiilikainen, 2013).

Despite the participants' mentioned mother tongue, our survey's question of: **"In which language are you most comfortable in expressing yourself?",** provides more context and foundation to the challenges respondents face with mental health services, which will be elaborated further in the following chapters of the results. The majority of those who have mentioned Finnish as their comfort language were divided into two groups: those who used it frequently due to convenience and use it the most in their daily lives, and those who felt they could express their feelings and emotions the best

in Finnish. One respondent even stated that the Finnish language and their mother tongue “both feel like home” (Respondent A, 24 years), indicating how well they have adapted to using the language.

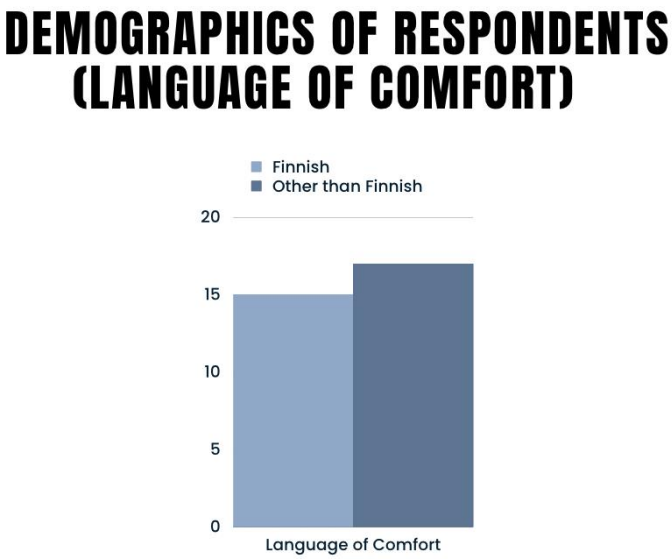


Figure 3: Bar chart graph displaying the demographics of respondents, according to their language of comfort, by number of respondents

6.2 Challenges of integration

Integration, according to the Finnish ministry of economic affairs and employment, is a constant two-way process that changes society. Society changes as the population becomes more varied and as immigrants gain the knowledge and skills required for daily life and the workforce. Both the immigrant community and the country that is hosting them must be committed to this. (Ministry of Economic Affairs and Employment of Finland.)

One respondent mentioned their difficulties integrating in Finland by describing how moving to a new country had fundamentally affected and changed them as a person, mentioning in particular a lack of self-confidence and a shift in their personality. For example, the previously mentioned response stated that the respondent was a kind, self-assured

person who did not hesitate to express themselves in their native country. However, after moving, they developed social anxiety, became people-pleasers, and lost their confidence as a result. The respondent expressed confusion over this change in conduct and stated that they were unable to pinpoint any specific incidents or acts that caused it. Another respondent who had a somewhat similar response to the previous one mentioned how their attitude has changed as a result of relocating to a new country and adjusting to a new cultural environment.

One of the respondents explained that they used to be "nicer to people," grinning and greeting everyone on a daily basis. Yet, they have discovered that most people in their new country ignore them or treat them strangely. The respondent claimed that this event made them feel less energetic, most likely as a result of the social rejection and isolation. They expressed dissatisfaction at what they perceived to be a lack of understanding from the new society, claiming that people do not appear to understand how difficult it can be for an immigrant to learn and adapt to a new society.

"I used to be nicer to people smiling and greeting everyone in my day life but here most people just avoid or look at me like I'm a weirdo. That reduces my energy. People are not understanding how hard it can be for an immigrant to learn and adapt to a new society and rules" – Respondent B, 23 years

According to an article on the challenges and solutions to migrant integration, diversity and social cohesion in Africa they stated that it may be difficult for migrants and host communities to adjust to one another's language, religion, beliefs, and lifestyle choices due to the cultural differences between the two groups. As a result of their inability to fully grasp the migrant's culture, hosts may find it difficult to accept migrants, especially refugees. (Oucho, et.al.)

It was discovered in the responses that integration increases feelings of isolation and loneliness. Respondent D, for example, suggests that "loneliness" is a suitable word to describe the impact of their integration. When reviewing the responses, we noticed a common theme among a significant number of participants: how isolated they felt during their continuous integration in Finland. Feeling isolated here can also result from a lack of trust

in others or a lack of self-confidence. This is evident in Respondent E and F's comments about how integration affected their mental health:

"It (Integration) had the effect that I didn't trust people, I didn't trust anyone. I didn't have friends because I believed that there was no point in being sent to go somewhere else again" – Respondent E, 25 years.

"In my home country, I was a social girl who was very confident and was not scared to stand up for myself and would openly express their feelings. But when I moved here, I gained very bad social anxiety, becoming a people pleaser and lost all my confidence." – Respondent F, 18 years.

The former quote demonstrates that the fact that some people of immigrant background lack trust in forming friendships or relationships with people in their current country of residence is because they have moved from one place to another. For some that is a recurrent situation which can cause a sense of unreliability for them, making them feel that whatever bond they have formed would face the limitation of possibly moving again and causing distance between them. According to a McArthur Foundation article on the effect of moving on children, moving frequently from one place to another – and in the context of the article, this means moving from one town or city to another - can result in a significant decline in the child's or youth's social-emotional well-being (Coley & Kull, 2016). The article mentions that this has the same effect on young people of all ages, and "each additional move is associated with small declines in social skills and emotional and behavioral problems." (Coley & Kull, 2016). Even though it is communicated that the effect of the moves is small, deficits can accumulate, causing greater damage (Coley & Kull, 2016). Agreeably, British researcher Roger Webb mentions how frequent relocation causes an increase in stress among adolescents and young people when it comes to adapting to "an alien environment" and "building new friendships and social networks" (Webb, Pedersen and Mok, 2016).

Even though the article discusses the effect of moving between houses, the effects apply similarly to children of immigrants, to those who associate their immigrant background

with having directly experienced immigration. They have moved from one place to another, and this movement has caused a decline in their social skills and their ability to trust in forming emotionally and socially meaningful relationships with others. Respondent F's quote also connects to this statement, as the respondent mentions how her openly social and confident personality changed to become less confident and socially anxious as a result of moving to a foreign and alien environment and experiencing the hardships that integration entails.

Most of the respondents were young when they moved and didn't completely comprehend the transition or the new surroundings. However, the relocation did not appear to have had a significant impact on their mental health. They said that they had to carefully learn everything over the course of several years because they had no prior knowledge of the country's culture. It took time and effort for them to adjust to their new surroundings, and it still does. It's critical to understand their particular processes and provide support in a way that meets their needs. Due to stigma and cultural differences, it can be difficult for people to feel comfortable discussing their concerns, further complicating the situation.

6.3 Accessibility of mental health services

This theme corresponds with the responses to our questions, not necessarily the questions themselves. In this context, accessibility refers to the ease with which mental health services can be reached, obtained or used. We noticed that even though a few of our questions did not directly address this theme, it still allowed respondents to connect it to the quality of accessibility when discussing their experiences with mental health services in Finland. The questions that we noticed pave way to this theme were:

What are your experiences with services for mental health in Finland?
What do you think of the quality of mental health services in Finland?

Under both questions, there was a noticeable repetition of comments made by young people on accessibility limitations, in relation to what they have directly experienced or heard about from people they know in Finland. One limitation that was frequently mentioned in the responses was the length of the process and waiting time to get an appointment

with a mental health professional, whether it was a psychiatrist or even a psychiatric nurse.

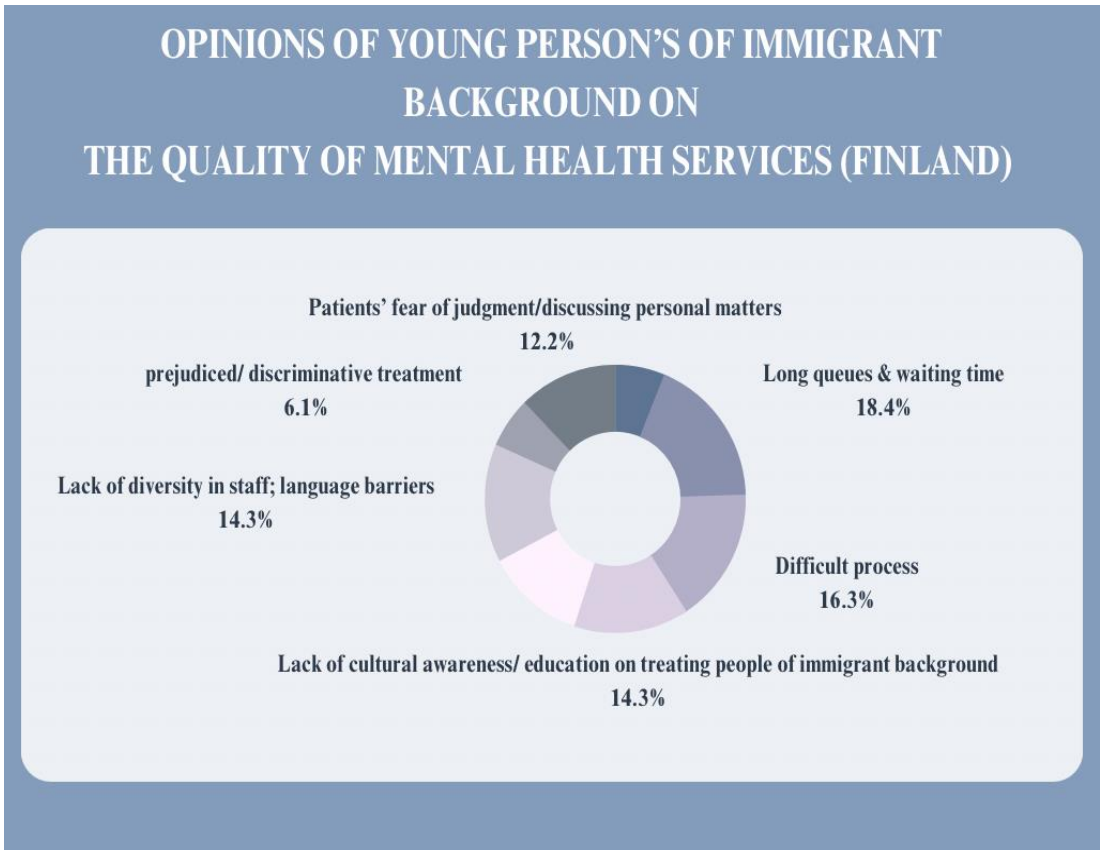


Figure 4. Diagram showcasing the respondents' views on the quality of mental health services in Finland

9 out of 34 respondents expressed that wait queues were an inadequacy highlighted during their experience with mental health services. The long waits before even seeing a mental health professional, much less a suitable therapist, were not motivating. Some mentioned that they usually give up on the process midway "due to the slow access" (Respondent G) and want to avoid waiting all this time just to "get the bare minimum" (Respondent H). In addition to this issue being relevant among the respondents' and their direct experience of this ongoing problem, an article published by YLE in 2019 addressed it and stated that the waiting time for mental health services in Finland could reach up to three months (YLE, 2019).

This is regarded as an extremely long period of time to wait for access to services, particularly for youths suffering from critical symptoms or mental health disorders. In 2019,

one in every five people suffers from a mental health disorder, and over a hundred thousand people aged 13 to 24 have requested mental health services in the previous year. The demand for care has also increased by 40 percent within the capital region over the last decade. Despite the high demand for services, the article stated that access to mental health services and treatment is delayed due to a lack of labor resources (YLE, 2019).

Another observation was that the complexity of the overall process for obtaining appointments for psychiatric treatment is the second mentioned factor for the experienced inadequacy in accessibility of mental health services in Finland. One response, for example, mentioned that while the services were good in their experiences, the service was inefficient and “bureaucratic” (Respondent I). Another stated that it is “difficult to get to” (Respondent J) at times, while another elaborated that the difficulty of the process contributed to their mental health deterioration (Respondent K; full quote below). While the majority of responses that pointed out this issue did not elaborate on what they meant when describing the process as difficult, one explained that they did not know where to call for help as they were new to the healthcare system.

“The application process worsened my mental health even more, but when I finally got the treatment. I got the help I needed” – Respondent K, 22 years.

Respondents also suggested another factor, which could be related to the previous factor of the process's complexity. This includes a lack of information provided by authorities, health service professionals, receptionists at health centers, or social service workers on how to access the services they require, as well as "a lack of information given to patients about their rights" (Respondent L, 23 years). This factor can complicate the appointment-making process as a lack of information makes it more difficult to find the resources needed to obtain the services they require.

Finally, a few respondents stated that one factor discouraging them from seeking mental health care, which can also be linked to issues of accessibility, is that they believe there is a need to increase staff of diverse backgrounds, or to include diversity in the languages of services, in order to reduce the issue of language barriers This comes to light because

some young individuals find it difficult to communicate eloquently or comfortably in either Finnish or English – as some professionals offer their services in english, while some patients prefer discussing sensitive issues in their mother tongue. This was made after some respondents suggested that the existing services could be improved by including more language diversity and reducing the problem of language barriers that some patients face.

Despite the fact that some patients attend appointments with an interpreter, a couple of respondents stated that they are uncomfortable speaking about certain subjects in the presence of an interpreter because they believe their privacy is compromised. One respondent pointed out this concern and said that their discomfort with an interpreter being present in their appointment with the professional could be instead replaced with a professional speaking their language, as they "do not need translators to hear our sorrows" (Respondent M; full quote below). Others suggested the need for improvement in services by increasing the resources and information in different languages in order to reach more service users, mentioning English, Arabic and Turkish as an example.

"I hope that there are employees who speak our language so that we do not need translators to hear our sorrows" – Respondent M, 26 years.

When observing the data, it was discovered that 6 out of the 7 responses commenting on the lack of providing variation or diversity of languages in mental health services, were provided by individuals who were not born in Finland and had immigrated to Finland during their adolescent years. This could be a reference to the fact that language barriers have already been a significant challenge for the young person. It also increases their concern of having to express vulnerable or personal subjects in a less fluent or spoken language.

A research article, published in Canada, on the impact of language proficiency on healthcare access and use has mentioned that immigrants, or people of immigrant backgrounds, who lack the proficiency of the local language usually are more likely to face further challenges in areas of social or economic integration. This could also cause them to experience inequities within healthcare settings. Their ability to speak, read and write

in the local language is deemed an essential component of communicating with healthcare services, however it was observed that the majority of immigrants who are not fluent or proficient in the local language delay their own access of healthcare in order to find professionals that speak their language or mother tongue, which consequently the lack of culturally appropriate or linguistically supportive services can cause risks on the patient such as delaying their mental health diagnosis. (Pandey et al., 2021)

This could also connect to the other factors that increase the young respondents' discouragement in approaching mental health services, such as the long waiting times and the complexity of the overall process of booking an appointment. The inability to communicate comfortably or proficiently in the local language can cause difficulties in communication with healthcare services in providing for instance the wrong information to what resources or steps the service user should take, as well as causing cases of miscommunication with the psychiatric professional when talking about their mental health.

Not knowing how to correctly communicate something can potentially cause errors in how the professional would support the patient or even in the diagnosis assigned to the patient. In the end the patient cannot be blamed. It is, however, the responsibility of the healthcare administrators to take action in increasing staff employment in mental health services and increasing inclusivity in employing psychiatric professionals who have the resources to provide the language and cultural support that patients require.

6.4 Lack of cultural sensitivity in Finnish mental health services

Throughout our process of analyzing and understanding the provided data, we came across a recurrent and significant statements made by respondents on the quality of their experiences with mental health services. 7 respondents have stated that the main fault they have experienced in being a patient of mental health services is that the professional treating them lacked the capability to understand their issues, concerns or the subjects they expressed. The reason for that was that the professional would not have the cultural knowledge or resources qualifying them to attend to a patient of an immigrant background.

Out of their experiences, the respondents have expressed that despite their approaches in discussing their trauma or critical mental health issues, the perspective given to understand their issues by the professionals have been through a westernized one, and so were the responses that the patients were given. The respondents expressed that the professionals' responses to what they have talked about would usually contain culturally tone-deaf statements, as well as stereotypical views of the patients' background. In their responses, they emphasized the professionals' lack of knowledge and tools to treat patients dealing with "difficulties of minorities" and "generational traumas" of immigrants, which would exacerbate "mental health of minorities when they don't get help for their problems." (Respondent P, 25 years)

In one of their articles, the Finnish institute for health and welfare (THL) has talked of cultural competence and cultural sensitivity as vital components and interpersonal skills all healthcare professionals are expected to have when treating a service user of an immigrant background or of a cultural minority. They are expected to have the knowledge, awareness, cultural respect when listening to the patients' experiences with mental health, in order to acknowledge the importance and validity of the patients' feelings, despite the cultural differences.

This set of interpersonal skills also ensures that the rights of both, and priorly the patients', are reserved and protected. THL explains cultural sensitivity of the professional as their willingness and ability to be sensitive and attentive to the patients' concerns, and their ability to flexibly adhere to them based on the patients' cultural values and what they are comfortable with. In order to gain the trust of a patient, the professional should at least show openness and interest to listen to the patients' knowledge of their culture, and asking respectful questions about the patients' habits and values instead of inflicting prejudgments and assumptions or information they already have on that culture which might lack foundation or relevance. (THL, 2021.)

Despite the general requirement by the local health institute on having cultural competence and sensitivity as a healthcare provider or service worker is stated, the cases in which this is actually put into practice by the professionals' is rare, in which the professional is either prejudiced and presumptuous, or lack empathy, according to the responses we have received. This is signified and highlighted for instance through this respondent's experience of acquiring mental health services.

“I told the therapist that I'm afraid my parents will do something to me, in other words an honor killing, I was instructed "when parents are angry then a lot of things can come out of their mouths that they don't mean, I don't think they will do anything" and because I was shocked by that answer I told him that I was afraid for my life and the answer was "if something happens, call the police". That's when I lost all faith in mental health services in Finland.” (Respondent Q, 24 years)

Despite the fact that this respondent’s experience may allude to an extreme sense of events or concerns, however the fear and concern is valid. Their interaction with the professional was disappointing because they encountered a reaction and tone of belittling or gaslighting, as the respondent mentions the professional telling her that he does not believe “they will do anything” which she may have misinterpreted or overthought. The respondent goes on to say that after she expressed genuine concern or fear, the professional responded dismissively, telling her to "call the police."

Comments on dismissive or gaslighting treatment from professionals in social care, general health care, mental health care or professional settings have been noticed within the answers from the experiences of the respondents within the survey. One example of such treatment is a respondent recalling their experience when having been sexually harassed within their university campus, and after reporting the incident to the curator they were responded with the curator saying they were overreacting, and that the incident was nothing but “cultural differences”. The respondent’s disappointment is shown through an ironic comment on how the curator’s response sounded like it was somehow acceptable that she had been harassed only because she was “a woman and from another culture”. (Respondent P, 25 years)

Issues such as these that involve attitudes of desensitization to the pain, illnesses and, within the context of our research, mental health issues and concerns of young people of immigrant background, is a somewhat recurrent experience faced by the young persons with Finnish mental healthcare professionals. This experience causes a negative effect on the patient, causing discouragement from attending to further appointments, as they feel whatever they express might be dismissed or invalidated, which can potentially increase

the risk of delaying diagnosis of possible mental illnesses or further worsening their mental health issues, which is for instance brought to light by some of these responses:

"*Professionals usually respond to my problems by suggesting stereotypes that some of my suffering might be caused of culture" – Respondent S, 28 years*

(When asked whether they would be willing to talk about their mental health with a professional)*: "Yes and no. Yes, because there are professionals in Finland and no because the professionals may not understand the perspective of people with a foreign background." – Respondent T, 24 years*

6.5 Approach to expressing emotions and mental well-being

When asked about the definition of mental health all of the 32 respondents had the similar answer when describing the term mental health. The respondents' definition of mental health was simply referring to it as a person's mental wellbeing. Some respondents added that mental health includes self-care and psychological well-being, as well as being aware of and self-aware of the importance of mental health. One respondent included that the psychological well-being as being even more important than physical health in order to emphasize the importance of mental health. Another participant stated that they understood the importance of mental health "especially because it may be underestimated in Somali communities'' (Respondent U, 24 years). This indicates that their community views mental health as unimportant and ignores the consequences of that attitude. This corresponds with the respondent's comments because culture influences one's perception and understanding of mental health (Ahmad, Konscal, 2022).

Significantly more respondents admitted to suppressing their feelings and keeping them to themselves. Suppression is the intentional act of removing from conscious awareness unwelcome and anxiety-inducing ideas, memories, feelings, desires, and fantasies. This is a deliberate process that is amenable to scientific investigation. It is more challenging to study and experiment with repression since it is an unconscious process when painful memories, thoughts, and impulses are pushed out of conscious awareness (Petkus, et,al,

2012). Respondents gave several explanations, including a lack of trust in other people, coping mechanisms picked up from childhood, and a fear of being judged harshly. Other respondents mentioned they would talk about their feelings with a loved one, a family member, a friend, or another person they trust.

"It's really hard to trust people. Friends change, family doesn't understand and now I don't want to open up to them." – Respondent P, 25 years

"'I have learned from my childhood to control my emotions alone. In a way, it is a difficulty brought by the living environment and culture, which you learn to correct as an adult." – Respondent V, 24 years

The inability to communicate emotions was discovered to have a detrimental effect on mental health since it can cause loneliness and increased repression of feelings. The difficulty to express emotions was found to be mostly caused by a lack of trust is also result of preconceptions and regulated by different perspectives, particularly for young persons of immigrant background. A few respondents noted that the immigrant community places a stigma on mental health and expressing one's emotions, which makes it more challenging for people to communicate their emotions and seek support.

"I felt very weak expressing sadness in front of people and still kind of do, because when I would cry because of my dad he would just straight up laugh into my face and say: " women are so sensitive" and so it would make me feel very weak" – Respondent W, 23 years

They also mentioned fear of being misunderstood and negatively judged as reasons for suppressing emotions. Respondent X, for example, states that they usually avoid expressing their emotions because they "don't expect people to always understand." Certain individuals believe that others may think less of them or fail to understand their circumstances because they are afraid of "how the other person might react when telling them"

about their own emotions (Respondent Y). Another statement brought to light was one's fear of burdening others with one's worries or negative feelings, so suppressing these negative feelings in order to spare others from one's own worries.

"I have come to a place in my life where I know no one can ever understand my inner struggle. I rejoice, mourn, hate, celebrate and cry with myself, because other people also have their own sorrows." – Respondent P, 25 years

7 ETHICAL PERSPECTIVES AND INTEGRITY

We will delve into the ethical perspectives of our work in this section of our research. We will account for the consent process, our personal connection and background in relation to our research, and, most importantly, our research integrity through this. This section is significant because it supports our work while also validating our purpose and the context for researching this subject. It is critical that we provide the reader with all of the relevant information about our research process, as well as the full context and accompanying disclaimers.

7.1 Overview

As previously stated, there have been significant changes to the process of our thesis. We started and continued with a research-based thesis, however initially gone into this process with the aim of arranging interviews with youth of immigrant background to hear their perspectives on integrating in Europe and its impact on their mental health. Our aim has shifted to creating an online survey (Appendix 1) to collect information about the mental health experiences of young people of immigrant background in Finland, as well as their experiences with mental health services in Finland.

We arrived at the final plan after connecting with our work-life partner late in the research process. As a result, considering the timeframe and resources we had at our disposal, the interview was not the ideal option for gathering insights and organizing our research. We have also put into consideration, in addition to gathering our data, the research we would put into our thesis through the support of academic articles and journals. In order to collect data that was relevant to the thesis and our research question, we made sure, we made sure that all of our survey questions were relevant and avoided any questions that could potentially invade the respondents' privacy or integrity.

Because this was a collaborative research between two peers, we made sure that the workload within our team was distributed fairly and based on the capabilities of each team member. We also concentrated on maintaining consistent communication throughout

each step, working through everything together after completing individual tasks, and scheduling weekly meetings to plan what we should organize or do next together. We made certain that we communicated and acknowledged one another's skills and errors throughout the research process in order for both of us to understand how to work as a team and complete this research in a way that would meet our objectives.

7.2 Consent process

When conducting a research that involves participants, ethical communication with the participants during the data collection process, as well ensuring their consent in participation, is a crucial part to put into practice. This practice ensures the data's reliability, and individual participation is only influenced in a positive or neutral way. We made sure that our questions did not infringe on the respondents' privacy while also gathering the information we required for this research.

We advertised our research survey on Facebook, through the page our work-life partner, and shared their page's post with our own social circles for them to share (Appendix 2). The link connecting to the survey page was also posted with an accompanying elaborative description of our thesis, clarifying the focus and purpose of our research. We also included within the description, that we would ensure the privacy of the participants is protected and guaranteed the answers they have provided would solely go toward our research purposes. The online survey (Appendix 1) was not mandatory, which meant that the participants could leave the survey at any time without having to complete it. This option was available to them without having to worry about their information is at risk of being saved after leaving the survey midway, as they would have to submit their responses after having completed the survey for the responses to be saved.

The only question that was vaguely related to the participants' personal information was the one asking their age; otherwise, their identities were completely anonymous. We were only able to distinguish our respondents from one another by their age, the languages they spoke, and their residency status. With that being said, the majority of the questions were optional, and others were open-ended, providing the participant with complete control over what they chose to answer, and how they would answer it.

7.3 Research Integrity

The research integrity is an important aspect of thesis conduct. The act and value of gaining the reader's trust and confidence in the methods we used as well as the findings distributed as a result is referred to as research integrity (RI). It applies to the overall lifecycle of the research, beginning from preparing the project proposals toward publishing our findings. (Imperial College London, 2023.) With thorough understanding of research integrity, we worked on ensuring our methods were adequate and followed appropriately in order to progress in our thesis process. This was done to prevent the authors' integrity from being jeopardized. The sources used for the research were carefully chosen, reliable, and derived from academic databases whenever possible.

When citing our information, we ensured our references went accordingly to the guidelines, principles and framework of the Finnish National Board of Research Integrity TENK that our university has provided for us to follow. (Finnish National Board on Research Integrity TENK. Advice and Materials. 2022.)

Our research process started with the interview method, then switched to collecting data from available primary sources related to our topic, and then once again changing it to the survey method, which was set up online, providing us with the majority of the data we needed to conduct our thesis. The survey was designed to collect data on how young people of immigrant backgrounds perceive the subject in Finland, which was geographically condensed from conducting research on young immigrants in Europe and then Nordics.

According to the resources and timeframe we had, an online survey (Appendix 1) was the most appropriate and easily accessible for respondents, as they were provided with a web link that directly allowed them to reach the questions, making it the simplest way to reach them. The simple layout of the survey (Appendix 1) assisted in providing a feasible sense of use when answering the questions. Once the survey was submitted, the responses were saved, allowing us to analyze them in real time.

The survey provided us with a learning experience that will be immensely beneficial in our professional lives. It emphasized the significance of minor questions and how they

can affect the value and context of the other answers when analyzing. It also also taught us about professionalism and the importance of ethical conduct, especially when it came to ensuring the protection of participants' information. Feedback from our supervisor and work-life partner allowed us to edit the questions based on what is linguistically appropriate for our target group and was helpful in insight throughout our analysis process.

The format of the survey questions varied between multiple choice, long answered and short answered questions. Multiple-choice questions were applied for simpler information relating to residence status, with options of residence permit, citizenship, visa or other – if the respondent would like to provide another answer - as well as a yes or no question on whether they were born in Finland. The remaining questions required short and long answer texts as they were linked to their definitions of terms and descriptions of their experiences.

One error we noticed in the layout of the questions is that because there were a significant number of long-answered questions, it may have increased the possibility for some respondents to either avoid some questions entirely, or avoid answering them elaborately as requested, especially when the question touches on potentially sensitive matters that cannot be answered too briefly. Even if a few did not respond to the open-ended, or long-answer questions, the responses we received helped us directly reach the participant's thoughts on subject.

The fact that we created the survey in three languages, English, Finnish, and Arabic, aided us in collecting a sufficient number of responses. It enabled us to reach a larger pool of participants, resulting in 34 responses. This collection of responses has provided us with the necessary context to thoroughly analyze the valuable data, and feasibly conduct the thesis.

7.4 Personal Background and Connection

Despite our personal connection to the research, as young people of an immigrant background born in Finland, who faced the difficulty of balancing different cultures ourselves, we focused on completing our research while remaining unbiased. Mental health has also been a subject of great interest to us, as we would always discuss it from our culturally

diverse backgrounds. We also paid attention to using our trilingual skills to expand the pool of respondents, for instance when creating our surveys. Although our personal experiences on this subject also corresponded with what most of the survey respondents stated, we knew not to let our own prejudgment affect our research and maintain an objective approach toward the overall process.

When conducting research, it is crucial to keep in mind that personal experiences and prejudices may influence findings in a way that may lead to unfavorable conclusions. By approaching our study objectively and obtaining corroborating references from other academic works, we were able to maintain the objectivity and neutrality of our analysis, which served to increase the credibility of our work.

We were also conscious of the fact that we had no prior experience or skill in conducting research on the magnitude of a thesis throughout the entire research process. Because of this, we discovered that it was quite helpful to pay attention to the input we got from our supervisor during our feedback sessions and from our peers from their own research. We were able to provide an in-depth analysis of our findings together with the proper context and conclusion as a result.

8 CONCLUSION

This chapter will include a discussion on the outcome of our research, and whether it concluded with achieving the set objectives and goals. Through this, we will delve into the foundation of our thesis, as well as provide an evaluation and criticism of our conduct throughout the overall process. Lastly, this chapter will involve a discussion and insight into what we gathered from and practiced during this thesis process. This includes skills and competencies, and our recommendations regarding future action on this subject.

8.1 Achievement of objectives

The purpose of this study is to investigate the mental health experiences of young people of immigrant background and to comprehend how they perceive and interact with Finnish mental health services. During the course of our research, our objectives and goals did change. In the beginning of our research, we decided to conduct literature research to help us in our search. This involved looking for primary sources, which included gathering first-person narratives, blogs, videos, and social media posts, as well as reading through earlier research on our topic in order to gather data and write about it based on what we discovered. We adjusted our strategy for collecting data because we realized there wasn't much information on the topic that would answer our research question.

In order to boost participation and receive comments from a wider variety of viewpoints, we changed the target group's age range from 18 to 25 to 18 to 30 years old. We originally intended to conduct interviews by meeting the subjects in person, therefore the change of location was another modification to our goals and objectives. However, after altering our data collection approach, we concluded that the best place to conduct a survey is online as it is easier to reach the demographics, we wanted.

We achieved our objectives in the approach we believed would be most beneficial for our research timeframe. With the support of our work-life partner, we distributed our survey (Appendix 1) online to reach out to our target audience. The information included a brief explanation of the survey's purpose, and the types of questions respondents would be

answering. Since we asked open-ended questions that would help us acquire a response to our research, we were able to gather relevant data regarding the respondents' experiences. The replies were then the focus of a thematic analysis, and the survey received positive feedback.

8.2 Discussion

Our research looked to firstly examine the understanding of young people of immigrant backgrounds regarding mental health as a general concept in their lives. We achieved that through asking the participants directly about how they defined mental health and related to it within their daily lives. From that, we were able to combine a valuable collection of definitions allowing us to further understand their perception of their experiences with mental health.

Secondly, we wanted to delve into how the participants' background impacts their experience with the different aspects of mental health. These aspects included their approach to emotional expression, the challenges of integration on their mental well-being, and their experiences of utilizing mental health services. We managed to gather these perspectives through structuring our questions in approaching the matters at hand in a direct manner, which helped the participants understand the requirements of the questions and helped us in turn to receive the responses that would benefit our objectives in this research.

Based on the available results, we have found that the majority of respondents who reported inadequate experiences with mental health services and difficulties in expressing their mental health were the young persons who were not born in Finland and lacked fluency in the local Finnish, or English language. This caused an inability to communicate their concerns directly and comfortably with the professional due to language barriers. The young individuals of immigrant background, particularly those who have not been born in Finland, experienced additional difficulties when receiving mental health treatment due to cultural barriers. Their inability to express themselves was not just limited by language barriers, however also by the professionals' lack of cultural awareness and inability to fully empathize with the young individuals and support them as needed. This in turn would cause their lack of trust in the professionals to discuss vulnerable or private

matters, as by fear of judgment or not understanding them enough due to possible cultural prejudice.

The second most common issue noticed in the young people's dissatisfaction with mental health care in Finland referred to the difficulty of accessing the services, particularly in how long they had to wait in order to be referred to an appointment with a professional and start treatment. This difficulty would also connect to the absence of information on rights and instructions that needs to be provided to the people of immigrant background when approaching mental health services. This was a common issue brought to light, as young people, especially those who were not born in Finland, express that a big part of why the services are not easily accessible and them taking too long to reach treatment is mainly due to them not being provided with clear information on the services available for them as well as their rights.

On the other hand, the majority of those who were born in Finland, and were both proficient and fluent in the Finnish or English languages, expressed less dissatisfaction in the service. The most frequent issue expressed from their side in regard to their experience with acquiring services, is that there were long queues for getting an appointment. Otherwise, they mentioned that they did not use mental health services as they did not feel the need for it or simply did not think to approach it.

Both sides helped us arrive to an understanding and confirm that the underlying issue in the current quality of mental healthcare services for immigrant communities, is the lack of cultural awareness and sensitivity when attending to service users of immigrant backgrounds, as well as the lack of diversity in the human resources of health care. It also helped us kickstart a conversation with the targeted community on the importance of destigmatizing mental health, and the significance of taking care of one's mental wellbeing, as well as reach organizations and facilities connected to working with immigrant communities to approach this topic more directly.

This would help both sides have the chance to be more outspoken on this issue and potentially appeal to the mental healthcare sector in working toward improving the immigrant communities' experience with services. The surveys can also be helpful for the respondents to gain a perspective on the importance of having an open dialogue about the matter of mental health, and potentially finding this thesis as beneficial to use a base for

encouragement in acquiring their right in improving the quality of services in mental health care. Lastly, it can provide as an initiative for professionals and professional or educational institutions to learn more about cultural awareness and sensitivity in order to practice it in their profession.

8.3 Professional Development

We learned a lot during the research process that will help us become more qualified professionals in the future. One of the most crucial aspects of our research was encouraging us to improve our communication skills because they will be essential to the outcome of the study. The ability to push one another and advance throughout the study process was made possible by group collaboration, which was another key component we developed during our research process.

We were able to overcome the challenges we had when trying to change the way we collected data during the course of our research. We came to the realization that as working professionals, we would always face various difficulties and that we would need to learn how to deal with them.

Working with a work-life partner gave us the support we needed to access several networks and distribute our survey (Appendix 1) through their various platforms. Our work life partner increased our performance and enabled us to monitor it with the correct guidance and tools they provided. This enabled us to benefit from their help.

.

With this, from the start of the process to the very conclusion, we have evolved and experienced progress in aspects like communication, personality, or professional development. We are confident that as we develop, we will be able to face and successfully navigate greater problems in the future.

8.4 Future recommendations

Our research is a small step toward promoting institutional, facilitative, and academic research and discourse on the effects of the current standard of mental health services offered in Finland on young people from immigrant backgrounds. It also explores how the cultural destigmatization of mental health discourse may affect the approach of many young people of immigrant backgrounds to seeking treatment when necessary. We advocate for further in-depth surveying toward a wider assembly of participants and on a larger scale that can lead to active implementation of the feedback provided by the participants within the healthcare sector.

The survey would serve as beneficial to health and socials facilities working with ethnic or cultural minorities, or namely people of immigrant backgrounds, to help with providing a problem-solving approach that is directly guided by the target group of service users. It would produce different perspectives and tools to help mental health professionals improve their communication with patients of immigrant backgrounds as well as understand where their professional capabilities need to be built on, in order to ideally support their patients of diverse backgrounds.

It could also help non-governmental, and governmental, organizations that work with Immigrant communities in increasing the pool of topics when discussing mental health and connected subjects with people of immigrant backgrounds, and gain an opportunity to listen to their experiences and perspectives, and use those perspectives to help facilitate more means of supportive services for those who need regarding mental health.

We also recommend more diverse media distribution in Finland when discussing topics of mental health, providing different resources and information on the importance of mental health and seeking treatment, as well as practical information that could increase the immigrant communities' knowledge on how to approach mental health care and services in Finland. It is urgently recommended that such content be spread in different languages, mainly the most commonly used among people of immigrant background who live in Finland, as it will help increase accessibility to the members in need of support.

While increasing reachability and accessibility of mental health discourse and services for people of immigrant backgrounds is important, we shall not dismiss the importance of increasing education and practice of cultural knowledge and cultural sensitivity for

professionals within the health and social sector. This helps increase the outreach of support to all people in need, no matter what their background is, as well as build confidence and trust of patients of immigrant backgrounds in the services and support provided.

REFERENCES

Abdullah, L. Brown, (n.d). Mental illness stigma and ethnocultural beliefs, values, and norms: An integrative review, Clinical Psychology

Ahmad, S. S., & Koncsol, S. W. (2022). Cultural Factors Influencing Mental Health Stigma: Perceptions of Mental Illness (POMI) in Pakistani Emerging Adults. *Religions*, *13*(5), 401. https://doi.org/10.3390/rel13050401

Avruch, K., & Black, P. (1993). Conflict resolution in intercultural settings: Problems and prospects. In D. Sandole & H. van der Merwe (Eds.), Conflict resolution theory and practice: Integration and application (pp. 153-166). St. Martin's Press.

A 785/1992. Act on the Status and Rights of Patients. 785/1992. https://www.finlex.fi/en/laki/kaannokset/1992/19920785

A 1326/2010. Health Care Act. https://www.finlex.fi/en/laki/kaannokset/2010/en20101326

A 1301/2014. Sosiaalihuoltolaki. https://www.finlex.fi/fi/laki/ajantasa/2014/20141301

Bano, A. (September 26, 2022). Mental health issues among immigrants in Finland. www.novia.fi.https://novialia.novia.fi/novialia/bloggar/studerandebloggen/mental-health-issues-among-immigrants-in-finland

Braun, Virginia & Clarke, Victoria. (2012). Thematic analysis

Castaneda, A. E., Çilenti, K., Rask, S., Lilja, E., Skogberg, N., Kuusio, H., Salama, E., Lahti, J., Elovainio, M., Suvisaari, J., Koskinen, S., & Koponen, P. (2020). Migrants are underrepresented in mental health and rehabilitation services: Survey and register-based findings of Russian, Somali, and Kurdish origin adults in Finland. International Journal of Environmental Research and Public Health, 17(17), 6223. https://doi.org/10.3390/ijerph17176223

Caulfield, J. (2022, November 25). How to do thematic analysis: *Step-by-step guide & examples*. Scribbr. https://www.scribbr.com/methodology/thematic-analysis/

Charter of Fundamental Rights of the European Union, 2012/C 326/02, O.J. C 326/02. (2012, October 26). http://data.europa.eu/eli/treaty/char_2012/oj

Chatmon, B. N. (2020). Males and mental health stigma. American Journal of Men's Health, 14(4). doi:10.1177/1557988320949322

Chattoraj, T., Srivastava, A. (2022). The Role of Mindfulness in Cognitive Emotion Regulation and Thought Suppression. *Indian Journal of Positive Psychology*, *13*(4), 386–393.

Coley, R., & Kull, M. (2016, July). Is moving during childhood harmful? McArthur Foundation. https://www.macfound.org/media/files/hhm_brief_-_is_moving_during_childhood_harmful_2.pdf

Creswell, J. W. (2014). Research design: qualitative, quantitative, and mixed methods approaches.

DuPraw, M. E., & Axner, M. (n.d.). AMPU Guide: Common cross-cultural communication challenges. PBS. https://www.pbs.org/ampu/crosscult.html

Encyclopædia Britannica, inc. (n.d.). *Legislation*. Encyclopædia Britannica. https://www.britannica.com/topic/legislation-politics

European Union Agency for Fundamental Rights. (2019, November 15). *Being black in the EU*. https://fra.europa.eu/sites/default/files/fra_uploads/fra-2018-being-black-in-the-eu_en.pdf

Fassaert, T., de Wit, M. A. S., Tuinebreijer, W. C., Verhoeff, A. P., Beekman, A. T. F., & Dekker, J. (2008, September 11). *Perceived need for mental health care among non-western labour migrants - social psychiatry and psychiatric epidemiology*. SpringerLink. https://link.springer.com/article/10.1007/s00127-008-0418-x

Finnish institute for health and welfare. (n.d.). Mental Health. https://thl.fi/en/web/mental-health/mental-health-services

Girolimon, M. (2022, August 24). Why is mental health important? Southern New Hampshire University. https://www.snhu.edu/about-us/newsroom/education/why-is-mental-health-important

Hakovirta, M., Kallio, J., & Salin, M. (2021). Is it Possible for Single Parents to Successfully Raise Children? Multilevel Analysis of Attitudes Toward Single Parents in 22 Welfare States. Journal of Comparative Family Studies, 52(1), 117–144. https://doi.org/10.3138/jcfs.52.1.008

Integration of immigrants - ministry of economic affairs and employment. Työ- ja elinkeinoministeriö. (n.d.). https://tem.fi/en/integration-of-immigrants

Jason, L., Glenwick, D. (2016). Handbook of methodological approaches to community-based research: Qualitative, quantitative, and mixed methods. Oxford University Press.

Kieseppä, V., Torniainen-Holm, M., Jokela, M. et al. 2019. Immigrants' mental health service use compared to that of native Finns: a register study. Soc Psychiatry Psychiatr Epidemiol 55, 487–496 (2020). https://doi.org/10.1007/s00127-019-01774-y

Laging, M., & Žganec, N. (Eds.). (2021). Social work education in Europe: Traditions and transformations.

L 734/1992. Laki sosiaali- ja terveydenhuollon asiakasmaksuista. https://www.finlex.fi/fi/laki/alkup/1992/19920734

Mayo Foundation for Medical Education and Research. (2017, May 24). Mental health: Overcoming the stigma of mental illness. Mayo Clinic. https://www.mayoclinic.org/diseases-conditions/mental-illness/in-depth/mental-health/art-20046477

Mayo Foundation for Medical Education and Research. (2022, December 13). Mental illness. Mayo Clinic. https://www.mayoclinic.org/diseases-conditions/mental-illness/symptoms-causes/syc-20374968#:~:text=Mental%20illness%2C%20also%20called%20mental,eating%20disorders%20and%20addictive%20behaviors

Merriam-Webster. (n.d.). Young. In Merriam-Webster.com dictionary. https://www.merriam-webster.com/dictionary/young

MIELI RY. (n.d.). What does Mieli Mental Health Finland do? https://mieli.fi/en/what-does-mieli-do/

Ministry of Economic Affairs and Employment. (2016). Act on the Reception of Persons Applying for International Protection. https://kotoutuminen.fi/en/act-on-the-reception-of-persons-applying-for-international-protection

Moono, T. University, T. (2021). Civil society and social capital: The case of Setlementti Louhela Ry in Järvenpää, Finland [Master's Thesis, Tampere University]. http://urn.fi/URN:NBN:fi:tuni-202104243436

Oucho, Dr. L. A., Williams, D. A. (n.d). Challenges and solutions to migrant integration diversity and social cohesion in Africa. *UNU-wider*. from https://www.wider.unu.edu/sites/default/files/OUCHO%2C%20Linda%20Adhiambo_paper.pdf

Petkus, A. J., Gum, A., & Wetherell, J. L. (2012). Thought suppression is associated with psychological distress in homebound older adults. *Depression and anxiety*, *29*(3), 219–225. https://doi.org/10.1002/da.20912

Preemptive Love. (n.d.). Migrant vs. immigrant: What's the difference? https://preemptivelove.org/blog/migrant-vs-immigrant/

Psychiatry - Stigma, Prejudice and Discrimination Against People with Mental Illness. (n.d.). Stigma, prejudice and discrimination against people with mental illness. https://www.psychiatry.org/patients-families/stigma-and-discrimination Review,2011)

Rask, S., Suvisaari, J., Koskinen, S., Koponen, P., Mölsä, M., Lehtisalo, R., Schubert, C., Pakaslahti, A., & Castaneda, A. E. (2016). The ethnic gap in mental health: A population-based study of Russian, Somali and Kurdish origin migrants in Finland. Scandinavian journal of public health, 44(3), 281–290. https://doi.org/10.1177/1403494815619256

Save the Children. (n.d.). Help Children in Afghanistan. https://thl.fi/en/web/mental-health/mental-health-services

Statistics Finland. (2021, August 24). Finland's preliminary population figure 5,543,659 at the end of July. (Official Statistics of Finland). https://www.stat.fi/til/vamuu/2021/06/vamuu_2021_06_2021-07-22_kuv_004_en.html

Tilastokeskus, S. F. (n.d.). *Population and society*. Statistics Finland. https://www.stat.fi/tup/suoluk/suoluk_vaesto_en.html

Tiilikainen, M. (2013, November 20). Somali life in Helsinki, Finland. Open Society Foundations. https://www.opensocietyfoundations.org/voices/somali-life-helsinki

White, L. A. (2022, August 5). culture. Encyclopedia Britannica. https://www.britannica.com/topic/culture

World Health Organization (WHO). (2021). Adolescent mental health https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health#:~:text=Depression%2C%20anxiety%20and%20behavioural%20disorders,15%2D29%20year%2Dolds.

World Health Organization. (n.d.). *Mental health: Strengthening our response*. World Health Organization. https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response

APPENDIX 1.

Print Version of Online Survey in English

Experiences of Young People of Immigrant background with Mental Health in Finland

This is a survey in relation to our (Naima Osman and Noora Abou Askar) Bachelor's Degree Thesis on the subject "Exploring Young Immigrants' Experiences of Mental Health" , focusing on the young minorities' experiences with mental health while living in Finland.

1. Please provide your age below:

2. Were you born in Finland?

Mark only one oval.

- ◯ Yes
- ◯ No

3. How long have you lived in Finland for?

4. How many languages do you speak? and what is your mother tongue?

5. Have you obtained a residence permit/citizenship in the country you currently reside in?

Mark only one oval.

- ◯ Residence permit
- ◯ Citizenship
- ◯ Visa of some sort
- ◯ Other: _____

6. **What, in your perspective, does the word "immigrant" mean? How does the term relate or connect to you?**

_____

7. **In which language are you most comfortable in expressing yourself?** and Why?

_____

_____

_____

_____

_____

8. **Do you identify /have you been identified as a part of a minority?** How so OR as part of what minority?

_____

9. **What in your perspective, does Finnish as an identity mean?** How does that relate to you?

10. How do you **understand/relate to mental health**? What in your own words is "mental health" mean?

11. **How do you usually express what you are feeling?** When you are sad, angry, happy etc.?

12. Do you come across any **difficulties when trying to express your mental health and your experiences with it?** If so, describe these difficulties.

13. What are your experiences with services for mental health in Finland?

14. **Do you feel comfortable talking about your mental health with a professional?** Why or why not?

15. If you were not born in Finland;
Has your integration process affected your mental health , if yes in what way?

16. Have you ever had previous experiences with common mental disorders (CMDs; anxiety, depression, stress, etc.)? if yes, how was your approach to that situation?

17. **Do you think things are communicated differently to you, as a service user from a minority**? How so?

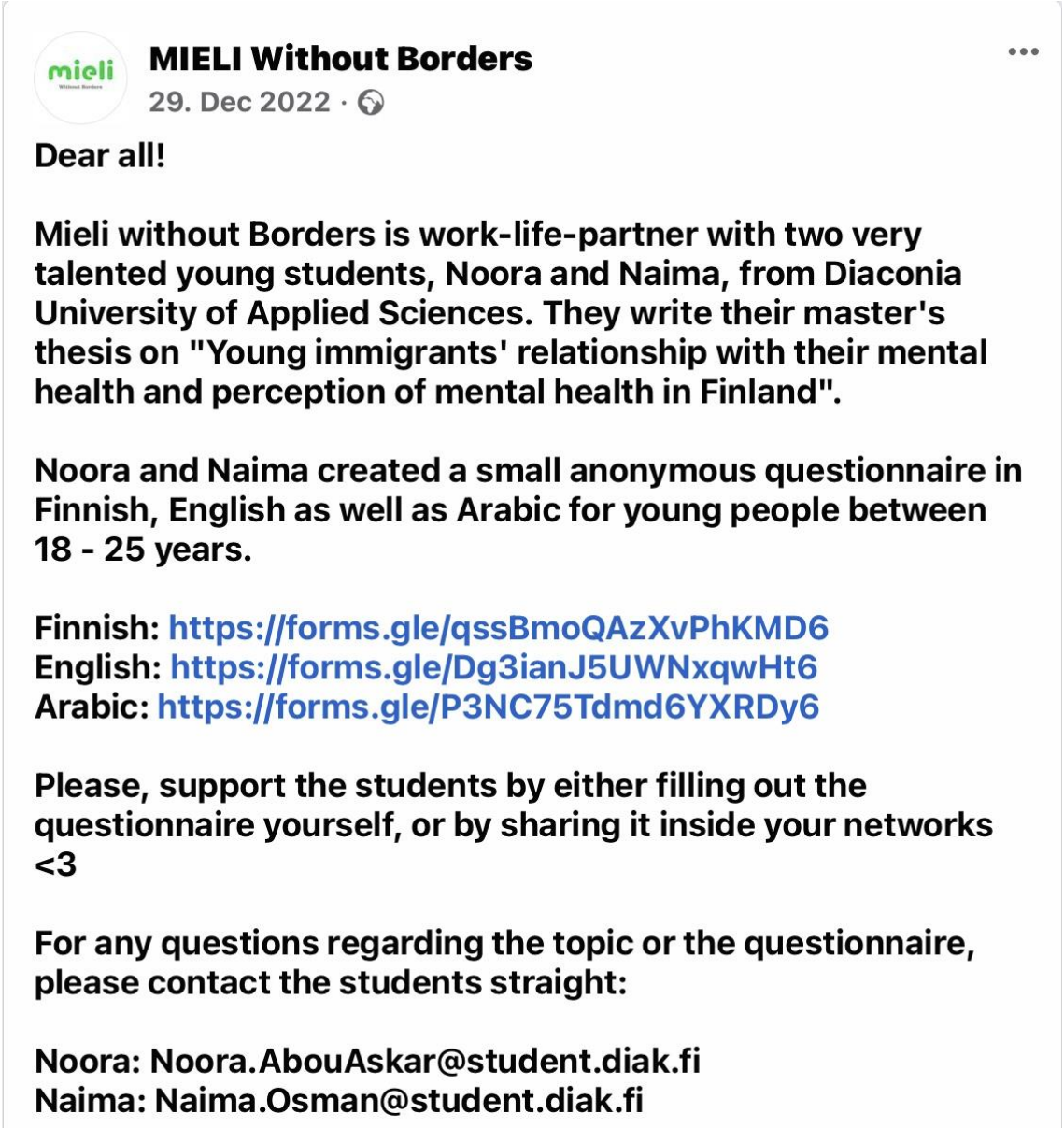
APPENDIX 2.

Social Media Posters for Survey, in Finnish and English


CALL FOR PARTICIPATION!
Please take your time to fill in for this survey for our Research/Bachelors Thesis
on the “Experiences of Young People of Immigrant Backgrounds with their Mental Health & Mental Health services in Finland”
NOTE: as a respondent, you will remain anonymous
If you are within the ages of 18-25 years, reside in Finland and identify as being part of an ethnic, cultural or racial background different than Finnish, this survey is aimed toward you.

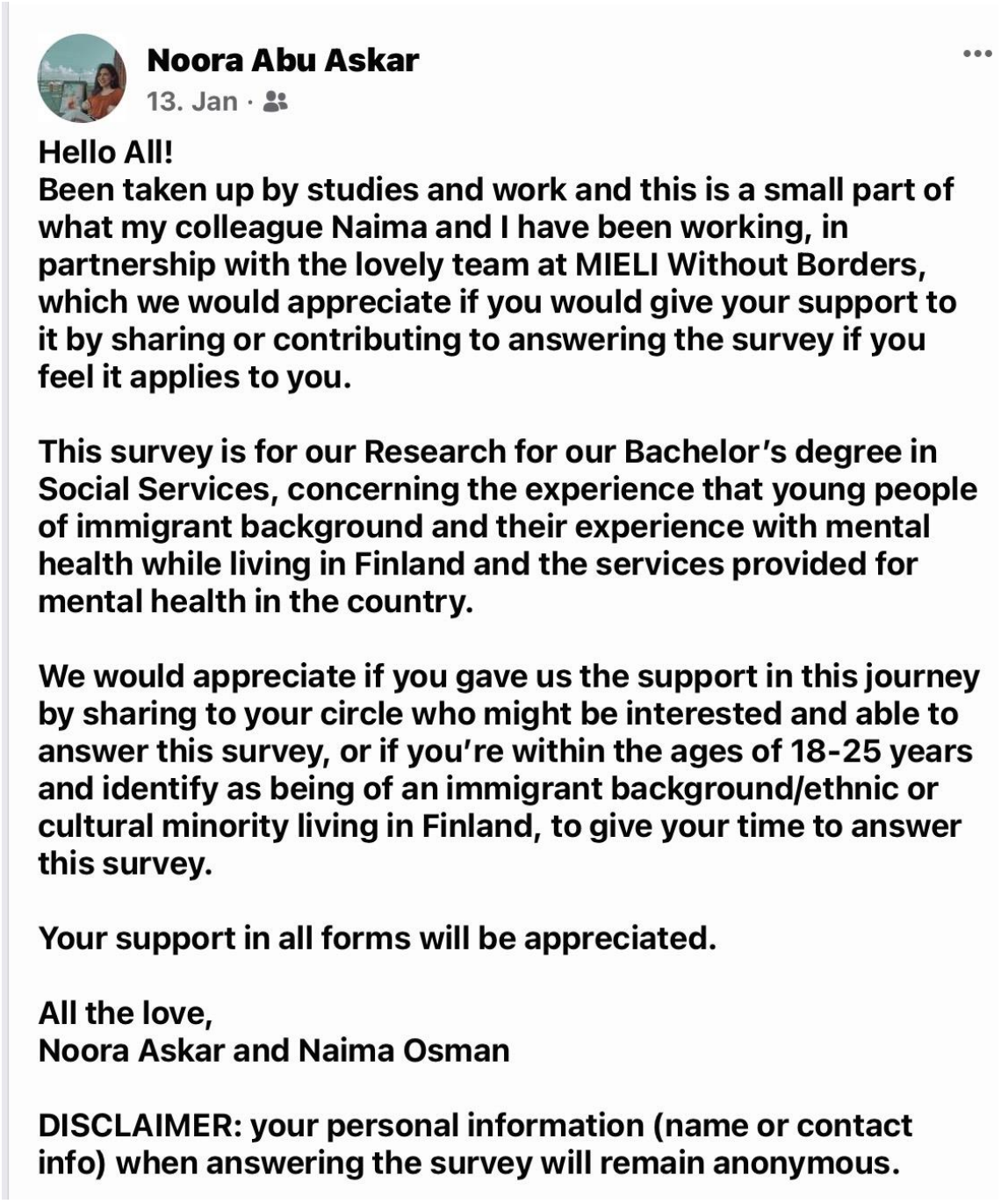
APPENDIX 3.

MIELI Without Borders social media post of survey



APPENDIX 4

Social media post on personal page (repost of MIELI Without Borders' post)



Noora Abu Askar
13. Jan ·

Hello All!
Been taken up by studies and work and this is a small part of what my colleague Naima and I have been working, in partnership with the lovely team at MIELI Without Borders, which we would appreciate if you would give your support to it by sharing or contributing to answering the survey if you feel it applies to you.

This survey is for our Research for our Bachelor's degree in Social Services, concerning the experience that young people of immigrant background and their experience with mental health while living in Finland and the services provided for mental health in the country.

We would appreciate if you gave us the support in this journey by sharing to your circle who might be interested and able to answer this survey, or if you're within the ages of 18-25 years and identify as being of an immigrant background/ethnic or cultural minority living in Finland, to give your time to answer this survey.

Your support in all forms will be appreciated.

All the love,
Noora Askar and Naima Osman

DISCLAIMER: your personal information (name or contact info) when answering the survey will remain anonymous.