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## The role of social work in mental health in a variable multicultural environment

Konstantina Sklavou<sup>1</sup>

### Abstract

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Over the recent decades the increasing number of migration flows has exerted and continues to exert great pressure on the health system and on the welfare structures of Greece. The bases for the development of a rudimentary reception and integration system -that still is in progress – have long been delayed, while there has been no happy medium, between the enormous pressure that foreigner users of this system put on, and the humanitarian obligation of a well-governed state towards all residents of the country. The purpose of this article is to capture this situation within the changes that take place due to it, inside the Greek society where there is a great need for professional social workers who are able to work targeted and effectively with foreigners, both children and adults, who have or develop mental health problems for the very first time.

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**Key words:** mental health, multicultural social work practice, cultural identity, children and adolescents.

### 1. Introduction

Greece, a country with a tradition in great cultural and social homogeneity, in recent decades has been confronted with major and violent changes,-brought on by ever-increasing migration flows inside and outside the country- and with the need to address persistent problems such as public health. It is estimated that from 1988 to 2004 the number of foreigners living in our country exceeded one million people (Anagnostopoulos, 2016). Anagnostopoulos et al. (2004) mention that a research carried out over the past decade comparing Greek children's to immigrant children's mental health, did not detect severe variations in the psychopathology of these two populations or worse social adaptation of foreign children than their peers. Differences between Greek and foreign families are mainly due to the difficulty of accessing services and social goods such as education, access to school, work etc., which does not seem to change significantly compared to older data (Sklavou, 2008)<sup>2</sup>.

On the issue of health, Vozikis and Siganou (2015) in a recent survey found a relatively high degree of satisfaction (67%) of legal immigrants from the use of health services. Therefore, legitimization procedures are a very important element in the process of integration of foreign adults and minors, as ambiguity or lack of legalization documents, severely impedes their adaptation to the new country (Ratkowska, De Leo, 2013).

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<sup>2</sup> In Sklavou's research (2008), the qualitative analysis of the data shows that "foreigners address to non-governmental organizations and from there on, are further guided by other entities. Despite the fact that they do have access to information they face difficulties in understanding and utilizing it. Therefore, they present a " shallow integration", which has to do with the fulfillment of daily obligations and is imposed by the need to cover important needs related to the issues of survival "....." there is a qualitative differentiation in the problems of the abused foreigners in comparison to the women of the native population, as the previous face more difficulties in the social, economic, employment and educational fields.

According to bibliography, the circumstances and the incidents that immigrants experienced in the country of their origin (poverty, war, persecution or lawlessness, for example, in areas that are in a state of war for a number of years, there have been established practices that affect predominantly vulnerable groups of the general population, with first women and children), combined with the process of migration and the reception conditions in the country in question, all these constitute a complex of harmful impact on people, not only for the instant threat of their lives and their physical health (direct impact), but mainly for their mental state (indirect effects) (Adeponle et al., 2012; Hebebrand et al., 2016; Ganesan, Mok, Mckenna, 2014; Sklavou, 2008a; Sklavou, 2008b)<sup>3</sup>.

Psychological violence is perceived as much more dangerous, because it persists to such an extent, that it eventually influences and affects the possibility of balancing and integrating, even when foreigners settle in the new country. The management of post-traumatic stress and its common consequences (sleep and eating disorders, depression, anxiety, suicidal ideation, suicide attempts, inability to make decisions, denial, withdrawal, confusion, sense of helplessness, emotional problems, etc.) absolutely act conversely to the ability of adapting to a next state or to the degree of acculturation (adaptation - inclusion) (Karakosta, 2016). As a consequence of the above, an imprint of common diagnoses is being developed, ranked by the frequency of occurrence as follows: post traumatic stress disorder, anxiety disorder, psychosomatic disorder, suicide attempts, depression, psychosis and in particular schizophrenia, emotional, eating and behavioral disorders (Adeponle et al., 2012).

## 2. The process of migration in children and adolescents

The "trauma" is distinguished from "natural disaster". Traumas are experiences that threaten the health and wellbeing of the individual, and it is precisely the moment when a frightening power makes the person helpless in facing danger and dealing with it, as it intensifies the uncontrollable and unpredictable nature of reality (Herman, 1996). A trauma can be caused by an isolated, unexpected event such as natural disaster or by another person, and generally by an extensive exposure to severely extreme external events. In Social Work, the term "crisis" is attributed not only as a subjective experience of emotional disturbance and change, but also as a disturbance in basic social traditions that are linked with a threatening social incident (Social Work Dictionary, 1987).

The definition and description of a trauma is significantly depended on the complexity and long-term consequences in victim's life (Kokonya et al., 2014). Such a case is rape. According to Herman (1992), the type of trauma and its effects in various levels of human life, causes a feeling of inadequacy among the experts, as the diagnostic category of post traumatic stress disorder appears to be insufficient in order to analyze and address it.

The components or phases of the crisis (Golan, 1978) consist of the following elements:

1. Stressful incident or factor
2. Stage of vulnerability
3. Peak of intensity
4. The acute phase of the crisis
5. Reorganizing or resolving the crisis.

While, according to the same author, the components of the intervention concern to the observation and awareness of the problem, the exploration of the individual's potential, and consequently its use, the understanding of the problem, the creation of a supportive network, the appearance of unreasonable beliefs and unrealistic expectations, the resolve of vicious circles and addictions, the making of 'in brief' supportive relationships, and finally dealing with fear and emotional pain.

Today, it is a commonplace that the exposure of children to traumatic conditions is an extremely serious factor for their instant psychological disturbance, and for possibly severe long-term psychological or psychiatric consequences. Experts associate the psychological trauma experience in childhood, with the subsequent development of mental disorders, which may continue to exist in the long run or coexist with a daily functionality and normality of the child (Laor, Wolmer, Mayes, Cohen, 1997).

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<sup>3</sup> Stress levels measured before, during and after migration, the redefinition of national identity and the culture of the new environment, the process and the extent of acculturation in comparison with the stress caused by the effort of effective adaptation, the experiences of traumatic events and their revival in the new country, the setup of new tasks and dynamics that modify the family's traditional structure, the anxiety of survival and the coverage of basic needs.

The process of migration, even in a relatively smooth transition, is an important and stressful event for children and adolescents. Children's reactions to the migration process vary and depend on different factors. Some of them are (Pavlopoulos, Dallas, Motti-Stephanidis, n.d.):

- the level of cognitive development in children
- the relationship that children have with the country of their origin and the degree of consolidation of their national identity
- family moving conditions
- cultural similarities and differences between the country of origin and the host country.

On this basis, changes or regression behaviors are likely to occur in children's daily routine, usually within the normal range. These may be: irritability, sleeping or eating difficulties, separation problems, fear, nervousness, aggressive play, demanding or addictive behavior, nagging or anger (Hodes et al., 2008). More seriously children's ability to regulate the intensity of their impulses, their feelings, their sense of self-sufficiency, the sense of safety and autonomy, and the relation to carers, can be disturbed, as the post-traumatic disorder is characterized by episodes of invasion /revival of the trauma, avoidance/numbness and agitation. The most serious reactions have been observed in children who were exposed to extremely harsh experiences, such as those witnessing injuries to people or mutilated bodies, or children who faced a direct threat of their lives, or suffered from human loss, in particular members of their families or others (Husain, Tomenson, Creed, 2000).

Fundamental protective elements for wound repair concern the following dimensions:

- Country of origin and experiences according to gender and age. Hodes, Jagdev, Chandra and Cunniff (2008) found that high levels of post traumatic stress and depression are linked to, the situation the country of origin is in, the experience of the traumatic event in girls (e.g. sexual exploitation, rape) and the child's developmental stage.
- The mental resilience of individuals, defined as the ability of people to recover from adversities much stronger and with more mental reserves. It is an active process of endurance, self-recovery and development, in response to crisis and challenge (Rutter, 1985). Resilience qualities allow people to be healed from painful traumas, take care of themselves and continue to live full and with lots of love.
- The family acts as an extremely important protective barrier towards the traumatic event of migration and that is the reason why, there have been found significant differences in health and adaptation process of unaccompanied minors compared to accompanied minors.
- The inclusion in the school environment and generally in education. The framework of the class provides a predictable routine, clear expectations, consistent rules and direct feedback, so it has been recognized as an field of socialization, expansion especially in the case of trauma. Children survivors have the ability to integrate into a normal daily routine and adopt "normal responses". In addition, teachers have trusted contacts with students and their parents, and most of them are able to function and contribute to a comprehensive healing framework.
- Networking with services and especially with social and mental health services. Sanchez-Cao, Kramer and Hodes (2012) found that there was a decrease in post traumatic stress levels and emotional problems, in unaccompanied minor asylum seekers who were interconnected from the outset and were supported by relevant services in the new country.

Other protective factors are the reactions of the parents themselves and, in general, the levels of family functioning, the social skills of the child and his/ her environment, the friendships he/she will develop and in total, the degree of adaptation and integration in the new country, the new cultural environment (with what it includes such as language, religion, work, social behavior, morals and customs).

### **3. The challenges of Social Work in everyday practice**

Social workers, as first-line workers in the health and welfare system, are those who have faced from the outset the burden of continuing migration flows over the last few decades, as they have been working in the field of reception of these people, and afterwards in the field of psychosocial interventions. The initial attempt to understand diversity has led to crucial concerns on the role of stereotypes and personal prejudices in patient diagnosis, on the context of collaboration within the interdisciplinary group, and on the subjective ability to understand a new worldview, perception of life, social experiences, and so on.

In this framework, the daily exercise of social work was gradually developed on the basis of intercultural counseling, with an emphasis on mental health. Its main fields, as applied in Greece in recent years, and according to the particularities of the Greek state, concern the following areas (Theodorou, Sklavou, 2011):

*1) Resolving basic and directly related issues of social inclusion*

- Legalization procedure, reassurance of a residence permit
- Accommodation or hosting in reception centers
- Fundraise and essentials
- Learning the spoken language

*2) Guiding and confronting with cultural shock*

- Dialogue on the process of migration and the selective or non-selective choice of the country of resettlement
- Information on the cultural frame of the host country
- Guidance on how services are structured and how the state works
- Guidance on solving daily, simple issues such as transportation, trading with services etc

*3) Problem Management and Troubleshooting*

- Dealing with physical or mental health problems, with an emphasis on anxiety and stress control
- Finding a job, temporary or permanent
- Participation in education (formal or informal) and in training courses, reeducation, lifelong learning
- Networking with services, sectors, foreigners' associations, and generally looking for supportive networks

*4) Pair and family counseling*

- Cultural characteristics attributed to men and women, within the definition of the social gender by society
- The relationship between the couple and redefinition of roles and duties for the couple's smooth cohabitation.
- Managing possible problems of adaptation, in children and adolescents
- Supporting the integration of children into the new social environment

*5) Counseling and / individual or group therapy in specific subjects*

- Stress management
- The problem of loss and mourning not only of beloved ones, but also of the old daily routine and way of life
- Incurable diseases and disabilities
- Use of substances (smoking, alcohol, drugs)
- Domestic violence
- Support, empowerment to solve problems
- Addressing racist behavior
- Learning social skills and communication techniques.

The work of the social worker through an intercultural perspective in a clinical context should be developed around the following axes (Henley, Robinson, 2011):

- Receiving background and information data on the cause of migration, migrant's experience and entry process, as well as residence status.
- Collection of data on how the patient used to spend his life in his country of origin and the cultural environment he grew up with and lived in.
- Recording detailed information on the onset of mental illness, its possible causes and generally its progress
- Patient counseling work to understand his condition and to increase the collaboration with mental health services, to compliance with drug therapy, and avoid drop-out. Specific issues of counseling could be, handling and resolving possible social and/ or economical problems related to living and everyday life.
- Collaboration with the family or other familiar environment, in order to comprehend all the dimensions of the patient's problem, and as a result to protect him/her by taking care of his/her treatment.
- Interconnecting the patient and/or his/her relatives with other specialists to facilitate treatment, or networking with relevant agencies and services and generally working with the community in which the patient lives in.

The obstacles encountered by the social worker from the first contact with these patients are related to a large extent to the wider social environment of the individual's interaction and originate from him/her, such as (Sue, 2006):

- The attempt of the melting pot rather than the gradual assimilation by the native population
- The existence of two cultures (biculturalism) in the habits and everyday life of individuals, which confuses them and often re-invents the racist attitudes towards them
- Social isolation, due to ethnicity, gender, race, religion, and generally to the special category to which individuals belong, significantly impedes their integration
- The violent, and generally negative, change in the standards of living, which leads to the social isolation of individuals and can affect the process of making decisions or solving problems in an unacceptable way (use of violence)
- The attempt to accept the prevailing host culture and the psychological conflict that this process implies for individuals, especially when they come from cultural environments with strong social norms and strict rules.

In addition, specific obstacles created by the patient such as: the ability to understand and perceive the role of mental health services by himself and by his environment, the involvement of the family or community in the treatment, the stigma of mental illness, the ability of the patient to communicate and the role of the intercultural mediator, the understanding of the words, concepts and terms depending on the cultural context in question, the duration of the treatment and the medication, the role of religion and superstitions in the receiving medicaments and generally to treatment.

### Conclusion

Social workers have a significant lead, due to the nature and position of their profession, in the process of perception and understanding of the complex forces that intertwine and form a new multicultural reality in our country during the recent years. Straight through everyday clinical practice in the field of intercultural work, social work has the knowledge and techniques for a total management of emerging problems and at the same time provides a value system with an ethical background which approaches refugees and migrants in order to provide quality services, mostly to users of mental health services.

### Bibliography

- Adeponle, A.B., Thombs, B.D., Groleau, D., Jarvis, E., Kirmayer, L.J. (2012). Using the Cultural Formulation to Resolve Uncertainty in Diagnoses of Psychosis Among Ethno culturally Diverse Patients. *Psychiatric Services*, 63, 147 – 153.
- Anagnostopoulos, D. (2016). Migration Mental Health Issues in Europe: the case of Greece. *Eur Child Psychiatry*, 25: 119 - 122.
- Anagnostopoulos, D., Vlassopoulou, M., Rotsika, V., Pehlivanidou, H., Legaki, L., Rogakou, E., Lazaratou, H. (2004). Psychopathology and mental health service utilization by immigrants' children and their families. *Transcult Psychiatry*, 41: 465 - 485.
- Barker, R.L. (1987). *Social Work Dictionary*. USA: Spring, NASW.
- Ganesan, S., Mok, H., Mckenna, M. (2014). Perception of Mental Illness: Preliminary Exploratory Research At A Cross-Cultural Outpatient Psychiatric Clinic. *Int J Soc Psychiatry*, 57(1), 81 – 89.
- Golan, N. (1978). *Treatment in Crisis Situations*. USA: Free Press.
- Hebebrand, J., Anagnostopoulos, D., Eliez, S., Linse, H., Pejovic-Milovancevic, M., Klasen, H. (2016). A first assessment of the needs of young refugees arriving in Europe: what mental health professionals need to know. *Eur Child Psychiatry*, 25: 1 - 6.
- Henley, J., Robinson, J. (2011). Mental Health Issues Among Refugee Children and Adolescents. *Clinical Psychologist*, 15, 51 – 62.
- Herman, J. (1996). *Violence – The aftermath, mental traumas, healing*. Athens: Thetilis.
- Herman, J. (1992). Complex PTSD: A Syndrome in Survivors of Prolonged and Repeated Trauma. *Journal of Traumatic Stress*, 5(3), 377 - 385.
- Hodes, M., Jagdev, D., Chandra, N., Cunniff, A. (2008). Risk and resilience for psychological distress among unaccompanied asylum seeking adolescents. *Journal of Child Psychology and Psychiatry*, 49(7), 723 - 732.

- Husain, N., Tomenson, B., Creed, F. (2000). Depression and social stress in Pakistan. *Psychological Medicine*, 30(2), 395 – 402.
- Theodorou, B., Sklavou, K. (2011). *Guide for intercultural mediator process*. Athens: Metadras.
- Karakosta, A. (2016). *Acculturation and the symptoms of depression and stress in young adults migrants in Athens*. PhD thesis: Library of Medical University of Athens. National and Kapodistrian University of Athens.
- Kokonya, D.A., Kuria, W.M., Ohg'echa, F.A., Mburu, J.M., Ndeti, D.M. (2014). Complex Post Traumatic Stress Disorder (PTSD) in Defilement: Case Report. *Open Journal of Psychiatry*, 4, 176 - 181.
- Laor, N., Wolmer, L., Mayes, L.C., Cohen, D. (1997). Israeli Preschool Children Under Scuds: A 30-Month Follow-up. *Journal of the American Academy of Child & Adolescent Psychiatry*, 36(3), 349-56.
- Pavlopoulos, B., Ntalla, M., Motti-Stephanides, F. (n.d.). *Immigration and repatriation: Impacts on children and teenagers*. National and Kapodistrian University of Athens. Available in <https://eclass.uoa.gr/modules/document/file.php.pdf> (18/4/2018).
- Peterson, L.E., Dünbnier, U., Morgenroth, O. (2012). Ethnic Identity and Ethnicity-Related Stress in Accompanied and Unaccompanied Adolescent Immigrants: Does the Family Work as Social Capital for Adolescent Immigrants? *Psychology*, 3(4), 370-377.
- Ratkowska, K.A., De Leo, D. (2013). Suicide In Immigrants: An Overview. *Open Journal of Medical Psychology*, 2, 124-133.
- Rutter, M. (1985). Resilience in the Face of Adversity. Protective Factors and Resistance in the Face of Adversity. *British Journal of Psychiatry*, 147, 598 - 611.
- Sanchez-Cao, E., Kramer, T., Hodes, M. (2012). Psychological distress and mental health services contact of unaccompanied asylum seeking children. *Child: care, health and development*, 39(5), 651 - 659.
- Sklavou K. (2008a). *Guide to Intercultural Counseling*. Athens: Papazisis.
- Sklavou, K. (2008b). *Domestic violence and social integration of foreign women*. Athens -Komotini: Ant.Sakkoulas.
- Sue, D.W. (2006). *Multicultural Social Work Practice*. USA: John Wiley & Sons, Inc.
- Vozikis, A., Siganou, M. (2015). Immigrants' Satisfaction from the National Health System in Greece: In the Quest of the Contributing Factors. *Health*, 7, 1430 - 1440.
- Zarafonitou, C., Papamichail, S., Xainas, E. (2014). The social integration of immigrant women in Greek society. In I. Tsiganou & L. Maratou-Alibranti (Eds.), *Women's migration in Greece: Roadmap of social integration's policies* (pp. 243 - 286). Athens: EKKE (National Centre for Social Research).