



PHOTO: JONATHAN NACKSTRAND / AFP

## Ethnic differences in coping with mental health problems: Clinicians' perspectives

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## Mental health among refugees

- Large differences across groups
- The more common diagnoses include post-traumatic stress disorder (PTSD), major depression, generalized anxiety, panic attacks, adjustment disorder, and somatization
  - Different studies have shown rates of PTSD and major depression to range from 10-40% and 5-15%
- Children and adolescents often have higher levels with various investigations revealing rates of PTSD from 50-90% and major depression from 6-40%

(Bas-Sarmiento, Pilar et., al. (2017). Mental Health in Immigrants Versus Native Population: A Systematic Review of the Literature. Archives of Psychiatric Nursing, Volume 31, Issue 1, 111 – 121)

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## Obstacles to efficient mental health services for refugees

- Despite higher prevalence of mental health problems, some refugee groups seem to **underutilize mental health** services
  - The proportion of untreated mental health problems is thought to be higher
  - Less satisfied with health services, higher drop-out, less compliance
- Some possible explanations:
  - social stigma
  - language problems
  - limited information about available services
  - **cultural differences in the conceptualizations of mental health problems and views about efficient treatments**
  - **less trust in health care providers**



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## Explanatory models in clinical encounters

«I have experienced several times that it can be difficult to build a good therapeutic alliance with patients from other cultures. With therapeutic alliance I mean that we can agree on how we shall work together to assess psychological symptoms and get a shared understanding of the causes of the symptoms. Some patients present symptoms (often somatic) and ask for a specific cure (not the «talking cure»)

«Our explanatory models for psychological diseases, and how they can be cured or alleviated are strange to many patients. In those cases it can be difficult to find motivation for different types of conversation therapy and exposure therapy»



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### The «talking cure», trauma and avoidance

“A woman from an Eastern European country suffered from post-traumatic stress disorder with nightmares, flashbacks, occasional dissociation and conversation symptoms (at times paralyzed in arms and legs and loss of memory without established neurological basis). She asked for help and presented her symptoms, but she refused to talk about her trauma. She worried that she would become worse if she did that. Her symptoms became more intense when I touched upon subjects associated with the traumatic experiences. Even if I tried in many ways to explain why I wanted her to talk about the trauma, she felt unable to discuss anything about her past during our sessions.”



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### Taboos and doubts about confidentiality:

“An African man had undergone a number of examinations and assessments by different medical specialists because of debilitating pain in his body. He did not receive any specific diagnosis other than psychosomatic disease. In the beginning of our contact, he was very aggressive, he felt misunderstood and rejected from the Norwegian society and the social welfare services (NAV). After a long time he dared to tell me that he had been raped and severely abused by a group of soldiers during interrogation in his home country. He had injuries in rectum and in other parts of his body. It was very shameful for him to talk about this, but he recognized that it was necessary for me to understand (his ordeal) in order for me to give him a diagnosis to allow him to apply for disability pension. Obviously, his feeling of shame became enhanced by the fact that he needed, and this too became barrier for him to get the help that he needed. He worried that his history would become spread to his network in Norway”.



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## About lack of language

“Some patients seem to lack words to explain their traumatic experiences, and somatic symptoms are their only language.”



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## When spirituality and religion is a topic

“I met a young man who was convinced that he was possessed by evil spirits. The evil spirits caused him to misjudge traffic lights, that red was perceived as green. He thought that this was meant to make him cross the road and be killed. I asked the young man what he himself thought could help him, and he responded that being a Catholic, he believed that only a priest could draw away the evil spirits. I talked to a sensible priest at the catholic church in Bergen. We agreed that he could pray together with the young man, and bless him. He also told the young man that there was no evil spirit inside him. I was watching it all.”



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CASE STUDY

Open Access

## Communal proactive coping strategies among Tamil refugees in Norway: A case study in a naturalistic setting

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### Abstract

**Background:** An exclusive focus on individual or family coping strategies may be inadequate for people whose major point of concern may be collective healing on a more communal level.

**Methods:** To our knowledge, the current study is the first to make use of ethnographic fieldwork methods to investigate this type of coping as a process in a natural setting over time. Participant observation was employed

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### Collective coping: Tamil refugees in Bergen

Tamils and many other migrant groups prefer to collaborate within the group to prevent and try to resolve psychosocial problems rather than to contact public health services (Guribye, Oppedal & Sandal, 2011)



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The voice of refugees has been seldom heard when mental health services have been designed and offered

- **Mental health care services** need to be presented in culturally sensitive ways in order to increase access to, use, and benefits of, mental health care services
  - community based
- **Resources** and **gatekeepers** for access to health services
  - Family and social network
  - Religious leaders and other authorities
  - Other people in the ethnic community
- Current **needs**:
  - Mental health care providers with ethnic minority background
  - Cultural competence integrated in educational programs at universities and specialist training programs
  - Important to integrate ethnic minority perspectives



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