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CULTURAL SENSITIVITY IN MENTAL HEALTH SUPPORT PROGRAMS FOR IMMIGRANTS



ABSTRACT

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Meeting the mental health needs of immigrant populations has grown exponentially in Europe, as migration flows continue to be on the rise. The importance of cultural sensitivity in providing immigrants in Europe with mental health support services is examined in this thesis. Through a thorough review of the literature, it explores the difficulties faced by immigrants in accessing culturally relevant mental health care and the fallout from a lack of cultural awareness.

The purpose of this study was to emphasize on how cultural sensitivity in mental health programs can help both health professionals and immigrants in Europe. This research aims to contribute to the development of evidence-based strategies regarding cultural sensitivity and immigrants.

Research methodology applied to this study was literature review. Databases used for this study were SAGE, PubMed, CINAHL, and ScienceDirect. Using inclusion and exclusion criteria, twenty articles were retrieved. The thematic analysis was implemented during the data analysis process.

From the results of the chosen articles, with cultural sensitivity, the attitude of health professionals towards immigrants, transcultural training and health care utilization will improve the mental health support programs for immigrants, especially in Europe.

The findings of this study emphasised on the impact of cultural competency training for mental health professionals and the integration of culturally aware methods into established support networks. Peer support groups and community-based programs were examined for their potential to enhance cultural sensitivity and increase immigrant access to mental health services.

In conclusion, the establishment and delivery of mental health support programs for immigrants in Europe depends upon culturally sensitive nursing interventions.

Keywords: mental health, immigrants, cultural-sensitivity, health professionals, mental health support programs, acculturation

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1. INTRODUCTION

With the increasing number of immigrants in the Europe region, it has brought about an increase in the emergence and attention to the mental health needs of this vulnerable population. According to the statistics from the World Health Organisation (WHO, 2023), an immigrant is anyone living outside their country of origin. People relocate from their countries of origin for several reasons, such as work, studies, or family reunion. Statistically, in the world, 281 million people live outside of their country of origin, approximately 1 in 30 people. The WHO, European Region has around 36% of the world international immigrants, biggest number of people living away from their country of birth (WHO, 2023). One in eight people is a migrant in the WHO, European Region. It is estimated that migrants in this Region make up to 13% of the population (WHO, 2023).

To explore the availability of culturally sensitive mental health support programs (Maier-Lorentz, 2008), this thesis will be reviewing evidence-based research on the outcomes of mental health support programs for immigrants in Europe as a continent with comparison to Finland as a country in Europe. Analysis on the intervention of cultural sensitivity of the immigrants will be pivotal in this study. This study is a literature review with two research questions that were postulated to help in the review:

1. How can cultural sensitivity help health professionals in mental health support programs for immigrants?
2. what are the cultural challenges faced by immigrants in using mental health support programs?

The study will cover several important topics which borders on the research questions above. First of which is how cultural sensitivity can help mental health professionals know the appropriate support program for immigrants (Rousseau & Frounfelker, 2019). Understanding the significance of how cultural sensitivity influences immigrants' perception, expression, and experience of mental health issues will then be made easier. This will lead to a discussion of how culturally sensitive mental health support services benefit immigrants' mental health. (Sagar & Eggertson, 2001).

During this study, mental health support programs for immigrants living in Europe, from a cultural sensitivity perspective will be reviewed. The role cultural

sensitivity plays in helping health professionals understand immigrants with their diverse cultural settings. According to the Finnish Institute for Health and Welfare (FIHW, 2024), the disposition, aptitude, and awareness needed to comprehend others with diverse backgrounds is known as cultural sensitivity. Services marked as culturally responsive are those that are adaptable enough to satisfy the demands of a wide range of customers, rather than those that must be provided specifically for each target group (Sagar & Eggertson, 2001). Several programs have been put in place throughout Europe to better promote immigrants' mental health. These comprise cooperation with neighbourhood organizations, mental health practitioners who are culturally competent, interpreter services, and community-based initiatives. Improving immigrant communities' mental health outcomes requires assessing how well these interventions work (Salami et al., 2019)

The findings of this thesis are going to add to the existing corpus of studies regarding the availability of mental health support programs for immigrants in Europe. From a nursing perspective, the efficacy of these programs will be reviewed, and more light will be shed on how the intervention of cultural sensitivity will be pivotal in positive outcomes on immigrant mental health care. The findings may help shape evidence-based policies and initiatives that promote the provision of culturally competent mental health services to immigrants in Europe and to the world at large.

2. HEALTH PROMOTION

The term "health promotion" refers to a broad range of tactics used to enhance and preserve the health of both individuals and communities. It entails providing individuals with the tools to take charge of their own health and tackling the factors that influence health through a range of treatments (WHO, 2020).

In addressing the unique problems that these groups face in Europe; health promotion and mental health assistance programs are essential. Several factors, including structural inequalities, the stigma attached to mental illness, language barriers, and diverse cultural attitudes on mental health concerns, put immigrants and ethnic minority groups at higher risk for mental health problems than the general population (Carta et al., 2005).

National Institute of Health Promotion [NIPH], (2014) refers to Health promotion as a process that assists and educates people on how to manage and be in control of their health, employing different methods that help in giving a better life and health status. It considers the basic factors that influence of health, such as social, economic, and psychological factors, and extends beyond the conventional healthcare system. The primary objectives of health promotion are to prevent illness, improve wellbeing, and lengthen life expectancy by encouraging healthy habits and fostering supportive options to choose from (European Union [EU], 2020).

Improving population health outcomes and lowering healthcare expenditures are mutually exclusive goals of health promotion. The burden of chronic disorders including obesity, diabetes, and cardiovascular diseases is lessened by health promotion programs, which work to prevent disease and encourage healthy lives (WHO, 2020). Additionally, by addressing socioeconomic causes and minimizing health inequities across various demographic groups, health promotion promotes equity in health (EU, 2020).

The root causes of health issues and encouraging healthy lifestyle choices, the concept of health promotion is a comprehensive strategy which enhances population outcomes (EU, 2020). As immigrants in Europe, the concept of

health promotion, plays a significant role in comprehensive healthcare systems which aims at improving their well-being. For better health outcomes and minimize health disparities globally, resources for health promotion initiatives must be continuously allocated (Kumar & Preetha, 2012).

2.1 Mental health Promotion

The concept of mental health dates as far back as the existence of humanity. It refers to the emotional, psychological, and social wellbeing of a person, better equipped to manage life's typical stressors, work efficiently, and give back to their community (Carta et al., 2005). With a balanced mental health, the ability to manage emotions, form positive relationships and adapt to changes of everyday life, are very vital for a high quality of life and over-all well-being of an individual.

According to The American Psychiatric Association (APA,2013), Mental diseases are health conditions characterized by changes in emotion, thinking, or behaviour (or all three). Mental diseases can cause distress and/or difficulty functioning in social, professional, or familial activities.

Initiatives to enhance resilience, avoid mental health problems, and increase well-being at the individual and community levels are all included in mental health promotion. It encompasses a range of strategies meant to create environments that support mental health and enable individuals to flourish, (WHO, 2004).

Mental health challenges facing immigrants.

Immigrants face challenges when accessing mental health services and the relevance of culturally appropriate interventions, for the purpose to give background information for the thesis topic, which is mental support programs for immigrants in Europe with culturally sensitive interventions (Berry, 2006).

In Europe, immigrants frequently face obstacles to receiving mental health care, such as challenges with communication, cultural inequalities, stigmatization, and ignorance of resources available to them. Investigations reveal that immigrants are more prone to mental health problems because of social isolation, discrimination, and the stress of acculturation. During the study, mental healthcare professionals will be equipped with the information, by providing knowledge on the cultural diversity in caring for immigrants to give appropriate mental health support (Mölsä et al., 2017).

In Finland there is a yearly influx of immigrants from various parts of the world. According to FIHW, (2024), Health disparities between immigrant groups and genders may be significant. Many factors influence immigrants' health and well-being, including their place of origin, age of immigration, reason for coming, and length of stay in Finland.

Cultural attitudes about health and illness, as well as their prevention, treatment, and symptoms, also have an impact on the health of immigrants. Furthermore, health experiences are subjective (FIHW,2024).

Mental Health Support Programs

Mental health support programs for immigrants throughout Europe, particularly Finland, play a significant role in addressing unique issues being faced by them. According to Aper, et al., (2023), immigrants experience problems as they adjust to a new culture, language, and social context. These programs are aware that immigrants frequently face additional stressors such as acculturation, prejudice, language problems, and social isolation, which can have a substantial influence on their mental health, (Bustamante et al., 2017).

Initiatives such as "MIELI Mental Health Finland" and other non-governmental organizations focus on immigrant mental health in Finland, offering peer support groups, psychotherapy, and professional cultural competency training (Mieli Mental Health Finland, [MMHF], 2024). Furthermore, regardless of residency status, all Finnish citizens, including immigrants, have access to mental health services provided by the public healthcare system.

Mental health assistance services for immigrants throughout Europe, particularly Finland, are critical to fostering immigrant well-being and integration. By addressing cultural, language, and systemic barriers to mental health care, these programs help to foster inclusive and supportive environments in which immigrants can thrive (Virupaksha et al., 2014).

3. LEININGER TRANSCULTURAL THEORY

Theorist Madeleine Leininger's Transcultural nursing theory plays a key role in our theoretical framework. Transcultural nursing theory is one of the earliest, best, holistic, and extensive theory that has brought about knowledge of related cultures globally (Leininger, 2002).

In their book "Culture Care Diversity and Universality: A Worldwide Nursing Theory," Leininger and McFarland (2006) mentioned that it is an important duty of care and skill for a nurse to understand and provide therapeutic care to people from diverse cultures and backgrounds.

3.1 Transcultural nursing

The concept of transcultural nursing is a subspecialty of nursing that focuses on providing individuals with diverse cultural backgrounds with care that is culturally competent (Sagar & Eggertson., 2001). Transcultural nursing is attributed to nursing theorist Madeleine Leininger which seeks to improve the health outcomes and patient satisfaction by providing care that is sensitive to patients' cultural beliefs, attitudes, practices, and preferences (Leininger, 1995). To provide significant care to their patients, healthcare professionals need the knowledge that comes from transcultural nursing theory (Maier-Lorentz, 2008).

Cultural differences, beliefs, and practices

Cultural customs' knowledge is essential for healthcare providers to avoid misunderstandings as well as providing better care to patients of distinct cultural

backgrounds. Understanding cultural differences helps healthcare professionals avoid unnecessary mistakes caused by stereotyping and generalization. This is because patients differ in many ways such as socioeconomic classes, educational backgrounds as well as personalities, but cultural differences play the most significant role (Galanti, 2000).

Beliefs pertain to “fundamental representations of imaginative and emotional content that link an individual’s prior experience with his future behaviour” (Seitz, 2022). There are a vast of differences in beliefs across human societies which result from the differences sociocultural environment in which people live and develop in as well as the differences in social information these individuals receive (Han, 2022). These belief systems have a significant impact on how people behave.

Nurses Skills and Competence

For Nurses to be able to effectively carry out transcultural nursing practices which will bring out a variety of skills and knowledge that enable nurses to provide patients with culturally diverse care in an effective manner (Leininger, 2002). There are several skills and competences that nurses need to acquire when dealing with immigrants.

Cultural Awareness and Sensitivity: According to Leininger & McFarland (2006), Nurses must be culturally sensitive and avoid making assumptions or drawing conclusions based on personal preconceptions. This requires being aware of potential sources of cultural misinterpretation or conflict and taking necessary steps to deal with them.

Communication Skills: Cross-cultural nursing requires effective communication above everything else. According to Rousseau & Frounfelker, (2019). Regardless of language barriers or communication preferences, nurses should be able to interact with patients and their families in a clear and courteous manner.

Cultural Assessment: Nurses must conduct complete cultural evaluations to properly understand their patients' cultural backgrounds and how these may affect their health and healthcare decisions. This includes paying attention to cultural differences, listening carefully to patients, and asking open-ended questions (Galanti, 2000).

Cultural Adaptation: Transcultural nursing necessitates adaptability and flexibility to address the specific requirements of patients with various cultural origins. It is imperative for nurses to be adaptable in their care delivery methods to account for cultural variances and patient preferences (Hebebrand et al., 2016).

Collaborative Care: Working in interdisciplinary teams involving interpreters, cultural liaisons, and other medical experts is sometimes necessary for transcultural nursing. To provide patients with comprehensive care, nurses must be able to collaborate effectively with colleagues from diverse backgrounds (Rousseau & Frounfelker, 2019).

4. The Aim and Purpose of the Thesis

Through the analysis of selected current literature, policies, and practices, the purpose of this study seeks to determine how cultural sensitivity in mental health programs can help both health professionals and immigrants in Europe. With the goal of advancing culturally competent care and enhancing the mental health of immigrant populations in Europe, this research aims to contribute to the development of evidence-based strategies.

Research questions: For this literature review, the following questions were postulated:

1. How can cultural sensitivity help health professionals in mental health support programs for immigrants?
2. what are the Cultural challenges faced by immigrants in using mental health support programs?

5. METHODOLOGY

Research is a process of gathering information in an orderly fashion involving arrangement as well as intervention for bringing out or interpreting of the new research results (Garg, 2016). A well-designed study with an objective, trustworthy, repeatable technique, appropriate conduct, data collection and analysis, and logical deductive reasoning is needed for the outcome validity and reliability of the study. (Garg, 2016).

In this study, literature review was chosen, existing data and peer reviewed articles that are related to the research topic was researched on.

5.1 Literature Review

In this study, data has been collected from peer reviewed articles, which were evaluated, and a critical analysis was carried out, and synthesizing the existing body of knowledge used by researchers and scholars (Fink, 2020). The findings of this literature review will be linked to previously conducted studies, which will clarify the research problem and expand the study's depth and knowledge base.

To achieve an accurate literature review, there are seven tasks to be considered (Fink, 2020). First is formulation of the research questions, these questions will be the guidance of the review. Secondly, the listing of the search databases that was used in the collection of data used for the study. Thirdly, forming the keywords and phrases to be used to obtain the appropriate articles on the subject matter in hand. In the fourth step, relevant data was screened using the Boolean phrase and keywords, while also imploring the inclusion and exclusion criteria method. Next step the methodology for the evaluation of the quality of the data collected was done. Step number six was to review the data using standardized abstraction and pilot testing of the process. Finally in step number seven, results were synthesized and interpreted by the reviewer based on the quality and the content available. Meta-analysis is applied as it involves the combination of results of two or more studies (Fink, 2020).

Reliable and valid data was collected from several databases after producing the correct plan for the literature review with the help of relevant keywords.

5.2 Data collection

The practice of systematically, methodically, and objectively obtaining and measuring information on parameters of interest is known as data collecting. This procedure is essential for decision-making, research, and numerous applications in a variety of industries (Johnson et al., 2014)

The validity, dependability, and quality of the data gathered have a direct bearing on the veracity and integrity of the study's conclusions (Neuman, 2013). It is imperative to obtain trustworthy scholarly and scientific literature and the use of appropriate databases throughout the data retrieval process (Altheide & Schneider., 2013).

During the systematic data retrieval process, 4 different search engines and a variety of key words were used. The databases include PubMed, Sage, Science Direct and CINAHL were used in searching different articles that were in line with the main themes of the research.

PubMed is a free database with free access to full-text scholarly publications published in journals that are related to biological and life sciences. Sage database was used because it offers many helpful information on research methods emphasizing on conducting research. Science Direct, however, is a full-text database, offering a wide range of peer-reviewed journal articles and book chapters. The CINAHL database is the world's most extensive full-text database for nursing and related health publications. The manual data search was conducted from the chosen articles` references.

The keywords used during the online search were mental health, mental health support programs, cultural sensitivity, immigrants, health professionals.

The Boolean phrase method was used in deducing the combination of the keywords: Mental health OR Mental Illness, Mental health support programs AND

culturally sensitive interventions. The articles searched were based on peer reviewed articles with a 10-year period search from 2014 to 2024.

Inclusion Criteria	Exclusion Criteria
Articles that had the study's key-words	Articles without the keywords
Articles written in English	Other languages than English
Articles from 2014–2024	Older articles before year 2014
Peer reviewed articles, researched articles, science-based articles.	Articles that are not peer reviewed and science-based.
Free and full text journals	Journals that are paid and not available as full text.
Peer reviewed articles in Europe region	Articles that are outside the Europe region

Table 1. Inclusion and exclusion criteria

During the search, various hits were gotten from the different databases that were used with the search key words for the study.

Figure 1 shows the Prisma flow chart for Data retrieval process and the different databases used, the number of hits gotten before and after the inclusion and exclusion criteria were applied.

Identification of studies via databases and registers

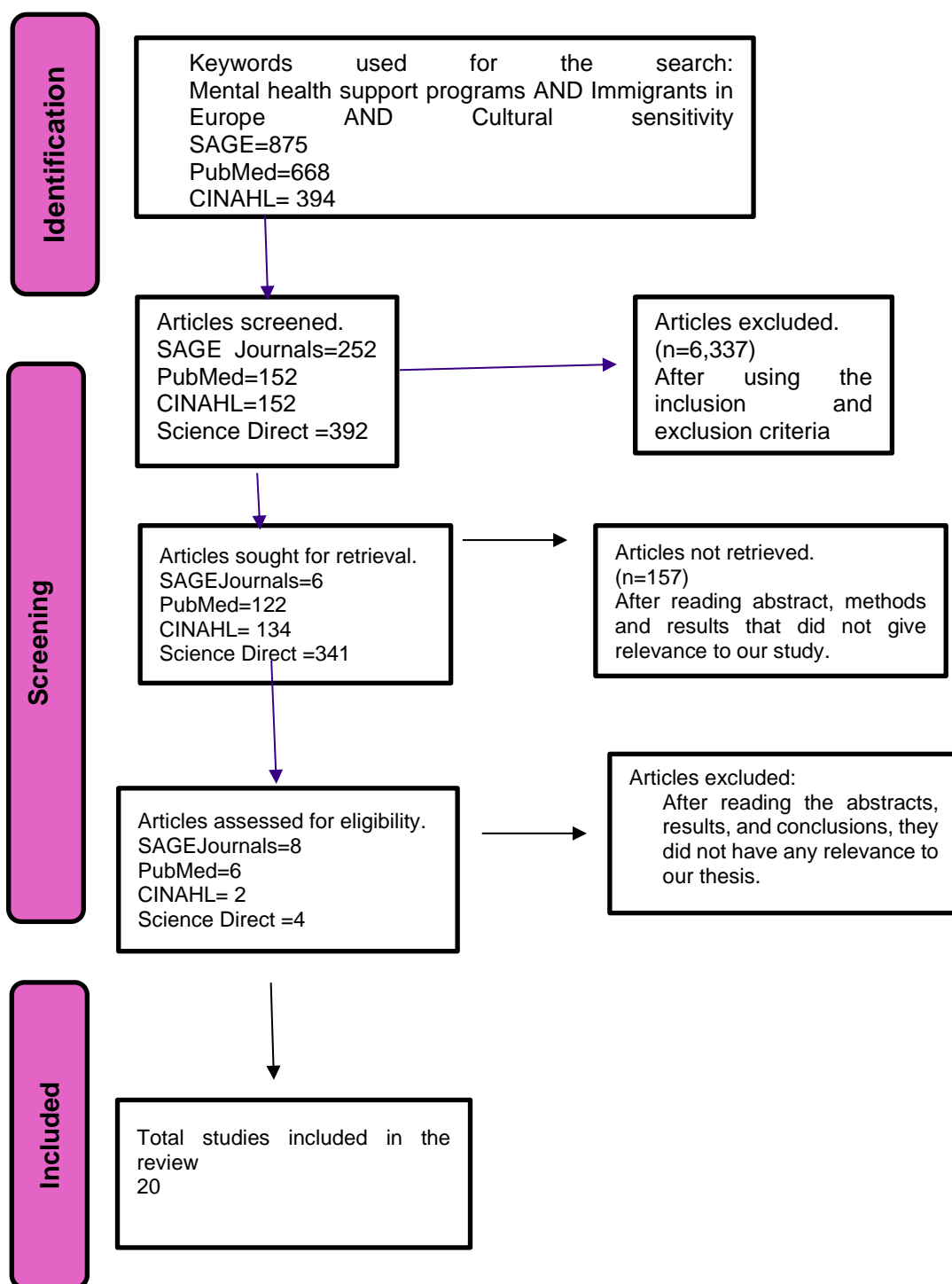


Figure 1: Prisma flowchart for data retrieval

5.3 Critical Analysis

JBIC Critical Appraisal Checklist for Qualitative Research was used for evaluation of this literature review.

According to Joanna Briggs Institute (2017), critiquing or evaluating the research evidence is a process that is included in all systematic reviews. The methodological quality of a study and whether bias was addressed during design, conduct, and analysis are assessed in this appraisal.

The authors of this literature review went through all the articles to check out the quality of and validity of the data collected. Using the JBIC Critical appraisal tools, the process of appraising the articles was done by ticking the boxes on the checklist while going through the collected data for excellent qualitative literature review.

JBIC Critical Appraisal Checklist for Qualitative Research is found in Appendix 3.

5.4 Data Analysis

The Data analysis method for this literature is the thematic analysis method by Braun and Clarke (2006). Braun and Clarke (2006) outlined thematic analysis as a process that objectively finds, arranges, and provides insight into meaningful patterns (themes) within a set of data. Braun and Clarke (2006) state that the thematic analysis procedure involves six stages. Terry et al. (2017) concurs with this approach. The familiarization with the data, coding, theme construction, theme review, theme definition and naming, and report writing are the six processes. Every textual data in this study was read, side and observational notes were made. Key points from the literature were identified and summarized after familiarization with the twenty articles that have been chosen for the study. In figuring out if an outcome will be provided, this summarizing procedure is conducted in tandem with the study topic. This leads to the code writing stage which Braun and Clarke (p.61, 2012) described as the identification of crucial details that are relevant to the research question of the study.

A thematic analysis was made on 20 selected articles and theme categories were made and divided into Main and Sub-categories. Our data was organized into themes and categories based on the proposed research questions. The sub-themes came about from the 20 articles being chosen for the review as they occurred repeatedly. Table 2 shows the themes and categories used during the study.

THEMES/ Major	ATTITUDE OF HEALTH PROFESSIONALS	ACCULTURATION CHALLENGES HINDERING INTEGRATION	INSUFFICIENT RESOURCES
Minor	<ul style="list-style-type: none"> • Training of Mental Health Professionals. • Health care utilization • Health promotion 	<ul style="list-style-type: none"> • Racism • Stigmatization • Religion • Trauma • Discrimination 	<ul style="list-style-type: none"> • Language barriers • Access to Mental Health Facilities • Transcultural therapy
Units of Analysis	2,3,4,5,6,7,9,10,11,12, 17,20	1,2,7,8,9,10,11,12,13,14,15,16,18, 19, 20	4,6,7,9,10,11,12,15,13,14,16,18, 20

Table 2: Themes, categories, and sub-categories used in the data analysis.

Raw Data for selection on Major and Minor themes

After reading the research articles multiple times, they were carefully examined and reviewed. to answer the core questions of the investigation.

1. How can cultural sensitivity help health professionals in mental health support programs for immigrants.
2. What are the cultural challenges faced by immigrants in using mental health support programs?

During the study a search on an adequate amount of information on the topic at hand was done, and several earlier research studies had been conducted by various researchers on mental health assistance programs and immigrants, particularly those from Europe. After the collection of data, conclusions, and findings from each of the chosen publications, the authors found useful details

about the investigation. Three (3) main themes and eleven (11) sub-themes were found based on the parallels found in the critical analysis. This was achieved by using thematic coding to understand how immigrants view the difficulties they encounter and their usage of mental health support services. Additionally, how cultural sensitivity might benefit health care providers when working with immigrants and mental health services. Table 3 below presents the information and topics (primary theme and sub-theme) that were extracted from each article based on relevant contents from the chosen articles.

Raw Data	Major theme	Minor theme
<p>“While there is need for wide-spread cultural competence teaching to all mental health professionals, this training must be specific to different professional needs, health settings....”</p> <p>Mollah et al., (2018). How do mental health practitioners operationalise cultural competency in everyday practice? A qualitative analysis.</p>	Attitude of Health Professionals	Training of Mental Health professionals
<p>“... severe exposures to war trauma, childhood adversity, and discrimination endorsed greater PTSD symptoms, while only war trauma and discrimination were associated with depressive symptoms.”</p> <p>Mölsä et al., (2017). Mental health among older refugees: the role of trauma, discrimination, and religiousness.</p>	Acculturation Challenges hindering integration	Racism, Stigma Religion, trauma Discrimination, Migration
<p>Primary care providers seeking to assist individuals need to be</p>	Insufficient Resources	Language Barriers, Transcultural therapy,

<p>cognizant of language barriers to and challenges of working with interpreters as well as sensitive to cultural and social contexts within the diagnosis and service delivery process.</p> <p>Rousseau & Frounfelker, (2019). Mental health needs and services for migrants: an overview for primary care providers.</p>		
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Table 3: Raw Data for the selection of major and minor theme

6. RESULTS

In this chapter, the results of the findings will be further explained. The data search spanned from scientific data for the literature review, the articles were primarily from countries in the Europe continent (Sweden, Netherlands, Finland, Belgium and Germany), one other article was from the United kingdom). The research questions for this study were a result of the articles gathered and the research topic. A total of 20 articles were chosen from scientifically and peer-reviewed articles. These chosen articles centered on answering the research questions which are:

“1. How can cultural sensitivity help health professionals in mental health support programs for immigrants?”

“2. What are the cultural challenges faced by immigrants in using mental health support programs?”

These were pivotal in the search for the relevant data needed to achieve the results. The study is directed at the available mental health support programs for immigrants in Europe with culturally sensitive interventions. The themes from the main category are: 1) Attitude of Health Professionals, 2) Challenges of Acculturation and 3) Insufficient resources. The sub-categories for Attitude of Health Professionals are Training of Mental health Professionals, Health care utilization and Health Promotion. For Acculturation challenges hindering integration, the sub-categories are Racism, Stigmatization, Religion, Trauma and Discrimination, whereas the sub-categories for the third theme; Insufficient resources are Language barriers, Access to mental health facilities and Trans-cultural therapy.

6.1 Attitude of Health Professionals

This theme discusses health professionals' attitudes, which are critical to the efficacy and success of these immigrant mental health support services, especially when viewed from a culturally sensitive angle. Health professionals

are to have the skills and attitudes to be flexible and able to adapt from a patient's cultural belief. With years of adequate experience and exposure to patients with various cultural backgrounds (Mollah et al., 2018), sensitivity to trauma, migration experience, continuous learning, and reflection (Carrera et al., 2020). Cultural competence, openness, and empathy will play a huge role in helping health professionals apply culturally sensitive interventions when dealing with immigrants and mental health support programs. By adopting these attitudes and practices, healthcare providers can play a significant role in providing effective and culturally sensitive mental health care to immigrant populations, inevitably enabling healing, resilience, and well-being in these communities (Hoshmand et al., 2023)

Training of Health Professionals

From Nurses' perspectives, especially in Europe, it is important for training to be administered. This is because of huge cultural difference between the European culture and those of immigrants, thereby bringing about different healthcare administration for the immigrants. Mollah et al., (2018), buttresses on the need for health professionals to improve their cultural awareness and competency, the pursuance of continual education and introspection should be prioritized. Attending cultural competency training, looking for guidance and supervision, and thinking back on one's own prejudices and presumptions are a few ways to do this (Kour et al., 2021). Regular use of focus groups, feedback sessions, and surveys is necessary to assess how well cultural sensitivity training initiatives are working. By the application of feedback and using it to tailor training materials to the unique needs of immigrants and mental health professionals (Mollah et al., 2018). With the establishment of cultural competence teams which comprise community members, mental health professionals, and cultural experts, working together in the provision of guidance and support when working with clients from diverse cultural spheres (Carrera et al., 2020).

The study further revealed that when offering mental health support, healthcare professionals should be adaptive and flexible, taking cognizant that specific therapies might need to be tailored to the unique needs and situations

of their immigrant clients. This could entail allocating resources and solving problems creatively (Ansari, 2019; Kour et al., 2021 & Mollah et al., 2018).

Health Care Utilization

With the effective utilization of healthcare, this is essential to immigrant mental health assistance programs, especially when done in a culturally sensitive manner. Creating efficient and inclusive mental health interventions requires an understanding of how immigrants use and access healthcare services (Wrede et al., 2021). As health care professionals, it is imperative to tailor services to the social, linguistic, and cultural needs of immigrant populations. Healthcare professionals that possess cultural competence are aware of the cultural background of their patients, honor their cultural values, and adjust their treatment accordingly (Ansari, 2019).

It is important to note that culturally sensitive mental health programs recognize the ways in which structural inequalities, including financial inequality, racism, and prejudice, impact immigrants' access to healthcare. These programs promote health equity by supporting policies and regulations that address these underlying causes of health. By promoting social justice and addressing the root causes of health disparities, mental health support programs can help build more hospitable and easily accessible healthcare systems for immigrants (Rousseau & Frounfelker, 2019; Wylie et al., 2018)

Health Promotion

According to the articles reviewed, the concept of health promotion is pertinent on the impact of cultural sensitivity, which plays a significant role in mental health support programs for immigrants (Hoshmand et al., 2023).

Culturally sensitive mental health support services focus on promoting resilience and well-being in immigrant populations. This includes providing people with the resources they need to overcome migration obstacles, develop coping mechanisms, and establish social support systems. These activities can

improve the mental health and overall quality of life of immigrant communities by instilling a sense of cultural identity, belonging, and communal togetherness (Wrede et al., 2021). On the other hand, these programs, which acknowledge and accept cultural differences (Kieseppä et al., 2022) promote inclusivity, and empower individuals, have the potential to increase immigrant well-being (Virupaksha, 2014), resilience, and mental health equity. According to (Apers et al., 2023), more research, campaigning, and financing are needed to ensure the universal availability and effectiveness of culturally sensitive mental health care for immigrants worldwide.

6.2 Acculturation Challenges Hindering Integration

Acculturation explains challenging demands immigrants face during the process of integration into the host country's culture. The process of encountering people from diverse cultures can lead to changes in an individual's attitudes, beliefs, and identity, a process known as acculturation. Cultural stigma related to mental health hinders access to mental health services due to immigrants' self-help preferences. Trauma faced during the migration process contributes to the immigrants' mental health endurance and acuteness. Help-seeking sources must consider differences in ethnic backgrounds in the creation and implementation of mental health services. After resettlement in the host country, mental health of immigrants is jeopardized due to exposure to stressors such as limited availability of cultural sensitive mental health support programs and services (Morawa & Erim, 2014; Markova et al., 2020; Baulrddy et al., 2017; Peñuela et al., 2023; Rousseau & Frounfelker, 2019).

Racism

Public healthcare facilities are regarded as culturally neutral as the goal is to take care of the sick and cure illnesses. However, it is suggested that healthcare settings frame and recreate identities within migrant society

through daily intercommunication that noticeable inclusion or exclusion against larger society. Although adherence to global principles in the care of all patients, healthcare professionals regularly invoke what is referred to as cultural excuses or racial patterns amid regular healthcare for immigrants. Healthcare settings are not straightforwardly receptacles of ideas of national identification. Somewhat, the previous argument proposes that these establishments and their personnel are directly involved in determining ideas around identity, assimilation, and segregation. Muslim immigrants often face noticeable racism and aggressive threats collectively (Ansari, 2019; Mölsä et al., 2017).

Stigmatization

Stigma has been strongly associated with migrants' reduced likelihood of seeking help for mental health ailments. Immigrants with stigmatized perception of mental health do not seek help because of not wanting to expose their mental health status due to shame and worry about being perceived as weak as well as exposing confidentiality. There is a need for improvement in the sector of mental health care for immigrants in European countries to reduce the number of immigrants who stop/discontinue the use of antidepressants earlier than their European counterparts. Negative conceptions of mental illnesses among minority ethnic groups has been linked to disbelief in European methods of treatment amongst immigrants (Pauñela-O'Brien et al., 2023; Kieseppä et al., 2022).

Religion

High religiosity among immigrants plays a significant role as a protective factor against severe traumatic backgrounds and PTSD. For example, in Somali culture, the attitudes, the principles as well as the practices towards mental health are influenced by the Islamic traditions. In Islam, mental health is considered holistic and equated with closeness to God, and learning scriptures, caring behaviour and harmonious social relations are essential. Good mental health requires the virtue of generosity, respect, wisdom, and justice. The Somali Islamic culture strongly emphasizes on cohesion, spirituality, and harmony, on

the other hand absence of community relationships is seen as a curse. Highly religious immigrants showed lower levels of post-traumatic stress disorder compared to those with low religiousness. Religious communities in the host countries provide guidance and support to highly Muslim religious immigrants, which helps in recovery from distress (Mölsä et al., 2017).

Trauma

It is suggested that new stressors accelerate the effects of past trauma on migrants' mental health. Traumatic experiences make immigrants more sensitive to current daily threatening experiences like racism, unfairness as well as mistrust in the newer and safer host countries might have triggered past traumatic memories. Nurses' familiarization and affiliation of these dynamics of older and current threats and triggers of stress that might lead to mental health problems in immigrants for appropriate interventions. Recovery from negative trauma impacts can be promoted by encouraging and activating culturally salient resources (Mölsä et al., 2016).

Discrimination

Studies found that the form of discrimination in society is closely related to the level of psychological disorders and depression as well as post-traumatic stress. Severe daily discrimination faced by immigrants produces high risk for mental health problems. Daily discrimination refers to being unfairly treated, mistrust, and hostile attitudes towards the immigrants. Migrant-related difficulties, isolation, discrimination to individual character and capacities, as an alternative to group characteristics, is detrimental for mental health (Mölsä et al., 2017).

6.3 Insufficient Resources

One of the challenges found in mental health support programs for immigrants is insufficient resources which is a major setback to provide adequate care for the immigrants and also poses a great obstacle to the health professionals in the discharge of their duty. According to the International Journal of Environmental Research and Public Health, [IJERPH] (2020), migrants face a greater risk of mental health issues, thereby are in need of mental health support programs, but a bigger challenging is the ease of access to these programs and the availability of support programs that suits the migrant origin (Wylie et al., 2018).

Kieseppä et al., (2021) further reiterated that immigrants frequently have difficulties when attempting to access mental health services in their newly relocated country. This is because of the foreign medical system, language barriers, cultural variations in how illness is viewed, and a lack of trust towards the health professionals and the social system in general.

Language Barriers

It has been observed that non-native speakers seek rehabilitation treatment from social security institutions less often and get a positive decision less often than their counterparts. Linguistic barriers limit immigrants from accessing mental health services. However, using professional interpreters makes communication between healthcare providers and patients effective. Limited language skills may lead to inaccurate diagnosis and wrong treatment due to misunderstanding between the two parts. Also using family members as interpreters must be avoided for confidentiality protection (Castaneda et al., 2020; Rousseau & Frounfelker, 2019).

Access to Mental Health Facilities

Little or no access to mental health facilities for immigrants is a major challenge in any country (Rousseau & Frounfelker, 2019). In Europe, the inability for immigrants to access these facilities has resulted in the deteriorating condition of the immigrants which has led to Post Traumatic Stress Disorder (PTSD), psychosocial and dysfunctional disorders (Fegert et al., 2018). This stress related issues such as language barriers, structural barriers, lack of culturally competent care, geographical and transportation challenges have major impacts on both family and social life of the immigrants (Virupaksha et al., 2014). Osooli et al., (2023) in their article, noted that immigrants encounter major challenges prior to, during, and after migration which in turn has made the accessibility to mental health facilities difficult.

Transcultural Therapy

The concept of transcultural therapy came about from Leininger's theory on transcultural nursing (Leininger, 1995), which helps nurses have a better understanding of patients' diverse cultures and best administration of treatment. As health professionals, it is of the essence to know that the availability and inclusion of transcultural therapy to mental health support programs will improve better treatment. According to Carrera et al., (2020), integrating cultural problems into therapy enables therapists to foster more understanding, acceptance, and empowerment among immigrants, thereby strengthening their mental health and wellbeing.

7. ETHICAL CONSIDERATION AND RELIABILITY

This study is literature review on mental health support programs for immigrants in Europe from a culture-sensitive approach. According to Responsible Conduct of Research (RCR), (TENK, 2023), literature reviews and scholarly journals need to be written with professional integrity and honesty, thereby prohibiting falsification, fabrication, and plagiarism. In carrying out this study, the ethical principles were taken into consideration. The Community Based Participatory Research (CBPR) guide 2.0 (2020) from Diaconia University of Applied Sciences (Diak), which contains thesis writing criteria, was adhered to during the process of writing this literature review. Diak libguide provides access to the thesis guide, which outlines the norms and recommendations for producing scientific research. Intellectual property rights were properly respected. appropriate reference and citation of the data and authors. By doing this, plagiarism is prevented, and proper attribution is given.

For the review, data was chosen using trustworthy databases, as PubMed, Sage, Science Direct, and CINAHL.

The phases of data collection, investigation, and assessment were conducted in accordance with guidelines that maintained scientific standards and ethical sustainability. Furthermore, by correctly referencing their publications, recognizing their contributions, and giving them the recognition and weight they deserved, other academic successes and work were acknowledged.

8. DISCUSSION

Understanding the intricacies of cultural sensitivity in mental health support programs for immigrants in Europe is critical for meeting the different requirements of this community. This chapter tries to consolidate the study's findings, analyze their consequences, and make recommendations for further research and practical treatments.

From the study, the concept of cultural sensitivity in mental health programs cuts across both the health professionals and the immigrants in question (Orang et al., 2023).

Cultural sensitivity is crucial in mental health support for immigrants. By providing culturally salient and diverse support programs, holistic mental health support can be achieved (Mollah et al., 2018)

Results from this literature review have shown that acculturation challenges hindering integration have direct impacts on the immigrants' access to mental health support programs.

According to Mölsä et al., (2018), factors such as racism, high religiousness, discrimination, stigmatization and trauma hinder acculturation profoundly. However, successful acculturation showed improvement in immigrants mental health, as the perception and knowledge improve leading to immigrants seeking help and trusting the health care system.

The study discovered that program facilitators that support mental health treatment are more culturally aware, despite its limits. Wrede et al., (2021), reiterated in their article that culturally competent corporate policies and procedures, collaboration between communities, a multicultural mental health workforce, and culturally appropriate interventions are a few of these. When it comes to immigrant mental health care, these facilitators promote efficacy, involvement, and trust.

According to Leininger, (2002) the transcultural nursing theory was incorporated into the study, due to its importance to the topic which deals with cultural sensitive approach for health professionals dealing with multicultural patients. It is pertinent to note that it presents a practical strategy to ensure safe, culturally sensitive, and consistent transcultural nursing care.

Leininger Transcultural Nursing Theory provides a useful framework for understanding and managing cultural differences in immigrant mental health support programs. The discussion will look at how Leininger's theory can be used to create and implement culturally conscious solutions in this context (Leininger, 2002).

Leininger's theory recognizes the importance of cultural elements in healthcare delivery and provides guidelines on how to integrate cultural concerns into nursing care, so ensuring that individuals from diverse cultural backgrounds receive patient-centered, culturally sensitive care (Leininger, 2002; Huang & Zane, 2016; Hoshmand et al., 2023).

This nursing theory offers a more thorough and culturally aware method of treatment when it comes to mental health support programs for immigrants. By completing cultural assessments, embracing cultural care values, gaining cultural competence, offering care that is culturally compatible, and interacting with immigrant communities, mental health practitioners may support the resilience and mental health of immigrant populations (Leininger, 1995).

Professionals must be culturally competent, that is, possess the knowledge, skills, and dispositions necessary to work effectively with a range of clients—to deliver ethical mental health care. Working with cultural brokers or interpreters, learning new things, and engaging in ongoing introspection are all necessary to bridge cultural gaps in an ethical and courteous way. If cultural competency is not exercised, the standard of therapy delivered and the integrity of the therapeutic interaction may be compromised (Carrera et al., 2020; Ansari, 2019)

The findings from the study, have several practical implications for immigrant mental health services across Europe. Kour et al., (2021) emphasized the importance of increasing the cultural competency of mental health professionals, specific training programs are necessary. These courses should focus on developing the knowledge, skills, and attitudes needed to provide culturally sensitive healthcare. To provide a friendly environment for staff members and clients from diverse backgrounds, mental health professionals should also adopt

culturally appropriate policies and procedures (Maier-Lorentz, 2008). Including community leaders and considering their perspectives can also help tailor therapies to the specific requirements of immigrants.

According to FIHW, (2023), in Finland, several projects like the Maamu projects and Mieli Mental Health program has been incorporated to help immigrants to adapt into the Finnish society. Health information are collected from the population registers, and it is needed to organize, create, and assess the health and social care system, as well as the health and social policies and initiatives for health promotion (FIHW, 2023).

9. RECOMMENDATION AND CONCLUSION

To enhance our comprehension of cultural sensitivity in mental health support services for immigrants in Europe, further research is required. The effects of cultural sensitivity on treatment outcomes and healthcare disparities over time can be examined through longitudinal studies. Qualitative research approaches such as focus groups and in-depth interviews can aid in understanding the perspectives and experiences of immigrants on mental health care. Comparative studies between European nations can also shed information on variations in cultural sensitivity practices and how they affect the mental health of immigrants.

Based on the study, effective mental health support for immigrants in Europe requires cultural awareness. Promoting cultural awareness and removing obstacles calls for cooperation from legislators, mental health professionals, immigrant groups, and other stakeholders. Mental health support programs can improve immigrant populations' access, participation, and outcomes by creating a culturally sensitive atmosphere. This aids in their general well-being and integration into European society.

9.1 Professional development

This thesis process has been a multifaceted journey which has transcended beyond academic writing. While working on the thesis, it has helped in being able to work effectively as partners and cuts the barriers across gender inequalities and stereotypic thoughts regarding the concept of mental health and the African culture.

During this study, various skills were learnt which included, ability to correctly cite and reference articles, use of scientific and scholarly reviewed articles for our thesis. Another important and tasking skill was the ability to correctly search for articles, analyse them and get the results from them.

Completing this thesis has offered numerous opportunities for professional and personal growth, even though the main goal is to further scholarly understanding on the concept of cultural sensitivity in mental health programs for immigrants especially in the European continent.

REFERENCES

- Altheide, D. L., & Schneider, C. J. (2013). *Qualitative media analysis*. Sage.
- American Psychiatric Association (APA). (2013). What is mental illness? Retrieved on 24.03.2024 from <https://www.psychiatry.org/patients-families/what-is-mental-illness>.
- Ansari, D.A. (2019). Casting and scripting: Visibility, responsibility, and legitimacy in transcultural psychiatry apprenticeship in Paris. Retrieved on 23.04.2024 from <https://journals-sagepub-com.anna diak.fi/doi/10.1177/1363461519884154>
- Apers, H., Van Praag, L., Nöstlinger, C., & Agyemang, C. (2023). Interventions to improve the mental health or mental well-being of migrants and ethnic minority groups in Europe: A scoping review. *Global mental health* (Cambridge, England), 10, e23. Retrieved on 17.04.2024 from <https://doi.org/10.1017/gmh.2023.15>
- Berry, J. W. (2006). Acculturation: A conceptual overview. In *Handbook of multicultural perspectives on stress and coping* (pp. 23-46). Springer.
- Bowen, G. A. (2009). Document analysis as a qualitative research method. *Qualitative Research Journal*, 9(2), 27-40. doi:10.3316/QRJ0902027.
- Boyle, J.S. (1999). *The Journal of Transcultural Nursing*. Transcultural Nursing at Y2K: Some Thoughts and Observations. Sage Publications. Retrieved on 19.03.2024 from <https://journals.sagepub.com/doi/epdf/10.1177/104365969901000104> .
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Psychology*, 3(77Á/101).
- Braun, V., & Clarke, V. (2012). *Thematic analysis*. American Psychological Association.

- Bustamante, L. H. U., Cerqueira, R. O., Leclerc, E., & Brietzke, E. (2017). Stress, trauma, and posttraumatic stress disorder in migrants: a comprehensive review. Retrieved on 17.04.2024 from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6900760/>
- Carrera, L. C., Lévesque-Daniel, S., Moro, M. R., Mansouri, M., Lachal, J. (2020). Becoming a transcultural psychotherapist: Qualitative study of the experience of professionals in training in a transcultural psychotherapy group. *Transcultural Psychiatry*. 2022;59(2):143-153. Retrieved on 18.04.2024 from <https://journals-sagepub-com.anna.diak.fi/doi/10.1177/1363461520950065>
- Carta, M. G., Bernal, M., Hardoy, M. C., Haro-Abad, J. M., & Report on the Mental Health in Europe Working Group (2005).
- Castaneda, A. E., Clienti, K., Rask, S., Lilja, E., Skogberg, N., Kuusio, H., Salama, E., Lahti, J., Elovainio, M., Suvisaari, J., Koskinen, S., & Koponen, P. Migrants Are Underrepresented in Mental Health Rehabilitation Services- Survey and Register-Based Findings of Russia, Somali and Kurdish Origin Adults in Finland. Retrieved on 19.04.2024 from <https://www.mdpi.com/1660-4601/17/17/6223>
- Diaconia University of Applied Sciences, Library, (DIAK Lib). Retrieved on 24.04.2024 from <https://libguides.diak.fi/c.php?g=670543&p=4760643>
- European Commission, Health Promotion. (2020). Retrieved on 10.04.2024 from https://health.ec.europa.eu/other-pages/basic-page/health-promotion_en#:~:text=The%20EU%20Health%20Programme%20outlines,for%20which%20is%20good%20health
- Fegert, J.M., Diehl, C., Leyendecker, B., Hawleg, K., & Prayon-Blum, V. (2018). Psychosocial problems in traumatized refugee families: overview of risks and some recommendations for support services. *Child Adolescent Psychiatry Ment Health* 12, 5 (2018). <https://doi.org/10.1186/s13034-017-0210-3>. Reviewed on 21.04.2024

Fink, A. (2020). *Conducting Research Literature Reviews* (5th Ed.). Sage Publications.

Finnish advisory board on research integrity (TENK). (2012).

<https://tenk.fi/en/advice-and-materials>. Retrieved on 19.04.2024

Finnish Institute for Health and Welfare, (FIHW), (2024). Migration and Cultural Diversity. Retrieved on 09.04.2024 from <https://thl.fi/en/topics/migration-and-cultural-diversity/immigrants-health-and-wellbeing>.

Finnish Institute for Health and Welfare, (FIHW), (2024) (. Retrieved on 11.03.2024 from <https://thl.fi/en/topics/migration-and-cultural-diversity/support-material/good-practices/cultural-competence-and-cultural-sensitivity>.

Galanti, G. A. (2000). An introduction to cultural differences. *The Western journal of medicine*, 172(5), 335–336.

<https://doi.org/10.1136/ewjm.172.5.335> . Accessed: 23.03.2024

Garg, R. (2016). Methodology for research I. *Indian journal of anaesthesia*, 60(9), 640–645. Retrieved on 18.03.2024 from <https://doi.org/10.4103/0019-5049.190619> .

Han, S. (2022). Cultural differences in beliefs and believing about the self - A brain imaging approach. *Frontiers in behavioural neuroscience*, 16, 962225. Retrieved on 23.03.2024 from <https://doi.org/10.3389/fnbeh.2022.962225> .

Huang, C. Y., & Zane, N. (2016). Cultural influences in mental health treatment. Retrieved on 18.04.2024 from <https://www.sciencedirect.com/science/article/abs/pii/S2352250X15002560?via%3Dihub>

Hoshmand, S., Kneegting, H., & Spoelstra, S. (2023). Cultural competence of mental health practitioners in the Netherlands. *International Journal of Social Psychiatry*. 2024;70(2):282-288.
doi:[10.1177/00207640231206062](https://doi.org/10.1177/00207640231206062)

Joanna Briggs Institute. (2017) Critical Appraisal checklist for Qualitative

- Research. Retrieved on 12.05.2024 https://jbi.global/sites/default/files/2019-05/JBI_Critical_Appraisal-Checklist_for_Qualitative_Research2017_0.pdf
- Johnson, R. & Christensen, Larry. (2014). Educational Research Quantitative, Qualitative, and Mixed Approaches Fifth Edition.
- Kieseppä, V., Jokela, M., Holm, M., Suvisaari, M., & Lehti, V. (2021). Post-traumatic stress disorder among immigrants living in Finland: Comorbidity and mental health service use. Retrieved on 18.04.2024 from <https://www.sciencedirect.com/science/article/pii/S0165178121002377#abs0002>
- Kieseppä, V., Markkula, N., Taipale, H., Holm, M., Jokela, M., Suvisaari, J., Tanskanen, A., Gissler, M., & Lehti, V. (2022). Antidepressant use among immigrants with depressive disorder living in Finland: A register-based study. *Journal of affective disorders*, 299, 528–535. Retrieved on 18.04.2024 from <https://doi.org/10.1016/j.jad.2021.12.071>
- Kour, P., Lien, L., Kumar, B., Nordaunet, O. M., Biong, S., & Pettersen, H. (2021). Health Professionals' Experiences with Treatment Engagement Among Immigrants with Co-occurring Substance Use- and Mental Health Disorders in Norway. *Substance Abuse: Research and Treatment*. 2021;15. Retrieved on 18.04.2024 from <https://journals-sagepub-com.anna diak.fi/doi/full/10.1177/11782218211028667>
- Kumar, S., & Preetha., G. (2012). Health promotion: an effective tool for global health. *Indian journal of community medicine: official publication of Indian Association of Preventive & Social Medicine*, 37(1), 5–12. <https://doi.org/10.4103/0970-0218.94009>
- Leininger, M. M. (1995). *Transcultural nursing: Concepts, theories, research & practice* (3rd ed.). McGraw-Hill.
- Leininger, M. (2002). Culture care theory: a major contribution to advance transcultural nursing knowledge and practices. *Journal of transcultural nursing: official journal of the Transcultural Nursing Society*, 13(3), 189–201. Retrieved on 11.03.2024 from <https://pub-med.ncbi.nlm.nih.gov/12113148/> .

- Leininger, M. & McFarland, M. (2006). *Culture Care Diversity and Universality: A Worldwide Nursing Theory*. 2n. Ed. Jones and Barlett Publisher. Retrieved on 11.03.2024 from https://books.google.fi/books?hl=en&lr=&id=NmY43MysbXlC&oi=fnd&pg=PR5&ots=Jnahgd3e9-&sig=bZeWjH9ur8evWJlamX-nYG4itxA&redir_esc=y#v=onepage&q&f=false .
- Lindert, J., Schouler-Ocak, M., Heinz, A., & Priebe, S. (2008). Mental health, health care utilisation of migrants in Europe. *European Psychiatry* vol. 23. Retrieved on 10.03.2024 from <https://www.cambridge.org/core/journals/european-psychiatry/article/abs/mental-health-health-care-utilisation-of-migrants-in-europe/73EB036C1377E14B2D9717C55558911C>
- Maier-Lorentz, M. M. (2008). Transcultural nursing: its importance in nursing practice. *Journal of cultural diversity*, 15(1), 37–43. Retrieved on 15.03.2024 from <https://pubmed.ncbi.nlm.nih.gov/19172978/> .
- Markova, V., Sandal, G. M., & Pallesen, S. (2020). Immigration, acculturation, and preferred help-seeking sources for depression: comparison of five ethnic groups. *BMC health services research*, 20(1), 648. Retrieved on 16.04.2024 from <https://doi.org/10.1186/s12913-020-05478-x>
- Mieli Mental Health Finland. (MMHF), (2024). Retrieved on 27.04.2024 from <https://mieli.fi/en/>
- Mollah, T. N., Antoniadis J., Lafeer, F. I., Brijnath, B. (2018). How do mental health practitioners operationalize cultural competency in everyday practice? A qualitative analysis. Retrieved on 19.04.2024 from. <https://rdcu.be/dFhq0>
- Morawa, E., & Erim, Y. (2014). Acculturation and depressive symptoms among Turkish immigrants in Germany. *International journal of environmental research and public health*, 11(9), 9503–9521. Retrieved on 19.04.2024 from <https://doi.org/10.3390/ijerph110909503>
- Mölsä, M., Kuittinen, S., Tiilikainen, M., Honkasalo, M. L., & Punamäki, R. L. (2017). Mental health among older refugees: the role of trauma,

- discrimination, and religiousness. *Aging & mental health*, 21(8), 829–837. <https://doi.org/10.1080/13607863.2016.1165183>
- National Institute of Mental Health (NIMH). (n.d.). What is mental health? Retrieved on 24.03.2024 from <https://www.nimh.nih.gov/health/topics/mentalhealth/index.shtml>.
- Neuman, W. L. (2013). Social research methods: Qualitative and quantitative approaches. Pearson Education.
- National Institute of Health Promotion (NIPH). (2014). Health Promotion Glossary. Retrieved on 24.04.2024 from <https://www.niph.go.jp/en/soshiki-en/07shougai-en/>
- Orang, T. M., Missmahl, I., Gardisi, M., & Kluge, U. (2023). Rethinking mental health care provided to migrants and refugees; a randomized controlled trial on the effectiveness of Value Based Counselling, a culturally sensitive, strength-based psychological intervention. *PloS one*, 18(3), Retrieved on 19.04.2024 from <https://doi.org/10.1371/journal.pone.0283889>
- Osooli, M., Ohlsson, H., Sundquist, J., & Sundquist, K. (2023) Major depressive disorders in young immigrants: A cohort study from primary healthcare settings in Sweden. *Scandinavian Journal of Public Health*. 2023;51(3):315-322. Retrieved on 24.4.2024 from [doi:10.1177/14034948211019796](https://doi.org/10.1177/14034948211019796)
- Pañuela-O'Brien, E., Wan, M. W., Berry, K., & Edge, D. (2023). Central and Eastern European migrants' experiences of mental health services in the UK: A qualitative study post-Brexit. Retrieved on 18.04.2024 from <https://www.sciencedirect.com/science/article/pii/S073839912200828X>
- Rousseau, C., & Frounfelker, R. L. (2019). Mental health needs and services for migrants: an overview for primary care providers. *Journal of travel medicine*, 26(2), tay150. Retrieved on 19.04.2024 from <https://doi.org/10.1093/jtm/tay150>
- Sagar, P. L., & Eggertson, L. K. (2001). Transcultural nursing theory from a critical cultural perspective. *Advances in Nursing Science*, 24(4), 36-49.

- Salami, B., Salma, J., & Hegadoren, K. (2019). Mental health of immigrants and refugees: Culturally sensitive practice. *Canadian Journal of Nursing Research*, 51(3), 180-187.
<https://pubmed.ncbi.nlm.nih.gov/29984880/>
- Seitz, R. J. (2022). Believing and Beliefs-Neurophysiological Underpinnings. *Frontiers in behavioural neuroscience*, 16, 880504. Retrieved on 23.03.2024 from
<https://doi.org/10.3389/fnbeh.2022.880504> .
- Terry, G., Hayfield, N., Clarke, V., & Braun, V. (2017). Thematic analysis. *The SAGE handbook of qualitative research in psychology*, 2, 17-37.
- The Journal of Transcultural Nursing. AIMS AND SCOPE. 2024. Sage Publications. Retrieved on 19.03.2024 from
<https://us.sagepub.com/en-us/nam/journal/journal-transcultural-nursing#aims-and-scope> .
- Toselli, S., Gualdi-Russo, E., Marzouk, D., Sundquist, J., Sundquist, K., Psychosocial health among immigrants in central and southern Europe, *European Journal of Public Health*, Volume 24, Issue suppl_1, August 2014, Pages 26–30,
<https://doi.org/10.1093/eurpub/cku100>
- Virupaksha, H. G., Kumar, A., & Nirmala, B. P. (2014). Migration and mental health: An interface. Retrieved on 17.04.2024 from
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4121889/>
- World Health Organization. (2004). *Promoting Mental Health: Concepts, Emerging Evidence, Practice*. Geneva: World Health Organization.
- World Health Organization. WHO, (2020). Health promotion. Retrieved on 23.03.2024 from https://www.who.int/health-topics/health-promotion#tab=tab_1.
- World Health Organization. WHO, (2022). Mental health. Retrieved on 22.03.2024 from <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response> .
- World Health Organization. WHO. (2023). The health of refugees and migrants in the WHO European Region. Retrieved on 10.03.2024 from <https://www.who.int/europe/news-room/fact->

[sheets/item/the-health-of-refugees-and-migrants-in-the-who-eu-ropean-region](#) .

Whitley R, Wang J, Fleury M-J, Liu A, Caron J. Mental Health Status, Health Care Utilisation, and Service Satisfaction among Immigrants in Montreal: An Epidemiological Comparison.

Retrieved on 15.04.2024 from <https://journals-sagepub-com.anna diak.fi/doi/full/10.1177/0706743716677724>

Wrede, O., Löve, J., Jonasson, J. M., Panneh, M., & Priebe, G. (2021).

Promoting mental health in migrants: a GHQ12-evaluation of a community health program in Sweden. *BMC public health*, 21(1), 262. Retrieved on 17.04.2024

from <https://doi.org/10.1186/s12889-021-10284-z>

Wylie, L., Meyel, R. V., Harder, H., Sukhera, J., Luc, C., Ganjavi, H., Mohamad, E., Wardrop, N. (2018). Assessing trauma in a transcultural context: challenges in mental health care with immigrants and refugees. Retrieved on 19.04.2024 from

<https://rdcu.be/dFhy4>

APPENDIX 1. Table of Summary of 20 Articles

No.	Author	Year	Title	Journal	Methodology	Result
1	Morawa, E., & Erim, Y.	2014	Acculturation and depressive symptoms among Turkish immigrants in Germany		Quantitative review	For the total sample, as well as the sub-samples of primary care patients and psychosomatic patients. However, the generational status had an impact on both acculturation indices in the total sample and in both sub-groups.
2.	Peñuela-O'Brien, E., Wan, M.W., Berry, K., Edge, D.	2023	Central and Eastern European migrants' experiences of mental health services in the UK: A qualitative study post-Brexit	Patients Education and Counseling Journals	Literature review.	The information is presented in the following categories: acculturation; acculturation and mental health; ethnic identity; ethnic identity and mental health; and acculturation, ethnic identity, and mental health. Research gaps are also presented.
3	Mollah, T.N., Antoniadou, J., Lafeer, F.I., & Brijnath, B.	2018	How do mental health practitioners operationalise cultural competency in everyday		Qualitative review	There is a collective understanding of cultural competency, but its

			practice? A qualitative analysis.			appliance differs by profession, health care setting, locality, and years of experience.
4.	Hoshmand S, Kneegtering H, Spoelstra S.	. 2023	Cultural competence of mental health practitioners in the Netherlands.	International Journal of Social Psychiatry. 2024;70(2):282-288	Cross-sectional study, online questionnaire	Ninety-seven mental health practitioners completed the questionnaire. Of the psychiatrists 70% and of the residents 76% reported that treating patients from cultural backgrounds different from their own background is challenging. Only 44% of psychiatrists and 34% of residents considered themselves sufficiently culturally competent, and 56% and 47% respectively, were uninformed about the CFI. Most psychiatrists and residents (70 vs 84%) indicated a need for more training in cultural competence.

5.	Kour, P., Lien, L., Kumar, B., Nordaunet, O.M., Biong, S., Pettersen, H.	2021	Health Professionals' Experiences with Treatment Engagement Among Immigrants with Co-occurring Substance Use and Mental Health Disorders in Norway		Descriptive qualitative research design	Having at least one visit to hospital in-patient or out-patient care with a psychiatric diagnosis was more prevalent among the Kurdish origin group but less prevalent among the Russian and Somali origin group in comparison with the general population in Finland.
6.	Castaneda, A.E.; Çilenti, K.; Rask, S.; Lilja, E.; Skogberg, N.; Kuusio, H.; Salama, E.; Lahti, J.; Elovainio, M.; Suvisaari, J.; Koskinen, S.; Koponen, O.	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.	Use of combined survey- and register-based data in Finland.	The present study explored register-based mental health-related use of health services in three migrant origin populations and the correspondence between the need for services observed in the survey and used services observed in the registers...
7	Rousseau, C., & Frounfelker, R. L.	2019	Mental health needs and services for migrants: an overview for primary care providers.	Journal of travel medicine, 26(2), 150	Literature review	Relative to refugees, migrants with precarious legal status may be at even higher risk of

						depression and anxiety disorders. including severity of trauma exposures during the migration process.
8	Mölsä, M., Kuitinen, S., Tiilikainen, M., Honkasalo, M., Punamäki, R.	2017	Mental health among older refugees: the role of trauma, discrimination, and religiousness.		Interviews, questionnaires	High religiousness could play a buffering role among older Somalis, as exposure to severe war trauma was not associated with prominent levels of PTSD or somatization symptoms among highly religious refugees.
9	Kieseppä, V., Markkula, N., Taipale, H., Holm, M., Jokela, M., Suvisaari, J., Tanskanen, A., Gissler, M., & Lehti, V.	2022	Antidepressant use among immigrants with depressive disorder living in Finland: A register-based study.	Journal of affective disorders, 299, 528–535.	Quantitative review	Immigrants were more likely to initiate the use of antidepressants than the Finnish-born. Immigrants from Sub Saharan Africa, the Middle East and Northern Africa were most likely to discontinue antidepressants earlier.
10	Ansari, D.A.	2019	Casting and scripting: Visibility, responsibility, and legitimacy in transcultural	Sage Journals	Qualitative review	This article describes how transcultural therapy groups are a

			psychiatry apprenticeships in Paris.			theatre in which belonging, identity, and Frenchness are contested and performed.
11	Carrera, L. C., Lévesque-Daniel S, Moro MR, Mansouri M, Lachal J	2020	Becoming a transcultural psychotherapist: Qualitative study of the experience of professionals in training in a transcultural psychotherapy group.	Sage Journals	Qualitative study	The <i>personal emotional experience within the transcultural group</i> includes the private feelings of participants, their emotions, and their initial difficulties. Their <i>perception of the overall program</i> (patient services and training) concerns the trainees' perspectives on transcultural psychotherapy and its most original aspects.
12	Wylie, L., Van Meyel, R., Harder, H.	2018	Assessing trauma in a transcultural context: challenges in mental health care with immigrants and refugees.		Qualitative study	The results from this study demonstrate that standards of practice for transcultural care are not in place across mental health services in London, Ontario, despite the existence of evidence-

						based recommendations in the DSM-5.
13	Virupaksha, H. G., Kumar, A., & Nirmala, B. P.	2014	Migration and mental health: An interface	Journal of natural science, biology, and medicine	Narrative review	The studies also pointed out that the local and international efforts to responding to these problems are inadequate and deficient. There is an immense need of making avail, accessible and affordable of the public and health services.
14	Orang, T. M., Missmahl, I., Gardisi, M., & Kluge, U.	2023	Rethinking mental health care provided to migrants and refugees; a randomized controlled trial on the effectiveness of Value Based Counseling, a culturally sensitive, strength-based psychological intervention.	PLoS Journal	Quantitative analysis	'Value Based Counselling' (VBC), Per protocol and intention-to-treat (ITT) analyses revealed that compared with participants in the waiting-list group (n = 50), the VBC group (n = 53) experienced a greater improvement in resilience
15	Fegert, J.M., Diehl, C., Leyendecker, B	2018	Psychosocial problems in traumatized refugee families: overview of risks and some	Child and Adolescent Psychiatry	Quantitative review	The result recognizes the elevated level of psychosocial problems

			recommendations for support services.	y and Mental Health Journal		present in these families, providing family-friendly living accommodations, teaching positive parenting skills, initiating culture-sensitive interventions, establishing training programs to support those who work with refugees, expanding the availability of trained interpreters, facilitating access to education and health care, and identifying intervention requirements through screening and other measures.
16	Kieseppä, V., Jokela, M., Holm, M., Suvisaari, J., Gissler, M., & Lehti, V.	2021	Post-traumatic stress disorder among immigrants living in Finland: Comorbidity and mental health service use.		Quantitative analysis.	There were statistically significant differences in socioeconomic status between the two groups, but the interpretation is difficult because the socioeconomic status of many of the immigrants was unknown. The

						immigrants were more often not in employment and the Finnish-born controls were more likely to have an occupation in all the other categories except for entrepreneurs and farmers.
17	Wrede, O., Löve, J., Jonasson, J. M., Panneh, M., & Priebe, G	2021	Promoting mental health in migrants: a GHQ12-evaluation of a community health program in Sweden.	BMC Journals	Statistical review	The number of participants scoring above the clinical cut off after participation in the program was lower, compared to the corresponding number before participation. Many of the participants had no change compared to before participation in the program.
18	Osooli M, Olsson H, Sundquist J, Sundquist K.	2023	Major depressive disorders in young immigrants: A cohort study from primary healthcare settings in Sweden.	Scandinavian Journal of Public Health. 2023;51(3):315–322.	A cohort study	It is possible that the risk of MDD among the first-generation immigrants in our study is underestimated due to a lower healthcare service utilization

19	Markova, V., Sandal, G. M., & Pallesen, S.	.2020	Immigration, acculturation, and preferred help-seeking sources for depression: comparison of five ethnic groups.	BMC Journals	Social media survey	The results showed no ethnic differences in endorsement of formal mental help sources (e.g., a medical doctor). Maintenance of the culture of origin as the acculturation orientation was associated with preferences for traditional and informal help sources, while the adoption of mainstream culture was associated with semiformal and formal help-seeking sources.
20	Apers, H., Van Praag, L., Nöstlinger, C., & Agyemang, C.	2023	Interventions to improve the mental health or mental well-being of migrants and ethnic minority groups in Europe: A scoping review.	Global Mental Health Journal	Literature review	Studies were either based on thorough cultural adaptation of already existing evidence-based interventions, such as a Dutch study reporting on the successful cultural adaptation of a physical exercise program for elderly Turkish migrants in the Netherlands.

APPENDIX 2: List of 20 chosen articles

1. Morawa, E., & Erim, Y. (2014). Acculturation and depressive symptoms among Turkish immigrants in Germany. *International journal of environmental research and public health*, 11(9), 9503–9521. Retrieved on 19.04.2024 from <https://doi.org/10.3390/ijerph110909503>
2. Pañuela-O'Brien, E., Wan, M. W., Berry, K., & Edge, D. (2023). Central and Eastern European migrants' experiences of mental health services in the UK: A qualitative study post-Brexit. Retrieved on 18.04.2024 from <https://www.sciencedirect.com/science/article/pii/S073839912200828X>
3. Mollah, T. N., Antoniadou J., Lafeer, F. I., Brijnath, B. (2018). How do mental health practitioners operationalize cultural competency in everyday practice? A qualitative analysis. Retrieved on 19.04.2024 from. <https://rdcu.be/dFhq0>
4. Hoshmand, S., Kneegtering, H., & Spoelstra, S. (2023). Cultural competence of mental health practitioners in the Netherlands. *International Journal of Social Psychiatry*. 2024;70(2):282-288. doi:[10.1177/00207640231206062](https://doi.org/10.1177/00207640231206062)
5. Kour, P., Lien, L., Kumar, B., Nordaunet, O. M., Biong, S., & Pettersen, H.(2021), Health Professionals' Experiences with Treatment Engagement Among Immigrants with Co-occurring Substance Use- and Mental Health Disorders in Norway. *Substance Abuse: Research and Treatment*. 2021;15. Retrieved on 18.04.2024 from <https://journals-sagepub-com.anna diak.fi/doi/full/10.1177/11782218211028667>
6. Castaneda, A. E., Clienti, K., Rask, S., Lilja, E., Skogberg, N., Kuusio, H., Salama, E., Lahti, J., Elovainio, M., Suvisaari, J., Koskinen, S., & Koponen, P. Migrants Are Underrepresented in Mental Health Rehabilitation Services- Survey and Register-Based Findings of Russia, Somali and Kurdish Origin Adults in Finland. Retrieved

on 19.04.2024 from <https://www.mdpi.com/1660-4601/17/17/6223>

7. Rousseau, C., & Frounfelker, R. L. (2019). Mental health needs and services for migrants: an overview for primary care providers. *Journal of travel medicine*, 26(2), tay150. Retrieved on 19.04.2024 from <https://doi.org/10.1093/jtm/tay150>
8. Mölsä, M., Kuittinen, S., Tiilikainen, M., Honkasalo, M. L., & Punamäki, R. L. (2017). Mental health among older refugees: the role of trauma, discrimination, and religiousness. *Aging & mental health*, 21(8), 829–837.
<https://doi.org/10.1080/13607863.2016.1165183>
9. Kieseppä, V., Markkula, N., Taipale, H., Holm, M., Jokela, M., Suvisaari, J., Tanskanen, A., Gissler, M., & Lehti, V. (2022). Antidepressant use among immigrants with depressive disorder living in Finland: A register-based study. *Journal of affective disorders*, 299, 528–535. Retrieved on 18.04.2024 from <https://doi.org/10.1016/j.jad.2021.12.071>
10. Ansari, D.A. (2019). Casting and scripting: Visibility, responsibility, and legitimacy in transcultural psychiatry apprenticeship in Paris. Retrieved on 23.04.2024 from <https://journals-sagepub-com.anna diak.fi/doi/10.1177/1363461519884154>
11. Carrerra, L. C., Lévesque-Daniel, S., Moro, M. R., Mansouri, M., Lachal, J.(2020). Becoming a transcultural psychotherapist: Qualitative study of the experience of professionals in training in a transcultural psychotherapy group. *Transcultural Psychiatry*. 2022;59(2):143-153. Retrieved on 18.04.2024 from <https://journals-sagepub-com.anna diak.fi/doi/10.1177/1363461520950065>
12. Wylie, L., Meyel, R. V., Harder, H., Sukhera, J., Luc, C., Ganjavi, H., Mohamad, E., Wardrop, N. (2018). Assessing trauma in a transcultural context: challenges in mental health care with immigrants and refugees. Retrieved on 19.04.2024 from <https://rdcu.be/dFhy4>

13. Virupaksha, H. G., Kumar, A., & Nirmala, B. P. (2014). Migration and mental health: An interface. Retrieved on 17.04.2024 from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4121889/>
14. Orang, T. M., Missmahl, I., Gardisi, M., & Kluge, U. (2023). Rethinking mental health care provided to migrants and refugees; a randomized controlled trial on the effectiveness of Value Based Counselling, a culturally sensitive, strength-based psychological intervention. *PloS one*, 18(3), Retrieved on 19.04.2024 from <https://doi.org/10.1371/journal.pone.0283889>
15. Fegert, J.M., Diehl, C., Leyendecker, B., Hawleg, K., & Prayon-Blum, V.(2018). Psychosocial problems in traumatized refugee families: overview of risks and some recommendations for support services. *Child Adolescent Psychiatry Ment Health* 12, 5 (2018). <https://doi.org/10.1186/s13034-017-0210-3>.Reviewed on 21.04.2024
16. Kieseppä, V., Jokela, M., Holm, M., Suvisaari, M., & Lehti, V. (2021). Post-traumatic stress disorder among immigrants living in Finland: Comorbidity and mental health service use. Retrieved on 18.04.2024 from <https://www.sciencedirect.com/science/article/pii/S0165178121002377#abs0002>
17. Wrede, O., Löve, J., Jonasson, J. M., Panneh, M., & Priebe, G. (2021). Promoting mental health in migrants: a GHQ12-evaluation of a community health program in Sweden. *BMC public health*, 21(1), 262. Retrieved on 17.04.2024 from <https://doi.org/10.1186/s12889-021-10284-z>
18. Osooli, M., Ohlsson, H., Sundquist, J., & Sundquist, K. (2023) Major depressive disorders in young immigrants: A cohort study from primary healthcare settings in Sweden. *Scandinavian Journal of Public Health*. 2023;51(3):315-322. Retrieved on 24.4.2024 from [doi:10.1177/14034948211019796](https://doi.org/10.1177/14034948211019796)
19. Markova, V., Sandal, G. M., & Pallesen, S. (2020). Immigration, acculturation, and preferred help-seeking sources for depression: comparison of five ethnic groups. *BMC health*

services research, 20(1), 648. Retrieved on 16.04.2024 from
<https://doi.org/10.1186/s12913-020-05478-x>

20. Apers, H., Van Praag, L., Nöstlinger, C., & Agyemang, C. (2023). Interventions to improve the mental health or mental well-being of migrants and ethnic minority groups in Europe: A scoping review. *Global mental health* (Cambridge, England), 10, e23. Retrieved on 17.04.2024 from
<https://doi.org/10.1017/gmh.2023.15>

APPENDIX 3: JBI Critical Appraisal Checklist for Qualitative Research



JBI Critical Appraisal Checklist for Qualitative Research

Reviewer _____ Date _____

Author _____ Year _____ Record Number _____

Yes No Unclear Not applicable

- | | | | | | |
|-----|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. | Is there congruity between the stated philosophical perspective and the research methodology? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Is there congruity between the research methodology and the research question or objectives? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Is there congruity between the research methodology and the methods used to collect data? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Is there congruity between the research methodology and the representation and analysis of data? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | Is there congruity between the research methodology and the interpretation of results? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | Is there a statement locating the researcher culturally or theoretically? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | Is the influence of the researcher on the research, and vice-versa, addressed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | Are participants, and their voices, adequately represented? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. | Is the research ethical according to current criteria or, for recent studies, and is there evidence of ethical approval by an appropriate body? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | Do the conclusions drawn in the research report flow from the analysis, or interpretation, of the data? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Overall appraisal: Include ☐ Exclude ☐ Seek further info ☐

Comments (including reason for exclusion)

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