A European Project On Service Providers' Competence And Cross-Cultural Aspects Of Mental Health Promotion For Immigrant Youth: A Quantitative Approach

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Abstract

Different dimensions of acculturation processes are significant factors that shape young immigrants' health. The general objective of E.U. project "*Cultural sensitivity and competence in adolescent mental health promotion, prevention and early intervention*" is to contribute to the implementation of the results of a cross-cultural study on immigrant youth. This study aims at expanding the evidence base for effective culturally sensitive promotion, prevention and early interventions, specifically targeting mental health in adolescents, through increased cultural awareness and competence of service providers in 4 countries: Albania, Bosnia, Croatia and Italy. This report summarizes the preliminary results of questionnaires and interviews conducted with various youth's service providers in the above-mentioned countries. Altogether 300 semi-structural interviews were conducted with service providers who have experience in working with adolescents of diverse cultural backgrounds. In the work a quantitative approach will be presented which defines a criterion that aims to order, in terms of their significance, both the items and the headings of which they are comprised.

Introduction

After the succession of wars in all of the countries of former Yugoslavia, a large numbers of immigrants/refugees were forced toward other countries in Europe. These developments led to widespread problems affecting many different aspects of life, including social life and health. Almost all European countries have experienced large-scale migration, while refugees are an increasing part of the migrant stock and there are a significant number of children and adolescents of migrant origins. Among the primary concerns is the need to find ways to better address the question of the health of these forced migrants, and particularly of adolescents. Adolescents are agents of change in their societies, they will shape the future, and the extent to which we effectively nurture their development during this vulnerable period of rapid change and transition has important implications for the present and the future of this generation and the next.

It has long been widely acknowledged that international protection measures in conditions of political violence and exile must give a high priority to children and adolescents. A comprehensive review of literature on war-affected and displaced children (Boyden J., 1994) indicates that for most of the last century emergency interventions give overall priority to basic survival needs. The environment of an individual is influenced by different factors such as cultural beliefs and values, community, school, peers, family and close friends (Bronfenbrenner U., 1979, 1986, 1992; Cicchetti D. & Toth S., 1997). These factors have an influence, either positive or negative, on childrens' health outcomes. The concept of resilience reflects the individual variations in the response to risk and protective factors (Rutter M., 1987, Masten A. S. et al. 1990, Rutter M., 1999).

Cultural competence can be defined as a set of congruent behaviours, attitudes, and policies which collectively provide the means for a system, agency, or group of professionals to operate effectively in cross–cultural situations (Cross T. et al., 1989; Isaacs M. & Benjamin M. P., 1991). As in the modern world service providers are obliged to operate in complex cross-cultural contexts, cultural competence is a quality that is acquiring ever greater importance It involves the acquisition of knowledge about individuals and social groups and the application of this knowledge so as to establish specific standards, policies, practices, and attitudes that improve the quality of services in appropriate cultural settings, thereby producing better outcomes (Davis, H. F., 1997 referring to health outcomes).It has been demonstrated that an individual's cultural identity influences the way he or she expresses a disease, the manner in which the illness is experienced, and the type of help he or she will seek (Lu F. G. et al., 1995). In the specific context of mental health, there are fundamental cross-cultural variations in psychotherapeutic concerns such as the construction of the self, language, development, and emotion. As assessment and diagnosis presuppose a distinction between what is abnormal and what is normal, it is necessary for clinicians to take account of cultural behaviour norms. In the absence of a recognition of this cultural relativism there is a danger that a classification scheme developed for one culture will be applied inappropriately to another where there is no relevance and no equivalent meaning (Kleinman A., 1988).

Objective of the study and Methods

The principal aim of the European project was to expand the evidence base for effective culturally sensitive promotion, prevention and early interventions specifically targeting mental health in adolescents through increased cultural awareness and competence of service providers (psychologists, psychiatrists, school heads, teachers, cultural mediators and social

workers, who work in the context of integration processes) and enhanced mental health literacy of youth and their families in 4 countries: Albania, Bosnia, Croatia and Italy**.** Data from successful projects worldwide and their recommendations were used in the process of making the interview protocols for service providers with the aim of finding out what they consider to be the main issues affecting immigrant/refugee youth and to ascertain the main challenges in providing services arising from the cultural differences. All the teams conducted a total of 300 questionnaires and follow-up interviews with various service providers. Interviews consisted of 17 multiple-choice questions, of which 13 were semi-closed, 1 open and 3 closed.

114 interviews were carried out by the Italian team, 86 by the Croatian team, and 100 by the Bosnian team. The Albanian sample was excluded as it was incomplete. Data were collected and elaborated; the results have already been partially examined (De Lucia A. et al.2006).

Results

The purpose of the present work is not so much to present the survey on the complete sample, as to indicate an initial approach for the creation of a criterion that aims to order, in terms of their significance, both the items and the headings of which they are comprised. This will make it possible to identify the headings which have greatest importance/priority. The criterion we will present is essentially of a mean variance type.

The interviews were carried out heading by heading for the same item, and every item has been transformed into a table. The percentages of agreement obtained under the various headings in each table are, therefore, understood as percentages of a single heading, as if the specific question required the declaration of agreement or disagreement on that heading alone; they are therefore the ratio between the number of agreements of the heading and the size of the sample for the country considered or for the overall sample. These have been indicated below with the initials of the name of the country, labelled with an apex j which indicates the number of the item and by a base k which indicates the number of headings in the item: b_k^j , c_k^j , i_k^j , for $k = 1,....,n^j$, n^j being the number of the jth table . The kth heading of the jth table was indicated with V_k^j, for $k = 1,....,n^j$, and with t_k^j the percentages of agreement obtained by them in the sample as a whole. In general the study of a phenomenon or of a problem involves the identification of the fundamental aspects of the problem itself, which in turn may be expressed in different ways.

In the model presented in this work, the fundamental aspects are represented by concepts inherent to the questions of the *items* , reported at the head of the tables, which represent the

base headings and are explored through a certain number of headings (or *subheadings*) more or less linked to the base heading (or rather, more or less impacted by the base heading). In order to establish the priorities to launch priority (partial) resolutions of the problem, the selection of the items of the most active headings is performed through the pair of indicators formed by the sample mean and by the sample standard deviation which is well known and which we introduce now. We will say that a heading is active if its percentage of agreement t_k^j exceeds 50%, and inactive if it is lower than 50%.

As the sample mean t_k^j *is* the pondered mean *of* b_k^j, c_k^j, i_k^j, for $k = 1,....,n^j$ bearing in mind the sizes of the samples, it will be useful also to consider, for each heading, the deviations from the mean t_k^j in the different samples and therefore the sample standard deviation s_k^j, being able to presume that the active headings with the lowest mean deviation are, in general, more reliable.

The set V of the headings V_k^j of the questionnaire, is substituted by the set of the ordered pairs (t_k^j, s_k^j), of which the tables are particular subsets. A partial order relation is introduced following a maximum-minimum criterion, or a mean variance type defining as usual the preference relation which we will indicate with $\langle$.

To be precise, we will say that the heading V_k^j is *preferable* to the heading V_h^i and we will write $V_k^j \langle V_h^i$ if it is

$$t_k^j \geq t_h^i \quad e \quad s_k^j \leq s_h^i .$$

This means that, at the same agreement level, we prefer the headings that have a lesser mean deviation and at the same mean deviation we prefer those that have greater agreement. The preference relation $\langle$ is a relation of a partial order on the set V which represents the questionnaire by means of the ordered pairs (t_k^j, s_k^j). The questionnaire is therefore partially ordered and this also leads to the tables with induced order.

As an inactive table can also contain active headings, we would say that a table is *completely inactive* if it does not contain active headings. Obviously, the completely inactive items are generally to be eliminated, as the purpose is to obtain from the questionnaire information on the headings linked in a significant way with the most important aspects of the phenomenon studied. This does not mean that a completely inactive table may still not contain some interesting information.

However, the partial order relation is a fairly rigid one and it does not take account of the significativity of the results obtained. It is therefore necessary to construct an index (indicator) which allows a comparison of the questionnaire headings, or at least gives a complete order to both the active and inactive headings. As the sample is sufficiently numerous, it is possible to arrange the problem of significativity with the confidence intervals of a normal distribution (Mood A.M., et al. 1974). (Bohrnstedt G.W., Knoke D. 1994). Having selected the significativity level 1- α, we consider the index/indicator

$$\tau_\alpha\left(V_k^j\right) = t_k^j + S\left(0.5 - t_k^j\right)\frac{z_{\alpha/2}}{\sqrt{300}}\, s_k^j$$

where $S(x)$ is the signum function and $z_{\alpha/2}$ is the positive critical score at level 1- α of the standard normal distribution. Then, we order the active headings with the preference relations $\langle_\alpha$ following the decreasing order of the τ_α index. In this work we have adopted a significativity level of 95%. Also, we will indicate $_\alpha\tau_k^j = \tau_\alpha\left(V_k^j\right)$.

The same steps are taken for the inactive headings but in an increasing order. In this way we obtain a complete preference relation of the active/inactive headings together. We note that the order which is obtained with the index principally effects the headings whose agreement percentages are close, on the contrary it has little influence on headings which are distant in percentage terms. In any case, as was to be expected, the index can be completely ineffective for percentages very close to 50%. A full paper is in working (Amato P.).

The first question for the service providers requested a brief definition of the concept of cultural competence, through the association of images closely linked to these two words. The question foresaw an open qualitative answer, and therefore produced various interpretations of the concept linked to the diversity of the persons interviewed and their experience acquired with immigrants of different ethnic origins and cultural backgrounds. The majority of the definitions repeated the concept of culture in general, with different nuances such as tradition and the forms of ethnic differences, as well as the idea of unifying the diversities. Most of the participants identified culture as the shared meanings such as language, ethnicity and religion that are transmitted from one generation to another and cultural competence as an ability to recognise cultural differences.

The scope of the subsequent 6 questions was to identify the perception of the relationship between culture in a broad sense (background, traditions and cultural norms) and the behaviour of the adolescents. Questions 8, 9 and 10 analysed the principle needs and problems of the adolescents and their causes. Questions 11 and 12 assessed the cultural and

religious needs of the adolescents' families. Questions 13-16 concerned the strong and weak points of the organizations in which the service providers work in dealing with the adolescents' problems. The aim of the final question was to determine what the SPs needed to improve the quality of the relationship with the adolescents. The most significant results are described below.

In the case of second question on their experience **"with adolescents of diverse cultural background"** we note that, as there are significant percentage differences between the different answers, the τ_α order coincides with that of the percentage. They therefore report that they have experience with adolescents from *different ethnic minority groups* (70.33%), *religious groups* (58%) (Active headings), *little experience* with *regional language groups* (41.67%), *other* (10%), and *no experience* (7.67%), (inactive headings).

We note that the purely percentage order and that of the τ_α index coincide both for the active and inactive headings.

In reply to question 4 the Service Providers had to report in what contexts "**culture can impact child-rearing practices".** They chose prevalently *Discipline* (67.33), followed by *Respect for other people* (61.33%), *Feeling of independence* (59,33%), *Dressing* (59%), *Expectations for the future* (58.33%), and *Self-help skills* (57.33%). Utilizing the τ_α index, the order remains almost unchanged with the exception of *Dressing* which is preferred to the heading *Feeling of independence.*

To question 5 **"Do you think that culture have the impact on life activities, such as…"** they replied as follows: *Education* (79.67%), *Family roles* (79.33%) *Religion* (71.33%), *Sexual relationships* (58%), *Customs or superstitions* (58%), *Gender roles* (56.67%) (active headings); *Other* (6.33%), *Sexual orientation* (31%), *Alternative medicine* (32.33%), *Views of wellness* (44.33%), *The value of medical treatment* (38%), *Employment* (40.33%) and *Views of wellness* (44.33%) (inactive headings).

The τ_α order reverses the percentage order of the active headings referring to *Gender roles* with that referring to *Customs or superstitions.*

Below we report the replies in % to the question 6 **"Do you think that your clients' cultural norms may influence communication in many ways, including…"**: *Turn-taking* (65.8%), *Use of gestures* (57.2%), *Eye contact* (53.3%) (active headings); *Asking and responding to questions* (19.33%), *Comfort with silence* (30.3%), *Verbal Interrupting in dialogues* (42.1%), *Topics of conversation* (43.8%), *Interpersonal space* (44.1%), *Greetings* (47%) (inactive headings).

In the case of the active headings the τ_α order coincides with that of the percentages, in that of the inactive headings the headingd *Interpersonal space* and *Topics of conversation* are inverted.

When asked (question 7) if they **"Are trained to address the cultural needs of their clients",** the Service Providers replied that they *were knowledgeable about the cultural norms of different groups* (44.4%), *were trained to recognise diseases* (28.9%), *were knowledgeable about mechanisms and protocols by which they can request assistance in dealing with cultural issues and needs* (25.7%). There are no active headings: obviously the inactive headings coincide.

As regards the most common adolescent problems (question 8) that Service Providers **"think that are partly culturally based"** there is only one active heading and the two orders coincide (with rather high percentage differences). The replies were: **e***motional and behavioural problems* (61%) (active heading); *being suicidal* (11.67%), *other* (20.33%), *sexual problems* (29%), p*remature pregnancy* (35%), d*rug and alcohol abuse* (38.67%), *low self esteem* (47.33%) (inactive headings). It seems obvious that the term inactive is not attributed with a meaning that is not of significant interest; the negative values that the percentages highlight in the table are, obviously, still too high even though it should be taken into account that they should be read as come culturally based, in the service providers perception.

Question 9**.** With regard to **"related causes of the problems their adolescent clients have"** **Service Providers** reply as follows; *Family problems* (85%), *Frequent changes of residence and living conditions* (52%) (active headings); *Other* (5.67%), *Media portrayal of risk life-styles* (20.67%), *Barriers to treatment* (23%), *Urban life-style adaptation* (27.67%), *Social marginalization* (31.52%), *Cultural barriers* (33.67%), *Social/cultural discrimination* (36.33%), *Poor performance in, attendance at, and attitudes towards school* (40.33%), *Antisocial companions* (42.67%), *Antisocial attitudes* (43%), *Neighborhood that is poor, disorganized, with high rates of crime, and overcrowded* (43.33%), *Poverty, parental unemployment* (49.33%) (inactive headings)

The two orders coincide.

Question 10. As to **"How interviewees react when confronted with an adolescent who does not speak autochthon language fluently"** they replied as follows: *If they understand they treat them in the same way as all other adolescents* (72.33%) (active heading); *they do not think that the understanding of cultural background is important for their work* (8%),

Other (10.33%), *If they cannot understand they ask for an interpreter* (27.67%), *they try to find, as much as they can, about adolescent background* (49.33%) (inactive headings).

The two orders coincide if we exclude the heading *try to find, as much as they can, about adolescent background* which, while it is inactive by percentage, appears as active with the index.

It was asked (question 13) whether the "**organization provides a culturally competent system of care to adolescents".** The replies were: *Yes* (43.33%), *No* (28,33%), *Don't know* (22%) (inactive heading). There are no inactive headings and the two orders coincide. If the reply was yes, they were asked **"which of the following services/policies/procedures/facilities they have in place to enable adolescents from various cultural backgrounds to access service"**: *Other* (7.33%), *Equality and Diversity policy, facilitation of cultural needs policy* (14.33%), *Additional support services provided by specialists in various cultures* (14.67%), *Monitoring take up and usage of services by cultural groups* (26%) (inactive headings). The two orders coincide.

The Service Providers were asked (question 15) **"What community outreach actions about adolescents have been taken by their organisation"** and they replied as follows: *Health education programs (55.67%) (active heading); Other (26.33%), Organising forums for various cultural groups (35%), Publishing different materials such as education kits, booklets, posters, etc…(36%).* On the whole the two orders coincide.

Question 16 A. As regards **"the greatest strengths of their organisation in regard to the interactions with the adolescents"** they chose these options:*We have culturally appropriate staff* (49%), *We are working to put in place training to ensure that our professionals are aware of cultural issues* (34%), *We have a special program for immigrant adolescents* (19.33%), *We work individually with our clients and use other services where the issue needs more in-depth analysis of the particular culture* (30.67%), *We are currently undertaking a needs assessment of immigrant adolescents* (36.67%), *Our professionals can recognise cultural and social disadvantage so they are able to provide adequate help* (21%), *Sometimes culture could be used by the family of an adolescent as an excuse not to act and our professionals are able to override cultural considerations and act legally and ethically* (30%), *Other* (14.33%). The two orders coincide.

Question 16 B. As regards **"the greatest weak points of their organisation in regard to the interactions with the adolescents"** they replied: *other (10.67%), our staff are trained in culture awareness (11%), they often use complex professional jargon (17.33%), they sometimes patronise clients from minority cultural backgrounds (18.33%), they do not check*

*the cultural meaning the client's statements (19.67%) and As an organisation we are not culturally competent (30%).*The orders coincide on the inactive headings, there are no active headings. Not more than 30% of the interviewees declare the organization to be wanting on the aspects of the questionnaire that concern interaction with the adolescents from different backgrounds, it is deduced that the organization is completely efficient.

To the question (17) **"Which kind of help do you need in developing your service's effectiveness in terms of cultural competence"** the Service Providers replied as follows: *sharing good practice, organising forums where issues can be discussed (55%), issue guidelines and cultural kits (50.67%)* (active headings); a*ccess to information (40.33%), other (40.67%), making us aware of needs/problems/solutions(41%), any help appreciated (47.67%)* (inactive headings). The two orders coincide.

At this point, the quantitative approach proposed in this work allows us to deal with the results of the study, re-elaborating them, for example, by homogeneous groups. As an example only, we present a table (Appendix 1) which contains the active headings of the items which examine the perception of the influence of culture on child-rearing practices, life activities, communication and common adolescent problems. It is seen that the purely percentage order of the headings is significantly modified by the index. In fact, in this new order the heading *Emotional and behavioural problems (e.g.anxiety,* aggression*, hyperactivity..)* precedes *Respect for other people; Dressing* seems to prevail over a *Feeling of independence* and *Gender roles* precede *Use of gestures.*

In conclusion we feel able to repeat that the impact of the index could be very significant in situations in which the percentages are very close to each other.

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Appendix 1

Do you think that culture can impact on child-rearing practices, life activities, communication and common adolescent problems?
Active headings

COUNTRY	V_1^4	V_2^4	V_3^4	V_4^4	V_5^4	V_6^4	V_1^5	V_2^5	V_3^5	V_4^5	V_6^5	V_1^6	V_3^6	V_5^6	V_1^8
b_k	63	53	46	43	36	46	61	57	38	42	60	37	38	58	58
c_k	59.30	66.23	61.63	60.47	63.95	60.47	74.42	88.37	50.00	62.79	75.58	40	42.2	74.4	62.79
i_k	55.3	80.7	76.7	72.8	73.7	75.4	97.37	92.11	78.07	68.42	78.07	78.1	86	65.8	62.28
t_k	**59.00**	**67.33**	**57.33**	**59.33**	**58.33**	**61.33**	**79.67**	**79.33**	**56.67**	**58.00**	**71.33**	**53.3**	**57.2**	**65.8**	**61.00**
s_k	0.0325	0.1171	0.1383	0.1260	0.1631	0.0869	0.1562	0.1589	0.1743	0.1156	0.0808	0.1934	0.2245	0.0728	0.0213
$\alpha\tau_k$	**0.5863**	**0.66**	**0.5576**	**0.5790**	**0.5648**	**0.6035**	**0.7790**	**0.7753**	**0.5470**	**0.5669**	**0.7041**	**0.5111**	**0.5466**	**0.6498**	**0.6076**

% ↓ VA V_1^5 , V_2^5 , V_6^5 , V_2^4 , V_5^6 , V_5^4 , V_6^4 , V_1^8 , V_4^4 , V_1^4 , V_5^4 , V_4^5 , V_3^4 , V_3^6 , V_3^5 , V_1^6 .

τ_α ↓   VA V_1^5 , V_2^5 , V_6^5 , V_2^4 , V_5^6 , V_5^4 , V_4^4 , V_5^4 , V_3^5 , V_3^6 , V_3^5 , V_1^6 .

In the first column the apex j is missing because there are various items.

LEGENDA
Impact child-rearing practices: $V_1^4 =$ Dressing , $V_2^4 =$ Discipline , $V_3^4 =$ Self-help skills , $V_4^4 =$ Feeling of independence,
$V_5^4 =$ Expectations for the future, $V_6^4 =$ Respect for other people
Impact on life activities: $V_1^5 =$ Education , $V_2^5 =$ Family roles , $V_3^5 =$ Gender roles , $V_4^5 =$ Sexual relationships, $V_6^5 =$ Religion

Influence on communication: $V_1^6 =$ Eye contact, $V_3^6 =$ Use of gestures, $V_5^6 =$ Turn-taking
The most common problems of adolescents: $V_1^8 =$ Emotional and behavioural problems (e.g. anxiety, aggression, hyperactivity..)