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MENTAL HEALTH PROMOTION OF THE LONG-TERM UNEMPLOYED MIGRANTS

– Terveysnetti Project



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Europe has faced several economic downfalls, and several waves of immigration. Statistical figures show that 31,510 people moved to Finland in the year 2014. The era of economic recession has made it difficult for migrants to find jobs, so as a result some stay either unemployed or underemployed and thus, leading to mental health problems. There has been several studies that conclude employment as a vital element in wellbeing of migrant's mental health. It's a life change experience for migrants when they move to a foreign country and are exposed to series of psychological risks that are result of pre-migration, migration and post-migration stressors. Previous researches have demonstrated the existence of key barriers in migrant mental health. Such barriers include communication difficulties because of language and cultural differences, the effect of cultural shaping of symptoms and illness behavior on diagnosis, coping and treatment; differences in family structure and process affecting adaptation, acculturation and intergenerational conflict; and aspects of acceptance by the receiving society that affect employment, social status and integration. The aim of this project is to explore the mental health problems encountered among long-term unemployed migrants, ways to promote their mental health and to produce a webpage for Terveysnetti.turkuamk.fi

KEYWORDS:

Mental health, unemployment, migrant, immigrant

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PITKÄAIKAISTYÖTTÖMIEN SIIRTOLAISTEN MIELENTERVEYDEN EDISTÄMINEN -TERVEYSNETTIPROJEKTI

Eurooppa on kohdannut useita taloudellisia romahduksia sekä maahanmuuton aaltoja. Tilastot osoittavat, että vuonna 2014 Suomeen muutti 31510 ihmistä. Talouden taantuma on vaikeuttanut maahanmuuttajien työllistymistä, mistä johtuen jotkut pysyvät työttöminä tai alityöllistettyinä, mikä johtaa mielenterveysongelmiin. Useat tutkimukset ovat osoittaneet, että maahanmuuttajan mielenterveydellisen hyvinvoinnin kannalta työllistyminen on aivan keskeisessä asemassa. Maahanmuuttajille muutto uuteen maahan on elämää mullistava kokemus. He altistuvat useille psykologisille riskeille, jotka johtuvat maahanmuuttoa edeltävistä, maahanmuuton aikana kohdatuista sekä maahanmuuton jälkeisistä stressitekijöistä. Aiemmat tutkimukset ovat osoittaneet, että on olemassa maahanmuuttajien mielenterveyden kannalta keskeisiä raja-aitoja, kuten kommunikointiongelmia, jotka johtuvat kieli- ja kulttuurieroista, diagnoosiin, jaksamiseen ja hoitoon liittyvät kulttuurin muokkaamat oireiden osoitukset ja sairauteen liittyvä käyttäytyminen ja niiden vaikutukset, erot perherakenteissa ja sopeutumisprosessissa, toiseen kulttuuriin sopeutuminen ja sukupolvien välinen konflikti, sekä vastaanottavan yhteiskunnan hyväksynnän näkökohdat, jotka vaikuttavat työllistymiseen, sosiaaliseen asemaan ja kotoutumiseen. Tämän projektin tavoitteena on tutkia pitkäaikaisesti työttömien maahanmuuttajien kohtaamia mielenterveysongelmia ja tapoja, joilla heidän mielenterveyttään voitaisiin edistää. Lisäksi tavoitteena on luoda verkkosivu sivustolle Terveysnetti.turkuamk.fi.

ASIASANAT:

Mielenterveys, työttömyyden, siirtotyöläisten, maahanmuuttaja

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LIST OF ABBREVIATIONS (OR) SYMBOLS

CINAHL Cumulative Index to Nursing and Allied Health Literature

WHO World Health Organization

HRQoL Health-related quality of life

IG Intervention group

1 INTRODUCTION

Over the last few decades, Europe has faced several economic downfalls, and several waves of immigration from time to time (Gilliver et al. 2014). As during this era of economic recession it is very difficult for migrants to find jobs, so as a result some stay unemployed and some are underemployed. Statistical figures show that 31,510 people moved to Finland in the year 2014. Approximately 322,711 residents in Finland are persons with foreign background and they currently comprise over 5.9% of the country's total population. In statistics on population changes, a person's move into Finland from elsewhere is regarded as immigration only if a notation has been made into the Population Information System that he/she has received a permanent place of residence in Finland (Statistics Finland 2015.).

It is a life change experience for migrants when they move to a foreign country and are exposed to series of risks (Eisenbruch 1991). These psychological risks are result of pre-migration, migration and post-migration stressors such as the breakdown of existing family/social ties and pressure of integration into a new culture. These adjustments such as social/cultural, plays a vital role in individual's mental wellbeing. The effect of unemployment on migrant's mental health is a subject of debate. Migrant's mental health have been regarded as biggest challenge for public health sector (Abebe, Lien & Hjelde 2014).

There has been studies that conclude employment as a vital element in wellbeing of migrant's mental health. The relationship between poor mental health and unemployment has been clarified by unemployment triggering poor mental health (causation) and with poor mental health resulting in unemployment (selection), or both (McKee-Ryan et al. 2005, Paul, Moser 2009).

Previous research has demonstrated the existence of key barriers in migrant mental health such as communication difficulties because of language and cultural differences; the effect of cultural shaping of symptoms and illness behavior on diagnosis, coping and treatment; differences in family structure and process

affecting adaptation, acculturation and intergenerational conflict; and aspects of acceptance by the receiving society that affect employment, social status and integration (Beiser 2005). The reasons may be that they are unaware of their mental health issues and are not able to seek help in this regard.

Thus, the goal of this paper is to contribute to the existing body of research examining the unemployment circumstances of migrants by focusing on their mental health promotion. Promoting positive mental health helps equipping migrants with the necessary life skills and resources to bear out their potential and overcome harsh conditions. Mental health promotion focuses on enhancing the strengths, capacity and resources of individuals and communities to enable them to increase control over their mental health and its determinants (Barry, Jenkins 2007).

The purpose of this project is to promote the mental health among the long-term unemployed migrants and to identify challenges to access mental health care. An English language project webpage was designed to be published on Terveystietti.turkuamk.fi. The webpage contains the necessary information needed by migrants. Salo Terveystietuskeskus (see Appendix 1 Commission form) granted the permission for the project.

2 DEFINITION OF KEY TERMS

The key terms used in this thesis are defined.

2.1 Mental Health

Mental health states as “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her own community.” Other definitions of mental health refer to the individual's subjective feelings of well-being, optimism and mastery, the concepts of ‘resilience’, or the ability to deal with adversity, and the capacity to be able to form and maintain meaningful relationships (Lavikainen et al., 2000). Although the expression of these qualities will differ contextually and individually from culture to culture, the basic qualities remain the same.

2.2 Mental Health promotion

Mental health promotion is an umbrella term that covers a variety of strategies, all aimed at having a positive effect on mental health. The encouragement of individual resources and skills and improvements in the socio-economic environment are among them (WHO 2001).

Three positions are identified while discussing mental health promotion

1. mental health promotion focuses solely on the promotion of positive mental health;
2. mental health promotion focuses on the prevention of ill health – at primary (the prevention of new incidence), secondary (early identification of signs of ill health) and tertiary (prevention of relapse and return to health when illness is established); and
3. mental health promotion combines promotion and prevention.

2.3 Long term unemployment

This is a person of the national working age, who has been out of employment for twelve months or longer EUROSTAT

2.4 Migrant

This is a person not born in the country they currently live in without a specific date of returning to their native countries (permanently). People migrate based on the push mechanism, pull mechanism or both the push and pull mechanisms. The push mechanism is where a person is pushed from their native country (refugee) while the pull mechanism is where a person is pulled from their native country (labor force migrant). The process of migration occurs in three stages namely: pre-migration, involving the decision and preparation to move; migration, is the physical relocation of individuals from one location to another and post-migration, is defined as the “absorption of the migrant within the social and cultural framework of the new society”

3 LITERATURE REVIEW

Here we shall address the barriers migrants face while accessing mental health services including the various ways in which to promote mental health among migrants.

Publication of the research articles reviewed are from the Nordic countries and couple of articles under study were done in Canada. These articles are from health journals. Articles studied are from those countries where Immigration is not as new concept as in Finland. The description of the selection of the nine research articles in the Table 1, Database search results, can be viewed in the characteristics of articles, (see appendix 3).

Table 1. Database search results

Database	Search terms and limiters	Results	Selected by title	Selected by abstract	Selected by whole text
CINAHL Complete	Mental health, immigrants, un-employment	17	5	2	2
ProQuest	Immigrants, mental health and unem-ploy-ment	944	0	0	2
PubMed	Mental health and immi-grants and Un-employ-ment	19	215	0	5

3.1 KEY BARRIERS TO MENTAL HEALTH ACCESS

Several researches have indicated that migrants underutilize mental health services compared to the natives in the host countries. Various barriers such as language barriers, communication problems, socio-cultural factors, newness or cultural factors may hamper proper migrant mental health services. Access to services does not only mean getting to services but also getting to the right services at the right time to promote improved health outcomes.

3.1.1 Communication difficulties because of languages and cultural differences

Migration to a foreign country comes with a set of challenges and language is one of them. Unlike developing countries such as Asian and African, where official language maybe English, in Europe they have the native languages as the official language. Several reviews studied on language barrier have concluded that language barriers hamper access to services (Ku, Flores 2005). Furthermore, in area of health, it is quite important to access an individual in his/her primary language. However, the importance of language barriers might differ in different types of health service. In place of mental health services, language and communication are particularly relevant as they represent the principle means for diagnosis and treatment, particularly in the application of psychotherapeutic treatments. However drawing on recent studies, services are mostly only available in the majority language such as native language (Watters 2002).

What is more, migrants also have difficulty in accessing care because of confusion about the system itself. This is due failure of healthcare systems to clear up confusion about its functioning and what people's entitlements are (Craig, 2014). This makes migrants face an obstacle of lack of adequate information about the available health care facilities.

Cultural differences between the migrant and the therapist makes the mental health diagnosis process complicated. Compared to native patients, there is a

high risk for diagnostic mistakes. It is important to note that, in many cases, psychosocial problems can mislead the health care staff who are not familiar with the process and impact of migration on psychological health. It is important to consider the migrant's ethnic identity as well as his lay models explaining his illness. There is a clear deficiency in training and education practices on the subject of understanding migrant culture for mental health professionals working with migrants, as every country makes the demand of this special training.

3.1.2 Aspects of acceptance by the receiving society that affect employment, social status and integration.

Attitudes and behavior of the host countries may influence the discrimination of migrants, while this is rarely the case for any similar attitudes and behavior on the part of migrants. The issue is of the utmost importance since migrants' health may deteriorate in the post migration phase due to the stress caused by the integration process as well as by the acculturation process. In the last two decades, employment has turned out to be one of the utmost priorities of migrant integration policies. Although, integration of migrants builds upon labor opportunities that migrants find at the host nations. However, the policies of the service of the receiving society are established on the needs of the ethnic majority population, who are the natives and not those of the minority populations who may include the migrants, thus creating unfairness. Although, policy-makers reorganize such gaps, the special resources necessary to meet the needs of minority groups simply do not exist.

In addition, acceptance continuously relates with the involvement offered to the receiving country, such as being able to access the labor market. Therefore, transformation is accepted and sought, in particular concerning language and institutional culture, but also in aspiring to living conditions enabling people to succeed.

Evidence shows that national and local media also have an important role in shaping the attitudes of natives. The attitude of the receiving society is crucial for

the integration of migrants. If migrants are perceived as outsiders or as a menace, it is less likely they will be granted rights, if the perception of migrants is more favorable it is more probable that they will be accepted as full members of the society, with rights and obligations comparable to those of other citizens

Likewise, reviews show that having a job, is also perceived as fundamental by migrants themselves. Beyond economic security and professional development, work gives migrants a routine, a sense of worth and the opportunity to meet other people, which helps maintaining their mental wellbeing (Phillimore et al., 2014). However, migrants' participation rate in the labor market remains lower than nationals' participation rate overall, but this gap decreases with the passage of time after migration (Craig, 2014; Kahanec et al., 2014). This also depends on migrants' residence purpose: economic migrants display higher participation rates than natives whereas humanitarian and family reunion migrants are less likely to participate. More open economies for instance those with a higher export-to-GDP ratio often provide favorable conditions for labor force participation and perhaps employment of migrants (Kahanec et al., 2014).

Further than obtaining a job, the role of the labor market is also about employment quality, about "the appropriateness of that job and the role of the workplace itself in promoting integration" (Craig, 2014). Throughout Europe, labor migrants have ended up in the worst labor market conditions, filling the gaps left by nationals because of employment quality. Migrants tend to work in jobs for which they have more skills or qualification than appropriate, thus leading to migrant underemployment. Besides discrimination and lack of qualification recognition, barriers to fit employment are also lack of language fluency and of social networks.

3.1.3 The effect of cultural shaping of symptoms and illness behavior on diagnosis, coping and treatment.

During migration, for elongated times the immigrants can experience ambiguity about their employment and citizenship status as well as other harmful situations.

As already explained well, the process of migration involves three chief sets of transitions: alteration in personal ties and reforming social network, transition from one socio-economic system to another, and the shift of cultural system. The transition of the culture system poses distinct challenges for individual. The risk factors for mental health problems, associated with this shift can vary for men and women; for example, the language barrier most often has a greater control on men's employment who are sole provider in culture terms and ultimately their mental health.

Due to the differences of culture, languages and ways or methods of getting help and working, the objective of recognizing and preventing the common mental health issues in case of immigrants becomes very complicated and difficult to achieve. Due to the certain cultural barriers which immigrants and refugees experience, they are less likely to seek or get in search of help regarding the mental difficulties they feel or the level of distress they come across, as compared to the natives. They have their plate full with unemployment problems so they overlook the mental health problems they are suffering from and in order to overcome their problems or even to analyze them and many other such restrictions make it impossible for them to get there issues sorted out by the respective practitioners followed by the linguistic differences.

Such restrictions in quest of aid that could be more ordinary and usually have a greater effect among migrants. These include the deprivation of knowledge about depression and management options, unwillingness to reveal emotional troubles outside the family, refusal to complete the medicinal course, which is a psychosocial problem, concern that their mental illness will burden the family they are the breadwinners off, stigmatize their family. In addition, there is a stigma that people consider it a shame or disgrace at being labelled as mentally ill, and as per the international law, they also have the fright of losing one's children to authorities. It is observed that culture can intensely influence each and every aspect of ill health and adaptation, including analysis of and reactions to symptoms; explanations of poor health; patterns of coping, of getting assistance and response; obedience to handling; styles of emotional appearance and communication; and

dealings between patients, their families and health care providers. It is analyzed that the patients with depression and anxiety or nervousness sometimes focus on physical symptoms or use culture-specific corporal idioms to articulate distress. However, in Europe, the native patients are seen making use of treatments and so are the migrants but in comparison, the number is quite small here.

Even the thought of unemployment for an Immigrant who immigrated in search of work and better lifestyle, can incite depression and other mental health problems.

3.1.4 Differences in family structure and process affecting adaptation, acculturation and intergenerational conflict

Acculturation is a term, which defines the way a person adapts cultural differences in different situations regarding their families as well as communities. The extent and intensity of relationship between an immigrant and his respective family greatly determines the behavioral inclination of that particular person. Acculturation is a multifactorial process and one of factors is the ability of an immigrant to respond differently to new language, traditions, norms and culture depending upon his terms with his close siblings.

As discussed earlier, acculturation can take different directions. One such important determinant of an immigrant's adaptability is the extent of intergenerational conflict. There are a number of studies conducted on the immigrants in different countries, and suggestions are that the problematic behavior of young adults is noticeably associated with the acculturation gap that exists between that person and his parents.

The question that arises here is that why these familial conflicts are contributing so much towards the acculturation in immigrants. One of the research backed reason is the inclination of parents to stay firm on their native culture and teachings compels them to impose such things on children which makes it even more difficult for them to cope with the hardships they have in new culture and environment.

A few other studies suggest that the way parents and children acculturate also plays an important role in deciding the extent of conflict among parents and children and their approach and sustainability to survive through the hardships of unemployment and their subsequent interaction with the new culture. The instances where parents and children had similar acculturation styles tended to develop less intense conflicts as compared to situations where acculturation styles were different.

3.2 PROMOTION OF MENTAL HEALTH

The process of adaptation in a new place in a different country can be stressful for most of the people; therefore, it requires the psychological and socio-cultural adaptations. The promotion of the positive mental health will provide the migrants with the required skills and resources to overcome the hardships they are facing and bear out their potential and capabilities (Barry, Jenkins 2007)

Evidence based basic decision making is fundamental for strategy producers when managing psychological well-being advancement. This helps policy creators to legitimize their spending, for specialists to arrange and execute programs, and for those influenced to know whether the intercession will advantage them (Barry and McQueen, 2005). A population wellbeing approach additionally utilizes proof based basic leadership (PHAC, 2002). This way to deal with emotional well-being advancement takes a gander at psychological wellness over the lifespan, from birth to death.

Below are various ways how does mental health promotion works, as well as how these can benefit migrants overcome the harsh conditions they tend to face in the host countries:

- **Strengthening individuals:** the interventions that are meant to improve the confidence, self-esteem, and the capabilities like negotiation, communication and parenting skills, increase the emotional resilience

- Strengthening communities: it includes the increase in the social participation, improving the environment of the neighborhood, establishing the healthcare services and social services to support the good mental health, reducing the bullying in schools, childcare programs, self-help networks and the safety of the community
- Reducing structural barriers to health: through initiatives to reduce discrimination and inequalities and to promote access to education, meaningful employment, housing services and support for those who are vulnerable.

Mental health promotion interventions not only aim at reducing the risk factors that contribute to poor mental wellbeing but also to develop the protective factors that in return, contribute to good mental health, but they also produce many other health, social, and economic benefits.

The goal of the promotion programs should be to get rid of the structural barriers at the community level while dealing with the issues at the individual level throughout the lifetime. These promotion programs involve the escalation of the parenting skills, reducing the rate of bullying and victimization in schools, stress and depression caused by unemployment and the provision of opportunities via volunteering, for the meaningful involvement of the community.

3.2.1 Early Childhood

A parent's wellbeing highly affects the mental health and development of their children. It affects the development as well as the mental health of their children. Studies demonstrate that work is a major barrier to the amount and quality of time available for family use. Employment often consumes all the energy available for the care of all family members and disrupts continuity in family caring. The graph (see Appendix 2) illustrates the variables that measure the child's poor mental health status, academic problems and the primary parent's level of happiness (Zubrick, et al., 2000). In order to guarantee better mental health in especially the initial six years of life, the mental health promotion enhances the life skills that

are suitable for their age group as well as for their culture and it also improves the interaction between the parents and the children by building the protective factors (Kiefer, Cohen & Pape, 2004; WHO). The intervention which is focused on strengthening the parenting skills of the parents and helps them in developing the coping strategies, leads to a supportive environments which allow that parent as well as the children to have a good mental health. For the parents the interventions, such as: group education, home-based support, and the childcare programs have yielded good results. These interventions also have a positive impact on the children with long-term effects (Jané-Llopis, 2005; Farrell & Travers, 2005). At the individual level, the protective factors have aided in the provision of the good mental health to the children. These include the capability as well as the confidence to take the risk of trying new things and deal with the change, the capacity to show the emotions and to control them, and the control over behavior and attitudes according to the situation. It also include the motivation to discover the surrounding environment and making different choices, resolving various problems as the children grow and learn (Kiefer, Cohen & Pape, 2004). The programs for the early parenthood, such as; the young mothers or the mothers of the young children are most useful and effective in improving the mental health of the parents and the children. The interventions like the training programs for the parents, provision of the home-based support during the period of early parenthood have proven to improve the mental health of young mothers, especially those who belong to the economically disadvantaged families. The home-based support includes the appointments with nurses, midwives and some trained volunteers of mental health promotion programs. It is beneficial as on its own or when combined with other programs (Keleher & Armstrong; Jané-Llopis, 2005). It is beneficial for the parents as well as the children, through the short-term psychosocial health of mothers, such as; decrease in postnatal depression, stress, anxiety, better self-esteem as well as the better and improved relations with their spouse (Jané-Llopis et al, 2005). While the impact of the health for the child involves the injury, infant mortality and language (Keleher & Armstrong).

The interventions for the training of the parents, in groups can have a positive influence on the behavior of the children between the ages of 3 to 10 years. This

strategy is an experience to give better and long-term results, as compared to the interventions that train each parent individually (Jané- Llopis, Barry, Hosman, & Patel, 2005).

The children are dependent on their caregivers during the first six years of life, who are responsible for their sound mental health. This indicates that the existence of mental health promotion programs in the childcare settings is important for the working parents (Kiefer, Cohen & Pape, 2004).

The existence of programs that includes the affordable but high-quality childcare can increase the job opportunities for women from the low socio-economic background and can increase their confidence and self-esteem (Keleher & Armstrong, 2005). These programs will also have a positive influence on the mental health of the children. Therefore, an intervention like childcare brings out various advantages and benefits for the individuals as well as the community.

What is the outlook of mental health promotion in practice? A few examples of the effective mental health promotion programs existing throughout the European world and the details are below.

3.2.2 Home

Home-Start International - A home visiting program directed towards the families having small children that is under the age of five years. It promotes the mental health of the parents as well as their children. It involves trained volunteers, who have the experience of parenting to give practical support and amity to the families living in poverty or suffering from any form of illness. This program helps to build the parenting skills and the patience required to deal with the associated stress. It also builds their confidence and increases their independence through a supportive environment. The mission of Home-Start U.K. (<http://www.homestart.org.uk/>) is to follow the same principles. This program exists in a number of countries, including Denmark, Netherlands, Norway, Czech Republic (Home Start National Inc. - Australia; Keleher & Armstrong, 2005; Jané-Llopis, et al., 2005).

3.2.3 Work

JOBS Programme (USA) - it involves the search for the job training as well as the provision of social support for the adults who became unemployed recently. In this program, workshops are for the time duration of about half day and continue for the whole week. These workshops are by two trainers, while each trainer is in charge of the group of 12-20 participants. The goal of this program is to offer help those who are searching for jobs and to help them in handling the stress related to unemployment and facing the hardships while searching for the job. It helps these individuals in boosting their confidence, increasing their self-esteem and the competence required for the job. It also provides them with the motivation, which helps them to keep on finding the job. It has resulted in a positive effect on their reemployment, which raises their satisfaction and contentment and decreases the depression. It also helps them in finding the jobs with better pay scales. This JOBS program was useful for the adults, especially those with greater risk for depression. It has been successful in the United States, Netherlands, Ireland, Korea, China and Finland (Vuori, et al., 2002).

4 AIM OF THE PROJECT

The aim of this study is to explore the barriers and problems migrants have faced in order to access mental health facilities and how to promote mental health among migrants. Aim is make a project webpage on Terveysnetti.turkuamk.fi, with all the necessary information migrant need to have when they are unemployed

5 EMPIRICAL IMPLICATION

For this project, we have made a project webpage at Terveysnetti.turkuamk.fi. To make the project webpage we have researched for required information from Finnish Welfare organizations and the Non-Governmental Organizations. The information has all the necessary links and contacts.

We did present this webpage at a conference and got feedback from TUAS faculty member, saying that its very useful information all gathered at one platform, and she was interested in publishing this information of webpage on TERHY as well. The project Webpage is in Appendix 4

A review was conducted on few current existing researches in order to identify key barriers to access mental health services and how to promote mental health among migrants. A project webpage (see Appendix 4) was developed in English language. The project webpage is uploaded to Terveysnetti.turkuamk.fi with the help of teachers. The webpage relieved key barriers to access mental health services by migrants and concept of how to promote mental health among migrants by understanding that mental health promotion

- Focus on promotion of positive mental health
- Mental health promotion focuses on the prevention of ill health
- combines promotion and prevention

6 DISCUSSION

The review of studies in some measure, wrap up that a migrant in Europe has a higher obstruct and is at much risk for mental health problems than a native in the general population. Migrant's risks are primarily associated with social and economic denial, negative life events both at pre-and post-migration periods, policies structures that exclude migrants and lack of social support. Mental health promotion measures to facilitate such key determinants can include different populations, through involvement with different sectors and in varying settings. A population wellbeing approach is an evidence-based approach that deals with mental wellbeing over lifespan, from birth until death.

An exceptionally restricted writing is accessible on the psychological wellness of the unemployed Migrants, up until now, the center of the scientists have been on the pervasiveness of different illnesses; particularly the transferable diseases (Gushulak 2010). Or there is literature on the mental health issues of unemployed person. In the nations, which normally have the most outraging rates of immigration, it is a routine to assess the wellbeing of the Immigrants (Gushulak 2010). In this way, the studies directed on the social determinants of wellbeing, right to human services administrations, and the access of facility, is not common (Ingleby 2009). Then we could only read the free literature available on the subject. Literature published in English was the only study. Years parameters used are 2005 – 2016. The time to conduct more research about project webpage was little and there was very limited English language literature available on the mental health of the Migrants especially in Finland. More detailed was in Finnish language. A more detailed translation of literature from Finnish to English will be more useful for more research. Furthermore, enough time would have been sufficient to look at other European countries mental health programs and websites.

7 CONCLUSION

The building of the foundations for the Mental Health and Wellbeing is the indication of the next step in the migrant mental health care system reforms. It reflects the commitment of the migrants as whole to the advantages of mental state promotion, mental ill-health hindrance, as well as to the early intervention. In most of the developed countries, there are some valuable mental health promotion, prevention and early intervention activities and programs. The establishment of a reasonably clear as well as collaborated direction is due to the improvement of the foundation and the identification of strategic plans alongside the actions that are pertinent to the immigrants.

Nevertheless, a strong indication is the fact that only the treatment is not sufficient to lessen the pervasiveness of psychological illness and mental illnesses. Even though it is a long-standing procedure, and thus, it will acquire time to understand the benefits of promotion of mental wellbeing and mental ill-health prevention actions sidewise various other benefits, however the better mental health and improvement in the well-being of the immigrant's population, is worthy enough in terms of time and resources and consequently there will be decreased need for mental health services. The European Government, with leadership from European Union Mental Health Services, will work with all levels of administration and management, service suppliers and the volunteer groups to pursue improved mental health and wellbeing outcomes for entire immigrant community via bigger emphasis on promotion, prevention, and early intervention.

The information found out will help in terms of providing better healthcare and identifying the problems in well time, as a whole society. Any migrant can seek this page for help and take primary measures in order to restore mental health. In addition, to promote we do not need to walk the same footsteps again, as in neighboring countries the research has already been done upon how to promote mental health and the importance of promotion of mental healthcare. Here in Finland, we need to conduct some good surveys in order to know what an immigrant

is going through after being unemployed. As this group of foreigners is highly ignored and neglected from the research point of view.


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APPENDICES

1. Commission Form

THESIS COMMISSION AGREEMENT 1


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TURKU UNIVERSITY OF APPLIED SCIENCES

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Degree ~~PROGRAM~~ Degree program of Nursing

THESIS

Topic / working title MENTAL HEALTH PROMOTION OF THE LONG-TERM UNEMPLOYED IMMIGRANTS.

Due date Week 20, 2016

EMPLOYER

Organization SALOIN TERVEYSKESKUS

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TERMS OF AGREEMENT FOR A COMMISSIONED THESIS

SUPERVISION AND RESPONSIBILITIES

The student is responsible for the completion and the results of the thesis. Turku University of Applied Sciences is responsible for the supervision of the thesis process. The employer agrees to supply the student with all the information and material needed in the thesis work, and to advise the student from the point of view of the employer organization.

Copies of the written report shall be delivered to the employer and submitted to the collections of the library, or published in an electronic form in the electronic library.

The thesis report to be published must be prepared so that it contains no professional or business secrets or other information deemed confidential in the Finnish Act on the Openness of Government Activities (521/1999); instead, they shall be left as the background material for the thesis. In the assessment of the thesis, both the published and the confidential part shall be considered.

RIGHTS

The copyright of the thesis remains with the author, that is, the student. In addition to copyright, valid legislation concerning other immaterial rights shall be obeyed.

The employer and the student agree not to disclose to a third

EMPLOYMENT RELATIONSHIP AND EXPENSES

The student and the thesis worker shall agree on the possible employment relationship, compensation paid for the work and reimbursement of expenses possibly caused by the thesis process.

party any confidential information or documents received during the thesis process, or in negotiations held before or after the process. A representative of the student shall be given a possibility to read the thesis report not later than fourteen (14) days prior to its intended publishing date. The employer shall, prior to the publishing date mentioned above, state which confidential sections should not be published.

PUBLICIZING THE RESULTS AND CONFIDENTIALITY

A written report on the thesis shall be prepared in accordance with the instructions of Turku University of Applied Sciences.

Which confidential professional or business materials will not be published?

Nothing is confidential.

WE HAVE MUTUALLY AGREED ON THE COMPLETION OF THE THESIS PROCESS AS DESCRIBED ABOVE

19/2/2016

Student

WILLIAM K. BUKUANAGANDI + SIMMAT UR RAAS

2014-355 014/16

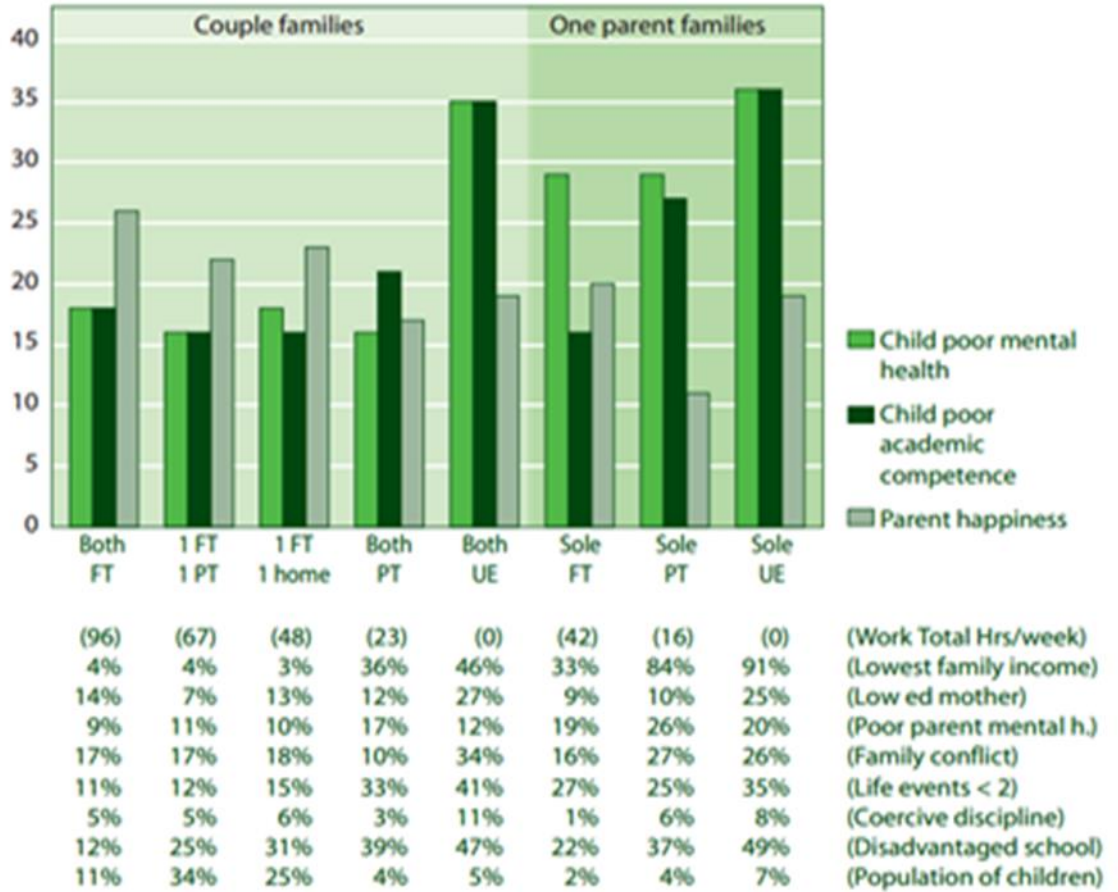
Employer

Pentti Jaksanen (aturuamk.fi)

APPENDIX: THESIS PLAN

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2. Comparison of Caregiver employment status with Children's academic competence and mental health



FT = full time, PT = part-time, UE = unemployed, Home = not in labour force

Adapted from: Zubrick et al., 2000a, p. 23

3. Characteristics of articles

The researches, places and results	The purpose of study	Sample	Data collection methods	The main findings/Results
Health in relation to unemployment and sick leave among immigrants in Sweden from a gender perspective	The purpose of this study was to analyze health in relation to unemployment and sick leave among immigrants from a gender perspective	n=60	Questionnaire, observations, and group discussions	The results show that there is a reciprocal influence between health, work, and migration.
'Education? It is irrelevant to my job now. It makes me very de-pressed ...': exploring the health impacts of un-der/unemployment among highly skilled recent immigrants in Canada		n=22	Interviews	Found the nature of links between employment and health relationship as well as determinants of immigrant health.
Recent research on the mental health of immigrants to Sweden: a literature review	To summarize and interpret recent research on the mental health of immigrants to Sweden		Systematic review	Immigrants to Sweden are a mixed group with differing, but often increased, risks of mental disorders. Targeted qualitative and intervention studies may facilitate efforts to develop and implement preventive methods for immigrants at high risk of mental ill health, and to tailor treatment to the specific needs of different immigrant groups.
Hospitalization for depressive disorder following unemployment-differentials by gender and immigrant status: a popula-	To study whether experiencing unemployment was a risk factor for hospitalization for depressive disorder specifically, and		A register-based prospective cohort study	Among persons with a strong connection to the labor market experiencing unemployment, is a risk factor for hospitalization

tion-based cohort study in Sweden	whether gender and immigrant status modified the hypothesized risk			for depressive disorders.
Unemployment, health and moderating factors: the need for targeted health promotion	To identify and assess moderator variables for the association between unemployment and health		Literature review	The interaction between unemployment and health points to a need for prevention and health promotion.
How does unemployment affect self-assessed health? A systematic review focusing on subgroup effects	To review how unemployment relates to self-assessed health with a focus on its effect on subgroups	1310 Abstract Backgrounds. 41 full text	Review	Unemployment affects groups of individuals differently
Beyond cultural factors to understand immigrant mental health: Neighborhood ethnic density and the moderating role of pre-migration and post-migration factors	Abstract Pre-migration and post-migration factors may influence the health of immigrants			
The Työhön Job Search Program in Finland: Benefits for the unemployed with risk of depression or discouragement, 2002	Examined outcomes of the intervention in the context of the European labor market for participants who had been unemployed for a longer period	n = 1,261	A randomized field study	Beneficial impact on the quality of reemployment, especially among those who had been unemployed for a moderate time period
Effects of a Health Promotion Program Based on a Train-the-Trainer Approach on Quality of Life and Mental Health of Long-Term Unemployed Persons, 2014	Evaluate the effectiveness of a health promotion program using the train-the-trainer approach on health-related quality of life (HRQoL) and mental health of long-term unemployed persons.	n = 287	Individual sessions' based on Motivational Interviewing and participatory group sessions	HRQoL improved and anxiety and depression decreased significantly in the IG
Indicators of social and family functioning., Canberra, 2000	To identify which indicators of social and family functioning were		Literature review	

	most useful in interpreting the impact on health of changes in family and social life.			
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4. Project Web Page

MENTAL HEALTH PROMOTION OF THE LONG-TERM UNEMPLOYED MIGRANTS

Mental health

'a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community' (World Health Organization 2001).

Key barriers to mental health access you might have faced

- Communication difficulties because of languages and cultural differences
- Aspects of acceptance by the receiving society that affect employment, social status and integration.
- The effect of cultural shaping of symptoms and illness behavior on diagnosis, coping and treatment.
- Differences in family structure and process affecting adaptation, acculturation and intergenerational conflict

Mental health promotion

What could this mean in your life?

- Mental health promotion focuses solely on the promotion of positive mental health
- Mental health promotion focuses on the prevention of ill health
- Mental health promotion combines promotion and prevention

Mental health in Finland

In Finland, you can seek help for mental health problems from:

- Health care centers,
- Occupational health care,
- Specialized psychiatric care,
- Private clinics,
- Private psychotherapists,
- the church and

Some of these organizations are following:

The Finnish Association for Mental Health provides :

- crises assistance
- prevention support
- "Crisis is not an illness from which one should recover; it is life one has to live."

(Counselling is Available in English, Finnish, Swedish.)

To make an appointment you don't need a referral, only if you are facing any of following symptoms:

- Difficult situation in life
- Difficulties adapting to a new culture
- Marital relationship problems and family problems
- Suicidal thoughts
- Sudden losses

You can make the first appointment through phone or visiting their office:
Crisis service for foreigners / for appointments call (09) 4135 0501
Open on Mon-Thu 9-12 and 13-15, on Fri 9-12
SOS-kriisikeskus, Maistraatinportti 4 A, 4. Kerros, 00240 Helsinki
sos-keskus@mielenterveysseura.fi

MIELI MAASTARV - DEPRESSION ALLIANCE

- Mieli Maastary is a nationwide non-governmental organization (NGO) in Finland.
- Depression sneaks in people's lives secretly.
- Mieli Maasta aims to create new attitudes and increase knowledge about depression.

Further information <http://mielimaastarv.fi/Englanti.php>

Tukinet.net

- This is the link to online 24/7 help in everyday crisis in one's life.
- The help and webpage is available in Finnish.
- They have different support groups, such as;

https://www.tukinet.net/liveryhma/liveryhma_ajat.tmpl

They provide 24 hr. online chat help as well (In Finnish Only)

<https://www.facebook.com/tukinet>

<https://www.tukinet.net/>

Miessakit Ry (NGO)

It supports: mental, psychological and social growth of men.

- ❖ This NGO is supporting by building an operational model in which two-way integration is put into practice with the help of support person activities, learning groups, leisure activities and advocacy work.
- ❖ They are providing online groups where immigrants seek help from Finnish support person.

They organize the support group discussions, and the link to those groups is:

https://www.tukinet.net/liveryhma/liveryhma_ajat.tmpl

WHAT TO DO IF YOU BECOME UNEMPLOYED.

CHECK LIST FOR JOB SEEKERS.

Employment and economic development office offers:

- job seeking planning
- employment services
- career information
- education planning services
- services promoting employment

link: <http://www.te-palvelut.fi/te/fi/>

Unemployment fund:

- If you are a member of an unemployment fund, you will be paid earnings-related benefits from your own unemployment fund.

Links:

http://www.te-palvelut.fi/te/en/jobseekers/if_unemployed/unemployment_security/index.html

http://www.te-palvelut.fi/te/en/jobseekers/if_unemployed/unemployment_security/unemploymentsecurity_foreigners/index.html

KELA:

- If you are not a member of an unemployment fund, you can apply for BASIC UNEMPLOYMENT ALLOWANCE OR LABOUR MARKET SUBSIDY FROM KELA, with the following form:

Link: http://www.kela.fi/web/en/basic-unemployment-allowance_how-to-claim

Social services:

- Apply INCOME SUPPORT from the social welfare office of your municipality

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- [Paul, K.I.](#) & [Moser, K.](#) 2009, "Unemployment impairs mental health: Meta-analyses", *Journal of vocational behavior*, vol. 74, no. 3, pp. 264-282.
- <http://www.buzzle.com/articles/how-unemployment-affects-mental-and-physical-health.html>
- <https://donieconwayaddress.wordpress.com/tag/mental-health/>