

MENTAL HEALTH AND MIGRATION

Kristina Berg-Kelly

HOW, IN YOUR OWN CONTEXT,
CAN YOU IMPROVE ACCESS TO
MENTAL HEALTH CARE FOR
MIGRANT ADOLESCENTS

OBJECTIVES

1. Understand differences and inequalities among groups of adolescents resulting from differences in ethnicity
2. Develop strategies to minimise the inequalities in access and delivery of mental health care

Young people migrating to Europe, within Europe

❑ Reasons for migration

- Economy, political conflicts, discrimination, war, disasters

❑ Networks differ widely

- Arriving with intact family, parts of family, other relatives
- Alone, illegal immigrant, victims of trafficking, for criminal purposes, as work force, for marriage

Who decides what is mental health ?

- ❑ WHO estimates that 10-20% of adolescents have mental or behavioral problems
- ❑ Cultural aspects - mental problems might be expressed as physical ailments
- ❑ Cultural practices for labelling

Introduction

- ❑ Aisha is 16 years old from Somalia. She is at the emergency centre because of pain all over and sudden inability to walk. No physical signs have been found. The question is what to do next.
- ❑ Aisha has been in Sweden for 8 years and is fluent in Swedish. She has a 17 year old Swedish boy-friend and has decided to have sex with him. Several of her friends finds this OK.
- ❑ Her father is very miserable in Sweden , none of his earlier skills count, and he has to live on state support. He has found relief and support in a fundamentalist muslim groups and now forces his daughter and the three younger sons to practice islam
- ❑ Her mother has attended drop-in pre-school services for mothers with small children and has many female friends from different countries incl Swedish. She has learned some Swedish this way, and since her youngest son now is 10, she plans to go to school and learn Swedish fluently, and then maybe go to some nursing training. She is happy here
- ❑ Aisha.is afraid her father will find out about her boyfriend

Acculturation, integration, bicultural competence

- ❑ What are the definitions?
- ❑ What are the outcomes in the long run ?
- ❑ How can Aishas situation be described in this aspect?

2 adolescents from Iraque: discuss

- ❑ Ali gets Diabetes mellitus at age 15.
Father: "How can he become a man with this disease?"
- ❑ Fatma 13 from Bangladesh needs ileostomi because of severe Morbus Crohn. Comments from parents "Who wants to marry someone like her, no need to care about her medication"

Ethnicity and gender-discuss!

- ❑ Are there different constructs of male and female gender in different ethnic groups?
- ❑ Give examples
- ❑ Is this a problem for immigrants?
- ❑ What to do when gender constructs of ethnic culture does not agree with dominating culture?

Introduction - again

- ❑ Aysha is 16 years old from Somalia. She is at the emergency centre because of pain all over and sudden inability to walk. No physical signs have been found. The question is what to do next.
- ❑ Aisha has been in Sweden for 8 years and is fluent in Swedish. She has a 17 year old Swedish boy-friend and has decided to have sex with him. Several of her friends find this OK.
- ❑ Her father is very miserable in Sweden, none of his earlier skills count, and he has to live on state support. He has found relief and support in a fundamentalist muslim group and now forces his daughter and the three younger sons to practice islam
- ❑ Her mother has attended drop-in pre-school services for mothers with small children and has many female friends from different countries incl Swedish. She has learned some Swedish this way, and since her youngest son now is 10, she plans to go to school and learn Swedish fluently, and then maybe go to some nursing training. She is happy here.
- ❑ Anya is afraid her father will find out about her boy-friend

Discuss adolescents in different cultures reg family expectations

- ❑ Describe the typical western European family regarding expectations for their adolescents and how this is implemented
- ❑ What other family models are there? Name and describe some
- ❑ What can be expected to happen with a young person when different family styles meet as in a multi-cultural suburb?? Use a developmental approach (the grid) and apply to Anya's situation at age 13, 16 and 19

Family conflicts

- ❑ Young immigrant people in Sweden report high levels of family conflicts
- ❑ In country of origin many families had conflicts with the majority society regarding ethnic discrimination, cultural religious and political clashes
- ❑ In host country the conflicts have moved inside the family arena
- ❑ Health professionals state that this is the most common and serious distress factor for young immigrant people
- ❑ How can Anya get help?

Mental health and ethnic background

- ❑ What are health promoting life styles and practices that some non- European ethnic groups bring with them when migrating?
- ❑ What are threats in the European context?

Barriers for migrant young people

- ❑ Language barriers - access to interpreter who is trustworthy
- ❑ Financial
- ❑ Lack of cultural competence - where to go for service?
- ❑ Different/other ways of explaining ailments- different explanatory systems

How could inequalities change and access improve?

How could inequalities change and access improve?

- ❑ School as an important area for equalizing health aspects
- ❑ Focus groups from mixed ethnic background , same ethnic backgrounds. Same sex, mixed sex...
- ❑ Contact with leaders of various ethnic groups in the local society
- ❑ Role models

No easy solutions

- ❑ More research is needed
- ❑ Country specific methods to be developed based on resources available
- ❑ But as with chronic disease there is the non-categorical approach to use first

Anya 16 year old girl from Vietnam

- ❑ To Sweden at age 10, from rural Vietnam. The family has remained isolated in Sweden, Anya is doing well in school, bright, but very shy. Pleasant and liked by both boys and girls. Wants to become a nurse. Is applying for pre-nurse line in secondary not compulsory school
- ❑ Anya is the oldest of six children, of which one boy aged 10 is severely mentally retarded. The paternal grandmother is also living with the family, needs a lot of help. The parents have decided that she should quit school now in the best interest of the family. Anya is very unhappy.

WHO/Edith Grotenberg resilience in three minutes...

- I am..
- I have...
- I can...